Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning, Philadelphia Eligible Metropolitan Area

2015

Prepared for the Philadelphia Eligible Metropolitan Area Ryan White Part A Planning Council, Philadelphia HIV Prevention Planning Group, Centers for Disease Control and Prevention (CDC) Atlanta, GA and the Health Resources and Services Administration (HRSA) Washington, D.C.

Office of HIV Planning

9/30/2015

ACKNOWLEDGEMENTS

A comprehensive epidemiologic profile requires a massive quantity of information from a number of different sources. This profile would not be possible without the efforts of many agencies, both public and private, who post and share their data publicly. These sources are included throughout the profile, and we encourage readers to visit them directly. There were also several groups who provided us with additional data upon request, and we would especially like to acknowledge them for sharing their time and information. In particular, we would like to thank the City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office; the City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; the Philadelphia Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Surveillance; the Pennsylvania Department of Health, Bureau of Health Statistics and Research, Bureau of Epidemiology Data Support, HIV/AIDS Surveillance; and the New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control, HIV/AIDS Surveillance Unit. Their contributions have made for a more complete and through profile of our region.

Written by

Briana L. Morgan

Edited by

Mari L. Ross-Russell

TABLE OF CONTENTS

This page was intentionally left blank

List of Tables

List of Figures

Executive Summary

The complete epidemiologic profile spans over 300 pages, including 235 tables and 89 figures containing data related to the HIV/AIDS epidemic in the nine-county Philadelphia area. As defined by the Health Resources and Services Administration (HRSA), the Philadelphia Eligible Metropolitan Area (EMA) includes Bucks, Chester, Delaware, Montgomery and Philadelphia Counties in Pennsylvania, and Burlington, Camden, Gloucester and Salem Counties in New Jersey. The epidemiologic profile describes the general population of the EMA, risk indicators, characteristics of the local HIV epidemic, unmet need and service utilization. In developing this profile, we evaluated, analyzed, and compiled data from multiple sources in accordance with the 2014 Integrated Guidelines for Developing Epidemiologic Profiles. Our profile addresses three core questions:

1. What are the sociodemographic characteristics of the population of the Philadelphia Eligible Metropolitan Area?
2. What are the indicators of risk for HIV infection in the Philadelphia Eligible Metropolitan Area?
3. What is the scope of HIV in the Philadelphia Eligible Metropolitan Area?

We have also answered the following questions:

4. How do people in the Philadelphia Eligible Metropolitan Area access HIV/AIDS services, and what is their impact?
5. What are the characteristics of people who know they are HIV-positive, but are not accessing services in the Philadelphia Eligible Metropolitan Area?

The profile has been divided into five sections. Each section addresses one of the questions above.

Integrated Epidemiologic Profile Background

The Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) updated their Integrated Guidelines for Developing Epidemiologic Profiles in 2014. As with the previous guidelines, these were created to meet the needs of both care and prevention. Like previous years, we have used these guidelines as a foundation, and expanded upon them whenever possible.

We have designed this document for use by prevention and care planning groups, grantees, state and local health departments, applicants for funding, community-based organizations, and people who access services. It serves as a source document for service planning and application development, as well as the identification of epidemiological trends.

Data Sources

We have compiled multiple data sources to produce this epidemiologic profile. Consequently, time frames, categories, and general availability varied. We have provided the most current data whenever possible. It is important to consider that each data source has its own strengths and limitations; we have tried to be clear about these limitations throughout the profile. Further information about methodology and considerations can be found through the original sources. For more information on these sources, please see Appendix D.

How to Use the Epidemiologic Profile

The first two sections of this profile describe the general population of the nine-county Philadelphia area, while the last three sections focus on data related to HIV/AIDS in the area. Generally speaking, we begin with a broad overview of the area, and narrow in focus as we move through the profile. Due to the volume of information we have included, we highly recommend using the table of contents to identify the parts of the profile that will be most useful or interesting to you.

Wherever possible, we have presented the data within this document so that it is comparable across sections. Geographic level of detail varies; some sources provide data at the zip code level, while other sources provide district-level, county-level, state-level, or metropolitan area-level detail. Other categories may vary by source as well. It is important to consider this when interpreting and comparing the data within the profile.

Section I: Sociodemographic Characteristics of the General Population of the Philadelphia Eligible Metropolitan Area

This section contains a broad overview of the general population of the Philadelphia Eligible Metropolitan Area. Most data are provided at the county level, unless otherwise noted. This section includes data on population totals, race and ethnicity, age, gender, unmarried partner households, educational attainment, poverty, income, insurance status, teen pregnancy, vital statistics, and tuberculosis. Most of these data were obtained through the United States Census Bureau's American Community Survey (ACS).

Total Population

The American Community Survey (ACS) estimates that the total population of the nine-county Philadelphia Eligible Metropolitan Area (EMA) increased by 0.97% from 2010 to 2013, with variations between the counties. Camden and Burlington Counties saw population decreases, while the remaining seven counties had population increases. The greatest increase was seen in Philadelphia, where the population grew by 1.6% from 2010 to 2013.

Race and Ethnicity for the Total Population

From 2012 to 2013, the White (not-Hispanic) population decreased to 63.58% of the total population in the EMA, the Black (not-Hispanic) population slightly decreased to 20.21%, the American Indian/Alaska Native (not-Hispanic) population decreased to 0.09%, the Asian (not-Hispanic) population increased to 5.46%, and the Hispanic population increased to 8.55%. Two newly-added categories of Other (not-Hispanic) and Two or More Races (not-Hispanic) respectively accounted for 0.25% and 1.85% of the total population for the nine-county area.

Note: "Hispanic" is considered an ethnicity as opposed to a race in the ACS. In the race/ethnicity tables, all people identifying as Hispanic are included in a single Hispanic category, regardless of their race.

Gender and Age by Race and Ethnicity

These tables contain detailed breakdowns of race/ethnicity for males and females, broken out into eight age groups. The race/ethnicity data differ from the previous tables. The White, Black, and Asian categories include both Hispanics and non-Hispanics, due to the availability of data. We included both numbers and percentages of

the total population. For example, Table 1.5 indicates that the ACS estimates that there were 123,312 Black males aged 14 and under in the nine-county EMA in 2013, and that Black males 14 and under represented 2.29% of the entire EMA-wide population in 2013.

Unmarried Partner Households

From 2012 to 2013, the total number of households EMA-wide decreased while the number of unmarried partner households increased. The highest percentage of unmarried partner households in the EMA was found in Salem County, with 8.10% of households having unmarried partners, while the lowest percentage was in Bucks County, with 4.13%.

Educational Attainment

We have included three sets of tables related to educational attainment (also called the highest level of education), all broken out by gender. The first two groups of tables reflect education levels amongst those aged 25 and older, and education levels amongst those aged 18 to 24. The third set of tables reflects the poverty rate for each of four levels of educational attainment for people aged 25 and older. The highest poverty rates in the EMA were found in men and women without a high school diploma or GED in Philadelphia, who had poverty rates of 37.1% and 40.7%, respectively.

Poverty and Public Assistance

In almost all counties, the percentage of females living below poverty was higher than the percentage of males living below poverty; the sole exception was Salem County, where the percentages were about equal. Within the EMA, the highest percentages of individuals living below poverty were found in Philadelphia – 26.28% of Philadelphians were living below the federal poverty line, while only 13.68% of Pennsylvanians were living in poverty.

Throughout the nine-county area, the median income varies from $32,157 in Philadelphia to $48,551 in Chester County. In every county and in both states, median earnings are higher for men than women; in Gloucester County, the gender earning gap is over $20,000.

Insurance Coverage

The national uninsured rate decreased from 16% to 13.4% since 2011. Decreases in the number of uninsured were also seen in both Pennsylvania and New Jersey. In all counties, there were more uninsured males than uninsured females. We also included unemployment rates by county, as the majority of insurance for non-elderly adults is employment-based.

Linguistic Isolation

“Linguistic isolation” refers to households where no one over the age of 14 speaks English “very well” or English only. The highest percentage of linguistically isolated households spoke Asian & Pacific Island languages, with 31.5% of households that spoke Asian & Pacific Island language in the nine-county area having no one 14 or older who spoke English only or English “very well”.

Disability

We included disability data for non-institutionalized civilians by age group and disability type. An individual may have more than one type of disability, and the percentage of people living with disabilities increased with age in all counties. In the nine-county area, 5.9% of 5-17 year olds had a disability, 10.3% of adults 18-64 had a disability, and 34.8% of people 65 and older had a disability.

Teen Pregnancy

In 2013, there were 2,758 births to 15 – 19 year olds in Philadelphia alone; the entire state of New Jersey had 2,318 teen births.

Vital Statistics

In 2011, for 5-24 year olds, the most common cause of death was accident in every county in Southeastern Pennsylvania, with the exception of Philadelphia. In Philadelphia, over half (50.72%) of deaths among 5-24 year olds were due to homicide.

Tuberculosis

Tuberculosis data were only available by Metropolitan Statistical Area (MSA), which included the nine EMA counties as well as New Castle County, Delaware and Cecil County, Maryland. The tuberculosis case rate in the Philadelphia MSA decreased slightly from 2012 to 2013, from 3.0 per 100,000 to 2.6 per 100,000.

Section II: Indicators of Risk for HIV/AIDS Infection in the Philadelphia Eligible Metropolitan Area

This section contains a broad overview of risk behaviors for the general population of the Philadelphia Eligible Metropolitan Area. We included data on risk behaviors for both adults and high school students, sexual education, drug and alcohol use, arrests for drug sale/possession, HIV testing, and sexually transmitted diseases. Data sources vary throughout the section. All STD data were provided by local or state health departments.

Behavioral Risk

We have included Behavioral Risk Factor Surveillance System (BRFSS) data related to alcohol consumption, binge drinking, HIV testing, and risky behaviors among adults. 45% of BRFSS respondents reported having no drinks within the past 30 days, and 25% of respondents drank 1 to 5 days in the past 30 days. The percentage of people who had no drinks in the past 30 days increased as age increased. Likewise, the percentage of people who binge drank in the past 30 days declined steadily as age increased. The average number of drinks was higher among men: 7% of females had an average of 4 to 15+ drinks on days when they drank, while 19% of men had an average of 4 to 15+ drinks on days when they drank. In addition to drinking, we included data for HIV testing behaviors. For most demographics, private doctors or HMOs were the most common HIV testing locations.

We have also provided Youth Risk Behavior Survey (YRBS) data for high school students in New Jersey and Philadelphia, including data on drug and alcohol use, sexual behaviors, and forced sexual intercourse. In New Jersey, the percentage of students who had ever used heroin increased from 1.6% in 2011 to 2.4% in 2013. In

Philadelphia, the percentage of total students who reported using heroin at least once in their lives decreased from 2.8% in 2011 to 1.8% in 2013, but increased from 0.6% to 1.7% among White students. In both New Jersey and Philadelphia, over 40% of sexually active students did not use a condom at their last encounter, and over 20% did not use any method to prevent pregnancy at their last encounter.

Substance Use

Information related to substance use is limited, but we have included data about people entering treatment for substance abuse, estimates on drug abuse and mental health issues, and drug and prostitution-related arrests.

The most detailed drug-related data for the nine-county area was from drug treatment admissions. For males admitted to treatment, the most common primary substance was alcohol. The most common primary substance among females was heroin. For Blacks and Hispanics, the most common primary substance was marijuana/hashish; for Whites, it was heroin. The vast majority (93%) of injection drug users were White, and about 8% of injection drug users were Hispanic.

Estimates for illicit drug abuse or dependence were higher than the national average for Pennsylvania, and lower than the national average in New Jersey. Estimates for serious mental illness and people who had had a major depressive incident in the past year were lower than the national average for both Pennsylvania and New Jersey.

We have included arrests for drug sale/manufacturing, drug possession, and prostitution and commercialized vice in Southeastern Pennsylvania. Across these categories (broken out by substance), the largest number of arrests were made for marijuana possession. The greatest number of arrests among women were for cocaine possession; for men, the most common offense was marijuana possession. The most common arrest category for Whites was cocaine possession, while Blacks were most frequently arrested for marijuana possession. Notably, 48% of drug-related arrests were made among Blacks, while 22% of the general population in Southeastern Pennsylvania was Black.

Sexually Transmitted Diseases

We have included data on sexually transmitted diseases throughout the nine-county Philadelphia area. Since this information was provided by individual health departments rather than through a national reporting system, age, race/ethnicity, and other categories may vary across areas. These tables include information on chlamydia, gonorrhea, and syphilis – HIV/AIDS data will be found in the next section of this profile.

Syphilis cases have been increasing in Philadelphia over recent years. Syphilis cases over time in the suburban PA counties have varied, and the small number of cases makes it difficult to identify any particular trends. For New Jersey, syphilis data for 2013 were somewhat limited.

Gonorrhea cases had been on the rise in Philadelphia from 2010 to 2012; however, there was a slight decline in cases in 2013. Overall, total gonorrhea cases have decreased in Philadelphia since 1991. Total cases have varied across the suburban Pennsylvania counties, but the vast majority of cases were found among 15 – 24 year olds. Gonorrhea cases have been on the rise in all New Jersey counties, except for Salem County.

Chlamydia cases were on the rise in Philadelphia from 2007 through 2012, but saw a decrease in 2013. Cases varied by county over time in the suburban Pennsylvania counties, but overall have increased from 2009 to 2013. The same trend can be seen in the New Jersey counties as well, although cases also dipped slightly in this region in 2013.

Section III: Scope of HIV in the Philadelphia Eligible Metropolitan Area

The majority of the data in this section pertain to new HIV and AIDS cases, cumulative HIV and AIDS cases, people living with HIV and AIDS, HIV and AIDS deaths, and HIV/AIDS within jails and prisons within the nine-county Philadelphia area. We obtained the bulk of the data within this section from local and state health departments. This section concludes with a forecast of new AIDS cases within the Philadelphia Eligible Metropolitan Area.

Philadelphia Eligible Metropolitan Area (EMA)

Philadelphia represents the majority of HIV/AIDS cases within the nine-county Philadelphia Eligible Metropolitan Area (EMA). Of the 26,866 people living with HIV/AIDS in the nine-county area in 2013, 19,564 (72.8%) of them lived in Philadelphia. Another 3,979 (14.8%) lived in the Pennsylvania suburban counties, and 3,233 (12.4%) lived in the New Jersey Counties. Across the EMA, a majority of HIV/AIDS cases were among non-Hispanic Blacks, followed by non-Hispanic Whites and Hispanics of all races. The epidemic was predominately male (72%). The largest risk category was men who have sex with men (MSM), followed by heterosexuals. Over half of people living with HIV/AIDS in the EMA were 45 or older in 2013.

City of Philadelphia

For Philadelphia, we have included data on new HIV and AIDS cases, including some zip code-level data. The largest age group for both new HIV and new AIDS diagnoses in 2013 was 25 – 34 year olds, but 52% of people with AIDS in Philadelphia were 50 years old or older. The HIV/AIDS epidemic was predominately Black in Philadelphia. As of 2013, the leading exposure categories for people living with HIV/AIDS in Philadelphia were men who have sex with men and heterosexuals, while exposure through injection drug use has become less common over time. Finally, we have included data on HIV/AIDS mortality in Philadelphia, which has also decreased over time.

Pennsylvania Counties

Demographic characteristics and trends vary in the four suburban Pennsylvania Counties. Bucks County had the same number of new AIDS cases in 2013 as in 2008; however, cases declined and rose again over that time. New AIDS cases have been on the decline in Delaware County and stable in Chester County from 2008 – 2013, while new AIDS cases have stabilized in Montgomery County from 2011 – 2013. For new HIV cases, Bucks and Delaware County have been relatively stable, while Chester County saw a decline from 2012 and Montgomery County saw an increase from 2012. HIV/AIDS prevalence has been on the rise in all counties but Montgomery County, which has remained stable. Within the four counties, Delaware County had the most cases as of 2013.

New Jersey Counties

As with the Pennsylvania counties, demographic characteristics and trends vary within the New Jersey section of the region. Within the four New Jersey counties, Camden County had the highest number of new HIV/AIDS cases, as well as the highest HIV/AIDS prevalence. Salem County was the least populous county within the nine-county EMA, and also had the lowest number of new and prevalent cases.

Section IV: HIV/AIDS Service Utilization Patterns in the Philadelphia Eligible Metropolitan Area

This section provides detailed information on the way that high-risk populations and people living with HIV/AIDS in the nine-county area access services. We have included information related to HIV testing behaviors, publicly-funded HIV tests, concurrent HIV/AIDS diagnoses, local needs assessments, service rankings, service utilization, client data, engagement in care, and service cost.

HIV Counseling and Testing Information

Though it is impossible to know how many people are getting tested for HIV, we have included both individual survey data and publicly-funded testing data to provide a more complete picture. Among survey respondents, it was much more common for Whites to have never had an HIV test than Blacks. Younger people were more likely to have had an HIV test, as were people who identified as a sexual orientation other than heterosexual.

We also included counseling and testing data from local and state sources. The total number of tests done in Camden County decreased from 2012 to 2013, while the total number of positive tests stayed the same. Both total tests and positive tests decreased in Burlington County. In Gloucester and Salem Counties, total HIV tests increased, while the total number of positive tests remained under 5. In Philadelphia, the total number of positive tests more than doubled from 2011 to 2013. In the suburban Pennsylvania counties, Bucks County and Delaware County have seen a decrease in total positive tests, while Chester and Montgomery Counties have seen increases since 2011.

HIV Testing Delays

Here, we provided demographic information for people who were diagnosed with HIV and then diagnosed with AIDS within 31 days, referred to as concurrent infection. Since it usually takes several years for HIV infection to progress to an AIDS diagnosis, this helps us to estimate the number of people who have had significant delays in HIV testing since they became HIV-positive. Within the nine-county area, concurrent diagnosis was more likely among people outside Philadelphia, people over 45 years of age, women, Whites, and people who cited heterosexual contact or injection drug use as their transmission risk category.

