

Number of U.S. AIDS cases reported since the beginning of the epidemic: 753,907

Number of U.S. AIDS-related deaths reported since the beginning of the epidemic: 438,795

Estimated number of Americans living with HIV/AIDS: 800,000 – 900,000

Estimated number of people living with HIV/AIDS globally: 36,100,000

Estimated number of cumulative AIDS-related deaths throughout the world: 21,800,000

The AIDS Epidemic At 20 Years

THE VIEW FROM AMERICA

A NATIONAL SURVEY OF AMERICANS ON HIV/AIDS



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EXECUTIVE SUMMARY

On June 5, 1981, the U.S. Centers for Disease Control and Prevention (CDC) issued its first warning about a relatively rare form of pneumonia among a small group of young gay men in Los Angeles, which was later determined to be AIDS-related. Since that time, more than 750,000 cases of AIDS have been reported in the U.S. and almost half a million Americans have died of the disease. Of the more than 36 million individuals worldwide estimated to be living with HIV/AIDS, approximately 95% live in the developing world – a full 70% in sub-Saharan Africa alone.

During this twenty-year period, there has been a great deal of progress in the fight against AIDS. New infections in the U.S. have declined dramatically, and there are signs that new infections in sub-Saharan Africa may be stabilizing. The more widespread use of antiretroviral drugs has also contributed to fewer new AIDS cases and AIDS-related deaths.

Despite this progress, critical challenges remain. The AIDS epidemic is becoming increasingly complex. Proven prevention programs are not reaching everyone in need. More people are living with HIV/AIDS than ever before, and significant disparities exist across age and race. For example, while African Americans and Latinos represent 12% and 13% of the U.S. population, they represent 47% and 19% of reported cases, respectively. An estimated half of all new infections in the U.S. are among those under the age of 25. In addition, the high cost of HIV care presents significant barriers to access for people with HIV/AIDS in the United States, many of whom are not in regular care, and treatment is not available to the vast majority of those living with HIV/AIDS in the developing world. And though progress is steady, we are still years away from developing an effective vaccine.

AMERICANS' PERCEPTION OF THE EPIDEMIC IN THE U.S. AND GLOBALLY

It is at this juncture, twenty years into the AIDS epidemic, that the Kaiser Family Foundation conducted its most recent survey of Americans' views on HIV/AIDS. What we find is that the American public continues to view HIV/AIDS as one of the most urgent health problems facing the nation (26%), ranking it second only to cancer (35%). The proportion, however, who view AIDS as the number one health problem facing the nation has declined, from 44% in 1995 to 26% in 2000.

Globally, Americans see AIDS as the most urgent health issue with more than one-third (37%) ranking it as number one, followed by cancer. Concern also hits close to home, with more than one-third (37%) expressing personal concern about becoming infected, and more than four in ten (43%) saying that they personally know someone who is either living with HIV/AIDS or has died of AIDS. Two in five (40%) say that AIDS is a serious problem for people they know and almost one-quarter (23%) say that the problem of AIDS is a more urgent one in their local communities than a few years ago.

The sense of urgency regarding AIDS is particularly strong among racial and ethnic minority groups in the U.S., perhaps reflecting the disproportionate and growing impact of HIV on people of color. For example, substantially higher proportions of African Americans (41%) and Latinos (40%) view AIDS as the number one health problem facing the nation, compared with whites (23%). African Americans (70%) and Latinos (64%) are also much more likely than whites (44%) to feel that HIV/AIDS is a more urgent problem now than it was a few years ago. But even among minority Americans, the proportion ranking AIDS as the number one health problem facing the nation has declined over the past five years.

Parents of children and young adults appear to be acutely aware of the growing impact of HIV on America's youth. Nearly three-quarters (71%) of parents of children under age 21 report being either "very" or "somewhat" concerned about their son or daughter becoming infected with HIV. The majority (52%) of 18 to 24 years olds also say they are personally concerned about becoming infected with HIV.

AMERICANS' KNOWLEDGE AND INFORMATION NEEDS

Nearly all Americans are aware that HIV can be transmitted through unprotected intercourse (99%), the sharing of intravenous (IV) needles (99%), and unprotected oral sex (91%). Fewer than half (42%), however, know that having another sexually transmitted disease (STD) increases a person's risk for HIV. In addition, even after years of public education, unwarranted fears of infection through casual contact persist. For example, one in five (22%) Americans incorrectly believes that sharing a drinking glass can transmit HIV, or are unsure about the risk of this activity. Sixteen percent believe that touching a toilet seat can transmit HIV or are unsure about the risk. Unfortunately, such views contribute to discrimination and stigma, which can interfere with public health efforts to encourage early testing and care.

Americans' knowledge about clinical issues related to the disease is uneven. For example, although 86% percent of all Americans know that there are drugs available that can lengthen the lives of people living with HIV/AIDS, less than half (43%) of all Americans are aware that treatments are available to prevent mother-to-child transmission of HIV. They are, however, eager for more information, particularly about how to talk to children about AIDS and about HIV testing.

AMERICANS' VIEWS ON KEY STAKEHOLDERS AND POLICY ISSUES

Americans believe that many key stakeholders are not doing enough to fight the AIDS epidemic. Two-thirds (66%) say the federal government is not doing enough, and a majority say that their state or local governments (59%) and schools (51%) are not doing enough. Americans also believe that private sector efforts and those of parents should be strengthened.

A majority of Americans (55%) say that the federal government is spending too little money on AIDS, with one-quarter (25%) saying spending is about right and 5% saying spending is too much. Americans strongly support federal government activities focusing on AIDS prevention and education (86%), research to find a vaccine (83%), and treatment and care (75%). Majorities support policies designed to increase access to sterile syringes among injection drug users and school-based sex education about HIV/AIDS. For example, 58% support needle exchange programs, which offer clean needles to IV drug users in exchange for used ones, and 97% believe that high school sex education should address how HIV and other STDs are spread.

Support for efforts to address the global pandemic is also strong. Two-thirds (66%) of Americans support U.S. spending on AIDS in sub-Saharan Africa, compared to 29% who oppose such spending. Forty percent say that the U.S. government should be doing more in this region of the world; 33% say the U.S. government is doing the right amount and 13% say the government should be doing less. Americans favor U.S. financial assistance in sub-Saharan Africa in the areas of prevention (77%), treatment and care (75%) and reducing foreign debt (65%). A large majority (81%) of Americans also believe that pharmaceutical companies should be willing to cut drug prices in developing countries to help in the fight against AIDS.

FUTURE CHALLENGES

As the AIDS epidemic grows more complex and continues to take a disproportionate toll on racial and ethnic minority populations, U.S. policymakers will be faced with a number of critical challenges. These include: how to finance and ensure equal access to HIV care and treatment; how to take full advantage of proven HIV prevention programs that often deal with the politically controversial and socially difficult issues of sexuality and drug use; and how to determine the appropriate role of the U.S. in global efforts.

The findings from this survey indicate that a majority of Americans continue to support increased federal spending on AIDS in the U.S. and in sub-Saharan Africa and support a range of HIV-related policies. Americans continue to view AIDS as one of the most important health problems facing the U.S. today. There are signs, however, of some decline in public concern on certain fronts. This is true among those hardest hit by the epidemic, minority Americans, as well as the general public. In addition, knowledge about HIV/AIDS remains somewhat uneven. This complex picture points to a new set of challenges for policymakers, public health officials, and other stakeholders as they seek to address the epidemic in its third decade.

INTRODUCTION

On June 5, 1981, the U.S. Centers for Disease Control and Prevention (CDC) issued its first warning about a relatively rare form of pneumonia among a small group of young gay men in Los Angeles, which was later determined to be AIDS-related (Acquired Immunodeficiency Syndrome).¹ Since that time, more than 750,000 cases of AIDS have been reported in the U.S., and almost half a million Americans have died of the disease.² Of the more than 36 million individuals worldwide estimated to be living with HIV (Human Immunodeficiency Virus)/AIDS, approximately 95% live in the developing world – a full 70% in sub-Saharan Africa alone.³

During this twenty-year period, there has been a great deal of progress in the fight against AIDS. Biomedical and behavioral interventions now exist that can prevent the spread of HIV through sexual contact, needle sharing and from mother to child during pregnancy and delivery. As a result of such efforts, the number of new infections in the U.S. has declined markedly from the earliest years of the epidemic, and for the first time, there are signs that the annual number of new infections in sub-Saharan Africa may have stabilized.^{3,4} The development and more widespread use of combination therapy, or highly active antiretroviral therapy (HAART), in the U.S. have resulted in dramatic declines in the number of new AIDS cases and AIDS-related deaths.⁴ And in stark contrast to the early eighties, community-based systems of health care and support services exist across the nation, due in part to a substantial investment of both public and private dollars for AIDS prevention, care and treatment.^{4,5,6}

This significant progress must not obscure the critical challenges that lie ahead. The epidemic is becoming increasingly complex. Despite the existence of proven prevention programs, they are not reaching everyone in need. Each year, there are an estimated 40,000 new HIV infections in the U.S., and there were 5.3 million new infections globally in the year 2000.^{3,4} In addition, combination therapy does not work for everyone, can be difficult to take, and is no substitute for a cure. The high costs of HIV care present significant barriers to access for people with HIV/AIDS in the United States, many of whom are not in regular care.^{7,8} Treatment is not available to the vast majority of those living with HIV/AIDS in the developing world, due to high costs and limited infrastructure in some areas.³ AIDS has reversed years of economic development and health improvement in countries hardest hit by the disease.^{3,9,10} And though progress is steady, we are still years away from developing an effective vaccine.

In 1998, AIDS fell off the list of the 15 leading causes of death for the U.S. population as a whole for the first time since 1987.¹¹ However, declining deaths and ongoing HIV infections mean that more Americans are living with HIV/AIDS than ever before, and are in need of services. In addition, significant disparities exist across age and race/ethnicity.¹² AIDS is the second leading cause of death for African Americans between the ages of 25 and 44 and the fourth leading cause of death for Latinos. AIDS is the fifth leading cause of death for whites in this age group.¹³ Many community leaders and policymakers have taken notice of these disparities in recent years.¹⁴ Federal officials and Congressional leaders have also acknowledged recently that, as the last remaining superpower, the U.S. has an important role to play in the global pandemic.¹⁵

Throughout the course of the epidemic, public opinion has both reflected and helped to shape America's response to AIDS. Scientists' inability to determine immediately what caused AIDS, and how to prevent or treat it, contributed to widespread fear in the first years following the CDC's announcement. People living with AIDS – in particular, gay men and injection drug users – experienced widespread stigma and discrimination, which many believe contributed to the initially weak response on the part of the U.S. government.¹⁶ It was in response to this seeming indifference that community leadership and activism thrived during the 1980's, culminating in grassroots political activism that led to greater response by the federal government, including the passage of major pieces of HIV-related legislation such as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act of 1990 and the Housing Opportunities for People With AIDS (HOPWA) Act of 1991. By fiscal year 2000, U.S. spending on HIV/AIDS totaled \$10.8 billion.⁵

It is at this juncture, twenty years into the AIDS epidemic, that the Kaiser Family Foundation conducted its most recent survey of Americans about HIV/AIDS. This report summarizes the key findings from the survey, including analysis of trends over time and across race/ethnicity, age, and gender. It describes Americans' concerns about HIV/AIDS as a personal, national, and global issue. It also assesses Americans' knowledge about HIV/AIDS, their information needs, and their perspective on important policy issues and spending priorities.

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

Few Americans have escaped untouched by the AIDS epidemic in some way.

Although AIDS-related deaths in the U.S. have declined dramatically in recent years,^{4,11} Americans remain concerned about AIDS, viewing it as one of the most urgent health problems in the U.S. and globally. Concern about the epidemic is particularly strong among racial and ethnic minority groups, parents of children under the age of 21, and young adults, perhaps a reflection of the disproportionate impact of HIV on people of color and young people. Concern also hits close to home, with more than one-third of all Americans expressing personal concern about becoming infected, and more than four in ten saying that they personally know someone who is either living with HIV/AIDS or has died of AIDS.

The section that follows examines Americans' sense of urgency about the AIDS epidemic in the U.S. and globally, including their perception of how the situation has changed in recent years, and how it affects them, their local communities, and families.

EXHIBIT 1
Americans' Views of the Most Urgent Health Problem Facing the Nation Today

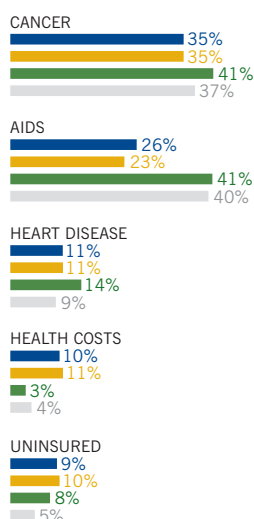
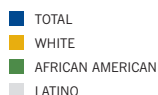


EXHIBIT 2
Percentage and Ranking of AIDS as the Most Urgent Health Problem Facing the Nation, 1995–2000^{17, 18, 19, 20}

	1995	1997	2000
PERCENTAGE OF AMERICANS WHO VIEW AIDS AS NO. 1 HEALTH PROBLEM FACING THE U.S.			
Total	44%	38%	26%
White	42%	35%	23%
African American	56%	52%	41%
Latino	51%	50%	40%
RANKING			
Total	1st	1st*	2nd
White	1st	2nd*	2nd
African American	1st	1st	1st*
Latino	1st	1st	1st*

*Responses not statistically different from cancer

AMERICANS REMAIN CONCERNED ABOUT AIDS IN THE U.S.

Twenty years into the epidemic, the American public continues to view HIV/AIDS as one of the most urgent health problems facing the nation, second only to cancer (see exhibit 1). In the past five years, however, the proportion who view AIDS as the number one health problem facing the nation has declined (see exhibit 2).^{17,18}

Nearly half (49%) of all Americans believe HIV/AIDS is a more urgent problem today than it was a few years ago (see exhibit 3), an amount roughly equal to the proportion who said that was the case in 1997 (48%).

Relative to their population size, African Americans and Latinos bear a disproportionate burden of HIV/AIDS cases in the U.S. and are among the groups hardest hit by the epidemic (see exhibit 4).²¹ Perhaps owing to this trend, these groups perceive the severity of the AIDS epidemic differently. African Americans (41%) and Latinos (40%) view AIDS as the number one health problem facing the nation,²² compared to whites (23%) who rank AIDS second to cancer. African Americans (70%) and Latinos (64%) are also much more likely than whites (44%) to say that HIV/AIDS is a “more urgent problem for the country today than it was a few years ago,” with African Americans being more likely to say this in 2000 than in 1997. As with Americans overall, the proportion of African Americans and Latinos who rank AIDS as the number one health problem facing the nation has fallen in recent years (see exhibit 3).