Office of HIV Planning Needs Assessment Activities

We have included descriptions and selected data for three needs assessments conducted by the Office of HIV Planning in conjunction with the Ryan White Part A Planning Council (RWPC) and the HIV Prevention Planning Group (HPG). These needs assessments include a series of focus groups on access to healthcare for populations that are at risk for HIV, a consumer survey among people living with HIV/AIDS in the nine-county Philadelphia region, and a series of consumer forums regarding HIV testing, linkage to HIV care, and retention in HIV care.

Service Utilization

In this part, we have included the number of clients who accessed each service category as funded by Ryan White Part A. The greatest number of clients were served by ambulatory/outpatient medical care, followed by case management, food bank/home-delivered meals, and oral health care. We also included a forecast for future years, based on data from previous years.

AIDS Drug Assistance Program (ADAP)

This section includes demographic information for AIDS Drug Assistance Program (ADAP) clients at both the state and county level for Pennsylvania and New Jersey, as well as expenditures. In the New Jersey counties within the Philadelphia area, over one-third of clients were at least 50 years old. In the Pennsylvania counties, over half were above the age of 45. Demographic distribution varied by county. Over half of SPBP (ADAP) clients in the southeastern Pennsylvania counties lived at or below 138% of the federal poverty level.

Comparison of Part A Clients with Persons Living with HIV/AIDS

We have provided a side-by-side comparison of Philadelphia EMA Ryan White Part A clients with all people who are living with HIV/AIDS in the Philadelphia EMA, to provide additional context for the people who are accessing Part A services and highlight any underserved communities. Notably, youth, minorities, females, and heterosexuals are somewhat overrepresented in the Philadelphia EMA's Part A system.

Expenditures for Women, Infants, Children, and Youth

The Philadelphia EMA's Ryan White Part A program has routinely exceeded its required expenditures for women, infants, children, and youth.

Other Health Statistics

These selected statistics provide contextual information about the general healthcare capacity of the southeastern Pennsylvania area. There were 208 drug and alcohol treatment facilities and 61 hospitals in the area. There were 192 nursing homes, and 443 home health agencies that served the five southeastern counties of Pennsylvania.

National HIV Behavioral Surveillance

We have included selected data from Philadelphia's National HIV Behavioral Surveillance (NHBS) among specific risk groups in selected jurisdictions. The NHBS is conducted in cycles with different groups, including men who have sex with men (MSM), injection drug users (IDU), and high-risk heterosexuals (HET). In the most recent cycles, 27.5% of MSM, 6.3% of IDU, and 1.2% of heterosexuals who participated tested positive for HIV.

Engagement in Care

This section provides estimates on engagement in care in Philadelphia. In 2013, 45% of people who had been diagnosed with HIV were in care, and 45% were virally suppressed. The target population most likely to be virally suppressed were heterosexual females, while the group least likely to be virally suppressed were males who inject drugs.

Forecasted Cost Service Estimates

The final table in this section provides data on past service cost, and forecasts for future numbers of clients and units. These are mathematical projections based on past usage, and do not account for changes in needs.

Section V: Measuring Unmet Need in the Philadelphia Eligible Metropolitan Area

While it is impossible to truly assess the level of unmet need for people living with HIV/AIDS, we have compiled data from surveillance, surveys, and service intake questionnaires to address these issues. Through these sources, we have provided estimates for unmet need for medical care (19% in the Philadelphia EMA) as well as unmet need for individual service categories. Furthermore, we have included information about people without health insurance in the region, including their demographics and reasons for not having health insurance. At the end of the section, we have included additional information on rising costs and the increasing number of people living with HIV/AIDS in the region, contrasted with the Ryan White Part A funding coming into the Philadelphia EMA.

Unmet Need in the Philadelphia Eligible Metropolitan Area

Here, unmet need is defined as people with HIV or AIDS who know their HIV status but are not in primary medical care. Current estimates are that 19% of people living with HIV/AIDS in the Philadelphia EMA did not have an HIV medical visit in 2013. The unmet need estimate is higher among people with HIV (non-AIDS). In 2013, Philadelphia's AIDS Activities Coordinating Office estimated that unmet need was higher than average among Hispanics, "other" race/ethnicity, people with no identified risk, heterosexuals, men who both have sex with men and use injection drugs, "other" risk exposures, people with no identified risks, males, people between the ages of 20 and 39, people without insurance, and people whose insurance status is unknown.

Unmet Need in Pennsylvania

The Pennsylvania Department of Health estimates that 29% of people with HIV/AIDS in Pennsylvania did not have at least one HIV medical appointment in the twelve-month period measured. Unmet need was slightly higher among people with AIDS than HIV (non-AIDS). The largest numbers of people with unmet need were found among Blacks, males, people 40 – 49 years old, in urban areas, and in the southeast.

Medical Monitoring Project (MMP) Data

The national Medical Monitoring Project (MMP) is a surveillance system that assesses clinical outcomes, behaviors, and the quality of HIV care. The MMP provides insights into unmet needs among people who are accessing HIV care. We have displayed MMP data alongside identified needs at intake (as identified by AACO's Client Services Unit) and the unmet needs identified in the OHP consumer survey. Identified unmet needs vary greatly based on data source.

Office of HIV Planning Consumer Survey 2012 – 2013

In partnership with the Needs Assessment Committee of the Ryan White Part A Planning Council, the Office of HIV Planning conducted a survey with people living with HIV/AIDS in the Philadelphia Eligible Metropolitan Area. Overall, 75.4% of respondents entered care "right away", and 7.9% entered care within six months of their HIV diagnosis. We also asked participants if they needed but did not get medical care within the last six months;

8.8% stated this applied to them. The most frequent reason for not getting care was “couldn’t afford it”, followed by depression, lack of transportation, and inability to get an appointment.

Public Health Management Corporation Southeastern Pennsylvania Household Health Survey, 2012

The Public Health Management Corporation’s 2012 Southeastern Pennsylvania Household Health Survey asked participants about their insurance status, reasons for being uninsured, the length of time the participant was uninsured, and whether the participant put off care due to cost. By age, the highest percentage of respondents who were uninsured were between the ages of 18 and 39 years old. Of people who were uninsured, 47.6% were White, 31.7% were Black, and 13% were Latino. The top reason given for not having insurance for most age groups was that a “person in the family with health insurance lost their job or changed employers”. The second most common reason for lack of insurance was because the “cost was too high”.

Forecasting Funding

Current Ryan White Part A funding levels in the Philadelphia region are comparable to funding levels in 2008; yet, the total number of people living with HIV/AIDS is steadily increasing over time. Furthermore, medical cost increases outpace inflation. This demonstrates a further increasing divide between needs and Part A funding in the Philadelphia Eligible Metropolitan Area.

Section I: Sociodemographic Characteristics Of The General Population Of The Philadelphia Eligible Metropolitan Area

This page was intentionally left blank

Section I: Sociodemographic Characteristics of the General Population of the Philadelphia Eligible Metropolitan Area

This section contains a broad overview of the general population of the City of Philadelphia, as well as the other eight counties in the Philadelphia Eligible Metropolitan Area. This includes Bucks, Chester, Delaware, and Montgomery Counties in Pennsylvania, and Burlington, Camden, Gloucester, and Salem Counties in New Jersey. Most data are provided at the county level, unless otherwise noted. This section includes data on population totals, race and ethnicity, age, gender, unmarried partner households, educational attainment, poverty, income, insurance status, teen pregnancy, vital statistics, and tuberculosis. Most of these data were obtained through the United States Census Bureau's American Community Survey (ACS); it should be noted that the ACS provides estimates rather than absolute counts.

Summary

Total Population

The American Community Survey (ACS) estimates that the total population of the nine-county Philadelphia Eligible Metropolitan Area (EMA) increased by 0.97% from 2010 to 2013, with variations between the counties (see Figure 1.1). Camden and Burlington Counties saw population decreases, while the remaining seven counties had population increases. The greatest increase of the counties was seen in Philadelphia, where the population grew by 1.6% from 2010 to 2013.

Race and Ethnicity for the Total Population

In this edition of the epidemiologic profile, we have added data for the racial categories of "other" and "two or more races". It should be noted that Hispanic is considered an ethnicity as opposed to a race in the ACS. In the race/ethnicity tables, all people identifying as Hispanic are included in a single Hispanic category, regardless of their race. Some tables provide data for "race (non-Hispanic)", while others provide data by race without ethnicity separated out. This is determined by the availability of data. More detailed racial breakdowns, such as age and gender, for Hispanics were not available at the county level for the 2013 ACS.

The following information is EMA-wide. Trends varied between counties. From 2012 to 2013, the White (not-Hispanic) population decreased to 63.58% of the total, the Black (not-Hispanic) population slightly decreased to 20.21%, the American Indian/Alaska Native (not-Hispanic) population decreased to 0.09%, the Asian (not-Hispanic) population increased to 5.46%, and the Hispanic population increased to 8.55%. The two additional categories of Other (not-Hispanic) and Two or More Races (not-Hispanic) respectively accounted for 0.25% and 1.85% of the total population (see Tables 1.1 - 1.4).

Gender and Age by Race and Ethnicity

These tables are separated by male and female, and each racial and ethnic category is broken out into eight age groups (see Tables 1.5 - 1.12). The race/ethnicity data differ from the previous tables. The White, Black, and Asian categories include both Hispanics and non-Hispanics, due to the availability of data. We have included both numbers and percentages of the total population. For example, Table 1.5 indicates that the ACS estimates that there were 123,312 Black males aged 14 and under in the nine-county EMA in 2013, and that Black males 14 and under represented 2.29% of the entire EMA-wide population in 2013.

These tables do not include the following racial categories: Native Hawaiian and Pacific Islander, Native American and Alaska Native, Other, and Two or More Races. Data for these categories were not available at this level of specificity for 2013.

Unmarried Partner Households

These 2013 ACS estimates describe the makeup of households for each county in the nine-county area. The "householder" is the person who owns or rents the home. Other residents of the household may be related to the householder, roommates/housemates, boarders/roomers, unmarried partners, or other non-relatives. Unmarried partners include same-sex partners and spouses.

From 2012 to 2013, the total number of households EMA-wide decreased while the number of unmarried partner households increased (see Tables 1.14 - 1.17). The highest percentage of unmarried partner households in the EMA was found in Salem County, with 8.10% of households having unmarried partners, while the lowest percentage was in Bucks County, with 4.13%.

Educational Attainment

We have included three sets of tables related to educational attainment (also called the highest level of education), all broken out by gender. The first two groups of tables reflect education levels amongst those aged 25 and older (see Tables 1.18 - 1.21), and education levels amongst those aged 18 to 24 (see Tables 1.22 - 1.25).

The third set of tables reflects the poverty rate for each of four levels of educational attainment for people aged 25 and older (see Tables 1.26 - 1.29). The highest poverty rates in the EMA were among men and women without a high school diploma or GED in Philadelphia, who had poverty rates of 37.1% and 40.7%, respectively.

Poverty and Public Assistance

We have included some data for individuals living below the federal poverty level for each county (see Figure 1.3). In almost all counties, the percentage of females living below poverty was higher than the percentage of males living below poverty; the sole exception was Salem County, where the percentages were about equal. Within the EMA, the highest percentages of individuals living below poverty were in Philadelphia – 26.28% of

Philadelphians were living below the federal poverty line, while only 13.68% of Pennsylvanians were living in poverty.

Table 1.30 reflects data on households that receive income through several types of public programs, including Social Security, Supplemental Security Income (SSI), and public assistance. Retirement income is also included. Public assistance income refers to cash payments from programs serving poor households, and includes general assistance as well as Temporary Assistance to Needy Families (TANF), which is often called as "welfare". (Note: the cash general assistance program in Pennsylvania ended on August 1, 2012; however, ACS estimates are projections based on historical data, so this change is not reflected.) We have also included information on households receiving benefits from the Supplemental Nutrition Assistance Program (SNAP), often called "food stamps" (see Table 1.31).

The final figure in this area displays median earnings by gender (see Figure 1.4). Throughout the 9-county area, the median income varies from $32,157 in Philadelphia to $48,551 in Chester County. In every county and in both states, median earnings are higher for men than women; in Gloucester County, this earning gap was over $20,000.

Insurance Coverage

We have displayed insurance coverage data for the total population and non-elderly adults in New Jersey, Pennsylvania, and the United States for 2013 (see Table 1.32). The national uninsured rate decreased from 16% to 13.4% since 2011. The percentage of uninsured people decreased in both states in the area. We have also included data for uninsured individuals by gender and age group (see Figures 1.5-1.6). In all counties, there were more uninsured males than uninsured females. In addition, the highest percentage of uninsured individuals was among non-elderly adults. Figure 1.7 displays unemployment rates by county, as the majority of insurance for non-elderly adults was employment-based.

Linguistic Isolation

This refers to households where no one over the age of 14 speaks English "very well" or English only (see Tables 1.33-1.38). This is broken out by language group classification. The highest percentage of linguistically isolated households spoke Asian & Pacific Island languages, with 31.5% of households that spoke Asian & Pacific Island languages in the nine-county area having no one 14 or older who spoke English only or English "very well".

Disability

These tables reflect basic information for non-institutionalized civilians by age group and disability type (see Tables 1.39-1.42). An individual may have more than one type of disability, and the percentage of people living with disabilities increased with age in all counties. In the nine-county area, 5.9% of 5-17 year olds had a disability, 10.3% of adults 18-64 had a disability, and 34.8% of people 65 and older had a disability.

Teen Pregnancy

We have included two tables on teen pregnancy (see Tables 1.43-1.44). The first shows the number of 15-19 year old women in each county and state who gave birth in 2013. There were 2,758 teen births in Philadelphia alone; the entire state of New Jersey had 2,318 teen births. The next table shows data on teen births by age group, including both reported pregnancies and live births.

Vital Statistics

Here, we have presented information on causes of death for 2011. In Pennsylvania, we were able to display causes of death by age, broken out by county (see Tables 1.45-1.46). For 5-24 year olds, the most common cause of death was accident in every county in Southeastern Pennsylvania, with the exception of Philadelphia. In Philadelphia, over half (50.72%) of deaths among 5-24 year olds were due to homicide. For New Jersey, causes of death are broken out by county, and total deaths are broken out by age and race (see Tables 1.47-1.48).

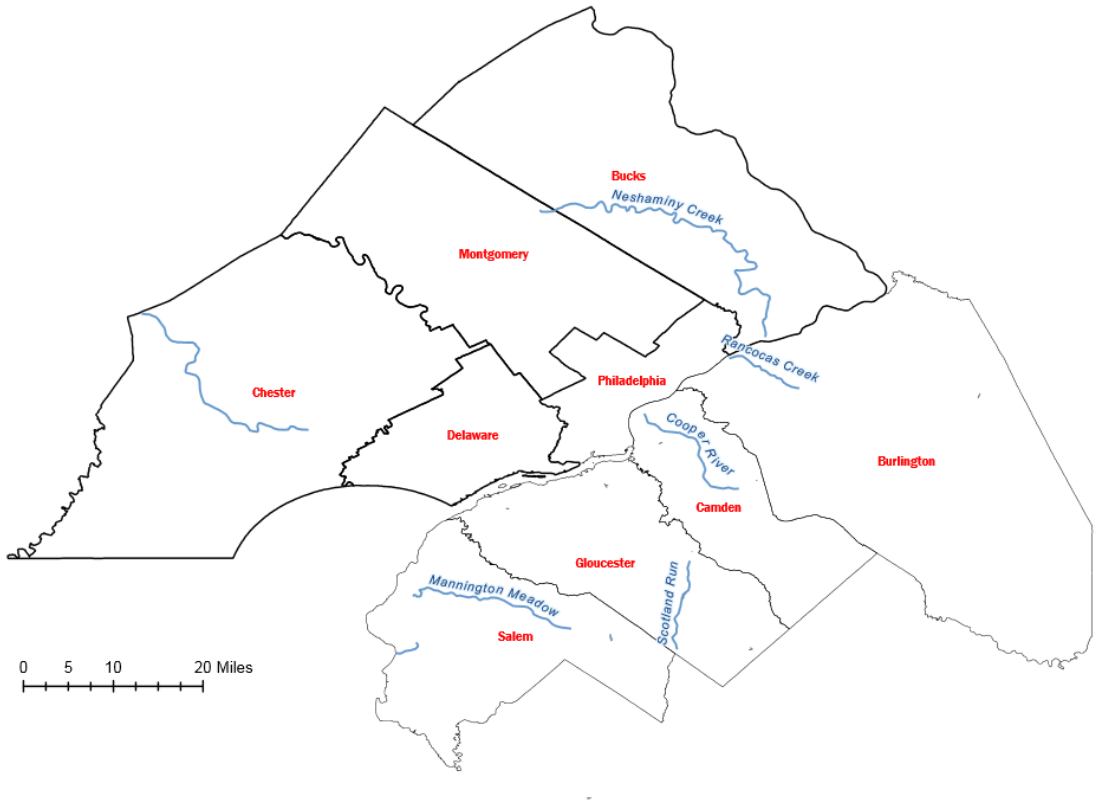
Tuberculosis

Due to availability, tuberculosis data are presented at a slightly different geographic area. Data for only the nine-county area were not available. Most of this information is presented by Metropolitan Statistical Area (MSA), which includes the nine counties as well as New Castle County, Delaware and Cecil County, Maryland (see Tables 1.49-1.50). The tuberculosis case rate in the Philadelphia MSA decreased slightly from 2012 to 2013, from 3.0 per 100,000 to 2.6 per 100,000. We have also included tuberculosis data by county for New Jersey (see Table 1.51).

Population

The boundaries of the nine-county Philadelphia Eligible Metropolitan Area (EMA) were determined by the United States Department of Health and Human Services, Health Resources and Services Administration (HRSA). The EMA includes four counties in Southern New Jersey and five counties in Southeastern Pennsylvania, including Philadelphia. The nine counties in the EMA are depicted in the map below.

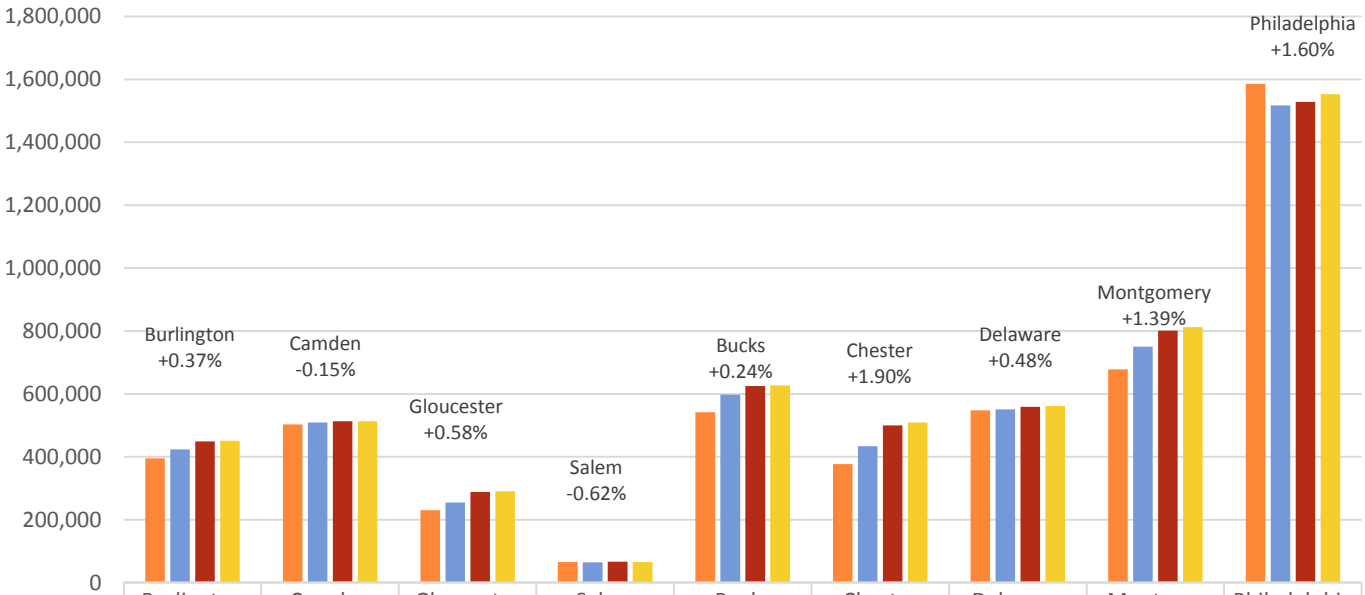
Figure 1.1 Nine-County Philadelphia Eligible Metropolitan Area (EMA)



ERSI ArcGis 10 (accessed in 2013)

Figure 1.2 demonstrates the change in total population over time. Overall, the EMA-wide population increased between 1990 and 2013. Philadelphia's population declined from 1990 to 2000; while it increased in 2010 and 2013, it still has not returned to 1990 population levels. Most other counties in the EMA have consistently seen increases in their populations, with the exceptions of Camden and Salem Counties in New Jersey, which experienced population decreases from 2010 to 2013.

Figure 1.2 Population Change 1990, 2000, 2010, and 2013



	Burlington	Camden	Gloucester	Salem	Bucks	Chester	Delaware	Montgom	Philadelphia
POP 1990	395,066	502,824	230,082	65,294	541,174	376,396	547,651	678,111	1,585,577
POP 2000	423,394	508,932	254,673	64,285	597,635	433,501	550,864	750,097	1,517,550
POP 2010	449,149	513,607	288,581	66,058	625,472	499,797	559,276	801,052	1,528,306
POP 2013	450,838	512,854	290,265	65,651	626,976	509,468	561,973	812,376	1,553,165

United States Census Bureau, American Community Survey 2010 and 2013 1-year estimates - Table B03002 (accessed 11/2014)

Demographic Composition

The next several tables display the racial and ethnic makeup of the nine-county Philadelphia Eligible Metropolitan Area and its individual counties (see Tables 1.1 – 1.4). We have updated the racial and ethnic breakdowns in this edition of the epidemiological profile. We have added Other and Two or More Races. In addition, individuals of Hispanic ethnicity have been unduplicated from various racial categories. The largest racial/ethnic group in the nine-county area was non-Hispanic Whites, who made up 63.58% of the EMA-wide population. Non-Hispanic Whites were also the largest group in every county but Philadelphia. Non-Hispanic Blacks were the second-largest racial/ethnic group in the nine-county area, and in eight of the nine counties; they were the largest group in Philadelphia, making up 41.81% of Philadelphia's population. Hispanics of all races made up the third largest group in most counties within the EMA, with the exceptions of Delaware and Montgomery Counties, where non-Hispanic Asians were the third-largest group.

Table 1.1 Race/Ethnicity for the General Population of the Philadelphia Eligible Metropolitan Area, Bucks and Chester Counties (Estimated Totals and Percentages), 2013

	Location					
			Pennsylvania Counties			
	Philadelphia EMA		Bucks County		Chester County	
	n=5,383,566	%	n=626,976	%	n=509,468	%
Race/Ethnicity						
White (not Hispanic)	3,423,058	63.58%	536,333	85.54%	412,686	81.00%
Black (not Hispanic)	1,087,776	20.21%	22,528	3.59%	29,385	5.77%
American Indian and Alaskan Native (not Hispanic)	4,922	0.09%	1,320	0.21%	434	0.09%
Asian (not Hispanic)	294,143	5.46%	25,615	4.09%	21,907	4.30%
Native Hawaiian and Pacific Islander (not Hispanic)	204	0.00%	-	0.00%	-	0.00%
Other (not Hispanic)	13,340	0.25%	1,565	0.25%	351	0.07%
Two or More Races (not Hispanic)	99,589	1.85%	9,902	1.58%	9,258	1.82%
Hispanic (all races)	460,534	8.55%	29,713	4.74%	35,447	6.96%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B03002 (accessed 11/2014)

Table 1.2 Race/Ethnicity for the General Population of the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties (Estimated Totals and Percentages), 2013

			Pennsylvania Counties					
	Philadelphia EMA		Delaware County		Montgomery County		Philadelphia County	
	n=5,383,566	%	n=561,973	%	n=812,376	%	n=1,553,165	%
Race/Ethnicity								
White (not Hispanic)	3,423,058	63.58%	389,042	69.23%	630,508	77.61%	561,483	36.15%
Black (not Hispanic)	1,087,776	20.21%	113,772	20.25%	70,741	8.71%	649,339	41.81%
American Indian and Alaskan Native (not Hispanic)	4,922	0.09%	478	0.09%	425	0.05%	1,770	0.11%
Asian (not Hispanic)	294,143	5.46%	28,309	5.04%	55,481	6.83%	104,519	6.73%
Native Hawaiian and Pacific Islander (not Hispanic)	204	0.00%	46	0.01%	67	0.01%	-	0.00%
Other (not Hispanic)	13,340	0.25%	1,137	0.20%	2,214	0.27%	4,050	0.26%
Two or More Races (not Hispanic)	99,589	1.85%	10,244	1.82%	15,152	1.87%	25,971	1.67%
Hispanic (all races)	460,534	8.55%	18,945	3.37%	37,788	4.65%	206,033	13.27%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B03002 (accessed 11/2014)

Table 1.3 Race/Ethnicity for the General Population of the Philadelphia Eligible Metropolitan Area, Burlington and Camden Counties (Estimated Totals and Percentages), 2013

			New Jersey Counties			
	Philadelphia EMA		Burlington County		Camden County	
	n=5,383,566	%	n=450,838	%	n=512,854	%
Race/Ethnicity						
White (not Hispanic)	3,423,058	63.58%	311,608	69.12%	299,813	58.46%
Black (not Hispanic)	1,087,776	20.21%	71,166	15.79%	92,463	18.03%
American Indian and Alaskan Native (not Hispanic)	4,922	0.09%	245	0.05%	178	0.03%
Asian (not Hispanic)	294,143	5.46%	20,972	4.65%	28,102	5.48%
Native Hawaiian and Pacific Islander (not Hispanic)	204	0.00%	81	0.02%	-	0.00%
Other (not Hispanic)	13,340	0.25%	2,008	0.45%	1,474	0.29%
Two or More Races (not Hispanic)	99,589	1.85%	11,709	2.60%	11,931	2.33%
Hispanic (all races)	460,534	8.55%	33,049	7.33%	78,893	15.38%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B03002 (accessed 11/2014)

Table 1.4 Race/Ethnicity for the General Population of the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties (Estimated Totals and Percentages), 2013

			New Jersey Counties			
	Philadelphia EMA		Gloucester County		Salem County*	
	n=5,383,566	%	n=290,265	%	n=65,651	%
Race/Ethnicity						
White (not Hispanic)	3,423,058	63.58%	231,693	79.82%	49,892	76.00%
Black (not Hispanic)	1,087,776	20.21%	29,297	10.09%	9,085	13.84%
American Indian and Alaskan Native (not Hispanic)	4,922	0.09%	44	0.02%	28	0.04%
Asian (not Hispanic)	294,143	5.46%	8,622	2.97%	616	0.94%
Native Hawaiian and Pacific Islander (not Hispanic)	204	0.00%	-	0.00%	10	0.02%
Other (not Hispanic)	13,340	0.25%	471	0.16%	70	0.11%
Two or More Races (not Hispanic)	99,589	1.85%	4,351	1.50%	1,071	1.63%
Hispanic (all Races)	460,534	8.55%	15,787	5.44%	4,879	7.43%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B03002 (accessed 11/2014)
*2013 1-year estimates not available for Salem County; data shown are 2011-2013 3-year estimates

Gender and Age by Race and Ethnicity

The next set of tables contain information on race and ethnicity broken out by gender and age group (see – Tables 1.5 – 1.13). The race/ethnicity data differ from the previous tables. Here, the White, Black, and Asian categories include both Hispanics and non-Hispanics, due to the availability of data. The Hispanic category still includes anyone who identified as Hispanic, regardless of race. Data on the Native Hawaiian/Pacific Islander and American Indian/Alaska Native categories were not available at this level of detail for all nine counties, so race/ethnicity categories in these tables are limited to White, Black, Asian, and Hispanic.

Age categories have changed from previous editions of the epidemiologic profile to increase specificity, and to be more comparable to other tables in different sections. Tables 1.5 and 1.6 contain data about males in the Pennsylvania counties in the nine-county Philadelphia area, while Tables 1.7 and 1.8 contain data about females in the same area. Tables 1.9 and 1.10 describe males in the New Jersey counties in the EMA, while Tables 1.11 and 1.12 describe females in that area. Table 1.13 contains statewide data on race/ethnicity and gender for Pennsylvania and New Jersey.

The percentage columns in Tables 1.5 – 1.12 reflect that group's percentage of the entire population in that geographic area. Looking at Table 1.5, you can see that White males made up 33.08% of the entire population of the entire nine-county area, and that 7.81% of the area's population is composed of White males aged 19 and under.

There were more females than males in every county of the nine-county EMA. There were also more females than males in each race category (White, Black, and Asian), but there were more Hispanic males (233,944) than Hispanic females (226,590) EMA-wide. In Philadelphia County, there were slightly more White males (315,707) than Black males (304,884); however, there were more Black females (365,598) than White females (330,728). Philadelphia County was the only county within the EMA where Whites did not make up the largest portion of the population for both genders.

Table 1.5 Male, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Bucks and Chester Counties (Estimated Totals and Percentages), 2013

	Location					
			Pennsylvania Counties			
	Philadelphia EMA n=5,383,566		Bucks County n=626,976		Chester County n=509,468	
	Number	%	Number	%	Number	%
Male	2,594,094	48.19%	307,253	49.01%	250,953	49.26%
White	1,780,632	33.08%	274,049	43.71%	217,359	42.66%
14 and Under	306,170	5.69%	47,375	7.56%	42,224	8.29%
15 to 19	114,109	2.12%	18,052	2.88%	15,609	3.06%
20 to 24	112,829	2.10%	15,296	2.44%	13,176	2.59%
25 to 34	243,672	4.53%	30,518	4.87%	24,913	4.89%
35 to 44	222,386	4.13%	33,231	5.30%	26,826	5.27%
45 to 54	273,560	5.08%	45,443	7.25%	34,934	6.86%
55 to 64	249,962	4.64%	42,133	6.72%	30,620	6.01%
65 and Over	257,944	4.79%	42,001	6.70%	29,057	5.70%
Black	523,596	9.73%	11,471	1.83%	14,718	2.89%
14 and Under	123,312	2.29%	2,783	0.44%	2,108	0.41%
15 to 19	45,159	0.84%	1,372	0.22%	1,863	0.37%
20 to 24	48,651	0.90%	922	0.15%	1,902	0.37%
25 to 34	71,585	1.33%	1,381	0.22%	1,942	0.38%
35 to 44	62,218	1.16%	1,520	0.24%	1,720	0.34%
45 to 54	70,198	1.30%	1,592	0.25%	2,087	0.41%
55 to 64	56,238	1.04%	1,195	0.19%	1,669	0.33%
65 and Over	46,235	0.86%	706	0.11%	1,427	0.28%
Asian	143,134	2.66%	12,115	1.93%	10,661	2.09%
14 and Under	29,088	0.54%	2,127	0.34%	2,765	0.54%
15 to 19	9,734	0.18%	1,112	0.18%	501	0.10%
20 to 24	10,186	0.19%	817	0.13%	164	0.03%
25 to 34	24,998	0.46%	1,479	0.24%	1,994	0.39%
35 to 44	24,763	0.46%	2,014	0.32%	2,547	0.50%
45 to 54	18,320	0.34%	1,873	0.30%	1,317	0.26%
55 to 64	13,715	0.25%	1,368	0.22%	754	0.15%
65 and Over	12,330	0.23%	1,325	0.21%	619	0.12%
Hispanic	233,944	4.35%	15,314	2.44%	19,227	3.77%
14 and Under	68,165	1.27%	4,387	0.70%	5,750	1.13%
15 to 19	18,955	0.35%	1,003	0.16%	1,380	0.27%
20 to 24	22,175	0.41%	678	0.11%	2,036	0.40%
25 to 34	42,599	0.79%	3,368	0.54%	3,595	0.71%
35 to 44	33,991	0.63%	3,327	0.53%	2,741	0.54%
45 to 54	23,795	0.44%	870	0.14%	2,054	0.40%
55 to 64	14,788	0.27%	995	0.16%	1,294	0.25%
65 and Over	9,476	0.18%	686	0.11%	377	0.07%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

Table 1.6 Male, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties (Estimated Totals and Percentages), 2013

	Location							
			Pennsylvania Counties					
	Philadelphia EMA n=5,383,566		Delaware County n=561,973		Montgomery County n=812,376		Philadelphia County n=1,553,165	
	Number	%	Number	%	Number	%	Number	%
Male	2,594,094	48.19%	269,939	48.03%	391,920	48.24%	731,316	47.09%
White	1,780,632	33.08%	192,111	34.19%	319,245	39.30%	315,707	20.33%
14 and Under	306,170	5.69%	32,147	5.72%	56,952	7.01%	46,271	2.98%
15 to 19	114,109	2.12%	13,709	2.44%	20,401	2.51%	17,425	1.12%
20 to 24	112,829	2.10%	13,131	2.34%	17,185	2.12%	25,188	1.62%
25 to 34	243,672	4.53%	23,565	4.19%	39,706	4.89%	68,610	4.42%
35 to 44	222,386	4.13%	22,030	3.92%	40,129	4.94%	40,701	2.62%
45 to 54	273,560	5.08%	29,519	5.25%	50,041	6.16%	39,071	2.52%
55 to 64	249,962	4.64%	28,798	5.12%	45,641	5.62%	37,020	2.38%
65 and Over	257,944	4.79%	29,212	5.20%	49,190	6.06%	41,421	2.67%
Black	523,596	9.73%	54,197	9.64%	35,118	4.32%	304,884	19.63%
14 and Under	123,312	2.29%	14,324	2.55%	7,497	0.92%	72,725	4.68%
15 to 19	45,159	0.84%	5,396	0.96%	2,845	0.35%	24,379	1.57%
20 to 24	48,651	0.90%	5,236	0.93%	3,005	0.37%	29,140	1.88%
25 to 34	71,585	1.33%	7,625	1.36%	4,838	0.60%	42,012	2.70%
35 to 44	62,218	1.16%	6,704	1.19%	4,725	0.58%	34,965	2.25%
45 to 54	70,198	1.30%	6,565	1.17%	5,094	0.63%	40,437	2.60%
55 to 64	56,238	1.04%	4,829	0.86%	3,863	0.48%	33,250	2.14%
65 and Over	46,235	0.86%	3,518	0.63%	3,251	0.40%	27,976	1.80%
Asian	143,134	2.66%	14,275	2.54%	26,864	3.31%	51,333	3.31%
14 and Under	29,088	0.54%	2,967	0.53%	5,816	0.72%	9,201	0.59%
15 to 19	9,734	0.18%	1,610	0.29%	1,714	0.21%	3,395	0.22%
20 to 24	10,186	0.19%	777	0.14%	1,365	0.17%	5,484	0.35%
25 to 34	24,998	0.46%	1,877	0.33%	4,602	0.57%	10,725	0.69%
35 to 44	24,763	0.46%	2,519	0.45%	4,661	0.57%	8,424	0.54%
45 to 54	18,320	0.34%	1,964	0.35%	3,794	0.47%	5,628	0.36%
55 to 64	13,715	0.25%	1,345	0.24%	2,558	0.31%	4,721	0.30%
65 and Over	12,330	0.23%	1,216	0.22%	2,354	0.29%	3,755	0.24%
Hispanic	233,944	4.35%	9,591	1.71%	20,103	2.47%	102,097	6.57%
14 and Under	68,165	1.27%	2,670	0.48%	5,955	0.73%	29,701	1.91%
15 to 19	18,955	0.35%	1,028	0.18%	1,555	0.19%	8,826	0.57%
20 to 24	22,175	0.41%	846	0.15%	1,652	0.20%	10,139	0.65%
25 to 34	42,599	0.79%	1,803	0.32%	4,028	0.50%	18,192	1.17%
35 to 44	33,991	0.63%	1,272	0.23%	3,163	0.39%	13,481	0.87%
45 to 54	23,795	0.44%	1,050	0.19%	2,007	0.25%	10,631	0.68%
55 to 64	14,788	0.27%	672	0.12%	1,025	0.13%	6,582	0.42%
65 and Over	9,476	0.18%	250	0.04%	718	0.09%	4,545	0.29%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