Americans' perception of the urgency of AIDS also varies somewhat by region. A majority of those living in the South (57%) say that AIDS is a “more urgent health problem for the country today than a few years ago,” a significantly higher proportion than those living in the Northeast, Midwest, or West (43%, 44%, and 46% respectively). Regional variations in the perception of urgency may reflect the epidemic's differential impact across the country: the South is the region with the largest number of newly reported AIDS cases and the greatest number of people estimated to be living with HIV/AIDS in the U.S.²³

Similar proportions of women and men rank HIV/AIDS as the number one health problem facing the nation (27% and 25%), but women are significantly more likely than men to say that AIDS is a more urgent problem for the country today (52% compared to 46%). Young people, ages 18 to 24, are significantly more likely than those 25 and older to say the problem of AIDS is more urgent today (61% compared to 46%).

HITTING CLOSE TO HOME

Many Americans view AIDS as a problem in their own communities. Almost one-quarter (23%) of Americans say the problem of AIDS is a more urgent problem for their local community today than it was a few years ago, with 30% saying it has stayed about the same. African Americans (41%) and Latinos (37%) are more than twice as likely as whites (18%) to perceive HIV/AIDS as a more urgent problem in their communities. They are also significantly less likely than whites to say that AIDS has never been a problem in their local community (13%, 17%, and 29% respectively). Overall, the proportion of Americans saying that AIDS is a more urgent problem for their local community today than it was a few years ago has remained relatively stable since 1997, except for Latinos where there has been a significant decline (see exhibit 5).

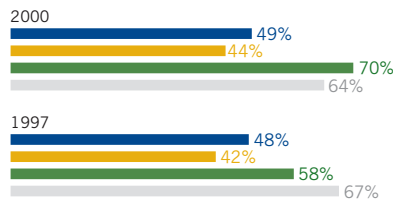


EXHIBIT 3
Percent Who View AIDS as a More Urgent Health Problem for the Country Today Than It Was a Few Years Ago, 1997–2000

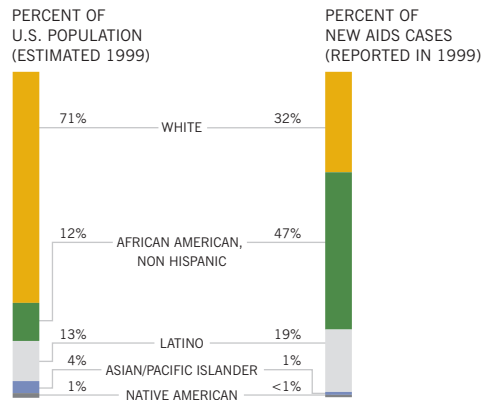
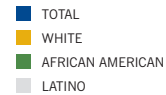


EXHIBIT 4
U.S. Population and Newly Reported AIDS Cases by Race/Ethnicity²¹

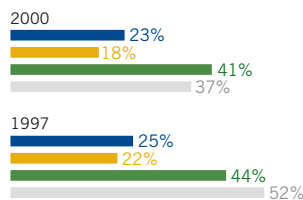


EXHIBIT 5
Percent Who View AIDS as a More Urgent Problem for Their Local Community Today Than It Was a Few Years Ago, 1997–2000

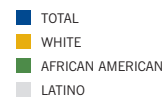


EXHIBIT 6
Percent Who Report
Personally Knowing
Someone Who Has
HIV/AIDS or Has Died
of AIDS, 1995–2000

■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO

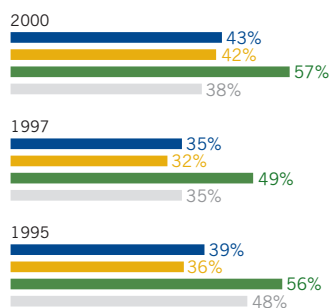
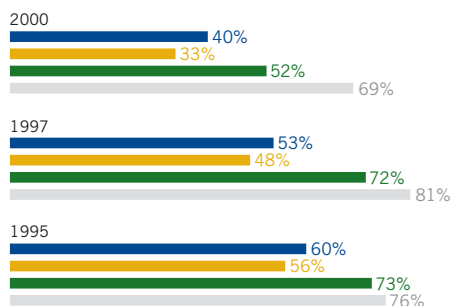


EXHIBIT 7
Percent Who Say AIDS
is a Serious Problem
for People They Know,
1995–2000

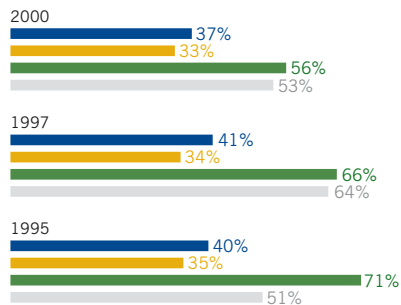
■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO



Note: Combines “very” and “somewhat” responses

EXHIBIT 8
Percent Who Are
Personally Concerned
About Becoming
Infected, 1995–2000

■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO



Note: Combines “very” and “somewhat” responses

A significant proportion of Americans report personally knowing someone who has HIV/AIDS or has died of AIDS (43%). A majority of African Americans (57%) report knowing someone, and are significantly more likely to report knowing someone than Latinos (38%) and whites (42%). The proportion of Americans reporting that they know someone has risen slightly from a few years ago, after a dip between 1995 and 1997 (39% in 1995, 35% in 1997, and 43% in 2000). While there was a similar pattern for all racial/ethnic groups, Latinos were the only group less likely to report knowing someone in 2000 than in 1995 (see exhibit 6).

Women are more likely than men to report knowing someone who has HIV/AIDS or has died of AIDS (47% compared to 39%). Those living in urban areas (48%) are more likely to report knowing someone than those in suburban (43%) or rural (38%) parts of the country. Most AIDS cases have been reported in metropolitan areas of the U.S. with populations of 500,000 or more.²⁴

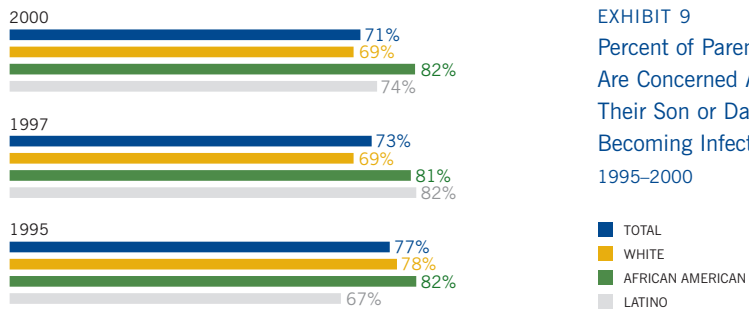
Two in five (40%) Americans report that AIDS is a “very” or “somewhat” serious problem for people they know. The proportion saying that AIDS is a problem for people they know has declined over the past few years across all racial/ethnic groups, but still remains highest among minority Americans. It is particularly high among Latinos, who are more than twice as likely as whites to say that AIDS is a problem for people they know (69% compared to 33%) (see exhibit 7).

When asked about their own sense of vulnerability, more than one-third (37%) of Americans report that they are either “very” or “somewhat” personally concerned about becoming infected with HIV. A majority of African Americans (56%) and Latinos (53%) express personal concern about becoming infected, significantly higher proportions than whites (33%). While the proportion of whites reporting personal concern has remained relatively stable over time, it has decreased for African Americans and fluctuated among Latinos (see exhibit 8).

Slightly more than one in five (22%) Americans say they are more concerned about becoming infected with HIV today than a few years ago. African Americans and Latinos are more likely than whites to be more concerned today (35%, 43%, and 18% respectively).

HIV continues to have a significant impact on teenagers and young adults, and the CDC currently estimates that half of all new infections in the U.S. are among those under the age of 25.^{4,25} It does not appear that these facts are lost on most American parents. Nearly three-quarters (71%) of parents of children aged 21 or younger report being “very” or “somewhat” concerned about their son or daughter becoming infected with HIV. Parental concern has remained high over time, with only a slight drop in concern among parents overall and fluctuations across some racial/ethnic groups; African American parents report the highest level of concern (82%), a proportion that has remained similarly high over the past several years (see exhibit 9). Nearly four in ten (39%) parents are more concerned about their children’s risk today than they were a few years ago, including the majority of African American (60%), half of Latino (50%), and one-third (34%) of white parents.

Young people themselves also share this concern, with the majority (52%) of those ages 18 to 24 saying they are personally concerned about becoming infected with HIV, compared to 35% of those ages 25 and older. More than six in ten (61%) Americans age 18 to 24 also believe that the problem of AIDS has become more urgent in recent years, compared to 46% of those ages 25 and older.



Note: Combines “very” and “somewhat” responses

EXHIBIT 9
Percent of Parents Who
Are Concerned About
Their Son or Daughter
Becoming Infected,
1995–2000

■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO

AIDS CONSIDERED THE MOST URGENT GLOBAL HEALTH ISSUE

Today, more than 36 million people are estimated to be living with HIV/AIDS worldwide, including 5.3 million people newly infected in the last year alone. There have been more than 22 million deaths due to AIDS since the beginning of the epidemic. The epidemic has taken its biggest toll on the developing world, particularly the countries of sub-Saharan Africa.³ In the past few years, U.S. and international policymakers have begun to focus more attention and resources on the global pandemic. Such actions appear to be consistent with Americans’ view of AIDS as a global health crisis.

EXHIBIT 10
Americans' Views of the Most Urgent Health Problem Facing the World Today

■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO

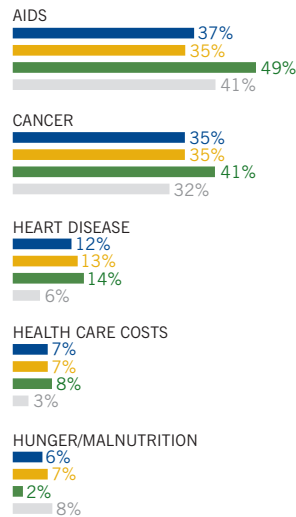
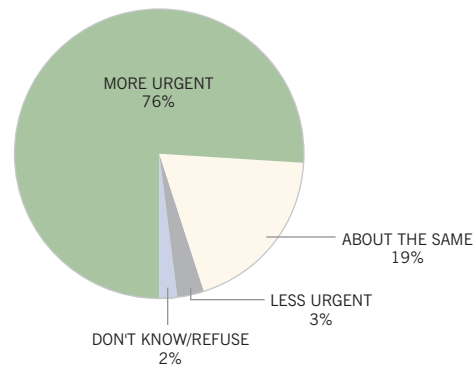


EXHIBIT 11
Americans' Sense of Urgency About AIDS for the World Today Compared to a Few Years Ago



Americans rank AIDS as the number one health problem facing the world today (37%), followed by cancer (35%), heart disease (12%), the cost of health care (7%) and hunger/malnutrition (6%) (see exhibit 10). Almost half (49%) of African Americans and 41% of Latinos rank AIDS as the number one health problem facing the world, compared to 35% of whites. Three-quarters (76%) of Americans say that AIDS is a more urgent problem for the world today than a few years ago (see exhibit 11).

13TH INTERNATIONAL CONFERENCE ON AIDS AND U.S. AWARENESS OF AIDS IN SUB-SAHARAN AFRICA

Africa is home to 70% of the adults and 80% of the children living with HIV/AIDS in the world, and three-quarters of the more than 22 million people worldwide who have died of AIDS since the beginning of the pandemic were African.³

In July 2000, Durban, South Africa hosted the first International AIDS Conference ever held in a developing country, under the theme "Break the Silence." Coverage of the conference by the U.S. media may have contributed to Americans' awareness of the problem of AIDS in that region. About one-quarter of Americans (26%) reported following stories about the conference "very" or "fairly" closely.²⁶

In the Fall of 2000, 58% of Americans reported having seen, heard, or read about the problem of AIDS in Africa in the months following the conference, up from 44% before the conference took place. During this same period, the percentage of Americans who felt that AIDS was more of a problem in sub-Saharan Africa than it was a few years ago increased from 60% to 71%.^{27,28}

SECTION II: AMERICANS' KNOWLEDGE AND INFORMATION NEEDS

In the earliest years of the AIDS epidemic, lack of information and knowledge contributed to widespread fear and misunderstanding about the risk of infection through casual contact. As a result, many people living with HIV/AIDS – in particular, gay men and injection drug users – faced widespread stigma and discrimination.^{29,30}

Twenty years later, nearly all Americans are aware that HIV can be transmitted through unprotected intercourse, the sharing of intravenous (IV) needles, and unprotected oral sex. However, even after years of public education, misinformation and unwarranted fears continue, contributing to stigmatizing views on the part of more than one-quarter of Americans. Although Americans turn to a number of different sources for information on AIDS, their knowledge about clinical issues related to the disease remains uneven. They are, however, eager for more information, particularly information about how to talk with children about AIDS and about HIV testing.

This section explores Americans' knowledge of the facts about how HIV is transmitted, as well as their understanding of various clinical aspects of HIV. It also describes where Americans turn for information about HIV, and their information needs.

EXHIBIT 12
Perceptions of Risk
Related to Very Low or
No-Risk Activities

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

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

HALF EMPTY OR HALF FULL?

In 1985, nearly half (44%) of all Americans believed that a person could become infected with HIV by sharing a drinking glass, or were unsure about whether this posed a risk (28% answered incorrectly and 16% did not know).³²

Although the public's knowledge of actual risk has improved substantially over the past fifteen years, more than one in five (22%) is still unclear that sharing a glass poses *no* risk of infection.²⁸

JUST THE FACTS

While virtually all Americans know HIV can be transmitted through unprotected sexual intercourse (99%), needle sharing (99%), and unprotected oral sex (91%), significant misperceptions remain after all these years. For example, nearly one-third (31%) say that a person could become infected with HIV through kissing; an additional 8% do not know whether kissing poses a risk (see exhibit 12). According to the 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.³¹ In addition, one in five (22%) Americans incorrectly believes that sharing a drinking glass can transmit HIV, or are unsure about the risk of this activity. Sixteen percent believe that touching a toilet seat can transmit HIV or are unsure about the risk. African Americans and Latinos are more likely than whites to say that these activities pose a risk of infection.

Fewer than half (42%) of Americans are aware that having another sexually transmitted disease (STD), such as herpes and gonorrhea, *increases* a person's risk for HIV infection. African Americans and Latinos were much more likely than whites to know this fact.

KNOWLEDGE, DISCRIMINATION, AND STIGMA

More than eight in ten (84%) Americans say that prejudice and discrimination against people with HIV/AIDS exists in the U.S. today, including 51% who say there is “a lot” of prejudice and discrimination. Women (57%) are more likely than men (45%) to say that people living with HIV/AIDS experience “a lot” of discrimination. African Americans and Latinos are more likely than whites to say there is “a lot” of discrimination against people with HIV/AIDS (65%, 57%, and 49% respectively) (see exhibit 13). Although more than three-quarters of Americans (79%) believe that such discrimination has either stayed about the same or has decreased over the past five years, African Americans, Latinos and young people between the ages of 18 and 24 are substantially more likely than whites and older Americans to say that discrimination has gotten worse in recent years.

Recent studies by the Centers for Disease Control and Prevention and Institute of Medicine suggest a correlation between HIV-related knowledge and stigma, with those who have lower levels of HIV-related knowledge being more likely to hold stigmatizing views of those infected with HIV.^{33,34} We found a similar correlation. Despite the fact that casual contact with people living with HIV poses no risk of infection, 28% of Americans say they would be “very” or “somewhat” uncomfortable working with someone who has HIV/AIDS. Those who incorrectly believe that HIV can be transmitted through kissing or from touching a toilet seat, or are unsure about the risk, are much more likely to express discomfort about working with someone who has AIDS than those who know that HIV cannot be transmitted in these ways.