Table 1.7 Female, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Bucks and Chester Counties (Estimated Totals and Percentages), 2013

	Location					
			Pennsylvania Counties			
	Philadelphia EMA n=5,383,566		Bucks n=626,976		Chester n=509,468	
	Number	%	Number	%	Number	%
Female	2,780,693	51.65%	319,723	50.99%	258,515	50.74%
White	1,869,431	34.72%	284,088	45.31%	225,323	44.23%
14 and Under	292,091	5.43%	45,105	7.19%	40,165	7.88%
15 to 19	135,644	2.52%	16,876	2.69%	14,740	2.89%
20 to 24	110,760	2.06%	14,384	2.29%	12,859	2.52%
25 to 34	237,742	4.42%	28,644	4.57%	24,160	4.74%
35 to 44	221,422	4.11%	33,636	5.36%	27,762	5.45%
45 to 54	284,532	5.29%	47,795	7.62%	36,532	7.17%
55 to 64	264,846	4.92%	43,209	6.89%	31,624	6.21%
65 and Over	349,124	6.48%	54,439	8.68%	37,481	7.36%
Black	605,102	11.24%	11,773	1.88%	14,825	2.91%
14 and Under	119,983	2.23%	2,286	0.36%	2,826	0.55%
15 to 19	41,426	0.77%	750	0.12%	1,168	0.23%
20 to 24	51,247	0.95%	665	0.11%	2,159	0.42%
25 to 34	84,086	1.56%	1,700	0.27%	925	0.18%
35 to 44	76,143	1.41%	1,812	0.29%	2,086	0.41%
45 to 54	84,319	1.57%	2,107	0.34%	2,091	0.41%
55 to 64	70,554	1.31%	1,212	0.19%	1,716	0.34%
65 and Over	77,344	1.44%	1,241	0.20%	1,854	0.36%
Asian	153,613	2.85%	13,730	2.19%	11,293	2.22%
14 and Under	28,892	0.54%	2,567	0.41%	2,714	0.53%
15 to 19	8,770	0.16%	822	0.13%	559	0.11%
20 to 24	10,266	0.19%	745	0.12%	95	0.02%
25 to 34	29,991	0.56%	2,238	0.36%	2,263	0.44%
35 to 44	25,705	0.48%	2,524	0.40%	2,366	0.46%
45 to 54	19,608	0.36%	1,919	0.31%	1,622	0.32%
55 to 64	16,267	0.30%	1,608	0.26%	885	0.17%
65 and Over	14,114	0.26%	1,307	0.21%	789	0.15%
Hispanic	226,590	4.21%	14,399	2.30%	16,220	3.18%
14 and Under	65,679	1.22%	4,293	0.68%	5,390	1.06%
15 to 19	18,066	0.34%	1,057	0.17%	1,126	0.22%
20 to 24	19,946	0.37%	1,326	0.21%	1,544	0.30%
25 to 34	38,311	0.71%	1,875	0.30%	2,589	0.51%
35 to 44	31,371	0.58%	2,478	0.40%	2,344	0.46%
45 to 54	25,053	0.47%	1,623	0.26%	1,669	0.33%
55 to 64	15,612	0.29%	933	0.15%	881	0.17%
65 and Over	12,549	0.23%	814	0.13%	674	0.13%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

Table 1.8 Female, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties (Estimated Totals and Percentages), 2013

	Location							
			Pennsylvania Counties					
	Philadelphia EMA n=5,383,566		Delaware n=561,973		Montgomery n=812,376		Philadelphia n=1,553,165	
	Number	%	Number	%	Number	%	Number	%
Female	2,780,693	51.65%	292,034	51.97%	417,720	51.42%	816,291	52.56%
White	1,869,431	34.72%	205,182	36.51%	339,610	41.80%	330,728	21.29%
14 and Under	292,091	5.43%	30,801	5.48%	54,599	6.72%	44,006	2.83%
15 to 19	135,644	2.52%	13,074	2.33%	19,944	2.46%	17,780	1.14%
20 to 24	110,760	2.06%	12,617	2.25%	17,341	2.13%	26,853	1.73%
25 to 34	237,742	4.42%	22,988	4.09%	39,094	4.81%	66,752	4.30%
35 to 44	221,422	4.11%	22,195	3.95%	40,218	4.95%	37,346	2.40%
45 to 54	284,532	5.29%	31,156	5.54%	52,830	6.50%	37,962	2.44%
55 to 64	264,846	4.92%	30,829	5.49%	48,524	5.97%	40,638	2.62%
65 and Over	349,124	6.48%	41,522	7.39%	67,060	8.25%	59,391	3.82%
Black	605,102	11.24%	62,470	11.12%	37,550	4.62%	365,598	23.54%
14 and Under	119,983	2.23%	13,116	2.33%	7,829	0.96%	69,827	4.50%
15 to 19	41,426	0.77%	5,316	0.95%	2,753	0.34%	23,924	1.54%
20 to 24	51,247	0.95%	5,273	0.94%	2,428	0.30%	31,929	2.06%
25 to 34	84,086	1.56%	9,221	1.64%	4,732	0.58%	52,472	3.38%
35 to 44	76,143	1.41%	8,698	1.55%	5,213	0.64%	44,166	2.84%
45 to 54	84,319	1.57%	8,528	1.52%	5,519	0.68%	49,782	3.21%
55 to 64	70,554	1.31%	6,504	1.16%	4,099	0.50%	44,198	2.85%
65 and Over	77,344	1.44%	5,814	1.03%	4,977	0.61%	49,300	3.17%
Asian	153,613	2.85%	14,097	2.51%	28,684	3.53%	54,953	3.54%
14 and Under	28,892	0.54%	2,633	0.47%	5,689	0.70%	8,860	0.57%
15 to 19	8,770	0.16%	504	0.09%	1,564	0.19%	3,776	0.24%
20 to 24	10,266	0.19%	1,285	0.23%	1,444	0.18%	5,348	0.34%
25 to 34	29,991	0.56%	2,331	0.41%	4,922	0.61%	13,149	0.85%
35 to 44	25,705	0.48%	2,576	0.46%	5,352	0.66%	7,703	0.50%
45 to 54	19,608	0.36%	1,927	0.34%	4,093	0.50%	6,035	0.39%
55 to 64	16,267	0.30%	1,485	0.26%	2,835	0.35%	5,739	0.37%
65 and Over	14,114	0.26%	1,356	0.24%	2,785	0.34%	4,343	0.28%
Hispanic	226,590	4.21%	9,354	1.66%	17,685	2.18%	103,936	6.69%
14 and Under	65,679	1.22%	2,671	0.48%	5,687	0.70%	28,767	1.85%
15 to 19	18,066	0.34%	1,127	0.20%	1,387	0.17%	8,328	0.54%
20 to 24	19,946	0.37%	727	0.13%	1,287	0.16%	9,860	0.63%
25 to 34	38,311	0.71%	1,466	0.26%	2,935	0.36%	18,306	1.18%
35 to 44	31,371	0.58%	817	0.15%	2,605	0.32%	13,898	0.89%
45 to 54	25,053	0.47%	1,451	0.26%	1,905	0.23%	11,047	0.71%
55 to 64	15,612	0.29%	704	0.13%	1,022	0.13%	7,435	0.48%
65 and Over	12,549	0.23%	391	0.07%	857	0.11%	6,295	0.41%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

Table 1.9 Male, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Burlington and Camden Counties (Estimated Totals and Percentages), 2013

	Location					
			New Jersey Counties			
	Philadelphia EMA n=5,383,566		Burlington County n=450,838		Camden County n=512,854	
	Number	%	Number	%	Number	%
Male	2,594,094	48.19%	221,867	49.21%	248,176	48.39%
White	1,780,632	33.08%	163,490	36.26%	157,419	30.69%
14 and Under	306,170	5.69%	28,477	6.32%	26,426	5.15%
15 to 19	114,109	2.12%	10,231	2.27%	9,407	1.83%
20 to 24	112,829	2.10%	10,611	2.35%	9,199	1.79%
25 to 34	243,672	4.53%	18,670	4.14%	20,797	4.06%
35 to 44	222,386	4.13%	20,929	4.64%	20,486	3.99%
45 to 54	273,560	5.08%	27,057	6.00%	24,585	4.79%
55 to 64	249,962	4.64%	23,286	5.17%	22,926	4.47%
65 and Over	257,944	4.79%	24,229	5.37%	23,593	4.60%
Black	523,596	9.73%	37,015	8.21%	47,133	9.19%
14 and Under	123,312	2.29%	7,622	1.69%	11,664	2.27%
15 to 19	45,159	0.84%	2,856	0.63%	4,435	0.86%
20 to 24	48,651	0.90%	3,405	0.76%	3,468	0.68%
25 to 34	71,585	1.33%	5,193	1.15%	6,575	1.28%
35 to 44	62,218	1.16%	4,777	1.06%	5,697	1.11%
45 to 54	70,198	1.30%	5,569	1.24%	6,154	1.20%
55 to 64	56,238	1.04%	3,911	0.87%	5,170	1.01%
65 and Over	46,235	0.86%	3,682	0.82%	3,970	0.77%
Asian	143,134	2.66%	10,035	2.23%	13,334	2.60%
14 and Under	29,088	0.54%	2,228	0.49%	2,800	0.55%
15 to 19	9,734	0.18%	451	0.10%	682	0.13%
20 to 24	10,186	0.19%	548	0.12%	868	0.17%
25 to 34	24,998	0.46%	1,590	0.35%	2,088	0.41%
35 to 44	24,763	0.46%	1,869	0.41%	2,101	0.41%
45 to 54	18,320	0.34%	1,191	0.26%	1,791	0.35%
55 to 64	13,715	0.25%	1,189	0.26%	1,535	0.30%
65 and Over	12,330	0.23%	969	0.21%	1,469	0.29%
Hispanic	233,944	4.35%	17,462	3.87%	39,750	7.75%
14 and Under	68,165	1.27%	4,363	0.97%	12,046	2.35%
15 to 19	18,955	0.35%	1,145	0.25%	3,313	0.65%
20 to 24	22,175	0.41%	2,425	0.54%	3,692	0.72%
25 to 34	42,599	0.79%	2,482	0.55%	6,974	1.36%
35 to 44	33,991	0.63%	3,120	0.69%	5,364	1.05%
45 to 54	23,795	0.44%	2,001	0.44%	4,101	0.80%
55 to 64	14,788	0.27%	1,171	0.26%	2,467	0.48%
65 and Over	9,476	0.18%	755	0.17%	1,793	0.35%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

Table 1.10 Male, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties (Estimated Totals and Percentages), 2013

	Location					
			New Jersey Counties			
	Philadelphia EMA n=5,383,566		Gloucester County n=290,265		Salem County* n=65,166	
	Number	%	Number	%	Number	%
Male	2,594,094	48.19%	141,162	48.63%	31,508	48.35%
White	1,780,632	33.08%	115,572	39.82%	25,680	39.41%
14 and Under	306,170	5.69%	21,698	7.48%	4,600	7.06%
15 to 19	114,109	2.12%	7,782	2.68%	1,493	2.29%
20 to 24	112,829	2.10%	7,554	2.60%	1,489	2.28%
25 to 34	243,672	4.53%	13,721	4.73%	3,172	4.87%
35 to 44	222,386	4.13%	14,849	5.12%	3,205	4.92%
45 to 54	273,560	5.08%	18,964	6.53%	3,946	6.06%
55 to 64	249,962	4.64%	15,795	5.44%	3,743	5.74%
65 and Over	257,944	4.79%	15,209	5.24%	4,032	6.19%
Black	523,596	9.73%	14,489	4.99%	4,571	7.01%
14 and Under	123,312	2.29%	3,426	1.18%	1,163	1.78%
15 to 19	45,159	0.84%	1,493	0.51%	520	0.80%
20 to 24	48,651	0.90%	1,370	0.47%	203	0.31%
25 to 34	71,585	1.33%	1,404	0.48%	615	0.94%
35 to 44	62,218	1.16%	1,744	0.60%	366	0.56%
45 to 54	70,198	1.30%	2,108	0.73%	592	0.91%
55 to 64	56,238	1.04%	1,587	0.55%	764	1.17%
65 and Over	46,235	0.86%	1,357	0.47%	348	0.53%
Asian	143,134	2.66%	4,246	1.46%	271	0.42%
14 and Under	29,088	0.54%	1,145	0.39%	39	0.06%
15 to 19	9,734	0.18%	267	0.09%	2	0.00%
20 to 24	10,186	0.19%	141	0.05%	22	0.03%
25 to 34	24,998	0.46%	606	0.21%	37	0.06%
35 to 44	24,763	0.46%	614	0.21%	14	0.02%
45 to 54	18,320	0.34%	700	0.24%	62	0.10%
55 to 64	13,715	0.25%	175	0.06%	70	0.11%
65 and Over	12,330	0.23%	598	0.21%	25	0.04%
Hispanic	233,944	4.35%	7,998	2.76%	2,402	3.69%
14 and Under	68,165	1.27%	2,454	0.85%	839	1.29%
15 to 19	18,955	0.35%	582	0.20%	123	0.19%
20 to 24	22,175	0.41%	517	0.18%	190	0.29%
25 to 34	42,599	0.79%	1,626	0.56%	531	0.81%
35 to 44	33,991	0.63%	1,220	0.42%	303	0.46%
45 to 54	23,795	0.44%	845	0.29%	236	0.36%
55 to 64	14,788	0.27%	552	0.19%	30	0.05%
65 and Over	9,476	0.18%	202	0.07%	150	0.23%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

*Information for Salem County uses 5-year estimates for Asians and 3-year estimates for Hispanics due to availability

Table 1.11 Female, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Burlington and Camden Counties (Estimated Totals and Percentages), 2013

	Location					
			New Jersey Counties			
	Philadelphia EMA n=5,383,566		Burlington County n=450,838		Camden County n=512,854	
	Number	%	Number	%	Number	%
Female	2,780,693	51.65%	228,971	50.79%	264,678	51.61%
White	1,869,431	34.72%	168,301	37.33%	165,941	32.36%
14 and Under	292,091	5.43%	26,730	5.93%	25,288	4.93%
15 to 19	135,644	2.52%	35,962	7.98%	8,501	1.66%
20 to 24	110,760	2.06%	8,943	1.98%	8,834	1.72%
25 to 34	237,742	4.42%	18,001	3.99%	20,250	3.95%
35 to 44	221,422	4.11%	20,621	4.57%	20,152	3.93%
45 to 54	284,532	5.29%	28,388	6.30%	26,256	5.12%
55 to 64	264,846	4.92%	24,206	5.37%	24,760	4.83%
65 and Over	349,124	6.48%	32,180	7.14%	31,900	6.22%
Black	605,102	11.24%	36,031	7.99%	56,611	11.04%
14 and Under	119,983	2.23%	6,991	1.55%	12,661	2.47%
15 to 19	41,426	0.77%	2,570	0.57%	4,196	0.82%
20 to 24	51,247	0.95%	2,610	0.58%	4,171	0.81%
25 to 34	84,086	1.56%	4,332	0.96%	7,777	1.52%
35 to 44	76,143	1.41%	4,536	1.01%	7,874	1.54%
45 to 54	84,319	1.57%	5,550	1.23%	7,493	1.46%
55 to 64	70,554	1.31%	4,491	1.00%	5,950	1.16%
65 and Over	77,344	1.44%	4,951	1.10%	6,489	1.27%
Asian	153,613	2.85%	11,114	2.47%	15,095	2.94%
14 and Under	28,892	0.54%	2,151	0.48%	3,044	0.59%
15 to 19	8,770	0.16%	545	0.12%	767	0.15%
20 to 24	10,266	0.19%	132	0.03%	953	0.19%
25 to 34	29,991	0.56%	2,244	0.50%	2,526	0.49%
35 to 44	25,705	0.48%	1,896	0.42%	2,343	0.46%
45 to 54	19,608	0.36%	1,473	0.33%	1,996	0.39%
55 to 64	16,267	0.30%	1,311	0.29%	1,819	0.35%
65 and Over	14,114	0.26%	1,362	0.30%	1,647	0.32%
Hispanic	226,590	4.21%	15,587	3.46%	39,143	7.63%
14 and Under	65,679	1.22%	4,394	0.97%	11,312	2.21%
15 to 19	18,066	0.34%	1,176	0.26%	3,118	0.61%
20 to 24	19,946	0.37%	1,182	0.26%	3,352	0.65%
25 to 34	38,311	0.71%	2,595	0.58%	6,504	1.27%
35 to 44	31,371	0.58%	2,255	0.50%	5,556	1.08%
45 to 54	25,053	0.47%	1,854	0.41%	4,443	0.87%
55 to 64	15,612	0.29%	1,145	0.25%	2,631	0.51%
65 and Over	12,549	0.23%	986	0.22%	2,227	0.43%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

Table 1.12 Female, Race/Ethnicity and Age for the General Population of the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties (Estimated Totals and Percentages), 2013

	Location					
			New Jersey Counties			
	Philadelphia EMA n=5,383,566		Gloucester County n=290,265		Salem County* n=65,166	
	Number	%	Number	%	Number	%
Female	2,780,693	51.65%	149,103	51.37%	33,658	51.65%
White	1,869,431	34.72%	122,773	42.30%	27,485	42.18%
14 and Under	292,091	5.43%	20,690	7.13%	4,707	7.22%
15 to 19	135,644	2.52%	7,399	2.55%	1,368	2.10%
20 to 24	110,760	2.06%	7,538	2.60%	1,391	2.13%
25 to 34	237,742	4.42%	14,365	4.95%	3,488	5.35%
35 to 44	221,422	4.11%	16,253	5.60%	3,239	4.97%
45 to 54	284,532	5.29%	19,576	6.74%	4,037	6.19%
55 to 64	264,846	4.92%	17,064	5.88%	3,992	6.13%
65 and Over	349,124	6.48%	19,888	6.85%	5,263	8.08%
Black	605,102	11.24%	15,448	5.32%	4,796	7.36%
14 and Under	119,983	2.23%	3,416	1.18%	1,031	1.58%
15 to 19	41,426	0.77%	617	0.21%	132	0.20%
20 to 24	51,247	0.95%	1,650	0.57%	362	0.56%
25 to 34	84,086	1.56%	2,245	0.77%	682	1.05%
35 to 44	76,143	1.41%	1,388	0.48%	370	0.57%
45 to 54	84,319	1.57%	2,388	0.82%	861	1.32%
55 to 64	70,554	1.31%	1,780	0.61%	604	0.93%
65 and Over	77,344	1.44%	1,964	0.68%	754	1.16%
Asian	153,613	2.85%	4,376	1.51%	318	0.42%
14 and Under	28,892	0.54%	1,195	0.41%	41	0.06%
15 to 19	8,770	0.16%	231	0.08%	25	0.00%
20 to 24	10,266	0.19%	242	0.08%	29	0.03%
25 to 34	29,991	0.56%	281	0.10%	36	0.06%
35 to 44	25,705	0.48%	931	0.32%	81	0.02%
45 to 54	19,608	0.36%	481	0.17%	18	0.10%
55 to 64	16,267	0.30%	515	0.18%	81	0.11%
65 and Over	14,114	0.26%	500	0.17%	7	0.04%
Hispanic	226,590	4.21%	7,789	2.68%	2,477	3.80%
14 and Under	65,679	1.22%	2,374	0.82%	791	1.21%
15 to 19	18,066	0.34%	432	0.15%	315	0.48%
20 to 24	19,946	0.37%	531	0.18%	137	0.21%
25 to 34	38,311	0.71%	1,591	0.55%	450	0.69%
35 to 44	31,371	0.58%	1,149	0.40%	269	0.41%
45 to 54	25,053	0.47%	829	0.29%	232	0.36%
55 to 64	15,612	0.29%	628	0.22%	233	0.36%
65 and Over	12,549	0.23%	255	0.09%	50	0.08%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A, B01001B, B01001D, B01001I (accessed 11/2014)

*Information for Salem County uses 5-year estimates for Asians and 3-year estimates for Hispanics due to availability

Table 1.13 Race/Ethnicity and Gender for the General Population of New Jersey and Pennsylvania (Estimated Totals and Percentages), 2013

	Location			
	New Jersey n=8,899,339		Pennsylvania n=12,773,801	
	Number	%	Number	%
Male	4,343,749	49.24%	6,243,308	48.92%
White	2,965,868	33.62%	5,101,917	39.97%
Black	569,827	6.46%	677,539	5.31%
Asian	390,740	4.43%	184,574	1.45%
Hispanic	849,611	9.63%	414,656	3.25%
American Indian/ Alaskan Native	8,655	0.10%	10,852	0.09%
Female	4,555,590	51.64%	6,530,493	51.17%
White	3,102,607	35.17%	5,325,777	41.73%
Black	646,009	7.32%	731,482	5.73%
Asian	411,139	4.66%	200,209	1.57%
Hispanic	834,403	9.46%	393,491	3.08%
American Indian/ Alaskan Native	7,767	0.09%	12,003	0.09%

United States Census Bureau, American Community Survey 2013 1-year estimates - Tables B01001, B01001A-D, B01001I, B01003, S0101 (accessed 11/2014)

The above table contains race/ethnicity for Pennsylvania and New Jersey. As with the tables before, race and ethnicity have not been separated; therefore, the White, Black, Asian, and American Indian/Alaska Native categories all include both Hispanics and non-Hispanics. The Hispanic category includes Hispanics of all races.

When comparing the population of the EMA with the population of both states, we can see that the EMA had a higher proportion of Black males and females and a lower proportion of White males and females than either state as a whole. The EMA had a lower percentage of Asian males and females and a lower percentage of Hispanic males and females than the state of New Jersey. However, the EMA's percentage of Asian and Hispanic males and females was greater than the percentage of these categories in the state of Pennsylvania. We did not provide comparisons for the American Indian/Alaskan Native category, since these data were not available at the county level.

Unmarried Partner Households

The following set of tables display information on Census estimates related to households with unmarried partners throughout the nine-county Philadelphia EMA (see Tables 1.14 – 1.17). Unmarried partner households include both opposite-sex and same-sex couples.

Householder

Each household has one householder. This usually refers to the person (or one of the people) who is renting or who owns the home. If the home is held jointly by a married couple, then either member of the couple may be designated as the householder. That person then serves as the reference point for relationships to other household members. Each household has one, and only one, householder. (Note: the term "householder" replaced "head of household" in 1980, at the same time that the Census Bureau ended its practice of automatically designating husbands as the heads of households.)

Households are broken out into family and non-family households. Family households include any households with a householder who lives with at least one person who is related to him or her by birth, marriage, or adoption. Non-family households include households where the householder lives alone, or where the householder only lives with people who he or she is not related to.

Unmarried Partner Household

Unmarried partner households are households where the householder lives with a partner to whom she or he is not married. An unmarried partner shares living quarters with the householder, and has a close personal relationship with the householder. There can only be one unmarried partner per household, and married couple households cannot contain an unmarried partner. Unmarried partner households may be either family households or nonfamily households, depending on whether there are other people in the household who are related to the householder. These households include same-sex partnerships and opposite-sex partnerships. The tables that follow are separated by gender of householders and partners (see Tables 1.14 – 1.17).

Unmarried Partner

An unmarried partner is not related to the householder, but has a close personal relationship with the householder, and shares living quarters with the householder. Unmarried partners must be aged 15 years or older.

The 2013 American Community Survey estimated that there were 1,982,829 households in the nine-county Philadelphia area in 2013. Unmarried partner households made up 5.84% of that total. Opposite-sex couples made up the majority of unmarried partner households within the area. The highest percentages of unmarried partner households within the nine-county area were found in Salem County (8.10%), Camden County (7.83%), and Philadelphia County (6.67%).

Table 1.14 Partner Households for the Philadelphia Eligible Metropolitan Area, Bucks and Chester Counties (Estimated Totals and Percentages), 2013

	Location					
			Pennsylvania Counties			
	Philadelphia EMA		Bucks		Chester	
	n	%	n	%	n	%
Total households	1,982,386		231,765		186,430	
Unmarried-partner households	115,771	5.84%	9,576	4.13%	9,835	5.33%
Male householder and female partner	53,761	2.71%	4,360	1.88%	4,585	2.48%
Male householder and male partner	4,180	0.21%	717	0.31%	473	0.26%
Female householder and male partner	52,612	2.65%	3,821	1.65%	4,255	2.31%
Female householder and female partner	5,284	0.27%	678	0.29%	588	0.32%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table B11009 (accessed 11/2014)

Table 1.15 Partner Households for the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties (Estimated Totals and Percentages), 2013

	Location							
			Pennsylvania Counties					
	Philadelphia EMA		Delaware		Montgomery		Philadelphia	
	n	%	n	%	n	%	n	%
Total households	1,982,386		199,685		305,815		582,528	
Unmarried-partner households	115,771	5.84%	11,054	5.42%	14,094	4.56%	38,699	6.67%
Male householder and female partner	53,761	2.71%	5,425	2.66%	5,975	1.93%	15,845	2.73%
Male householder and male partner	4,180	0.21%	-	0.00%	626	0.20%	1,519	0.26%
Female householder and male partner	52,612	2.65%	4,984	2.44%	6,636	2.15%	20,019	3.45%
Female householder and female partner	5,284	0.27%	645	0.32%	857	0.28%	1,316	0.23%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table B11009 (accessed 11/2014)

Table 1.16 Partner Households for the Philadelphia Eligible Metropolitan Area, Burlington and Camden Counties (Estimated Totals and Percentages), 2013

	Location					
			New Jersey Counties			
	Philadelphia EMA		Burlington		Camden	
	n	%	n	%	n	%
Total households	1,982,386		162,245		185,774	
Unmarried-partner households	115,771	5.84%	9,380	5.69%	14,517	7.83%
Male householder and female partner	53,761	2.71%	5,474	3.32%	7,925	4.27%
Male householder and male partner	4,180	0.21%	308	0.19%	379	0.20%
Female householder and male partner	52,612	2.65%	3,290	2.00%	5,833	3.14%
Female householder and female partner	5,284	0.27%	308	0.19%	380	0.20%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table B11009 (accessed 11/2014)

Table 1.17 Partner Households for the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties (Estimated Totals and Percentages), 2013

	Location					
			New Jersey Counties			
	Philadelphia EMA		Gloucester		Salem	
	n	%	n	%	n	%
Total households	1,982,386		103,864		24,280	
Unmarried-partner households	115,771	5.84%	6,602	6.31%	2,014	8.10%
Male householder and female partner	53,761	2.71%	3,438	3.28%	734	2.95%
Male householder and male partner	4,180	0.21%	158	0.15%	-	0.00%
Female householder and male partner	52,612	2.65%	2,574	2.46%	1,200	4.83%
Female householder and female partner	5,284	0.27%	432	0.41%	80	0.32%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table B11009 (accessed 11/2014)

Educational Attainment

This section contains data related to educational attainment, or highest level of education completed. This information is broken out by gender and into two age groups – 18 to 24, and 25 and older (see Tables 1.18 – 1.25).

We have also included the highest level of education by poverty level for people 25 and older, broken out by gender. This information is from 2013; in 2013, the federal poverty level was $11,490 for an individual and $23,550 for a family of four.

(Note: The Census Bureau is unable to determine poverty status for all respondents; therefore, estimates for education level by poverty are based on data for people whose poverty status has been determined.)

Table 1.18 Educational Attainment of the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, Pennsylvania, Bucks and Chester Counties, 2013

	Location			
		Pennsylvania Counties		
	Philadelphia EMA	Pennsylvania	Bucks	Chester
Educational Attainment	n	n	n	n
Population 25 years and over	3,652,792	8,809,510	441,722	342,835
Total Male	1,719,538	4,221,872	212,430	165,740
Less than High School	184,652	470,635	13,668	13,065
High School Graduate (includes equivalency)	527,188	1,546,864	64,501	38,687
Some College or an Associate Degree	400,922	985,346	51,045	31,897
Bachelor's Degree or Higher	606,776	1,219,027	83,216	82,091
Total Female	1,933,254	4,587,638	229,292	177,095
Less than High School	201,326	481,093	14,177	10,674
High School Graduate (includes equivalency)	601,081	1,662,937	72,639	42,961
Some College or an Associate Degree	470,171	1,135,461	60,108	37,346
Bachelor's Degree or Higher	660,676	1,308,147	82,368	86,114

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.19 Educational Attainment of the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties, 2013

	Location			
		Pennsylvania Counties		
	Philadelphia EMA	Delaware	Montgomery	Philadelphia
Educational Attainment	n	n	n	n
Population 25 years and over	3,652,792	376,182	567,631	1,023,920
Total Male	1,719,538	175,200	270,230	469,206
Less than High School Graduate	184,652	14,747	17,885	85,737
High School Graduate (includes equivalency)	527,188	55,772	65,992	162,651
Some College, or an Associate Degree	400,922	41,868	58,562	100,639
Bachelor's Degree or Higher	606,776	62,813	127,791	120,179
Total Female	1,933,254	200,982	297,401	554,714
Less than High School Graduate	201,326	15,366	17,792	96,831
High School Graduate (includes equivalency)	601,081	65,481	76,857	187,773
Some College, or an Associate Degree	470,171	48,488	66,111	132,036
Bachelor's Degree or Higher	660,676	71,647	136,641	138,074

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.20 Educational Attainment of the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, New Jersey, Burlington and Camden Counties, 2013

	Location			
		New Jersey Counties		
	Philadelphia EMA	New Jersey	Burlington	Camden
Educational Attainment	n	n	n	n
Population 25 years and over	3,652,792	6,086,705	311,957	346,960
Total Male	1,719,538	2,899,979	149,228	163,051
Less than High School	184,652	341,735	11,216	18,349
High School Graduate (includes equivalency)	527,188	830,902	45,505	51,834
Some College or an Associate Degree	400,922	649,961	41,451	45,601
Bachelor's Degree or Higher	606,776	1,077,381	51,056	47,267
Total Female	1,933,254	3,186,726	162,729	183,909
Less than High School	201,326	357,330	11,105	22,781
High School Graduate (includes equivalency)	601,081	920,434	47,711	60,862
Some College or an Associate Degree	470,171	760,474	44,975	47,866
Bachelor's Degree or Higher	660,676	1,148,488	58,938	52,400

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.21 Educational Attainment of the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties, 2013

	Location		
		New Jersey Counties	
	Philadelphia EMA	Gloucester	Salem
Educational Attainment	n	n	n
Population 25 years and over	3,652,792	196,300	45,285
Total Male	1,719,538	93,122	21,331
Less than High School Graduate	184,652	7,647	2,338
High School Graduate (includes equivalency)	527,188	32,347	9,899
Some College, or an Associate Degree	400,922	25,062	4,797
Bachelor's Degree or Higher	606,776	28,066	4,297
Total Female	1,933,254	103,178	23,954
Less than High School Graduate	201,326	9,044	3,556
High School Graduate (includes equivalency)	601,081	37,471	9,326
Some College, or an Associate Degree	470,171	27,518	5,723
Bachelor's Degree or Higher	660,676	29,145	5,349

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.22 Educational Attainment of the General Population 18 to 24 Years of Age by Gender for the Philadelphia Eligible Metropolitan Area, Pennsylvania, Bucks and Chester Counties, 2013

	Location			
		Pennsylvania Counties		
	Philadelphia EMA	Pennsylvania	Bucks	Chester
Educational Attainment	n	n	n	n
Population 18 to 24	517,220	1,248,038	48,667	45,742
Total Male	259,797	631,654	24,986	22,717
Less than High School	35,847	89,920	3,126	2,973
High School Graduate (includes equivalency)	83,597	216,679	7,790	7,229
Some College or an Associate Degree	112,046	264,893	10,238	10,433
Bachelor's Degree or Higher	28,307	60,162	3,832	2,082
Total Female	257,423	616,384	23,681	23,025
Less than High School	31,379	68,902	2,344	1,625
High School Graduate (includes equivalency)	72,192	180,237	6,863	7,544
Some College or an Associate Degree	114,157	287,820	9,563	10,045
Bachelor's Degree or Higher	39,695	79,425	4,911	3,811

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.23 Educational Attainment of the General Population 18 to 24 Years of Age by Gender for the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties, 2013

	Location			
		Pennsylvania Counties		
	Philadelphia EMA	Delaware	Montgomery	Philadelphia
Educational Attainment	n	n	n	n
Population 18 to 24	517,220	58,754	64,122	184,176
Total Male	259,797	29,596	32,166	89,286
Less than High School Graduate	35,847	4,004	4,952	13,277
High School Graduate (includes equivalency)	83,597	8,522	10,359	27,649
Some College, or an Associate Degree	112,046	14,048	12,354	38,968
Bachelor's Degree or Higher	28,307	3,022	4,501	9,392
Total Female	257,423	29,158	31,956	94,890
Less than High School Graduate	31,379	3,567	3,418	13,867
High School Graduate (includes equivalency)	72,192	8,026	8,025	25,140
Some College, or an Associate Degree	114,157	13,407	14,278	43,178
Bachelor's Degree or Higher	39,695	4,158	6,235	12,705

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.24 Educational Attainment of the General Population 18 to 24 Years of Age by Gender for the Philadelphia Eligible Metropolitan Area, New Jersey, Burlington and Camden Counties, 2013

	Location			
		New Jersey Counties		
	Philadelphia EMA	New Jersey	Burlington	Camden
Educational Attainment	n	n	n	n
Population 18 to 24	517,220	790,737	39,127	45,206
Total Male	259,797	409,646	21,983	23,195
Less than High School	35,847	58,747	2,002	4,202
High School Graduate (includes equivalency)	83,597	132,257	8,292	8,328
Some College or an Associate Degree	112,046	172,245	9,208	9,194
Bachelor's Degree or Higher	28,307	46,397	2,481	1,471
Total Female	257,423	381,091	17,144	22,011
Less than High School	31,379	39,298	2,179	2,366
High School Graduate (includes equivalency)	72,192	100,658	4,975	7,208
Some College or an Associate Degree	114,157	181,996	7,212	9,601
Bachelor's Degree or Higher	39,695	59,139	2,778	2,836

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.25 Educational Attainment of the General Population 18 to 24 Years of Age by Gender for the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties, 2013

	Location		
		New Jersey Counties	
	Philadelphia EMA	Gloucester	Salem
Educational Attainment	n	n	n
Population 18 to 24	517,220	26,263	5,163
Total Male	259,797	13,204	2,664
Less than High School Graduate	35,847	1,096	215
High School Graduate (includes equivalency)	83,597	4,038	1,390
Some College, or an Associate Degree	112,046	6,594	1,009
Bachelor's Degree or Higher	28,307	1,476	50
Total Female	257,423	13,059	2,499
Less than High School Graduate	31,379	1,654	359
High School Graduate (includes equivalency)	72,192	3,774	637
Some College, or an Associate Degree	114,157	5,707	1,166
Bachelor's Degree or Higher	39,695	1,924	337

United States Census Bureau, American Community Survey 2013 1-year estimates, Tables B15001 and S1501 (accessed 11/2014)

Table 1.26 Poverty Rate by Educational Attainment for the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, Pennsylvania, Bucks and Chester Counties, 2013