Stigma has substantial implications for public health. Research shows that people who fear stigma and discrimination avoid seeking information about prevention, and may delay being tested for HIV and entering care.^{29,35} The survey results are consistent with this finding, with 33% of Americans saying they would be “very” or “somewhat” concerned that people would think less of them if they found out that they

had been tested for HIV. In the U.S. today, up to one-third of those living with HIV do not know their HIV status, and the majority of people with HIV/AIDS do not have a regular source of medical care.^{4,8} Efforts to eliminate barriers to early testing and care – including lack of knowledge, misinformation, and HIV-related stigma and discrimination – are therefore important public health interventions.

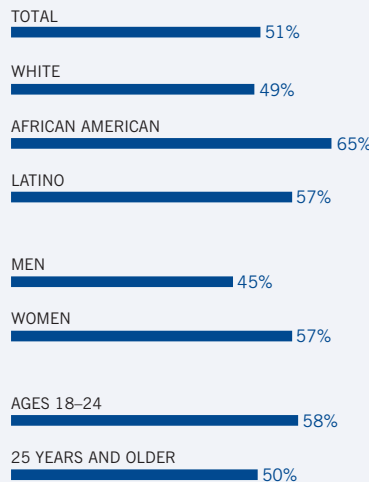


EXHIBIT 13
Percent Who Believe
There is A Lot of Prejudice
and Discrimination Against
People Living With HIV/AIDS

THE IMPORTANCE OF VACCINE EDUCATION AND INFORMATION THAT COINCIDES WITH SCIENTIFIC PROGRESS

In 1997, President Clinton announced the goal of finding an effective HIV vaccine in 10 years. In the past year alone, the vaccine landscape has experienced major developments, with a noticeable increase in activity and research in both the public and private sectors. When asked whether a vaccine to protect against HIV exists, 79% of Americans correctly knew that one does not exist. Yet, the percentage of Americans who did *not* know this fact has actually increased, from 12% in 1995 to 21% in 2000. Though there may be several explanations for this finding, one possibility is that increased media attention to vaccine issues has left some with an exaggerated sense of actual progress. It is also possible that some Americans may incorrectly believe that antiretroviral drugs act as a “cure.” Whites (82%) were more likely than Latinos (66%) and African Americans (69%) to know that a vaccine does not currently exist.

AMERICANS HAVE UNEVEN KNOWLEDGE OF CLINICAL ASPECTS OF HIV

In the early years of the HIV/AIDS epidemic, few drugs were available to treat HIV infection. AZT became the first antiretroviral drug approved to treat HIV in 1987, but it wasn't until the approval of the first protease inhibitor in late 1995, and the emergence of combination therapy, that the treatment landscape began to shift dramatically. Today, Americans are relatively well informed about the availability of treatments for HIV, but they are less informed about other clinical aspects of the disease. Eighty-six percent of all Americans know that there are drugs available that can lengthen the lives of people living with HIV/AIDS, and knowledge is high across racial and ethnic groups. The proportion that knew about the availability of treatments increased from 75% in 1995, the year the first protease inhibitor was approved, to 86% in both 1997 and 2000. The vast majority (89%) of Americans also understand that, as of yet, there is no cure for HIV/AIDS.

In contrast to the public's high level of knowledge about HIV treatments that can prolong health, less than half (43%) of all Americans are aware that treatments are available to prevent mother-to-child transmission of HIV, a slight decline from the level of awareness reported in 1997 (49%).

AMERICANS ARE EAGER FOR MORE INFORMATION

Even after two decades, Americans want more information about a variety of aspects related to the epidemic. Information about how to talk with children about HIV/AIDS is their top need, followed by HIV testing, as was also the case in 1997. African Americans and Latinos are more likely than whites to say they want more information about these and other topics (see exhibit 14). Younger Americans (ages 18–24) are also more likely to say they want more information about many of these topics, compared to Americans ages 25 or older (see exhibit 15).

EXHIBIT 14
Percent Who Say They
Need More Information
About...

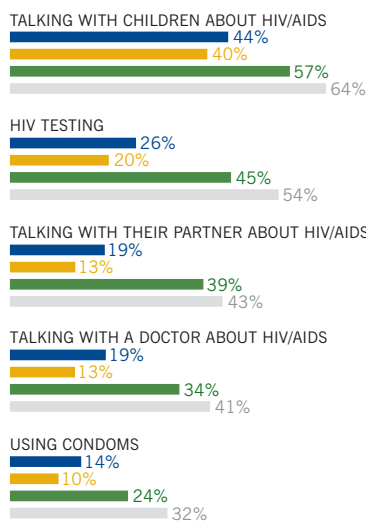
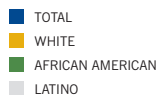
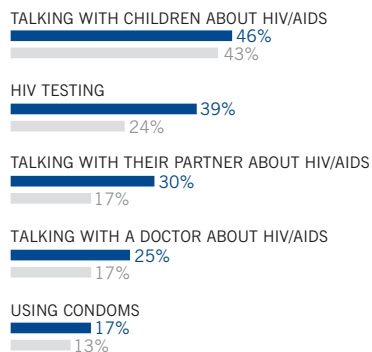
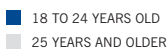


EXHIBIT 15
Percent by Age Who
Say They Need More
Information About...



In the past few years, policymakers have begun to focus more attention on HIV testing in an effort to reach the up to one-third of people living with HIV who do not yet know that they are infected in order to link them with medical care and provide counseling on how to prevent further transmission of the virus.³⁶ Such efforts appear timely, with one-quarter (26%) of Americans indicating the need for information about HIV testing. When asked specifically about HIV testing-related information needs, Americans report that they would like more information about the different kinds of HIV tests available (45%), what test results mean (39%), the cost of testing (38%), and whether test results are confidential (33%).

Across the board, African Americans and Latinos are more likely to say they want more information about these testing issues. Racial and ethnic variations in information needs were particularly strong with respect to information about whether to get tested, where to go to get tested, and whether test results are confidential. Younger Americans, ages 18–24, also indicate a greater need for testing-related information than those ages 25 or older. In particular, half (50%) of young people are interested in getting more information about the cost of HIV testing, compared to one-third (36%) of those 25 and older.

WHERE AMERICANS GET THEIR INFORMATION ABOUT HIV

The news media continue to be the most common source of HIV information for Americans, with nearly two-thirds (63%) saying they rely on television for news and information about HIV/AIDS, and 58% indicating that they rely on newspapers and magazines. Fewer Americans (33%) turn to radio; however, Latinos (46%) are more likely than whites (31%) and African Americans (38%) to rely on this source. Overall, a small, but growing percentage of Americans (15%) rely on the Internet for HIV information, more than twice the percentage in 1997 (6%). Young people are significantly more likely to report using the Internet for HIV information, with nearly one in three (31%) between the ages of 18 and 24 indicating that they use this source, compared to 13% of Americans age 25 or older (see exhibit 16).

In addition to the media, one in five (22%) say they received information from family members, friends or acquaintances. African Americans (31%) and Latinos (34%) are more likely to rely on friends, family and acquaintances for information about HIV/AIDS than are whites (19%), and are also more likely to rely on materials distributed at church or by religious organizations (22%, 24%, and 10% respectively).

Almost one-third (30%) of Americans report having spoken with a doctor or other health care provider about HIV/AIDS. Of those who have talked with their doctor about HIV/AIDS, a majority (53%) report having raised the topic. Topics discussed include getting tested for HIV (71%), personal risk of contracting HIV (60%) and how to prevent infection (59%).

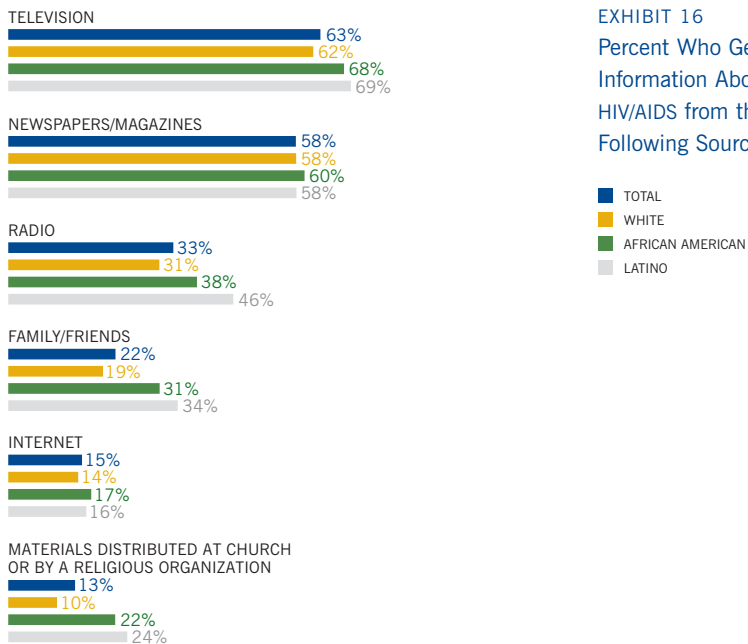


EXHIBIT 16
Percent Who Get Information About HIV/AIDS from the Following Sources...

■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO

AMERICANS' ATTITUDES TOWARD HIV TESTING AND THEIR TESTING BEHAVIOR

It was not until 1985 – nearly four years after the first cases of AIDS were announced – that an antibody test was developed that could indicate whether a person was infected with HIV. Even after this discovery, the fact that there were no effective treatments for those who tested HIV-positive, coupled with the widespread perception of stigma associated with HIV infection, left many questioning the value of HIV testing. That equation shifted markedly with the availability of potent combination therapy, which significantly delays the progression of HIV disease in many people. There is now widespread consensus among public health officials and community leaders regarding the importance of HIV testing and counseling in order to link individuals who test positive with medical care and counsel them on how to reduce the risk of further transmission.³⁶

Despite agreement on the importance of testing, limited information exists about individuals' testing behavior and their attitudes regarding HIV testing. As noted, over one-third (37%) of Americans express concern about becoming infected with HIV and more than a quarter (26%) indicate a need for more testing-related information.

NEARLY HALF OF ALL AMERICANS SAY THEY HAVE BEEN TESTED FOR HIV

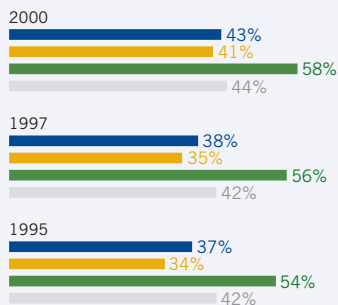
Forty-three percent of Americans report that they have been tested for HIV at some point. This represents a slight increase over 1997 (38%) and 1995 (37%). Of those who say they have been tested, 45% report that they had asked to be tested with another 27% reporting that they had been told to do so by a doctor or nurse. African Americans are more likely to report having been tested, compared to whites and Latinos (58%, 41%, and 44% respectively). The proportion of Latinos reporting having been tested has increased significantly since 1995; the proportion of whites and African Americans has increased slightly since that time (see exhibit 17). Men and women are equally likely to report having been tested (43% and 42% respectively).

Uncertainty about whether or not one must request an HIV test from their doctor may mean that these self-reported testing patterns overstate the actual rate of testing – nearly one-quarter (22%) of those who say they have been tested incorrectly believe that HIV testing is a routine part of a medical exam.

The generally high rate of testing may also have been undermined somewhat by the fact that a full 40% report that they did not discuss their test results with their doctor or other medical professional or counselor. This could also mean that they did not return for their test result. Though this figure is down from 1997 (50%), it still represents a missed opportunity to reinforce HIV prevention messages and link those who test positive with medical care.

EXHIBIT 17
Percent Who Report Having
Been Tested for HIV,
1995–2000

■ TOTAL
■ WHITE
■ AFRICAN AMERICAN
■ LATINO



WHY PEOPLE DO AND DON'T GET TESTED

Other than donating blood, the most common reasons Americans give for getting tested for HIV include: it was part of a routine check-up (17%); they felt that they were at risk due to unprotected sex (13%); their doctor requested that they be tested (10%); they wanted to be tested (10%); or because it was related to a pregnancy or pregnancy test (8%).

Of the majority (55%) of Americans who had never been tested for HIV, 73% said they had not been tested because they did not believe that they were at risk for HIV. Whites (77%) were substantially more likely to express this belief than African Americans (56%) and Latinos (53%).

Compared to 1997, a growing number of Americans say that they would use an HIV test that does not require using a needle or taking blood, such as an oral HIV test. Two-thirds (66%) of Americans say that they would be “very” or “somewhat” likely to use such a test, compared with 55% in 1997.

WHERE PEOPLE GO TO GET TESTED

Some publicly funded HIV testing centers or clinics are specifically designed not only to perform the HIV test itself, but to counsel those who get tested about their personal risk for infection or transmission of the virus to others. However, this is generally not the case in private physicians' offices, which means that additional efforts may be needed to educate private physicians about the importance of this counseling component, as well as the availability of other resources and support services for those who test positive for HIV. Knowing where people go to get tested will help public health officials better target such efforts.

Of those who had been tested within the past 12 months for reasons other than blood donation, most say they were tested at a private doctor's office (44%), or a general health clinic (26%). The remaining proportion say they were tested at other locations including hospitals (12%), using a home test (5%), and HIV clinics (2%). Latinos (41%) and African Americans (37%) are more likely than whites (21%) to say they have been tested at clinics as opposed to private doctors' offices, which could be tied to a higher rate of uninsurance among minority Americans.³⁷

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

As the AIDS epidemic grows more complex and continues to take a disproportionate toll on racial and ethnic minority populations, U.S. policymakers will be faced with a number of critical challenges: how to finance and ensure equal access to HIV care and treatment; how to take full advantage of proven HIV prevention programs that often deal with the politically controversial and socially difficult issues of sexuality and drug use; and how to determine the appropriate role of the U.S. in global efforts.

This section looks at Americans' views of key HIV-related policy issues and how they perceive the efforts of different stakeholders in the fight against AIDS.

HOW AMERICANS VIEW THE EFFORTS OF KEY STAKEHOLDERS

Two-thirds (66%) of Americans believe that the federal government is not doing enough to help solve the problem of AIDS in the U.S. A majority also say that their state or local governments (59%) and public schools (51%) are not doing enough (see exhibit 18).

Americans also believe that private sector efforts could be strengthened, with 56% saying that corporate America should do more to fight AIDS, and 50% saying that the pharmaceutical industry is not doing enough. Two-thirds (66%) also feel that parents should do more to solve the problem of AIDS. African Americans are significantly more likely than whites or Latinos to say that most of these stakeholders are not doing enough. Women are more likely than men to say that many of these stakeholders are not doing enough.