	Location			
		Pennsylvania Counties		
	Philadelphia EMA	Pennsylvania	Bucks	Chester
Educational Attainment	n	n	n	n
Total Population Male 25 and Older	1,719,538	4,221,872	212,430	165,740
Poverty Rate				
Less than High School	20.3%	23.3%	9.9%	8.7%
High School Graduate (includes equivalency)	9.6%	10.5%	5.9%	9.0%
Some College, or an Associate Degree	6.0%	7.1%	3.4%	4.7%
Bachelor's Degree or Higher	3.2%	3.7%	2.1%	1.6%
Total Population Female 25 and Older	1,933,254	4,587,638	229,292	177,095
Poverty Rate				
Less than High School	25.8%	28.2%	18.5%	19.1%
High School Graduate (includes equivalency)	13.5%	14.0%	9.5%	8.8%
Some College, or an Associate Degree	9.0%	11.0%	4.9%	7.2%
Bachelor's Degree or Higher	3.7%	4.6%	3.0%	2.0%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table S1501 (accessed 11/2014)

Table 1.27 Poverty Rate by Educational Attainment for the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties, 2013

	Location			
		Pennsylvania Counties		
	Philadelphia EMA	Delaware	Montgomery	Philadelphia
Educational Attainment	n	n	n	n
Total Population Male 25 and Older	1,719,538	175,200	270,230	469,206
Poverty Rate				
Less than High School	20.3%	24.0%	15.8%	37.1%
High School Graduate (includes equivalency)	9.6%	10.5%	8.4%	20.4%
Some College, or an Associate Degree	6.0%	6.0%	3.7%	16.5%
Bachelor's Degree or Higher	3.2%	3.8%	2.9%	9.9%
Total Population Female 25 and Older	1,933,254	200,982	297,401	554,714
Poverty Rate				
Less than High School	25.8%	26.0%	19.4%	40.7%
High School Graduate (includes equivalency)	13.5%	13.7%	10.8%	24.7%
Some College, or an Associate Degree	9.0%	8.6%	5.8%	18.5%
Bachelor's Degree or Higher	3.7%	3.7%	3.5%	9.7%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table S1501 (accessed 11/2014)

Table 1.28 Poverty Rate by Educational Attainment for the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, New Jersey, Burlington and Camden Counties, 2013

	Location			
		New Jersey Counties		
	Philadelphia EMA	New Jersey	Burlington	Camden
Educational Attainment	n	n	n	n
Total Population Male 25 and Older	1,719,538	2,899,979	149,228	163,051
Poverty Rate				
Less than High School	20.3%	19.0%	14.4%	23.8%
High School Graduate (includes equivalency)	9.6%	9.7%	5.0%	9.3%
Some College, or an Associate Degree	6.0%	6.9%	2.8%	8.0%
Bachelor's Degree or Higher	3.2%	3.2%	1.3%	3.7%
Total Population Female 25 and Older	1,933,254	3,186,726	162,729	183,909
Poverty Rate				
Less than High School	25.8%	26.0%	20.6%	35.1%
High School Graduate (includes equivalency)	13.5%	13.4%	7.5%	16.2%
Some College, or an Associate Degree	9.0%	10.6%	5.8%	11.9%
Bachelor's Degree or Higher	3.7%	3.9%	1.7%	4.9%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table S1501 (accessed 11/2014)

Table 1.29 Poverty Rate by Educational Attainment for the General Population 25 Years of Age and Older by Gender for the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties, 2013

	Location		
		New Jersey Counties	
	Philadelphia EMA	Gloucester	Salem
Educational Attainment	n	n	n
Total Population Male 25 and Older	1,719,538	93,122	21,331
Poverty Rate			
Less than High School	20.3%	17.1%	32.3%
High School Graduate (includes equivalency)	9.6%	7.7%	10.2%
Some College, or an Associate Degree	6.0%	5.4%	3.8%
Bachelor's Degree or Higher	3.2%	2.6%	0.7%
Total Population Female 25 and Older	1,933,254	103,178	23,954
Poverty Rate			
Less than High School	25.8%	15.2%	37.9%
High School Graduate (includes equivalency)	13.5%	13.8%	16.5%
Some College, or an Associate Degree	9.0%	8.8%	9.9%
Bachelor's Degree or Higher	3.7%	3.6%	1.0%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table S1501 (accessed 11/2014)

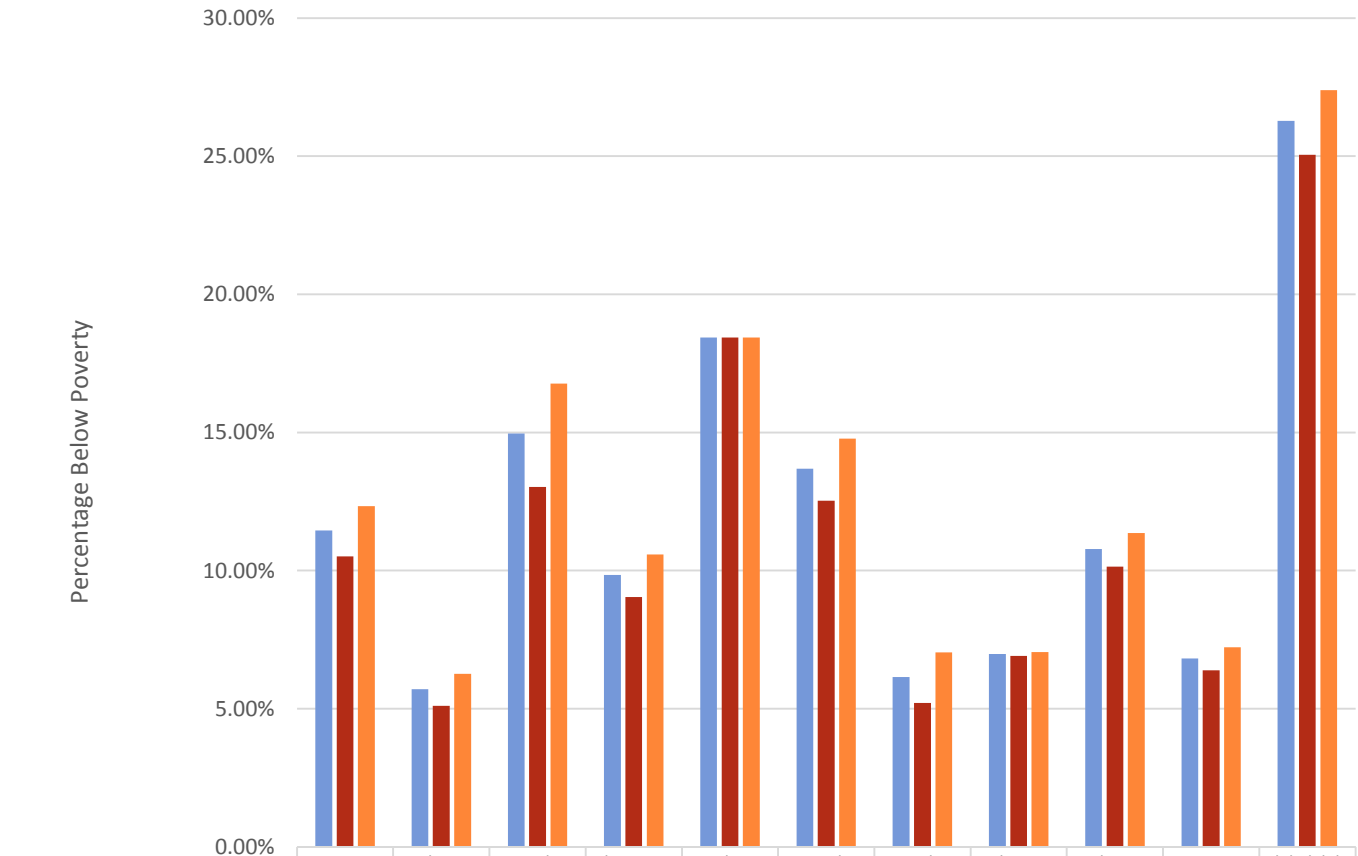
Poverty

Figure 1.3 illustrates the percentage of people below the federal poverty level, broken out by gender, for all counties within the nine-county Eligible Metropolitan Area, as well as Pennsylvania and New Jersey. In every county (and in both states), there were more females below poverty than males in 2013.

The Census Bureau is unable to determine poverty status for all individuals. For example, income for individuals under 15 who are unrelated to a householder cannot be determined; therefore, poverty status for these individuals also cannot be determined. Poverty status is also undetermined for people in college dormitories and institutional group quarters. Anyone whose poverty status is undetermined is not included in the following poverty status tables. The group of people for whom poverty status has been determined is also called the "poverty universe".

Poverty status is based on yearly income, so it does not account for fluctuations in income throughout the year.

Figure 1.3 Population Below Federal Poverty Level (For Whom Poverty Status has Been Determined for the Past 12 Months), 2013



	New Jersey	Burlington County	Camden County	Gloucester County	Salem County	Pennsylvania	Bucks County	Chester County	Delaware County	Montgomery County	Philadelphia County
Percentage People Below Poverty	11.45%	5.70%	14.96%	9.84%	18.44%	13.68%	6.14%	6.98%	10.78%	6.82%	26.28%
Percentage Males Below Poverty	10.52%	5.10%	13.03%	9.05%	18.44%	12.53%	5.21%	6.91%	10.15%	6.39%	25.05%
Percentage Females Below Poverty	12.33%	6.27%	16.77%	10.59%	18.43%	14.77%	7.04%	7.05%	11.36%	7.22%	27.39%

United States Census Bureau, American Community Survey 2013 1-year estimates, Table S1701 (accessed 11/2014)

Table 1.30 Social Security, Supplemental Security, Public Assistance and Retirement Income in the Past 12 Months for Households by County for the Philadelphia Eligible Metropolitan Area (Estimated Totals and Percentages), 2013

Location	Social Security		Supplemental Security (SSI)		Public Assistance		Retirement Income		Total Households
	n	%	n	%	n	%	n	%	n
Pennsylvania	1,659,456	33.60%	292,753	5.93%	163,462	3.31%	991,678	20.08%	4,938,894
Bucks	75,978	32.78%	5,927	2.56%	4,388	1.89%	42,737	18.44%	231,765
Chester	52,463	28.14%	4,556	2.44%	2,221	1.19%	31,417	16.85%	186,430
Delaware	60,676	30.39%	10,773	5.39%	6,448	3.23%	37,631	18.85%	199,685
Montgomery	91,746	30.00%	9,532	3.12%	5,509	1.80%	52,913	17.30%	305,815
Philadelphia	161,818	27.78%	65,467	11.24%	43,721	7.51%	87,060	14.95%	582,528
New Jersey	945,803	29.78%	143,989	4.53%	98,133	3.09%	558,599	17.59%	3,176,139
Burlington	51,059	31.47%	5,084	3.13%	3,223	1.99%	37,750	23.27%	162,245
Camden	55,917	30.10%	12,315	6.63%	9,106	4.90%	34,696	18.68%	185,774
Gloucester	32,598	31.39%	5,212	5.02%	5,780	5.56%	23,574	22.70%	103,864
Salem	8,568	35.29%	1,180	4.86%	1,244	5.12%	6,162	25.38%	24,280

United States Census Bureau, American Community Survey 2013 1-year estimates -Tables B19055 (SS), B19056 (SSI), B19057 (PA), B19059 (RI) (accessed 11/2014)

Table 1.30 contains data on households within the nine-county Philadelphia EMA that received Social Security, Supplemental Security, Public Assistance, or Retirement Income in 2013. Some households may receive more than one of these types of income. This table provides some information on the percentage of households in which at least one person was retired, disabled, or low-income. Public assistance income is limited to cash benefits, and does not include non-cash benefits like food stamps.

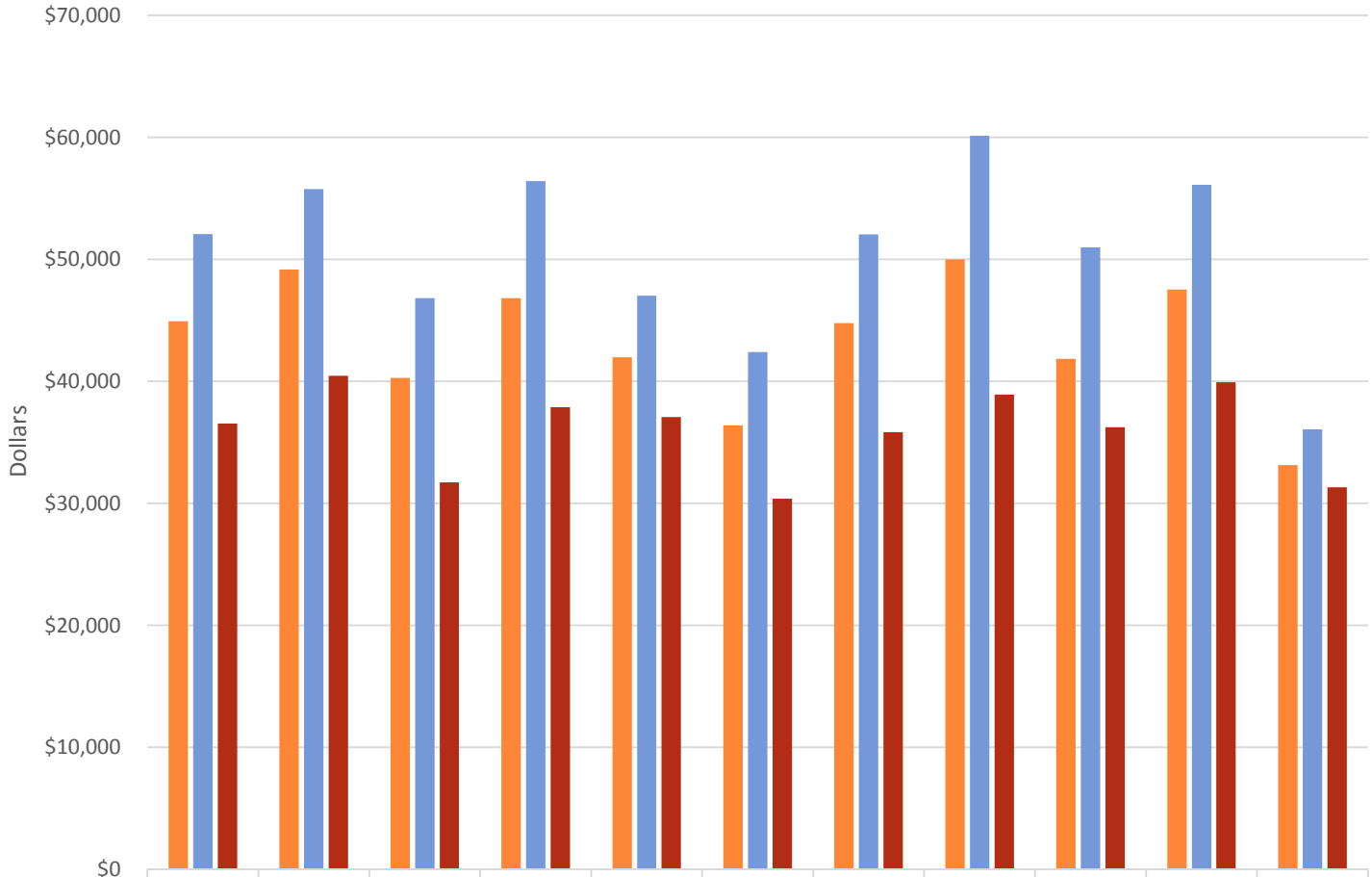
Table 1.31 Public Assistance Income in the Past 12 Months for Households by County for the Philadelphia Eligible Metropolitan Area (Estimated Totals and Percentages), 2013

Location	No Public Assistance Income	With Public Assistance Income	With Cash Public Assistance or Food Stamps	Percentage of Households with any Public Assistance	Total Households
	n	n	n	%	
Pennsylvania	4,775,432	163,462	660,962	13.38%	4,938,894
Bucks	227,377	4,388	13,740	5.93%	231,765
Chester	184,209	2,221	10,476	5.62%	186,430
Delaware	193,237	6,448	24,326	12.18%	199,685
Montgomery	300,306	5,509	18,220	5.96%	305,815
Philadelphia	538,807	43,721	147,877	25.39%	582,528
New Jersey	3,176,139	98,133	330,446	10.39%	3,181,881
Burlington	159,022	3,223	8,900	5.49%	162,245
Camden	176,668	9,106	27,475	14.79%	185,774
Gloucester	98,084	5,780	10,588	10.19%	103,864
Salem	23,036	1,244	3,248	13.38%	24,280

United States Census Bureau, American Community Survey 2013 1-year estimates -Tables B19057 (PA) and B19058 (FS) (accessed 11/2014)

Table 1.31 provides further information on households receiving any type of public assistance, including non-cash benefits. As illustrated above, there were many more households receiving non-cash public assistance (including food stamps). Within the nine-county Philadelphia EMA, Philadelphia County had the greatest percentage of households receiving some type of public assistance (25.39%). By contrast, fewer than 6% of households received public assistance in Bucks, Chester, and Montgomery Counties in Pennsylvania, and Burlington County in New Jersey.

Figure 1.4 Median Earnings by Gender for the General Population 25 Years Old and Over (for Those Who Had Earnings), 2013



	New Jersey	Burlington	Camden	Gloucester	Salem	Pennsylvania	Bucks	Chester	Delaware	Montgomery	Philadelphia
Total	$44,938	$49,166	$40,275	$46,817	$41,982	$36,407	$44,784	$50,018	$41,862	$47,544	$33,134
Male	$52,078	$55,774	$46,816	$56,419	$47,033	$42,416	$52,055	$60,137	$50,998	$56,111	$36,069
Female	$36,546	$40,464	$31,726	$37,878	$37,082	$30,374	$35,828	$38,933	$36,233	$39,920	$31,312

United States Census Bureau, American Community Survey 2013 1-year estimates –Table S1501 (accessed 11/2014)

Figure 1.4 illustrates median individual income broken out by gender for each county and both states in the nine-county Philadelphia EMA. The highest median income was in Chester County ($50,018), while the lowest was in Philadelphia ($33,134). In every county, males out-earned females. The greatest difference in median income was in Chester County, with a median earnings gap of $21,204, while the smallest difference was in Philadelphia ($4,757).

Insurance Coverage

The following information on insurance coverage comes from estimates calculated by the Kaiser Family Foundation, based on Census data (see Table 1.32). These estimates are separated by total population, non-elderly males, and non-elderly females (in part because most people 65 and older can receive insurance through Medicare). The Kaiser Family Foundation estimated that 16% of Americans were uninsured in 2011. This figure dropped to 13.4% in 2013. The estimate of total uninsured people dropped from 16% to 12.1% in New Jersey, and from 11% to 9.6% in Pennsylvania over the same time period. For non-elderly males, the uninsured percentage dropped from 16% to 13.8% in Pennsylvania and from 23% to 18.3% in New Jersey. For non-elderly females, the uninsured percentage dropped from 13% to 12.3% in Pennsylvania and from 19% to 15% in New Jersey.

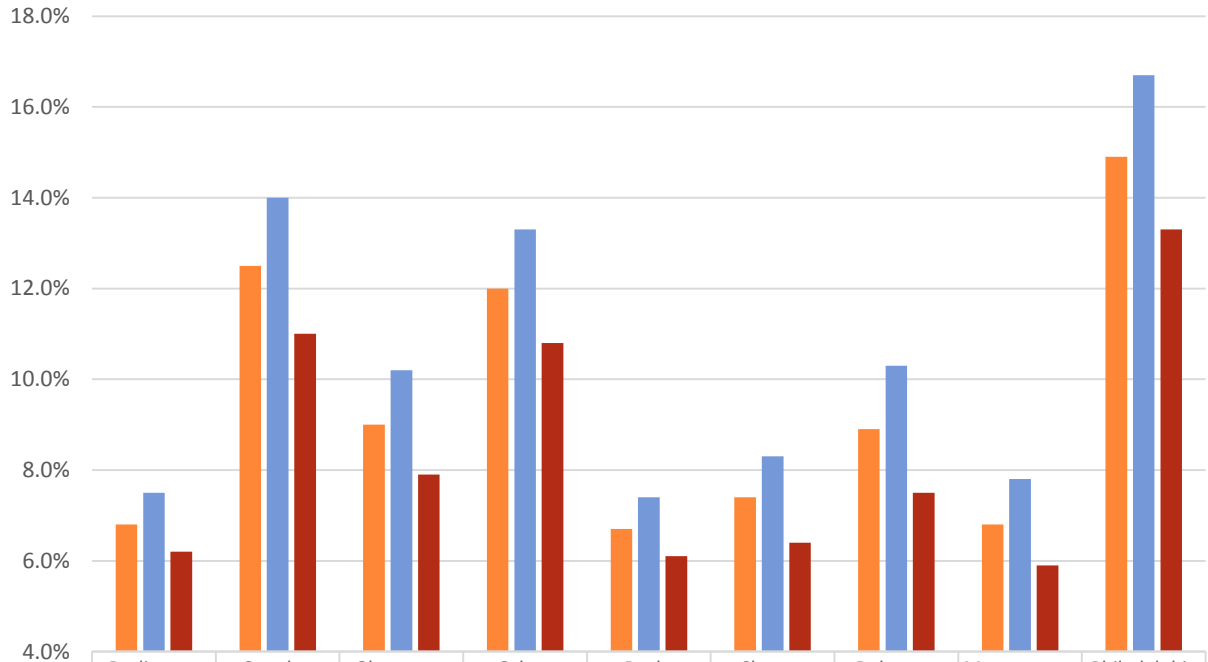
Table 1.32 Health Insurance Coverage Percentages for the United States, Pennsylvania, and New Jersey, 2013

	United States	Pennsylvania	New Jersey
	2013	2013	2013
	%	%	%
Total Population			
Employment Based	48.2%	53.8%	56.5%
Other Private	6.0%	5.7%	4.2%
Medicaid	15.6%	13.5%	13.2%
Medicare	14.7%	16.7%	13.5%
Other Public	2.0%	NSD*	NSD*
Uninsured	13.4%	9.6%	12.1%
Non-elderly Male			
Employment Based	57.2%	66.2%	65.0%
Other Private	7.5%	6.8%	5.0%
Medicaid	10.1%	8.8%	9.8%
Other Public	5.2%	4.4%	NSD*
Uninsured	20.0%	13.8%	18.3%
Non-elderly Female			
Employment Based	56.9%	62.5%	63.7%
Other Private	8.1%	8.2%	6.0%
Medicaid	13.4%	13.6%	13.0%
Other Public	4.6%	3.3%	2.3%
Uninsured	17.1%	12.3%	15.0%

Kaiser Family Foundation estimates are weighted, and based on the Census Bureau's March 2014 Current Population Survey (accessed 12/2014)
*NSD: Not Sufficient Data.

The next two figures illustrate the percentage of uninsured people in the general population by county within the nine-county Philadelphia EMA. In each county, there were more uninsured males than uninsured females (see Figure 1.5). The greatest percentage of uninsured people was in Philadelphia County (14.9%), followed by Camden County (12.5%) and Salem County (12%). The lowest percentages of uninsured people were found in Bucks County (6.7%) and Burlington and Montgomery (both with 6.8%).

Figure 1.5 Uninsured Percentage of the General Population by Gender, 2013

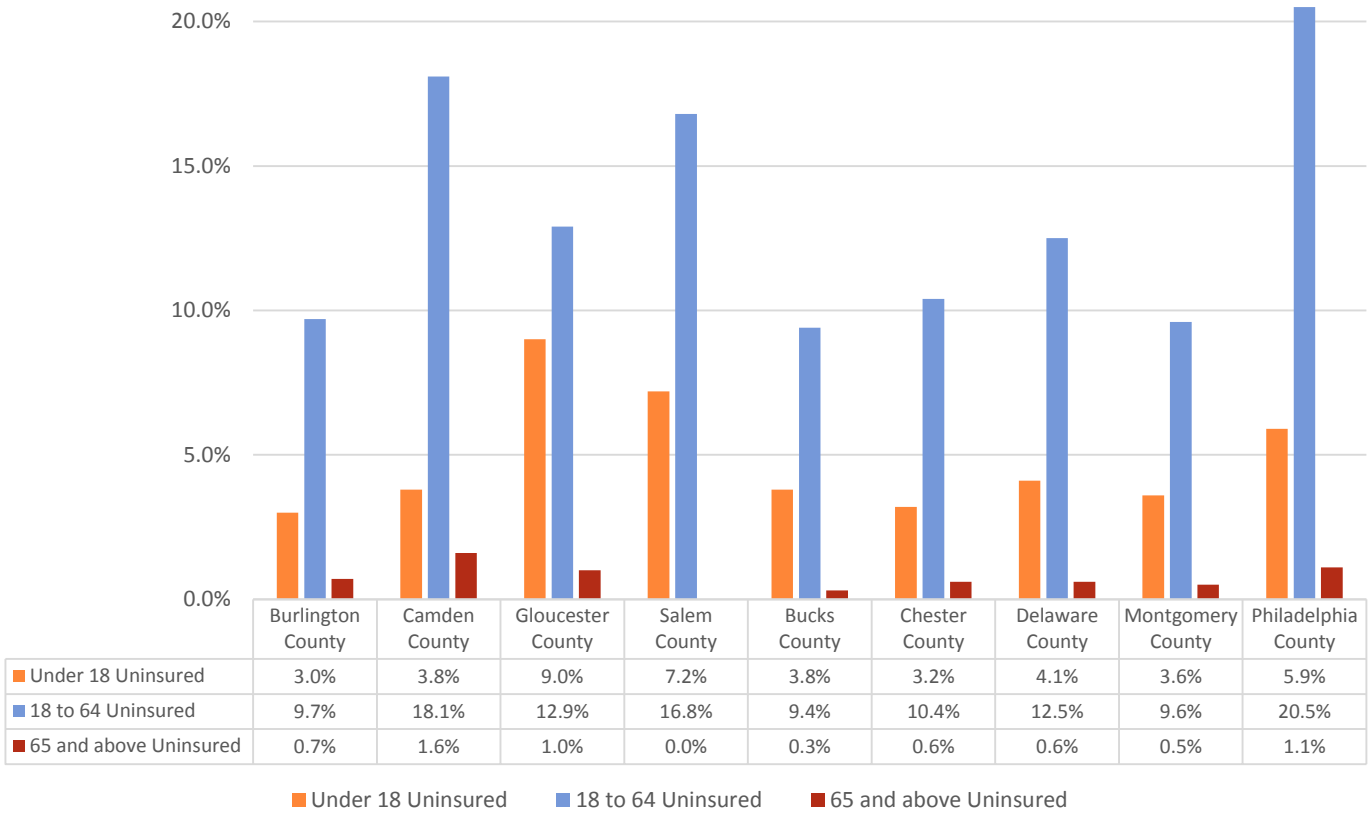


	Burlington County	Camden County	Gloucester County	Salem County	Bucks County	Chester County	Delaware County	Montgomery County	Philadelphia County
Total Percent Uninsured	6.8%	12.5%	9.0%	12.0%	6.7%	7.4%	8.9%	6.8%	14.9%
Male Percent Uninsured	7.5%	14.0%	10.2%	13.3%	7.4%	8.3%	10.3%	7.8%	16.7%
Female Percent Uninsured	6.2%	11.0%	7.9%	10.8%	6.1%	6.4%	7.5%	5.9%	13.3%

United States Census Bureau, American Community Survey 2013 1-year estimates –Table S2701 (accessed 11/2014)

Figure 1.6 shows the uninsured population for each county in the nine-county Philadelphia EMA by age group, including 0 – 17, 18 – 64, and 65+. The uninsured rate was significantly higher among 18 – 64 year olds in every county. Over 60% of all non-elderly adults had employer-based health insurance (see Table 1.32 for further details). We have also included data on unemployment by county (Figure 1.7).

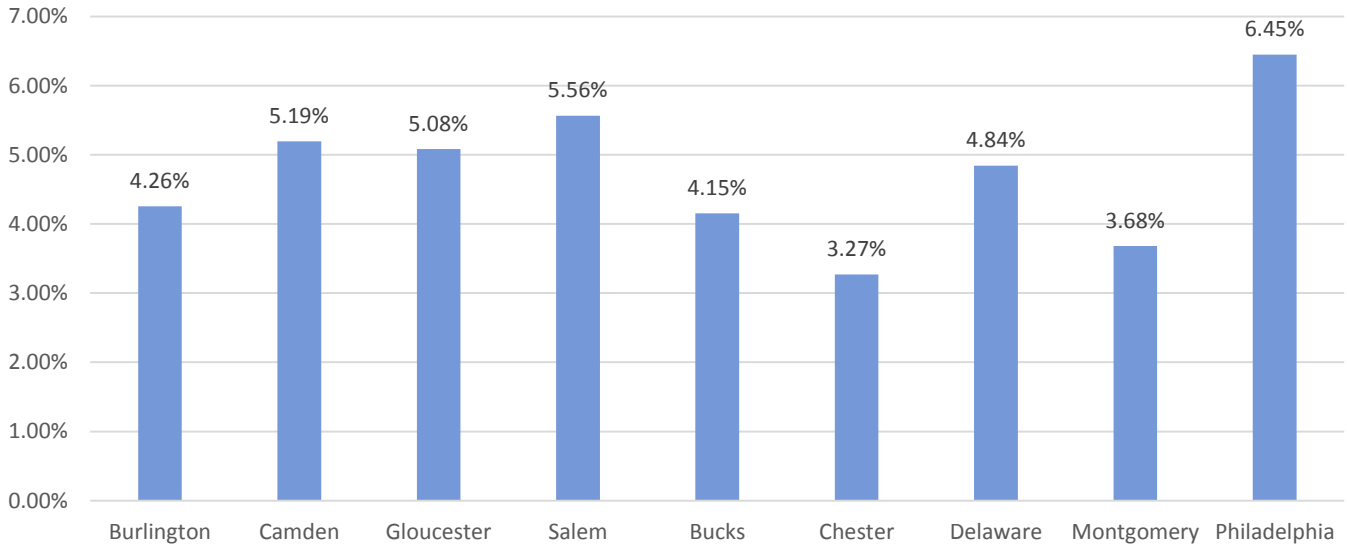
Figure 1.6 Percent Uninsured for the General Population by Age Group, 2013



	Burlington County	Camden County	Gloucester County	Salem County	Bucks County	Chester County	Delaware County	Montgomery County	Philadelphia County
Under 18 Uninsured	3.0%	3.8%	9.0%	7.2%	3.8%	3.2%	4.1%	3.6%	5.9%
18 to 64 Uninsured	9.7%	18.1%	12.9%	16.8%	9.4%	10.4%	12.5%	9.6%	20.5%
65 and above Uninsured	0.7%	1.6%	1.0%	0.0%	0.3%	0.6%	0.6%	0.5%	1.1%

United States Census Bureau, American Community Survey 2013 1-year estimates –Table S2701 (accessed 11/2014)

Figure 1.7 Unemployed General Population by 1,000 by County, 2013



United States Census Bureau, American Community Survey 2013 1-year estimates –Table S2701 (accessed 11/2014)

Linguistic Isolation

Linguistic isolation refers to households where no one over the age of 14 speaks English "very well" or English only. Based on this definition, English-only households cannot be linguistically isolated. The language category assigned to a household is based on the primary language of the highest-ranking person in the language assignment scheme. The assignment scheme ranks household members in the following order: householder, spouse, parent, sibling, child, grandchild, other relative, stepchild, unmarried partner, housemate or roommate, and other nonrelatives. If no one over the age of 14 speaks a language other than English at home, then the household is an English-only household. We have outlined the Census Bureau's four major non-English language group classifications below (see Table 1.33).

Table 1.33 Four Primary Language Group Classifications by Thirty-Two Sub-Group Classifications of Languages Spoken at Home with Examples

Primary Language Group Classification	Thirty-Two Sub-Group Classification	Illustrative Examples
Spanish	Spanish or Spanish Creole	Spanish, Ladino, Pachuco
Other Indo-European languages	French	French, Cajun, Patois
	French Creole	Haitian Creole
	Italian	Italian
	Portuguese or Portuguese Creole	Portuguese, Papia Mentae
	German	German, Luxembourgian
	Yiddish	Yiddish
	Other West Germanic languages	Dutch, Pennsylvania Dutch, Afrikaans
	Scandinavian languages	Danish, Norwegian, Swedish
	Greek	Greek
	Russian	Russian
	Polish	Polish
	Serbo-Croatian	Serbo-Croatian, Croatian, Serbian
	Other Slavic languages	Czech, Slovak, Ukrainian
	Armenian	Armenian
	Persian	Persian
	Gujarathi	Gujarathi
	Hindi	Hindi
	Urdu	Urdu
	Other Indic languages	Bengali, Marathi, Punjabi, Romany
	Other Indo-European languages	Albanian, Gaelic, Lithuanian, Rumanian

United States Census Bureau, American Community Survey Subject Definitions

Table 1.33 Four Primary Language Group Classifications by Thirty-Two Sub-Group Classifications of Languages Spoken at Home with Examples (continued)

Primary Language Group Classification	Thirty-Two Sub-Group Classification	Illustrative Examples
Asian and Pacific Island languages	Chinese	Cantonese, Formosan, Mandarin
	Japanese	Japanese
	Korean	Korean
	Mon-Khmer, Cambodian	Mon-Khmer, Cambodian
	Hmong	Hmong
	Thai	Thai
	Laotian	Laotian
	Vietnamese	Vietnamese
	Other Asian languages	Dravidian languages (Malayalam, Telugu, Tamil), Turkish
	Tagalog	Tagalog
	Other Pacific Island languages	Chamorro, Hawaiian, Ilocano, Indonesian, Samoan
All other languages	Navajo	Navajo
	Other Native North American languages	Apache, Cherokee, Dakota, Pima, Yupik
	Hungarian	Hungarian
	Arabic	Arabic
	Hebrew	Hebrew
	African languages	Amharic, Ibo, Twi, Yoruba, Bantu, Swahili, Somali
	Other and unspecified languages	Syriac, Finnish, Other languages of the Americas, not reported

United States Census Bureau, American Community Survey Subject Definitions

Limitations

The American Community Survey asks about current language use, not ability to speak non-English languages. People who speak languages other than English outside of the home are not reported as speaking non-English languages. The tables that follow only reflect data on linguistic isolation, or households with limited English proficiency, rather than the pervasiveness of specific languages or language groups. “Linguistically isolated” households are defined as households in which no one age 14 and older speaks English only, or speaks English “very well”. These tables are organized by the four major language categories identified by the Census Bureau (see Tables 1.34 – 1.38).

Overall, 75,243 (or 3.8%) of households in the nine-county Philadelphia area were linguistically isolated in 2013. By contrast, 2.4% of households in Pennsylvania and 7% of households in New Jersey were linguistically isolated in the same time period.