AMERICANS SUPPORT INCREASED FEDERAL FUNDING FOR AIDS

Consistent with their belief that government is not doing enough to solve the problem, a majority (55%) of Americans say that the federal government is spending too little money on AIDS. One-quarter (25%) say that spending is about right and 5% say that there is too much spending on AIDS (see exhibit 19). African Americans are much more likely to say that federal spending is too low, compared to whites and Latinos (76%, 53%, and 48% respectively). Compared with spending on other health problems, such as heart disease and cancer, 43% of Americans believe that the federal government is spending too little on HIV/AIDS. In FY 2000, the U.S. spent over \$10.8 billion on HIV/AIDS, nearly half of which was for discretionary programs such as HIV prevention at the CDC, HIV housing, and the Ryan White CARE Act, whose spending must be approved by Congress each year⁵ (see exhibit 20).

Is this group doing enough to help solve the problem of AIDS in this country?

	DOING ENOUGH	NOT DOING ENOUGH
The federal government	22	66
Parents	25	66
Your state or local government	25	59
Corporate America/business leaders	14	56
Public schools	33	51
Pharmaceutical companies	36	50
Religious leaders or institutions	28	49
The media	38	45
Doctors/other health care providers	50	41

EXHIBIT 18
Americans' Views of the Efforts of Key Stakeholders

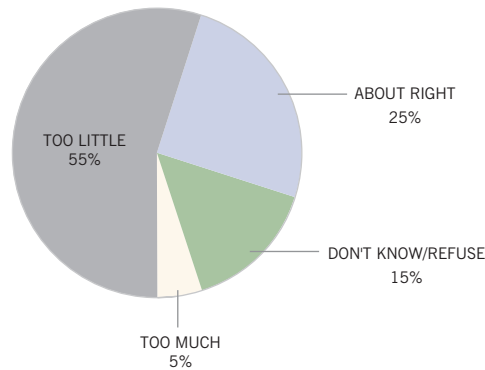


EXHIBIT 19
Percent Who Say Federal Spending on AIDS is...

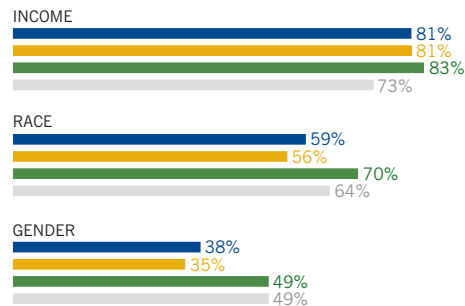
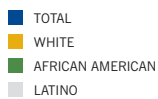
Mandatory and Discretionary Spending by Type of Program

	FY 2000 (IN BILLIONS)
MANDATORY SPENDING PROGRAMS	
Medicaid (federal share)	\$ 2.2
Medicare	\$ 1.7
SSDI	\$.856
Veterans affairs	\$.457
SSI	\$.385
Sub-total	\$ 5.6
DISCRETIONARY SPENDING PROGRAMS	
AIDS research (National Institutes of Health)	\$ 2.0
Ryan White CARE Act (HRSA)	\$ 1.6
HIV prevention at the CDC	\$.785
Other HIV/AIDS spending	\$.616
AIDS housing (HUD)	\$.232
Sub-total	\$ 5.2
TOTAL	\$10.8

EXHIBIT 20
Federal HIV/AIDS Spending by Program, FY 2000⁵

When asked how important the federal government's activities in certain areas should be, 86% of Americans say AIDS prevention and education should be a very important priority, with 83% saying research to find a vaccine and 75% saying AIDS treatment and care should be very important priorities. When asked which should be the top priority, approximately four in ten Americans say research to find a vaccine (44%) or prevention and education (41%), with 6% saying that AIDS treatment and care should be the number one priority.

EXHIBIT 21
Percent Who Say Access
to Care and Treatment
Is Affected by...



Note: Combines "a lot" and "some" responses

AMERICANS' PERCEPTIONS OF THE EFFECTS OF RACE, INCOME AND GENDER ON ACCESS TO HIV CARE

Since 1998, the U.S. Public Health Service has issued guidelines for the treatment of HIV disease that emphasize the importance of early access to medical care, and when appropriate, initiation of HIV treatments.³⁸ Yet despite this standard, up to two-thirds of people living with HIV/AIDS in the U.S. are estimated to have no regular source of care, and there are significant disparities in HIV-related health outcomes across racial and ethnic groups and by gender.^{8,39}

Most Americans (80%) say that access to HIV/AIDS care is a problem in the U.S., with majorities believing that income (81%) and race (59%) affect access to care and 38% believing gender affects access to care (see exhibit 21). All groups are most likely to say that income presents a barrier to access, although whites and African Americans are slightly more likely than Latinos to say this. African Americans and Latinos are more likely than whites to believe that gender and race affect access to care.

SUPPORT FOR SCHOOL-BASED EDUCATION ABOUT HIV AND OTHER STDs

In addition to wanting more information about how to talk to children about HIV/AIDS, an overwhelming majority of Americans believe that high school sex education classes should include information about how HIV and other STDs are spread (97%), how to protect against HIV and other STDs (97%) and how to use condoms as protection against HIV and other STDs (90%). A recent survey of parents and students found similar support for such efforts.⁴⁰

The CDC has provided funding for HIV/AIDS education since 1988, but most policymaking about sex education happens at the state, school district, or school board level. As of 1998, 35 states mandated that STD or HIV/AIDS education be taught, some of which also mandated abstinence education only and/or the teaching of prevention options.⁴¹

MAJORITY CONTINUE TO SUPPORT INCREASED ACCESS TO STERILE SYRINGES

Since the beginning of the epidemic, injection drug use (IDU) has been a major route of transmission for HIV. Injection drug users, their partners, and their children account for at least 36% of all cases reported through 1999, and 31% of cases reported in that year alone.^{4,12}

As of 1998, more than 100 syringe exchange programs operating in the U.S. provided sterile syringes in exchange for used, potentially contaminated syringes in order to prevent the transmission of HIV and other blood borne diseases such as hepatitis C.⁴² Seven federally funded studies have determined that needle exchange programs reduce HIV transmission without increasing drug use.⁴³ More recently, a number of states have taken additional steps to expand access to sterile syringes by changing state law to allow for the sale of syringes without a prescription by licensed pharmacists or by allowing physicians to prescribe sterile syringes as a disease prevention measure.^{44,45,46} Such efforts remain controversial in some areas, and at the national level, federal law expressly prohibits the use of federal funding for syringe exchange.

A majority of Americans (58%) favor needle exchange programs to help stop the spread of HIV and also believe that federal law should be changed to allow state and local governments to decide for themselves whether to use federal funds for needle exchange programs (60%). Support for needle exchange remained the same as in 1997 (58%), but decreased somewhat since 1995 (66%). A majority of Americans also support other policies designed to expand access to clean needles, including allowing for the purchase of clean needles from a licensed pharmacist (61%) and allowing doctors and physicians to provide IV drug users with a prescription for clean needles (60%) (see exhibit 22).

AMERICANS SUPPORT INCREASED EFFORTS IN SUB-SAHARAN AFRICA

As noted, Africa is home to the majority of adults and children living with HIV/AIDS worldwide, and U.S. public awareness of AIDS in Africa appears to have increased since the 13th International AIDS Conference was held in July 2000 in Durban, South Africa (see box on page 16). Two-thirds (66%) of Americans support U.S. spending on AIDS in sub-Saharan Africa; 29% oppose such spending. Two in five (40%) say the U.S. government should be doing more in this region of the world while one-third (33%) say the government is doing the right amount and 13% say the government should be doing less. A slim majority (52%) appear hopeful that increased spending on AIDS in sub-Saharan Africa will lead to meaningful progress. In FY 2001, U.S. spending on international AIDS efforts (\$465 million) represented 3% of total U.S. spending on foreign aid (\$14.9 billion). Spending on foreign aid by the U.S. represented less than 1% of total federal spending in FY 2001 (\$1.9 trillion).^{47,48}

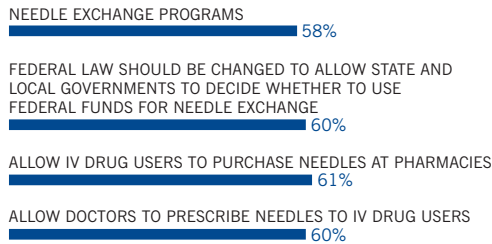
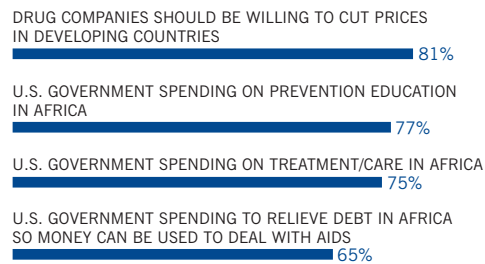


EXHIBIT 22
Percent Who Favor
Syringe Access Policies

EXHIBIT 23
Percent Who Support
the Following Strategies
to Address the Epidemic
in Sub-Saharan Africa



Although support for U.S. spending on AIDS in sub-Saharan Africa is strong, a majority (55%) do not feel that a national political candidate's support for a substantial increase in U.S. aid to African countries would influence their support for the candidate; 27% would be more likely to vote for them and 14% would be less likely to vote for them. African Americans (47%) and Latinos (40%) are roughly twice as likely as whites (22%) to say that support for increased aid to Africa would make them more likely to vote for such candidates.

When asked about specific areas for U.S. financial assistance in sub-Saharan Africa, three-quarters say they support funding for AIDS prevention (77%) and AIDS treatments (75%), and nearly two-thirds (65%) support reducing foreign debt to enable African countries to use the money to deal with the problem of AIDS (see exhibit 23). When asked what should be the top priority for U.S. government spending to fight AIDS in sub-Saharan Africa, prevention ranks first (44%), followed by spending for treatment and care (27%) and reducing foreign debt (15%).

In the past year, there has been a great deal of attention by the media and among U.S. and international policymakers to the issue of expanding access to HIV treatments in developing countries. The cost of antiretroviral therapy and even treatments for the many opportunistic infections that affect people with HIV and the lack of health care infrastructure pose substantial barriers to care. Several international groups have begun to address the issue of drug pricing in developing countries, and some of the major pharmaceutical companies that produce HIV-related treatments have agreed to provide such medications at or below cost in an effort to broaden access. A large majority (81%) of Americans believe that pharmaceutical companies should be willing to cut drug prices in developing countries to help in the fight against AIDS.

CONCLUSION

As we enter the third decade of the AIDS epidemic, the picture that has emerged is of a public that continues to view AIDS as one of the most urgent health issues of our time, both domestically and internationally. This sense of urgency is particularly strong among African Americans and Latinos, perhaps owing to the disproportionate impact the epidemic has had on these groups and raising important considerations for policymakers and public health officials in targeting prevention and care services over the next decade. High levels of concern among parents and young adults and the current high rates of infection among young people present other important opportunities and challenges. Many have predicted that “AIDS fatigue” would lead to a significant decline in concern among the American public. Despite these predictions, this study shows that concern remains notably high after twenty years of AIDS.

The complex picture of American attitudes toward HIV/AIDS points to a new set of challenges for policymakers, public health officials, and other stakeholders as they seek to address the epidemic in its third decade.

APPENDIX I: ENDNOTES

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- ³ UNAIDS, *Report on the Global HIV/AIDS Epidemic*, December 2000.
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- ⁵ Kaiser Family Foundation, *Federal HIV/AIDS Spending: A Budget Chart Book, FY 2000*, October 2000.
- ⁶ Health Resources and Services Administration (HRSA), List of CARE Act Grantees, available at: <http://hab.hrsa.gov/listof.html>.
- ⁷ Kaiser Family Foundation, *Financing HIV/AIDS Care: A Quilt With Many Holes*, November 2000.
- ⁸ Bozzette, S., et al., "The Care of HIV Infected Adults in the United States," *New England Journal of Medicine*, Vol.339, No.26, 1998.
- ⁹ U.S. Census Bureau, *The AIDS Pandemic in the 21st Century: The Demographic Impact in Developing Countries*, paper prepared for presentation at the XIIIth International AIDS Conference, Durban, South Africa, 9–14 July 2000.
- ¹⁰ United Nations Secretary General, *Report of the Secretary-General for the United Nations' June 2001 Special Session on HIV/AIDS*, February 16, 2001.
- ¹¹ National Center for Health Statistics, *National Vital Statistics Reports*, Vol.48, No.11, July 24, 2000.
- ¹² Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report*, Vol.11, No.2, 1999.
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APPENDIX II: METHODOLOGY

The Henry J. Kaiser Family Foundation's *National Survey of Americans on HIV/AIDS* is a nationally representative survey of adults 18 and older. The survey was designed by staff at the Foundation and Princeton Survey Research Associates (PSRA), and conducted by telephone by PSRA between August 14, 2000 and October 26, 2000. Interviews were conducted with 2,683 adults including an oversample of African Americans and Latinos. 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 American 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 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; +/-3% for whites; +/-7% for African Americans; +/- 6% for Latinos; +/-3% for women; +/-4% for men; +/-6% for 18–24 year olds; +/- 4% for 25–44 year olds; +/-4% for 45–64 year olds; and +/-7% for those ages 65 or older 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 sample design and post-data collection statistical adjustments. Note: * = <1% reported, – = 0

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.

APPENDIX III: QUESTIONNAIRE AND SURVEY DATA

QUESTION 1:

What do you think is the MOST urgent health problem facing this nation TODAY? Is there another health problem you think is almost as urgent?

Based on Form 1 only

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Cancer	35%	35%	41%	37%	32%	37%	40%	34%	36%	31%
AIDS or HIV	26%	23%	41%	40%	25%	27%	32%	29%	22%	21%
Heart	11%	11%	14%	9%	12%	11%	7%	10%	12%	17%
Health Care – Cost	10%	11%	3%	4%	7%	12%	4%	10%	11%	11%
Health Insurance/The Uninsured	9%	10%	8%	5%	7%	11%	4%	11%	10%	9%
Diabetes	4%	3%	7%	11%	4%	5%	2%	3%	7%	5%
Health Care – Access	4%	5%	3%	2%	4%	5%	4%	4%	6%	4%
Elderly	4%	5%	2%	1%	4%	5%	1%	1%	8%	8%
Smoking	2%	2%	3%	3%	4%	1%	6%	3%	2%	*
Drugs	2%	2%	2%	10%	2%	3%	2%	3%	2%	2%
Obesity	2%	2%	*	2%	2%	2%	1%	3%	1%	1%
Alzheimer's	2%	2%	–	1%	1%	2%	1%	1%	2%	4%
High Blood Pressure	1%	1%	7%	1%	1%	2%	1%	1%	*	3%
STDs	1%	1%	1%	2%	2%	*	3%	1%	1%	1%
Malnutrition	1%	1%	1%	*	1%	1%	1%	2%	*	1%
Hunger	*	*	–	*	*	*	*	–	*	–
Other	13%	13%	8%	13%	13%	12%	12%	12%	14%	12%
Don't Know/Refused	9%	8%	10%	14%	12%	7%	15%	8%	7%	10%
n	1320	778	221	246	600	720	206	556	361	170

Total exceeds 100% due to multiple responses

QUESTION 2:

What do you think is the MOST urgent health problem facing the world TODAY? Is there another health problem you think is almost as urgent?

Based on Form 2 only

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN WHITE	AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
AIDS or HIV	37%	35%	49%	41%	37%	36%	42%	39%	34%	32%
Cancer	35%	35%	41%	32%	32%	38%	28%	37%	35%	35%
Heart	12%	13%	14%	6%	10%	14%	7%	8%	17%	20%
Health Care – Cost	7%	7%	8%	3%	6%	8%	1%	6%	9%	9%
Health Insurance/The Uninsured	5%	5%	2%	7%	4%	6%	2%	5%	7%	4%
Hunger	4%	5%	1%	4%	4%	4%	4%	3%	7%	2%
Diabetes	4%	4%	3%	8%	2%	6%	2%	3%	6%	6%
Health Care – Access	3%	3%	1%	3%	3%	3%	1%	3%	4%	3%
Drugs	3%	3%	*	4%	3%	2%	3%	2%	2%	4%
Elderly	2%	3%	*	2%	2%	3%	1%	1%	2%	6%
Malnutrition	2%	2%	1%	4%	2%	3%	2%	3%	3%	–
STDs	2%	1%	3%	1%	1%	2%	5%	2%	1%	–
Obesity	1%	1%	1%	2%	2%	1%	3%	2%	1%	–
High Blood Pressure	1%	*	3%	1%	1%	1%	*	1%	1%	1%
Smoking	1%	1%	–	*	1%	1%	*	1%	*	1%
Alzheimer's	1%	*	1%	*	*	1%	–	*	1%	1%
Other	14%	14%	11%	16%	12%	15%	12%	16%	11%	16%
Don't Know/Refused	9%	8%	9%	12%	11%	8%	16%	9%	8%	8%
n	1363	764	210	303	601	762	198	596	386	164

Total exceeds 100% due to multiple responses

QUESTION 3:

I'd like you to think about the way the problem of AIDS is affecting THIS COUNTRY today. Do you think AIDS is a MORE urgent problem for the country than it was a few years ago, a LESS urgent problem, or is it ABOUT THE SAME?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN WHITE	AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
More Urgent	49%	44%	70%	64%	46%	52%	61%	46%	44%	54%
Less Urgent	13%	14%	6%	7%	15%	10%	9%	12%	14%	14%
About the Same	35%	39%	21%	26%	36%	35%	29%	39%	40%	26%
Don't Know/Refused	3%	4%	3%	3%	3%	4%	2%	3%	3%	6%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 4:

Thinking about the way the problem of AIDS is affecting YOUR LOCAL COMMUNITY today, do you think AIDS is a MORE urgent problem for your community than it was a few years ago, a LESS urgent problem, is it ABOUT THE SAME, or has AIDS NEVER been a problem in your community?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18-24	25-44	45-64	65+
		WHITE	AMERICAN	LATINO						
More Urgent	23%	18%	41%	37%	21%	25%	26%	23%	22%	21%
Less Urgent	10%	9%	12%	11%	13%	8%	7%	9%	13%	8%
About the Same	30%	32%	24%	27%	30%	31%	26%	35%	30%	22%
Never Been a Problem	26%	29%	13%	17%	28%	24%	32%	22%	25%	32%
Don't Know/Refused	11%	12%	10%	8%	9%	13%	9%	11%	10%	17%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 5:

Thinking about the way the problem of AIDS is affecting THE ENTIRE WORLD today, not just this country or your local community, do you think AIDS is a MORE urgent problem for the world than it was a few years ago, a LESS urgent problem, or is it ABOUT THE SAME?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18-24	25-44	45-64	65+
		WHITE	AMERICAN	LATINO						
More Urgent	76%	76%	78%	75%	77%	75%	73%	76%	75%	79%
Less Urgent	3%	3%	1%	4%	4%	3%	5%	3%	4%	2%
About the Same	19%	19%	19%	17%	17%	20%	21%	19%	19%	15%
Don't Know/Refused	2%	2%	2%	3%	2%	2%	2%	1%	2%	3%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 6:

Turning to the impact of HIV and AIDS in your own life, how serious a problem do you think AIDS is for people you know? Is it...

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18-24	25-44	45-64	65+
		WHITE	AMERICAN	LATINO						
A Very Serious Problem	25%	19%	35%	54%	23%	26%	31%	25%	24%	20%
A Somewhat Serious Problem	15%	14%	17%	15%	15%	15%	22%	17%	12%	9%
Not Too Serious a Problem	17%	18%	18%	11%	16%	17%	17%	20%	17%	11%
Not a Serious Problem at All	39%	44%	27%	16%	41%	37%	27%	35%	44%	50%
Don't Know/Refused	4%	4%	3%	4%	4%	4%	2%	3%	4%	10%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 7:

Bearing in mind the different ways people can be infected with HIV, the virus that causes AIDS – how concerned are you PERSONALLY about becoming infected with HIV? Are you...

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18–24	25–44	45–64	65+
		WHITE	AMERICAN	LATINO						
Very Concerned	19%	14%	37%	34%	20%	19%	31%	20%	17%	11%
Somewhat Concerned	18%	19%	19%	19%	19%	18%	21%	20%	18%	12%
Not Too Concerned	22%	23%	17%	17%	22%	23%	20%	25%	22%	18%
Not at All Concerned	39%	44%	27%	29%	38%	41%	27%	34%	42%	58%
Already Have AIDS/HIV (Vol.)	*	*	–	–	*	–	–	*	–	–
Don't Know/Refused	*	*	*	*	1%	*	*	*	*	1%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 8:

Are you MORE concerned about becoming infected with HIV than you were a few years ago, LESS concerned, or about as concerned?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18–24	25–44	45–64	65+
		WHITE	AMERICAN	LATINO						
More Concerned	22%	18%	35%	43%	21%	24%	40%	21%	18%	17%
Less Concerned	25%	27%	21%	20%	28%	23%	17%	29%	25%	25%
About as Concerned	50%	54%	44%	35%	50%	51%	43%	48%	55%	54%
Don't Know/Refused	2%	2%	1%	2%	1%	2%	*	1%	3%	4%
n	2682	1541	431	549	1200	1482	404	1151	747	334

QUESTION 9:

Do you, yourself, have any sons or daughters aged 21 years or younger?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18–24	25–44	45–64	65+
		WHITE	AMERICAN	LATINO						
Yes	43%	41%	47%	53%	41%	44%	25%	64%	38%	11%
No	57%	59%	53%	47%	59%	55%	75%	36%	62%	89%
Don't Know/Refused	*	*	*	*	*	*	*	*	*	*
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 10:

How concerned are you about a son or daughter becoming infected with HIV? Are you...
Based on parents of children age 21 or younger

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Very Concerned	44%	39%	69%	50%	41%	46%	56%	46%	37%	27%
Somewhat Concerned	27%	30%	13%	24%	31%	24%	5%	28%	33%	14%
Not Too Concerned	15%	16%	10%	12%	11%	17%	10%	15%	13%	29%
Not at All Concerned	14%	14%	8%	14%	16%	12%	29%	9%	17%	30%
Don't Know/Refused	1%	1%	-	*	1%	*	-	1%	-	-
n	1146	595	195	298	485	661	101	724	274	32

QUESTION 11:

Are you MORE concerned about a son or daughter becoming infected with HIV than you were a few years ago, LESS concerned, or about as concerned?
Based on parents of children age 21 or younger

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
More Concerned	39%	34%	60%	50%	35%	43%	42%	39%	40%	19%
Less Concerned	12%	12%	10%	15%	14%	11%	9%	9%	19%	21%
About as Concerned	47%	52%	30%	34%	49%	45%	47%	49%	40%	59%
Don't Know/Refused	2%	2%	*	1%	2%	1%	2%	2%	1%	1%
n	1146	595	195	298	485	661	101	724	274	32

QUESTION 12:

How much prejudice and discrimination do you think there is against people living with HIV and AIDS in this country today?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A Lot	51%	49%	65%	57%	45%	57%	58%	52%	53%	41%
Some	33%	35%	22%	28%	37%	30%	31%	34%	34%	35%
Only a Little	8%	8%	7%	9%	10%	6%	9%	9%	6%	8%
None at All	2%	2%	3%	4%	3%	1%	2%	1%	2%	3%
Don't Know/Refused	6%	6%	4%	3%	6%	5%	1%	5%	5%	13%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 13:

Compared to five years ago, do you think there is MORE discrimination in this country today against people living with HIV and AIDS, LESS discrimination, or has the amount of discrimination STAYED ABOUT THE SAME over the past five years?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
More Discrimination	17%	13%	29%	29%	16%	18%	24%	17%	12%	16%
Less Discrimination	37%	38%	32%	31%	38%	36%	35%	39%	40%	27%
Stayed About the Same	42%	44%	35%	36%	41%	42%	39%	40%	43%	46%
Don't Know/Refused	5%	5%	3%	3%	4%	5%	2%	3%	4%	11%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 14:

As I read each of the following, please tell me if a person can become infected with HIV this way or not. [RANDOMIZE A-D; E & F ALWAYS LAST IN ORDER]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. KISSING										
Yes	31%	28%	44%	37%	32%	29%	20%	26%	31%	45%
No	62%	65%	46%	55%	60%	63%	75%	66%	61%	44%
Don't Know/Refused	8%	8%	10%	8%	8%	8%	5%	7%	8%	11%
B. SHARING A DRINKING GLASS										
Yes	15%	14%	25%	19%	16%	15%	8%	12%	16%	28%
No	77%	79%	63%	76%	77%	78%	89%	84%	76%	58%
Don't Know/Refused	7%	7%	12%	5%	7%	7%	3%	4%	8%	14%
C. TOUCHING A TOILET SEAT										
Yes	10%	8%	13%	20%	10%	10%	12%	7%	10%	17%
No	84%	86%	76%	71%	84%	84%	84%	88%	86%	69%
Don't Know/Refused	6%	6%	11%	9%	6%	7%	4%	5%	5%	14%
D. SHARING AN IV NEEDLE										
Yes	99%	99%	99%	96%	99%	99%	100%	99%	98%	98%
No	1%	*	*	2%	1%	*	*	1%	1%	*
Don't Know/Refused	1%	1%	1%	2%	1%	1%	-	*	1%	2%
E. HAVING UNPROTECTED ORAL SEX										
Yes	91%	92%	90%	88%	91%	92%	90%	91%	93%	91%
No	5%	5%	3%	6%	6%	4%	7%	5%	5%	2%
Don't Know/Refused	4%	4%	7%	6%	4%	4%	3%	3%	3%	7%
F. HAVING UNPROTECTED INTERCOURSE										
Yes	99%	99%	99%	98%	99%	99%	100%	99%	99%	97%
No	1%	1%	-	1%	1%	1%	*	1%	1%	1%
Don't Know/Refused	1%	*	1%	1%	*	1%	*	*	*	2%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 15:

Please tell me whether you think each of the following statements about HIV and AIDS is true or false – OR if you don't Know whether it is true or false.
[RANDOMIZE A–D; E & F ALWAYS LAST IN ORDER]

	RACE/ETHNICITY			GENDER		AGE				
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
A. THERE ARE DRUGS AVAILABLE WHICH CAN LENGTHEN THE LIVES OF PEOPLE WHO HAVE HIV AND AIDS										
True	86%	88%	84%	77%	85%	87%	84%	89%	89%	79%
False	6%	6%	5%	13%	8%	5%	10%	6%	6%	4%
Don't Know/Refused	7%	6%	11%	10%	7%	8%	6%	5%	6%	17%
B. THERE IS A VACCINE AVAILABLE THAT PROTECTS A PERSON FROM GETTING HIV, THE VIRUS THAT CAUSES AIDS										
True	6%	4%	9%	14%	6%	7%	7%	5%	5%	10%
False	79%	82%	69%	66%	83%	76%	83%	85%	82%	62%
Don't Know/Refused	15%	13%	21%	20%	12%	17%	11%	10%	14%	29%
C. A PREGNANT WOMAN WHO HAS HIV CAN TAKE CERTAIN DRUGS TO REDUCE THE RISK OF HER BABY BEING BORN INFECTED										
True	43%	42%	49%	44%	41%	45%	46%	47%	38%	41%
False	28%	28%	24%	32%	32%	25%	31%	27%	32%	25%
Don't Know/Refused	29%	30%	26%	24%	27%	30%	23%	26%	30%	35%
D. HAVING ANOTHER SEXUALLY TRANSMITTED DISEASE SUCH AS HERPES OR GONORRHEA INCREASES A PERSON'S RISK OF BECOMING INFECTED WITH HIV										
True	42%	38%	54%	53%	40%	43%	39%	41%	41%	44%
False	33%	35%	25%	25%	38%	29%	41%	36%	33%	23%
Don't Know/Refused	25%	26%	21%	22%	22%	28%	20%	23%	27%	33%
n (A through D)	2683	1542	431	549	1201	1482	404	1152	747	334
E. THERE IS NO CURE FOR AIDS AT PRESENT <i>Based on Form 1 only</i>										
True	89%	91%	81%	85%	90%	89%	93%	91%	88%	87%
False	8%	7%	12%	10%	7%	8%	5%	7%	10%	9%
Don't Know/Refused	3%	2%	7%	5%	3%	3%	2%	2%	2%	5%
n	1320	778	221	246	600	720	206	556	361	170
F. THERE ARE DRUGS AVAILABLE THAT CAN CURE HIV AND AIDS <i>Based on Form 2 only</i>										
True	5%	3%	7%	8%	5%	5%	4%	4%	6%	7%
False	88%	90%	79%	83%	89%	87%	95%	90%	87%	78%
Don't Know/Refused	8%	7%	13%	9%	7%	8%	1%	6%	7%	15%
n	1363	764	210	303	601	762	198	596	386	164

QUESTION 16:

Now I'd like you to think about the care and treatment people living with HIV and AIDS receive. In general, would you say ACCESS to care and treatment in this country is a big problem, somewhat of a problem, not much of a problem, or not a problem at all?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Big Problem	38%	35%	47%	48%	35%	40%	33%	39%	39%	39%
Somewhat of a Problem	42%	44%	34%	35%	41%	42%	43%	40%	44%	42%
Not much of a Problem	8%	8%	7%	9%	10%	7%	14%	9%	6%	3%
Not a Problem at All	4%	4%	4%	5%	5%	3%	5%	4%	3%	6%
Don't Know/Refused	8%	9%	7%	3%	9%	8%	4%	8%	7%	10%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 17A:

How much do you think a person's [INSERT & RANDOMIZE] affects their access to care and treatment for HIV or AIDS...

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. RACE										
A Lot	30%	27%	43%	36%	28%	32%	19%	31%	32%	32%
Some	29%	29%	27%	28%	29%	28%	30%	30%	31%	22%
Only a Little	13%	13%	8%	12%	13%	12%	19%	13%	11%	11%
Not at All	22%	22%	16%	21%	23%	21%	29%	21%	21%	21%
Don't Know/Refused	7%	8%	6%	3%	6%	8%	3%	6%	5%	14%
B. INCOME										
A Lot	61%	61%	71%	51%	59%	63%	63%	64%	64%	47%
Some	20%	20%	12%	22%	20%	19%	17%	19%	18%	24%
Only a Little	6%	6%	6%	11%	8%	5%	9%	5%	6%	7%
Not at All	9%	8%	6%	10%	9%	8%	9%	9%	8%	7%
Don't Know/Refused	4%	4%	4%	5%	4%	4%	2%	2%	3%	14%
C. GENDER										
A Lot	14%	11%	23%	28%	13%	16%	10%	12%	16%	19%
Some	24%	24%	26%	21%	24%	25%	24%	26%	22%	28%
Only a Little	15%	16%	14%	14%	17%	14%	17%	16%	15%	10%
Not at All	40%	43%	30%	31%	41%	40%	46%	43%	39%	33%
Don't Know/Refused	6%	6%	6%	5%	6%	6%	3%	4%	8%	10%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 17B:

Compared to people of other races and ethnic backgrounds, do you think that [INSERT & RANDOMIZE] with HIV or AIDS face more difficulty or less difficulty in getting the care and treatment they need – or that their ability to access care is about the same?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. AFRICAN AMERICANS										
More Difficulty	42%	42%	46%	38%	42%	41%	35%	45%	45%	37%
Less Difficulty	6%	6%	6%	8%	6%	6%	4%	5%	7%	6%
About the Same	45%	46%	40%	49%	46%	45%	57%	44%	43%	45%
Don't Know/Refused	7%	7%	7%	6%	5%	8%	4%	5%	5%	11%
B. HISPANIC AMERICANS										
More Difficulty	39%	39%	41%	41%	40%	38%	42%	42%	40%	31%
Less Difficulty	6%	6%	9%	4%	6%	7%	6%	6%	6%	8%
About the Same	46%	47%	40%	52%	46%	47%	48%	46%	47%	47%
Don't Know/Refused	8%	8%	10%	3%	8%	8%	5%	6%	8%	14%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 17C:

Compared to men, do you think that women with HIV or AIDS face more difficulty or less difficulty in getting the care they need – or that their ability to access care is about the same?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
More Difficulty	12%	11%	16%	14%	10%	14%	8%	12%	13%	16%
Less Difficulty	10%	9%	11%	10%	11%	9%	14%	11%	9%	4%
About the Same	72%	73%	66%	75%	74%	71%	76%	75%	72%	66%
Don't Know/Refused	6%	6%	7%	2%	5%	6%	2%	2%	6%	14%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 18:

As I read each of the following groups, please tell me if you think they are doing ENOUGH to help solve the problem of AIDS in this country, are NOT DOING ENOUGH, or if they SHOULD NOT BE INVOLVED AT ALL in this issue. [RANDOMIZE]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. THE FEDERAL GOVERNMENT										
Doing Enough	22%	23%	15%	28%	26%	19%	20%	22%	24%	24%
Not Doing Enough	66%	65%	77%	61%	63%	68%	72%	70%	66%	52%
Should Not Be Involved at All	4%	4%	2%	1%	4%	3%	4%	4%	3%	5%
Don't Know/Refused	8%	8%	7%	9%	6%	10%	4%	4%	7%	20%
B. YOUR STATE OR LOCAL GOVERNMENT										
Doing Enough	25%	25%	16%	32%	30%	20%	21%	28%	24%	22%
Not Doing Enough	59%	57%	75%	59%	55%	63%	68%	60%	59%	51%
Should Not Be Involved at All	4%	5%	1%	1%	4%	3%	3%	3%	4%	5%
Don't Know/Refused	12%	13%	9%	8%	10%	13%	7%	8%	12%	23%
C. RELIGIOUS LEADERS OR INSTITUTIONS										
Doing Enough	28%	27%	30%	34%	31%	25%	31%	29%	27%	27%
Not Doing Enough	49%	47%	58%	49%	47%	50%	41%	49%	52%	48%
Should Not Be Involved at All	13%	15%	5%	10%	12%	14%	19%	16%	12%	4%
Don't Know/Refused	10%	11%	7%	7%	9%	11%	8%	6%	9%	21%
D. PUBLIC SCHOOLS										
Doing Enough	33%	33%	26%	41%	38%	29%	36%	35%	36%	25%
Not Doing Enough	51%	51%	60%	49%	48%	55%	55%	53%	49%	47%
Should Not Be Involved at All	6%	6%	3%	5%	5%	6%	7%	5%	5%	8%
Don't Know/Refused	10%	10%	11%	5%	9%	10%	2%	8%	10%	20%
E. DOCTORS AND OTHER HEALTH CARE PROVIDERS										
Doing Enough	50%	50%	45%	58%	54%	47%	58%	53%	47%	41%
Not Doing Enough	41%	40%	47%	37%	38%	43%	38%	41%	45%	35%
Should Not Be Involved at All	1%	1%	*	*	1%	*	1%	*	*	1%
Don't Know/Refused	8%	9%	7%	4%	8%	9%	3%	5%	7%	23%
F. THE MEDIA										
Doing Enough	38%	38%	31%	39%	39%	36%	33%	42%	38%	30%
Not Doing Enough	45%	44%	51%	44%	44%	46%	44%	45%	47%	44%
Should Not Be Involved at All	11%	11%	8%	11%	11%	10%	22%	9%	10%	10%
Don't Know/Refused	6%	6%	10%	6%	6%	7%	1%	5%	5%	16%
G. PARENTS										
Doing Enough	25%	23%	31%	32%	27%	24%	35%	26%	22%	20%
Not Doing Enough	66%	67%	60%	63%	65%	67%	60%	68%	70%	60%
Should Not Be Involved at All	1%	1%	2%	*	1%	1%	1%	*	1%	2%
Don't Know/Refused	8%	8%	6%	5%	8%	8%	4%	5%	7%	18%
H. PHARMACEUTICAL COMPANIES										
Doing Enough	36%	36%	26%	45%	40%	31%	41%	39%	36%	23%
Not Doing Enough	50%	49%	58%	43%	48%	52%	49%	50%	53%	47%
Should Not Be Involved at All	3%	3%	2%	3%	3%	2%	2%	3%	1%	6%
Don't Know/Refused	12%	12%	14%	9%	9%	14%	8%	8%	10%	23%
I. CORPORATE AMERICA AND BUSINESS LEADERS										
Doing Enough	14%	14%	9%	18%	15%	13%	14%	14%	14%	12%
Not Doing Enough	56%	54%	72%	52%	54%	58%	52%	58%	60%	49%
Should Not Be Involved at All	17%	19%	9%	17%	19%	16%	26%	19%	13%	16%
Don't Know/Refused	13%	13%	9%	13%	12%	13%	8%	8%	12%	24%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 19:

In general, do you think the federal government spends TOO MUCH money on AIDS, TOO LITTLE money, or ABOUT THE RIGHT AMOUNT?

Based on Form 1

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Too Much Money	5%	5%	1%	9%	8%	3%	4%	3%	6%	9%
Too Little Money	55%	53%	76%	48%	55%	55%	63%	60%	54%	39%
About Right	25%	25%	13%	35%	27%	24%	26%	25%	25%	29%
Don't Know/Refused	15%	16%	11%	9%	10%	18%	7%	12%	15%	22%
n	1320	778	221	246	600	720	206	556	361	170

QUESTION 20:

Compared with the amount of money the federal government spends on other health problems such as heart disease and cancer, do you think federal spending on AIDS is too HIGH, too LOW, or ABOUT RIGHT?

Based on Form 2

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Too High	8%	8%	2%	13%	8%	7%	4%	9%	6%	10%
Too Low	43%	41%	62%	41%	43%	43%	44%	43%	51%	26%
About Right	30%	31%	23%	33%	30%	30%	35%	29%	25%	40%
Don't Know/Refused	19%	20%	13%	13%	19%	20%	16%	19%	17%	24%
n	1363	764	210	303	601	762	198	596	386	164

QUESTION 21:

Please tell me if you think each of the following should be a very important, somewhat important, not too important, or not at all important priority for the federal government in fighting AIDS. [RANDOMIZE]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
A. AIDS PREVENTION AND EDUCATION										
Very Important	86%	85%	94%	91%	83%	89%	87%	86%	87%	85%
Somewhat Important	11%	13%	4%	7%	14%	9%	9%	13%	11%	11%
Not Too Important	1%	*	2%	1%	1%	1%	2%	1%	*	1%
Not at All Important	1%	1%	–	*	1%	1%	*	1%	*	2%
Don't Know/Refused	1%	1%	–	1%	1%	1%	1%	*	1%	2%
B. AIDS TREATMENT AND CARE										
Very Important	75%	72%	93%	86%	72%	78%	80%	77%	73%	71%
Somewhat Important	21%	24%	6%	11%	22%	19%	17%	20%	23%	22%
Not Too Important	2%	2%	1%	2%	3%	1%	2%	1%	1%	2%
Not at All Important	1%	1%	*	1%	1%	1%	1%	1%	1%	3%
Don't Know/Refused	1%	2%	*	1%	2%	1%	1%	1%	2%	3%
C. RESEARCH TO FIND A VACCINE TO PROTECT A PERSON FROM GETTING HIV, THE VIRUS THAT CAUSES AIDS										
Very Important	83%	81%	93%	87%	81%	84%	88%	83%	83%	79%
Somewhat Important	13%	14%	5%	11%	13%	13%	9%	13%	13%	15%
Not Too Important	2%	2%	1%	*	2%	2%	1%	2%	1%	3%
Not at All Important	1%	2%	*	1%	2%	1%	1%	1%	1%	2%
Don't Know/Refused	1%	1%	*	1%	2%	*	1%	*	1%	2%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 22:

Which ONE of the following do you think should be the federal government's TOP priority in fighting AIDS?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
Research to find a vaccine to protect a person from getting HIV, the virus that causes AIDS	44%	43%	51%	44%	44%	43%	43%	44%	45%	39%
AIDS Prevention and Education	41%	42%	33%	42%	40%	43%	42%	42%	40%	43%
AIDS Treatment and Care	6%	5%	13%	8%	6%	6%	9%	7%	4%	5%
Other/None of These (Vol.)	7%	8%	2%	6%	8%	6%	5%	6%	8%	9%
Don't Know/Refused	2%	2%	1%	1%	2%	2%	1%	*	2%	5%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 23:

Please tell me whether you think each of the following topics SHOULD or SHOULD NOT be discussed in high school sex education classes.

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. HOW HIV AND OTHER SEXUALLY TRANSMITTED DISEASES ARE SPREAD										
Should Be Discussed	97%	97%	99%	96%	97%	97%	99%	98%	97%	93%
Should Not Be Discussed	2%	2%	1%	3%	2%	2%	1%	1%	3%	5%
Don't Know/Refused	1%	1%	*	1%	1%	1%	1%	*	-	2%
B. HOW TO PROTECT AGAINST HIV AND OTHER SEXUALLY TRANSMITTED DISEASES										
Should Be Discussed	97%	97%	99%	96%	96%	98%	99%	97%	96%	95%
Should Not Be Discussed	2%	3%	1%	3%	3%	2%	*	2%	3%	3%
Don't Know/Refused	1%	1%	*	1%	1%	*	1%	1%	*	2%
C. HOW TO USE CONDOMS AS PROTECTION AGAINST HIV AND OTHER SEXUALLY TRANSMITTED DISEASES										
Should Be Discussed	90%	89%	94%	92%	91%	89%	95%	90%	91%	84%
Should Not Be Discussed	8%	9%	5%	7%	8%	8%	3%	7%	9%	11%
Don't Know/Refused	2%	2%	2%	1%	2%	3%	2%	2%	1%	5%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 24:

To help stop the spread of HIV, do you FAVOR or OPPOSE needle exchange programs which offer clean needles to IV drug users in exchange for used needles?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Favor	58%	57%	53%	61%	57%	58%	52%	60%	60%	51%
Oppose	35%	35%	40%	34%	37%	33%	40%	34%	33%	39%
Don't Know/Refused	7%	7%	7%	4%	5%	8%	8%	5%	6%	10%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 25:

Currently, the federal government provides state and local governments with funding for a number of HIV prevention activities. However, these funds may NOT be used to support needle exchange programs. Which comes closer to your view... [ROTATE 1-2]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
1. The law should stay as it is and federal funds SHOULD NOT be used for needle exchange programs -OR-	34%	34%	32%	31%	35%	32%	34%	33%	33%	39%
2. The law should be changed, and state and local governments should decide for themselves whether to use their federal funds for needle exchange programs	60%	60%	59%	64%	59%	61%	60%	63%	62%	52%
Both/Neither (Vol.)	1%	1%	2%	1%	1%	1%	1%	1%	1%	*
Don't Know/Refused	5%	4%	6%	5%	4%	5%	4%	3%	4%	9%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 26:

Aside from needle exchange programs, several other proposals have been made to help stop the spread of HIV among IV drug users. As I read each of the following, please tell me if you would FAVOR or OPPOSE such a program.

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
A. ALLOWING IV DRUG USERS TO PURCHASE CLEAN NEEDLES FROM A LICENSED PHARMACIST										
Favor	61%	61%	55%	61%	63%	59%	50%	62%	64%	62%
Oppose	34%	34%	39%	32%	33%	35%	47%	35%	31%	29%
Don't Know/Refused	5%	4%	6%	7%	4%	6%	3%	3%	5%	9%
B. ALLOWING DOCTORS AND PHYSICIANS TO PROVIDE IV DRUG USERS WITH A PRESCRIPTION FOR CLEAN NEEDLES										
Favor	60%	59%	52%	67%	62%	58%	54%	59%	63%	62%
Oppose	36%	37%	42%	31%	35%	37%	44%	37%	33%	33%
Don't Know/Refused	4%	4%	6%	2%	4%	4%	2%	4%	4%	6%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 27:

Turning now to the problem of AIDS in other countries... How much, if anything, have you personally seen, heard, or read about the problem of AIDS in sub-Saharan Africa – that is, the part of Africa south of the Sahara Desert. Have you heard...

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
A Lot	29%	29%	34%	26%	30%	29%	22%	24%	31%	44%
Some	29%	31%	21%	23%	31%	28%	23%	30%	37%	22%
Only a Little	22%	22%	25%	25%	21%	24%	23%	23%	21%	21%
Nothing at All	19%	17%	21%	26%	18%	19%	32%	22%	11%	12%
Don't Know/Refused	1%	*	–	*	1%	*	1%	*	1%	1%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 28:

Thinking about the way the problem of AIDS is affecting this part of Africa TODAY, do you think AIDS is a MORE urgent problem for this part of Africa than it was a few years ago, a LESS urgent problem, or is it about the SAME as it has been in the past?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
More Urgent	71%	70%	74%	71%	73%	69%	60%	70%	78%	69%
Less Urgent	1%	1%	1%	4%	1%	2%	2%	1%	1%	3%
About the Same	16%	17%	15%	16%	17%	16%	23%	15%	13%	19%
Don't Know/Refused	12%	12%	10%	9%	9%	14%	14%	14%	8%	9%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 29:

Do you think the United States government should be doing MORE to help solve the problem of AIDS in sub-Saharan Africa, should be doing LESS, or are they are doing ABOUT THE RIGHT AMOUNT?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Should Do More	40%	34%	67%	51%	39%	40%	42%	42%	40%	34%
Should Do Less	13%	15%	5%	7%	15%	11%	12%	11%	12%	18%
Doing the Right Amount	33%	36%	19%	30%	32%	34%	33%	32%	36%	32%
Don't Know/Refused	14%	15%	9%	12%	14%	15%	13%	15%	12%	16%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 30:

In general, do you favor or oppose the U.S. government spending money to help solve the problem of AIDS in sub-Saharan Africa? Do you [FAVOR/OPOSE] this strongly or somewhat?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Strongly Favor	34%	28%	61%	46%	33%	34%	33%	35%	36%	27%
Somewhat Favor	31%	33%	23%	30%	31%	32%	37%	32%	28%	34%
Favor – Don't Know How Much	1%	*	2%	1%	1%	*	–	*	*	2%
Somewhat Oppose	17%	20%	7%	10%	15%	19%	18%	18%	17%	13%
Strongly Oppose	12%	14%	3%	8%	14%	10%	11%	10%	14%	16%
Oppose – Don't Know How Much	*	*	–	–	*	*	–	*	–	1%
Don't Know/Refused	5%	5%	5%	5%	6%	5%	2%	4%	5%	8%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 31:

If a candidate for a national political office was in favor of a substantial INCREASE in U.S. aid to African countries to help them fight the spread of HIV, would it make you...

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
More Likely to Vote for Them	27%	22%	47%	40%	26%	28%	30%	27%	26%	26%
Less Likely to Vote for Them	14%	17%	4%	8%	18%	11%	13%	15%	14%	16%
Would Not Make Much Difference Either Way	55%	58%	43%	47%	53%	57%	55%	56%	55%	52%
Don't Know/Refused	4%	3%	6%	5%	4%	4%	2%	2%	5%	6%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 32:

Now I'm going to name some different ways the U.S. government might provide financial help to fight AIDS in sub-Saharan Africa. Please tell me whether you would favor or oppose each one. [RANDOMIZE]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. SPENDING MONEY ON AIDS PREVENTION AND EDUCATION IN AFRICA										
Favor	77%	75%	86%	84%	75%	78%	81%	80%	76%	68%
Oppose	21%	23%	10%	12%	23%	18%	18%	18%	22%	27%
Don't Know/Refused	3%	2%	4%	4%	2%	3%	1%	2%	2%	5%
B. SPENDING MONEY ON AIDS TREATMENT AND CARE IN AFRICA, INCLUDING MAKING AIDS MEDICATIONS MORE WIDELY AVAILABLE										
Favor	75%	73%	87%	87%	73%	78%	82%	78%	73%	68%
Oppose	21%	24%	8%	10%	23%	18%	17%	19%	23%	26%
Don't Know/Refused	4%	4%	5%	3%	4%	4%	1%	2%	4%	6%
C. REDUCING THE AMOUNT OF MONEY THESE AFRICAN COUNTRIES OWE TO THE U.S. SO THEY CAN USE THE MONEY TO DEAL WITH THE PROBLEM OF AIDS										
Favor	65%	63%	74%	75%	61%	68%	69%	67%	62%	60%
Oppose	29%	31%	18%	21%	34%	25%	28%	28%	31%	32%
Don't Know/Refused	6%	6%	8%	4%	5%	7%	2%	5%	7%	8%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 33:

Which one of the following do you think should be the TOP priority for the U.S. government financial help to fight AIDS in sub-Saharan Africa?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Spending for Prevention and Education	44%	45%	38%	44%	45%	43%	38%	49%	43%	39%
Spending for Treatment and Care	27%	24%	44%	29%	25%	28%	37%	26%	26%	25%
Reducing the Amount of Money These African Countries Owe	15%	16%	10%	17%	15%	15%	13%	17%	15%	12%
Other/None of These (Vol.)	12%	13%	5%	6%	13%	10%	10%	8%	13%	20%
Don't Know/Refused	2%	2%	3%	4%	1%	3%	2%	2%	2%	5%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 34:

In general, do you think that spending more money to fight AIDS in sub-Saharan Africa will lead to meaningful progress, OR that spending more money won't make much difference?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Spending Will Lead to Progress	52%	48%	72%	58%	50%	53%	61%	57%	50%	35%
Spending Won't Make Much Difference	40%	43%	21%	34%	43%	37%	36%	36%	42%	51%
Don't Know/Refused	8%	8%	7%	7%	7%	10%	3%	7%	8%	14%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 35:

Please tell me whether you agree or disagree with the following statement: Pharmaceutical companies should be willing to cut drug prices in developing countries to help the fight against AIDS.

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Agree	81%	80%	91%	85%	79%	83%	83%	83%	81%	77%
Disagree	15%	17%	6%	11%	17%	13%	14%	14%	16%	18%
Don't Know/Refused	3%	3%	3%	4%	4%	3%	3%	3%	3%	6%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 36:

Now I'm going to read you some different sources of news and information about AIDS. As I read each one, please tell me whether you, yourself, have gotten any news or information about HIV or AIDS from this source IN THE PAST MONTH. [RANDOMIZE]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. TELEVISION										
Yes	63%	62%	68%	69%	64%	63%	64%	63%	65%	61%
No	36%	37%	31%	30%	34%	37%	36%	36%	34%	37%
Don't Know/Refused	1%	1%	*	1%	1%	1%	-	1%	*	1%
B. THE RADIO										
Yes	33%	31%	38%	46%	39%	28%	34%	38%	31%	26%
No	66%	69%	62%	53%	60%	72%	65%	62%	69%	73%
Don't Know/Refused	1%	*	*	1%	1%	*	*	*	*	1%
C. NEWSPAPERS AND MAGAZINES										
Yes	58%	58%	60%	58%	60%	57%	53%	60%	60%	54%
No	41%	41%	39%	41%	40%	42%	47%	40%	39%	45%
Don't Know/Refused	1%	*	*	1%	1%	1%	-	*	1%	1%
D. FAMILY MEMBERS, FRIENDS OR ACQUAINTANCES										
Yes	22%	19%	31%	34%	21%	23%	33%	23%	20%	11%
No	78%	81%	69%	66%	78%	77%	67%	77%	80%	88%
Don't Know/Refused	*	*	-	1%	1%	*	*	*	-	1%
E. MATERIALS DISTRIBUTED AT CHURCH OR BY A RELIGIOUS ORGANIZATION										
Yes	13%	10%	22%	24%	12%	13%	12%	11%	13%	17%
No	87%	90%	78%	74%	87%	87%	87%	89%	87%	82%
Don't Know/Refused	1%	*	1%	1%	1%	*	*	*	-	1%
F. THE INTERNET, OR A COMPUTER ONLINE SERVICE										
Yes	15%	14%	17%	16%	16%	14%	31%	18%	10%	5%
No	84%	85%	82%	83%	83%	86%	69%	82%	90%	93%
Don't Know/Refused	1%	1%	*	1%	1%	*	-	*	*	2%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 37:

We're interested in what information people like you need about HIV and AIDS PREVENTION. Please tell me which, if any, of the following you need more information about. [RANDOMIZE]

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. HOW TO USE CONDOMS TO PROTECT AGAINST HIV AND AIDS										
Yes	14%	10%	24%	32%	14%	14%	17%	15%	11%	13%
No	86%	90%	76%	68%	86%	86%	83%	85%	89%	87%
Don't Know/Refused	*	*	-	-	*	*	-	-	*	-
B. HOW TO TALK TO YOUR PARTNER ABOUT HIV AND AIDS										
Yes	19%	13%	39%	43%	20%	18%	30%	19%	15%	15%
No	80%	87%	61%	56%	79%	81%	70%	80%	85%	84%
Don't Know/Refused	1%	1%	-	*	1%	*	-	*	*	1%
C. HOW TO TALK WITH CHILDREN ABOUT HIV AND AIDS										
Yes	44%	40%	57%	64%	40%	48%	46%	54%	34%	33%
No	56%	60%	43%	36%	60%	52%	54%	46%	66%	67%
Don't Know/Refused	*	*	-	*	*	*	-	*	-	*
D. HIV TESTING										
Yes	26%	20%	45%	54%	26%	26%	39%	28%	21%	20%
No	73%	80%	55%	45%	73%	73%	61%	72%	79%	79%
Don't Know/Refused	*	*	-	1%	1%	*	1%	*	-	1%
E. HOW TO TALK WITH YOUR DOCTOR OR HEALTH CARE PROVIDER ABOUT HIV AND AIDS										
Yes	19%	13%	34%	41%	19%	18%	25%	19%	15%	17%
No	81%	87%	66%	58%	80%	81%	75%	81%	84%	82%
Don't Know/Refused	*	*	*	1%	1%	*	1%	*	*	*
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 38:

In which ONE of these areas is it most important for you to get more information?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
How to Talk With Children About HIV and AIDS	34%	33%	39%	43%	30%	38%	30%	46%	26%	22%
HIV Testing	7%	6%	11%	9%	8%	6%	12%	7%	5%	4%
How to Talk With Your Doctor or Other Health Care Provider About HIV and AIDS	5%	4%	7%	10%	4%	5%	7%	3%	5%	7%
How to Talk With Your Partner About HIV and AIDS	4%	3%	7%	9%	4%	4%	10%	3%	4%	2%
How to Use Condoms to Protect Against HIV and AIDS	2%	1%	2%	4%	2%	2%	3%	1%	1%	3%
Other/None of These	48%	53%	33%	25%	51%	45%	38%	39%	58%	61%
Don't Know/Refused	1%	1%	*	1%	1%	1%	1%	*	1%	1%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 39:

We're also interested in what information people like you need about HIV TESTING. Please tell me which, if any, of the following you need more information about. [RANDOMIZE]

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. WHERE TO GO TO GET TESTED										
Yes	32%	27%	47%	56%	33%	31%	40%	35%	28%	26%
No	67%	73%	52%	43%	66%	68%	59%	65%	72%	74%
Don't Know/Refused	1%	*	1%	1%	1%	*	1%	-	-	1%
B. THE DIFFERENT KINDS OF TESTS AVAILABLE										
Yes	45%	40%	63%	65%	44%	46%	55%	52%	40%	30%
No	54%	59%	35%	34%	54%	53%	45%	48%	59%	67%
Don't Know/Refused	1%	1%	1%	1%	1%	1%	1%	*	1%	2%
C. WHAT THE TEST RESULTS MEAN										
Yes	39%	33%	57%	61%	39%	39%	44%	41%	38%	30%
No	60%	66%	41%	38%	60%	60%	54%	58%	61%	68%
Don't Know/Refused	1%	1%	2%	1%	1%	1%	2%	*	1%	1%
D. WHETHER THE TEST RESULTS ARE CONFIDENTIAL										
Yes	33%	27%	51%	55%	34%	32%	41%	33%	29%	30%
No	66%	72%	47%	44%	64%	68%	58%	67%	70%	67%
Don't Know/Refused	1%	1%	2%	1%	2%	*	1%	*	1%	3%
E. WHETHER TO GET TESTED										
Yes	30%	24%	42%	53%	30%	29%	38%	32%	26%	21%
No	69%	75%	56%	46%	68%	70%	61%	68%	74%	77%
Don't Know/Refused	1%	1%	1%	1%	1%	1%	1%	*	*	2%
F. HOW MUCH TESTING COSTS										
Yes	38%	34%	54%	58%	37%	40%	50%	41%	35%	28%
No	61%	66%	44%	40%	62%	60%	49%	59%	65%	70%
Don't Know/Refused	1%	*	2%	1%	1%	1%	1%	*	*	2%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 40:

As far as you know, when you have blood drawn at your doctor's office as part of a routine physical or annual exam, is it STANDARD PRACTICE to perform a test for HIV, or do you HAVE TO ASK your doctor to perform this test?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Standard Practice	15%	13%	21%	22%	18%	12%	21%	15%	13%	10%
Have to Ask	68%	69%	67%	65%	64%	72%	65%	71%	72%	59%
Don't Know/Refused	17%	18%	12%	14%	18%	17%	14%	14%	15%	30%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 41:

If you were to be tested for HIV, how concerned would you be that people would think less of you if they found out you had been tested?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18–24	25–44	45–64	65+
		WHITE	AMERICAN	LATINO						
Very Concerned	19%	18%	23%	23%	19%	20%	23%	18%	15%	24%
Somewhat Concerned	14%	15%	9%	13%	14%	14%	16%	16%	12%	13%
Not Too Concerned	13%	14%	11%	9%	11%	15%	12%	15%	14%	9%
Not at All Concerned	52%	51%	56%	55%	53%	50%	48%	50%	57%	49%
Don't Know/Refused	2%	2%	1%	*	2%	1%	1%	1%	1%	5%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 42:

We'd like to know a little more about where you get information about HIV and AIDS. Have you ever talked with a doctor or health care provider about HIV or AIDS?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18–24	25–44	45–64	65+
		WHITE	AMERICAN	LATINO						
Yes	30%	29%	44%	30%	29%	32%	38%	38%	26%	11%
No	70%	71%	56%	70%	71%	68%	62%	62%	74%	89%
Don't Know/Refused	*	*	–	–	1%	*	–	*	*	*
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 43:

Which of the following topics have you talked about with your doctor or health care provider?

Based on those who have talked with their doctor/health care provider about HIV/AIDS

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN			MALE	FEMALE	18–24	25–44	45–64	65+
		WHITE	AMERICAN	LATINO						
A. YOUR PERSONAL RISK OF CONTRACTING HIV										
Yes	60%	59%	60%	66%	57%	63%	71%	62%	49%	59%
No	40%	41%	40%	34%	43%	37%	29%	38%	50%	41%
Don't Know/Refused	*	–	*	*	*	–	–	*	*	–
B. GETTING TESTED FOR HIV										
Yes	71%	69%	80%	68%	73%	69%	74%	75%	59%	68%
No	29%	31%	19%	32%	27%	30%	26%	24%	40%	32%
Don't Know/Refused	*	*	1%	–	*	*	–	1%	*	–
C. HOW TO PREVENT HIV INFECTION										
Yes	59%	55%	73%	67%	56%	61%	82%	60%	42%	56%
No	41%	45%	27%	33%	44%	39%	18%	40%	58%	44%
Don't Know/Refused	*	–	*	–	*	–	–	–	*	–
n	919	475	217	181	401	518	162	481	216	49

QUESTION 44:

The last time you talked with your doctor or health care provider about HIV or AIDS, did you bring it up or did the doctor or health care provider bring it up?

Based on those who have talked with their doctor/health care provider about HIV/AIDS

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Respondent Brought It Up	53%	53%	54%	51%	52%	53%	43%	55%	54%	53%
Doctor/Health Care Provider Brought It Up	38%	37%	38%	43%	34%	41%	53%	40%	28%	28%
Don't Know/Refused	9%	10%	8%	6%	13%	6%	4%	5%	18%	19%
n	919	475	217	181	401	518	162	481	216	49

QUESTION D1:

Respondent's sex.

	TOTAL	RACE/ETHNICITY			AGE			
		WHITE	AFRICAN AMERICAN	LATINO	18-24	25-44	45-64	65+
Male	48%	48%	40%	48%	48%	50%	48%	42%
Female	52%	52%	60%	52%	52%	50%	52%	58%
n	2683	1542	431	549	404	1152	747	334

QUESTION D2:

What is your religion – are you Protestant, Roman Catholic, Jewish, Mormon, an Orthodox Church, or some other religion?

Do you think of yourself as Christian or not? Do you happen to be a Born Again or Evangelical Christian or not?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Total Protestant/Christian	58%	59%	88%	29%	56%	60%	47%	54%	61%	69%
Evangelical	27%	27%	48%	17%	25%	30%	19%	27%	27%	35%
Non-Evangelical	31%	32%	40%	12%	31%	30%	28%	27%	34%	34%
Roman Catholic	27%	26%	4%	65%	26%	28%	29%	29%	27%	22%
Jewish	2%	2%	–	–	1%	2%	2%	1%	1%	3%
Mormon	2%	2%	–	1%	2%	2%	2%	2%	1%	2%
Orthodox Church	*	*	*	–	*	*	–	1%	*	*
Other Religion	3%	3%	2%	1%	4%	3%	8%	4%	3%	1%
No Religion/Atheist/Agnostic	7%	8%	5%	5%	9%	5%	11%	9%	6%	2%
Don't Know/Refused	1%	*	*	*	2%	*	1%	*	1%	*
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION D3:

In politics TODAY, do you consider yourself a Republican, Democrat or Independent?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Republican	24%	29%	6%	14%	25%	24%	22%	25%	26%	25%
Democrat	32%	27%	63%	35%	29%	34%	21%	31%	34%	39%
Independent	32%	34%	20%	35%	34%	31%	44%	33%	32%	24%
Other Party (Vol.)	1%	1%	*	-	1%	*	1%	1%	1%	-
No Party (Vol.)	6%	6%	4%	10%	4%	7%	5%	6%	6%	5%
Don't Know/Refused	5%	4%	6%	6%	6%	4%	7%	3%	2%	7%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION D4:

Would you say your views in most political matters are very liberal, somewhat liberal, moderate, somewhat conservative, or very conservative?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Very Liberal	9%	8%	15%	13%	9%	9%	17%	8%	9%	6%
Somewhat Liberal	21%	22%	20%	18%	17%	25%	26%	23%	21%	15%
Moderate	30%	32%	27%	24%	31%	29%	29%	31%	30%	31%
Somewhat Conservative	22%	24%	14%	23%	25%	19%	16%	23%	23%	23%
Very Conservative	10%	10%	14%	11%	11%	9%	6%	9%	11%	13%
Don't Know/Refused	8%	6%	11%	10%	7%	8%	6%	5%	5%	12%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION D5:

What is the last grade or class that you COMPLETED in school?

	TOTAL	RACE/ETHNICITY			GENDER		AGE			
		WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
None, or Grade 1 to 8	5%	3%	3%	19%	5%	4%	2%	3%	4%	14%
High School Incomplete (Grade 9-11)	11%	10%	17%	18%	11%	11%	17%	8%	11%	15%
High School Graduate	33%	34%	34%	29%	31%	34%	39%	30%	34%	35%
Business, Technical or Vocational School After High School	3%	4%	2%	2%	3%	4%	2%	3%	4%	4%
Some College, But No Four-Year Degree	23%	24%	26%	19%	23%	24%	31%	25%	22%	17%
College Graduate, Four-Year Degree	15%	17%	10%	7%	16%	15%	8%	21%	16%	8%
Post-Graduate or Professional Schooling After College	9%	9%	5%	4%	10%	7%	1%	10%	10%	9%
Don't Know/Refused	1%	*	1%	-	1%	1%	1%	1%	*	*
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION D6:
How old are you?

	RACE/ETHNICITY				GENDER	
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE
18-24	12%	11%	13%	21%	12%	13%
25-44	40%	39%	41%	49%	42%	39%
45-64	28%	31%	25%	18%	29%	28%
65+	16%	18%	10%	8%	14%	18%
Don't Know/Refused	3%	1%	11%	4%	3%	3%
n	2683	1542	431	549	1201	1482

QUESTION D7:
Are you, yourself, of Hispanic or Latino background such as Mexican, Puerto Rican, Cuban or some other Latin American background?
What is your race? Are you white, African American, Asian or some other race?

	GENDER			AGE			
	TOTAL	MALE	FEMALE	18-24	25-44	45-64	65+
White	75%	75%	74%	64%	72%	82%	86%
African American	10%	9%	12%	10%	10%	9%	7%
Hispanic/Latino	10%	10%	10%	17%	12%	6%	5%
Asian	2%	2%	2%	4%	3%	*	*
Other/Mixed Race (Vol.)	2%	2%	1%	3%	1%	2%	1%
Don't Know/Refused	2%	2%	1%	1%	1%	1%	1%
n	2683	1201	1482	404	1152	747	334

QUESTION D8:
Last year, that is in 1999, what was your total family income from all sources, BEFORE taxes? Just stop me when I get to the right category.

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Less Than \$10,000	8%	7%	13%	13%	7%	9%	13%	4%	7%	15%
\$10,000 to Under \$20,000	11%	9%	13%	21%	8%	13%	14%	9%	8%	18%
\$20,000 to Under \$30,000	13%	12%	17%	19%	12%	14%	18%	14%	9%	15%
\$30,000 to Under \$40,000	14%	14%	14%	15%	15%	13%	10%	16%	15%	11%
\$40,000 to Under \$50,000	10%	11%	10%	8%	11%	9%	9%	13%	10%	6%
\$50,000 to Under \$75,000	14%	15%	7%	6%	14%	13%	10%	18%	16%	5%
\$75,000 or More	13%	15%	7%	5%	16%	11%	9%	15%	19%	5%
Don't Know/Refused	18%	16%	19%	13%	17%	17%	17%	11%	16%	25%
n	2683	1542	431	549	1201	1482	404	1152	747	334

I HAVE JUST A FEW MORE QUESTIONS. LET ME REMIND YOU THAT THIS IS A COMPLETELY CONFIDENTIAL INTERVIEW AND THAT THERE ARE NO RIGHT ANSWERS...

QUESTION 45:

In general, how comfortable would you be, personally, working with someone who has HIV or AIDS – very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
Very Comfortable	33%	34%	34%	27%	30%	36%	37%	35%	35%	23%
Somewhat Comfortable	35%	36%	35%	37%	36%	35%	37%	38%	35%	31%
Somewhat Uncomfortable	20%	21%	18%	20%	21%	20%	14%	19%	21%	28%
Very Uncomfortable	8%	8%	9%	10%	9%	7%	9%	6%	8%	11%
Don't Know/Refused	4%	2%	4%	6%	4%	3%	2%	2%	2%	6%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 46:

Do you personally know anyone who now has AIDS, has died from AIDS, or has tested positive for HIV?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
Yes	43%	42%	57%	38%	39%	47%	38%	46%	51%	29%
No	56%	57%	41%	61%	60%	52%	62%	53%	49%	70%
Don't Know/Refused	1%	*	2%	1%	1%	1%	*	*	*	1%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 47:

Have you, yourself, ever been tested for HIV?

If yes ask: was that in the past 12 months, or not?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
Yes, Tested Within Past 12 Months	17%	15%	31%	21%	18%	16%	31%	21%	14%	4%
Yes, Tested But Not in the Past 12 Months	26%	26%	27%	23%	25%	26%	18%	39%	20%	10%
No, Never Tested	55%	57%	41%	56%	54%	56%	50%	39%	65%	81%
Don't Know/Refused	2%	2%	2%	1%	3%	2%	*	1%	1%	5%
n	2683	1542	431	549	1201	1482	404	1152	747	334

QUESTION 48:

The last time you were tested for HIV, how did you know the test was being done? Did you ASK to be tested for HIV, did the doctor or nurse TELL YOU this test was being done, or was it your IMPRESSION that the test was a routine part of the exam?

Based on those who have been tested for HIV

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Asked To Be Tested	45%	44%	56%	42%	45%	45%	48%	45%	43%	33%
Doctor/Nurse Told Me	27%	28%	16%	38%	24%	30%	29%	28%	25%	26%
Under the Impression It Was a Routine Part of the Exam	22%	22%	24%	16%	24%	20%	20%	21%	25%	26%
Tested as Part of Blood Donation/Blood Drive	3%	4%	2%	3%	5%	3%	2%	3%	5%	2%
Don't Know/Refused	3%	3%	2%	2%	3%	3%	1%	3%	2%	14%
n	1271	664	276	265	574	697	206	725	278	54

QUESTION 49:

And the last time you were tested, did you discuss your test results with a doctor, other medical professional, or counselor?

Based on those who have been tested for HIV

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Yes	58%	55%	66%	66%	55%	61%	66%	56%	57%	53%
No	40%	43%	33%	33%	44%	37%	33%	43%	42%	43%
Don't Know/Refused	2%	2%	2%	*	1%	1%	2%	1%	1%	5%
n	1271	664	276	265	574	697	206	725	278	54

QUESTION 50:

The last time you were tested, was it because you were donating blood or was it because of some other reason?

Based on those who have been tested for HIV within the past 12 months

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Donating Blood	19%	24%	11%	11%	21%	17%	11%	23%	20%	23%
Some Other Reason	81%	76%	89%	86%	78%	83%	87%	77%	80%	77%
Don't Know/Refused	*	*	-	4%	-	-	2%	*	*	-
n	546	242	145	126	253	293	138	282	107	15

QUESTION 51:

What was the MAIN reason you were tested at that time? Was it because...

Based on those who have been tested for HIV within the past 12 months for reason other than blood donation

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN WHITE	AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Your Doctor Wanted You To Be Tested	10%	10%	11%	11%	10%	10%	10%	9%	12%	22%
Your Partner Wanted You To Be Tested	3%	3%	2%	6%	5%	2%	5%	4%	1%	-
You Felt You Were at Risk from Unprotected Sex	13%	13%	17%	13%	11%	15%	19%	13%	4%	25%
You Felt You Were at Risk from Intravenous Needle Use	1%	1%	-	1%	1%	*	-	1%	1%	-
Routine Check Up	17%	17%	15%	13%	19%	15%	20%	12%	24%	36%
Requirement for My Job	5%	5%	7%	3%	6%	5%	3%	5%	7%	-
Just Wanted To Be Tested	10%	7%	19%	7%	9%	11%	5%	11%	10%	9%
In the Military	4%	5%	1%	3%	6%	2%	4%	6%	*	-
Insurance Requirement	7%	10%	2%	3%	9%	5%	1%	11%	6%	-
Pregnant/Pregnancy Testing	8%	4%	8%	19%	*	15%	13%	10%	-	-
Other Health Problems	5%	6%	4%	4%	7%	4%	4%	2%	15%	-
Surgery	3%	4%	-	6%	3%	3%	1%	3%	6%	-
Some Other Reason	7%	8%	3%	7%	6%	7%	5%	7%	8%	8%
Don't Know/Refused	7%	7%	11%	5%	8%	5%	9%	6%	6%	-
n	455	186	132	108	208	247	123	227	89	12

QUESTION 52:

Where did you go to get tested? Did you go to...

Based on those who have been tested for HIV within the past 12 months for reason other than blood donation

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN WHITE	AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
An HIV Clinic	2%	1%	1%	8%	4%	1%	5%	1%	3%	-
A General Health Clinic	26%	21%	37%	41%	24%	28%	39%	23%	18%	29%
A Private Doctor's Office	44%	46%	42%	31%	40%	47%	38%	45%	46%	57%
Someplace Else	6%	7%	5%	4%	6%	6%	7%	4%	7%	11%
Home HIV Test (Vol.)	5%	8%	1%	3%	7%	4%	2%	8%	4%	-
Hospital (Vol.)	12%	14%	7%	7%	12%	12%	5%	13%	22%	3%
Military Facility (Vol.)	4%	3%	1%	6%	5%	2%	4%	6%	*	-
Don't Know/Refused	1%	*	5%	-	2%	*	1%	*	-	-
n	455	186	132	108	208	247	123	227	89	12

QUESTION 53:

Was there anything about this HIV testing experience that would discourage you from getting tested again, or not?
Based on those who have been tested for HIV within the past 12 months for reason other than blood donation

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
Yes	2%	1%	1%	2%	2%	1%	1%	2%	1%	-
No	97%	99%	94%	98%	95%	99%	99%	97%	98%	100%
Don't Know/Refused	1%	*	5%	-	2%	*	-	*	*	-
n	455	186	132	108	208	247	123	227	89	12

QUESTION 54:

As I read each of the following, please tell me if this is a reason why you have not been tested for HIV. [RANDOMIZE]
Based on those who have never been tested for HIV

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	WHITE	AFRICAN AMERICAN	LATINO	MALE	FEMALE	18-24	25-44	45-64	65+
A. YOU DON'T LIKE NEEDLES OR GIVING BLOOD										
Yes	9%	8%	14%	11%	10%	8%	17%	8%	10%	7%
No	90%	92%	86%	86%	90%	91%	83%	92%	90%	93%
Don't Know/Refused	1%	*	*	3%	*	1%	-	*	*	1%
B. YOU DON'T THINK YOU'RE AT RISK										
Yes	73%	77%	56%	53%	71%	74%	62%	71%	79%	75%
No	27%	22%	44%	46%	29%	25%	37%	29%	21%	24%
Don't Know/Refused	1%	1%	-	1%	*	1%	1%	*	*	1%
C. YOU WORRY ABOUT CONFIDENTIALITY										
Yes	8%	6%	10%	20%	9%	7%	6%	8%	6%	8%
No	92%	93%	90%	79%	90%	93%	93%	92%	94%	91%
Don't Know/Refused	*	*	*	*	*	*	*	*	1%	1%
D. YOU'RE AFRAID YOU'LL TEST POSITIVE										
Yes	2%	2%	4%	6%	2%	3%	4%	3%	1%	2%
No	97%	98%	96%	93%	98%	97%	96%	97%	99%	97%
Don't Know/Refused	*	*	*	*	*	*	*	1%		
E. YOU DON'T KNOW WHERE TO GO TO GET TESTED										
Yes	6%	4%	11%	11%	4%	7%	12%	7%	5%	4%
No	94%	95%	88%	87%	95%	92%	88%	93%	95%	94%
Don't Know/Refused	1%	1%	1%	1%	1%	1%	-	*	1%	2%
n	1353	852	147	278	595	758	193	415	457	266

QUESTION 55:

As you may know, HIV tests have been developed that do not require using a needle or taking blood. For example, one test for HIV involves placing a swab inside your mouth for just a few minutes. How likely would you be to use an HIV test that does not require using a needle or taking blood?

	RACE/ETHNICITY				GENDER		AGE			
	TOTAL	AFRICAN WHITE	AMERICAN	LATINO	MALE	FEMALE	18–24	25–44	45–64	65+
Very Likely	44%	43%	54%	47%	42%	46%	52%	50%	42%	27%
Somewhat Likely	22%	22%	21%	23%	23%	21%	25%	24%	21%	18%
Somewhat Unlikely	6%	6%	5%	9%	7%	6%	6%	6%	8%	5%
Very Unlikely	21%	23%	14%	16%	21%	21%	14%	16%	22%	37%
Don't Know/Refused	6%	6%	8%	5%	7%	6%	3%	4%	6%	13%
n	2683	1542	431	549	1201	1482	404	1152	747	334



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