Table 1.34 Households by Languages Spoken at Home in the Philadelphia Eligible Metropolitan Area, Pennsylvania, and Bucks County (Estimated Totals and Percentages), 2013

	Location								
	Philadelphia EMA			Pennsylvania			Bucks		
	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds
Total Households	1,963,968		100.0%	4,938,894		100.0%	231,765		100.0%
English only	1,625,859		82.7%	4,379,224		88.7%	199,217		86.0%
Spanish	130,846	100.0%	6.8%	229,613	100.0%	4.6%	10,122	100.0%	4.4%
Linguistically isolated	31,169	23.7%	1.6%	48,694	21.2%	1.0%	2,653	26.2%	1.1%
At least one person 14 and over speaks English "very well"	99,677	76.3%	5.2%	180,919	78.8%	3.7%	7,469	73.8%	3.2%
Other Indo-European languages	113,876	100.0%	6.2%	207,097	100.0%	4.2%	14,947	100.0%	6.4%
Linguistically isolated	21,343	17.4%	1.1%	35,868	17.3%	0.7%	2,793	18.7%	1.2%
At least one person 14 and over speaks English "very well"	92,533	82.6%	5.1%	171,229	82.7%	3.5%	12,154	81.3%	5.2%
Asian and Pacific Island languages	67,470	100.0%	3.3%	92,342	100.0%	1.9%	5,803	100.0%	2.5%
Linguistically isolated	20,107	31.5%	1.0%	25,648	27.8%	0.5%	1,089	18.8%	0.5%
At least one person 14 and over speaks English "very well"	47,363	68.5%	2.2%	66,694	72.2%	1.4%	4,714	81.2%	2.0%
Other languages	20,055	100.0%	1.0%	34,027	100.0%	0.7%	1,676	100.0%	0.7%
Linguistically isolated	2,624	14.4%	0.1%	5,906	17.4%	0.1%	239	14.3%	0.1%
At least one person 14 and over speaks English "very well"	17,431	85.6%	0.8%	28,121	82.6%	0.6%	1,437	85.7%	0.6%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B16002 (accessed 11/2014)

Table 1.35 Households by Languages Spoken at Home in the Philadelphia Eligible Metropolitan Area, Chester and Delaware County (Estimated Totals and Percentages), 2013

	Location								
	Philadelphia EMA			Chester			Delaware		
	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds
Total Households	1,963,968		100.0%	186,430		100.0%	199,685		100.0%
English only	1,625,859		82.7%	162,764		87.3%	172,135		86.2%
Spanish	130,846	100.0%	6.8%	8,429	100.0%	4.5%	6,633	100.0%	3.3%
Linguistically isolated	31,169	23.7%	1.6%	2,376	28.2%	1.3%	622	9.4%	0.3%
At least one person 14 and over speaks English "very well"	99,677	76.3%	5.2%	6,053	71.8%	3.2%	6,011	90.6%	3.0%
Other Indo-European languages	113,876	100.0%	6.2%	10,032	100.0%	5.4%	13,087	100.0%	6.6%
Linguistically isolated	21,343	17.4%	1.1%	1,438	14.3%	0.8%	1,591	12.2%	0.8%
At least one person 14 and over speaks English "very well"	92,533	82.6%	5.1%	8,594	85.7%	4.6%	11,496	87.8%	5.8%
Asian and Pacific Island languages	67,470	100.0%	3.3%	4,545	100.0%	2.4%	5,581	100.0%	2.8%
Linguistically isolated	20,107	31.5%	1.0%	638	14.0%	0.3%	1,792	32.1%	0.9%
At least one person 14 and over speaks English "very well"	47,363	68.5%	2.2%	3,907	86.0%	2.1%	3,789	67.9%	1.9%
Other languages	20,055	100.0%	1.0%	660	100.0%	0.4%	2,249	100.0%	1.1%
Linguistically isolated	2,624	14.4%	0.1%	-	0.0%	0.0%	245	10.9%	0.1%
At least one person 14 and over speaks English "very well"	17,431	85.6%	0.8%	660	159.0%	0.4%	2,004	89.1%	1.0%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B16002 (accessed 11/2014)

Table 1.36 Households by Languages Spoken at Home in the Philadelphia Eligible Metropolitan Area, Montgomery and Philadelphia County (Estimated Totals and Percentages), 2013

	Location								
	Philadelphia EMA			Montgomery			Philadelphia		
	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds
Total Households	1,963,968		100.0%	305,815		100.0%	582,528		100.0%
English only	1,625,859		82.7%	260,832		85.3%	453,663		77.9%
Spanish	130,846	100.0%	6.8%	11,231	100.0%	3.7%	58,204	100.0%	10.0%
Linguistically isolated	31,169	23.7%	1.6%	1,448	12.9%	0.5%	15,553	26.7%	2.7%
At least one person 14 and over speaks English "very well"	99,677	76.3%	5.2%	9,783	87.1%	3.2%	42,651	73.3%	7.3%
Other Indo-European languages	113,876	100.0%	6.2%	18,263	100.0%	6.0%	34,402	100.0%	5.9%
Linguistically isolated	21,343	17.4%	1.1%	2,033	11.1%	0.7%	10,541	30.6%	1.8%
At least one person 14 and over speaks English "very well"	92,533	82.6%	5.1%	16,230	88.9%	5.3%	23,861	69.4%	4.1%
Asian and Pacific Island languages	67,470	100.0%	3.3%	13,292	100.0%	4.3%	26,342	100.0%	4.5%
Linguistically isolated	20,107	31.5%	1.0%	2,154	16.2%	0.7%	11,063	42.0%	1.9%
At least one person 14 and over speaks English "very well"	47,363	68.5%	2.2%	11,138	83.8%	3.6%	15,279	58.0%	2.6%
Other languages	20,055	100.0%	1.0%	2,197	100.0%	0.7%	9,917	100.0%	1.7%
Linguistically isolated	2,624	14.4%	0.1%	173	7.9%	0.1%	1,780	17.9%	0.3%
At least one person 14 and over speaks English "very well"	17,431	85.6%	0.8%	2,024	92.1%	0.7%	8,137	82.1%	1.4%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B16002 (accessed 11/2014)

Table 1.37 Households by Languages Spoken at Home in the Philadelphia Eligible Metropolitan Area, New Jersey and Burlington County (Estimated Totals and Percentages), 2013

	Location								
	Philadelphia EMA			New Jersey			Burlington		
	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds
Total Households	1,963,968		100.0%	3,176,139		100.0%	162,245		100.0%
English only	1,625,859		82.7%	2,174,338		68.5%	138,775		85.5%
Spanish	130,846	100.0%	6.8%	477,088	100.0%	15.0%	8,741	100.0%	5.4%
Linguistically isolated	31,169	23.7%	1.6%	129,694	27.2%	4.1%	763	8.7%	0.5%
At least one person 14 and over speaks English "very well"	99,677	76.3%	5.2%	347,394	72.8%	10.9%	7,978	91.3%	4.9%
Other Indo-European languages	113,876	100.0%	6.2%	312,004	100.0%	9.8%	10,410	100.0%	6.4%
Linguistically isolated	21,343	17.4%	1.1%	51,272	16.4%	1.6%	1,436	13.8%	0.9%
At least one person 14 and over speaks English "very well"	92,533	82.6%	5.1%	260,732	83.6%	8.2%	8,974	86.2%	5.5%
Asian and Pacific Island languages	67,470	100.0%	3.3%	158,339	100.0%	5.0%	3,303	100.0%	2.0%
Linguistically isolated	20,107	31.5%	1.0%	34,449	21.8%	1.1%	723	21.9%	0.4%
At least one person 14 and over speaks English "very well"	47,363	68.5%	2.2%	123,890	78.2%	3.9%	2,580	78.1%	1.6%
Other languages	20,055	100.0%	1.0%	54,370	100.0%	1.7%	1,016	100.0%	0.6%
Linguistically isolated	2,624	14.4%	0.1%	7,927	14.6%	0.2%	73	7.2%	0.0%
At least one person 14 and over speaks English "very well"	17,431	85.6%	0.8%	46,443	85.4%	1.5%	943	92.8%	0.6%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B16002 (accessed 11/2014)

* No information was available for Salem County

Table 1.38 Households by Languages Spoken at Home in the Philadelphia Eligible Metropolitan Area, Camden and Gloucester County (Estimated Totals and Percentages), 2013

	Location								
	Philadelphia EMA			Camden			Gloucester		
	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds	n	% of Hlds in Class	% of Total Hlds
Total Households	1,963,968		100.0%	185,774		100.0%	103,864		100.0%
English only	1,625,859		82.7%	146,307		78.8%	92,166		88.7%
Spanish	130,846	100.0%	6.8%	22,393	100.0%	12.1%	5,093	100.0%	4.9%
Linguistically isolated	31,169	23.7%	1.6%	6,521	29.1%	3.5%	1,233	24.2%	1.2%
At least one person 14 and over speaks English "very well"	99,677	76.3%	5.2%	15,872	70.9%	8.5%	3,860	75.8%	3.7%
Other Indo-European languages	113,876	100.0%	6.2%	8,296	100.0%	4.5%	4,439	100.0%	4.3%
Linguistically isolated	21,343	17.4%	1.1%	1,052	12.7%	0.6%	459	10.3%	0.4%
At least one person 14 and over speaks English "very well"	92,533	82.6%	5.1%	7,244	87.3%	3.9%	3,980	89.7%	3.8%
Asian and Pacific Island languages	67,470	100.0%	3.3%	7,173	100.0%	3.9%	1,431	100.0%	1.4%
Linguistically isolated	20,107	31.5%	1.0%	2,439	34.0%	1.3%	209	14.6%	0.2%
At least one person 14 and over speaks English "very well"	47,363	68.5%	2.2%	4,734	66.0%	2.5%	1,222	85.4%	1.2%
Other languages	20,055	100.0%	1.0%	1,605	100.0%	0.9%	735	100.0%	0.7%
Linguistically isolated	2,624	14.4%	0.1%	114	7.1%	0.1%	-	0.0%	0.0%
At least one person 14 and over speaks English "very well"	17,431	85.6%	0.8%	1,491	92.9%	0.8%	735	228.3%	0.7%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table B16002 (accessed 11/2014)
* No information was available for Salem County

Disability

The Census Bureau defines disability data as information on people who have long-lasting physical, mental, or emotional conditions or limitations that affect their ability to perform major life activities. These estimates exclude people in the military and people in institutions.

People are defined as having a disability if at least one of the following is true:

- They were 5 years or older and responded “yes” to having a sensory, physical, mental, or self-care disability.
- They were 16 years or older and responded “yes” to having a disability affecting their ability to go outside the home.
- They were between 16 and 64 and responded “yes” to have having an employment disability.

The Census does not distinguish between people who have one disability and people who have more than one disability.

We have provided disability data for the nine counties within the Philadelphia Eligible Metropolitan Area, broken out into three age groups and by type of disability (see Tables 1.39 – 1.42). Within the nine-county EMA, 5.9% of 5 – 17 year olds had a disability, 10.3% of 18 – 64 year olds had a disability, and 34.8% of people over 65 had a disability. The most common disabilities among 5 – 17 year olds were cognitive difficulties, while the most common disabilities for 18 – 64 year olds and those over 65 were ambulatory difficulties.

Table 1.39 Disability and Age for the Estimated Civilian Non-institutionalized Population in the Philadelphia Eligible Metropolitan Area, Bucks and Chester Counties, 2013

	Location					
	Philadelphia EMA		Bucks		Chester	
	5,310,166		620,605		501,192	
	n	%	n	%	n	%
5 to 17	880,156	100.0%	103,929	100.0%	90,975	100.0%
With a disability	52,105	5.9%	4,355	4.2%	3,595	4.0%
With a hearing difficulty	6,565	0.7%	514	0.5%	219	0.2%
With a vision difficulty	9,129	1.0%	229	0.2%	484	0.5%
With a cognitive difficulty	39,747	4.5%	3,422	3.3%	2,666	2.9%
With an ambulatory difficulty	6,196	0.7%	422	0.4%	173	0.2%
With a self-care difficulty	9,352	1.1%	704	0.7%	480	0.5%
18 to 64	3,361,373	100.0%	386,172	100.0%	314,094	100.0%
With a disability	346,880	10.3%	30,012	7.8%	19,008	6.1%
With a hearing difficulty	53,403	1.6%	5,415	1.4%	3,240	1.0%
With a vision difficulty	61,742	1.8%	6,154	1.6%	3,001	1.0%
With a cognitive difficulty	159,973	4.8%	13,337	3.5%	8,407	2.7%
With an ambulatory difficulty	176,504	5.3%	15,199	3.9%	7,753	2.5%
With a self-care difficulty	73,766	2.2%	7,585	2.0%	2,808	0.9%
With an independent living difficulty	141,558	4.2%	13,104	3.4%	5,931	1.9%
65 and Above	743,022	100.0%	98,515	100.0%	69,557	100.0%
With a disability	258,423	34.8%	30,397	30.9%	18,784	27.0%
With a hearing difficulty	97,239	13.1%	11,081	11.2%	8,734	12.6%
With a vision difficulty	46,816	6.3%	5,995	6.1%	2,095	3.0%
With a cognitive difficulty	68,497	9.2%	7,932	8.1%	4,257	6.1%
With an ambulatory difficulty	169,021	22.7%	18,573	18.9%	10,469	15.1%
With a self-care difficulty	59,272	8.0%	7,660	7.8%	3,067	4.4%
With an independent living difficulty	121,728	16.4%	14,043	14.3%	7,231	10.4%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table S1810 (accessed 11/2014)

Table 1.40 Disability and Age for the Estimated Civilian Non-institutionalized Population in the Philadelphia Eligible Metropolitan Area, Delaware, Montgomery and Philadelphia Counties, 2013

	Location							
	Philadelphia EMA		Delaware		Montgomery		Philadelphia	
	5,302,801		554,556		798,377		1,538,711	
	n	%	n	%	n	%	n	%
5 to 17	880,156	100.0%	92,086	100.0%	134,127	100.0%	236,091	100.0%
With a disability	52,105	5.9%	5,833	6.3%	4,992	3.7%	20,295	8.6%
With a hearing difficulty	6,565	0.7%	250	0.3%	924	0.7%	3,080	1.3%
With a vision difficulty	9,129	1.0%	1,268	1.4%	791	0.6%	4,091	1.7%
With a cognitive difficulty	39,747	4.5%	4,801	5.2%	3,705	2.8%	15,547	6.6%
With an ambulatory difficulty	6,196	0.7%	1,111	1.2%	432	0.3%	3,056	1.3%
With a self-care difficulty	9,352	1.1%	1,088	1.2%	796	0.6%	3,927	1.7%
18 to 64	3,361,373	100.0%	347,962	100.0%	493,605	100.0%	1,008,271	100.0%
With a disability	346,880	10.3%	32,917	9.5%	37,357	7.6%	139,743	13.9%
With a hearing difficulty	53,403	1.6%	4,047	1.2%	7,243	1.5%	18,851	1.9%
With a vision difficulty	61,742	1.8%	7,055	2.0%	5,885	1.2%	24,912	2.5%
With a cognitive difficulty	159,973	4.8%	13,345	3.8%	16,357	3.3%	69,240	6.9%
With an ambulatory difficulty	176,504	5.3%	16,947	4.9%	16,696	3.4%	75,714	7.5%
With a self-care difficulty	73,766	2.2%	6,370	1.8%	6,688	1.4%	31,831	3.2%
With an independent living difficulty	141,558	4.2%	10,969	3.2%	12,611	2.6%	63,169	6.3%
65 and Above	743,022	100.0%	80,383	100.0%	124,528	100.0%	185,846	100.0%
With a disability	258,423	34.8%	25,184	31.3%	38,538	30.9%	76,398	41.1%
With a hearing difficulty	97,239	13.1%	9,782	12.2%	15,959	12.8%	24,880	13.4%
With a vision difficulty	46,816	6.3%	3,832	4.8%	6,078	4.9%	16,992	9.1%
With a cognitive difficulty	68,497	9.2%	6,657	8.3%	8,888	7.1%	22,651	12.2%
With an ambulatory difficulty	169,021	22.7%	16,295	20.3%	23,288	18.7%	54,281	29.2%
With a self-care difficulty	59,272	8.0%	5,498	6.8%	7,183	5.8%	20,375	11.0%
With an independent living difficulty	121,728	16.4%	12,260	15.3%	17,209	13.8%	40,254	21.7%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table S1810 (accessed 11/2014)

Table 1.41 Disability and Age for the Estimated Civilian Non-institutionalized Population in the Philadelphia Eligible Metropolitan Area, Burlington and Camden Counties, 2013

	Location					
	Philadelphia EMA		Burlington		Camden	
	5,302,801		436,497		507,458	
	n	%	n	%	n	%
5 to 17	880,156	100.0%	73,839	100.0%	87,585	100.0%
With a disability	52,105	5.9%	3,535	4.8%	5,875	6.7%
With a hearing difficulty	6,565	0.7%	419	0.6%	574	0.7%
With a vision difficulty	9,129	1.0%	535	0.7%	1,186	1.4%
With a cognitive difficulty	39,747	4.5%	2,505	3.4%	4,508	5.1%
With an ambulatory difficulty	6,196	0.7%	212	0.3%	416	0.5%
With a self-care difficulty	9,352	1.1%	655	0.9%	1,133	1.3%
18 to 64	3,361,373	100.0%	271,626	100.0%	317,867	100.0%
With a disability	346,880	10.3%	23,140	8.5%	37,548	11.8%
With a hearing difficulty	53,403	1.6%	3,351	1.2%	5,414	1.7%
With a vision difficulty	61,742	1.8%	3,481	1.3%	7,258	2.3%
With a cognitive difficulty	159,973	4.8%	11,241	4.1%	17,058	5.4%
With an ambulatory difficulty	176,504	5.3%	11,561	4.3%	18,889	5.9%
With a self-care difficulty	73,766	2.2%	5,043	1.9%	8,582	2.7%
With an independent living difficulty	141,558	4.2%	10,261	3.8%	14,775	4.6%
65 and Above	743,022	100.0%	66,333	100.0%	69,217	100.0%
With a disability	258,423	34.8%	21,558	32.5%	28,457	41.1%
With a hearing difficulty	97,239	13.1%	8,540	12.9%	10,495	15.2%
With a vision difficulty	46,816	6.3%	2,745	4.1%	5,896	8.5%
With a cognitive difficulty	68,497	9.2%	4,540	6.8%	8,553	12.4%
With an ambulatory difficulty	169,021	22.7%	13,588	20.5%	19,759	28.5%
With a self-care difficulty	59,272	8.0%	3,721	5.6%	6,973	10.1%
With an independent living difficulty	121,728	16.4%	7,911	11.9%	14,585	21.1%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table S1810 (accessed 11/2014)

Table 1.42 Disability and Age for the Estimated Civilian Non-institutionalized Population in the Philadelphia Eligible Metropolitan Area, Gloucester and Salem Counties, 2013

	Location					
	Philadelphia EMA		Gloucester		Salem	
	5,302,801		288,716		64,054	
	n	%	n	%	n	%
5 to 17	880,156	100.0%	51,000	100.0%	10,524	100.0%
With a disability	52,105	5.9%	3,265	6.4%	360	3.4%
With a hearing difficulty	6,565	0.7%	544	1.1%	41	0.4%
With a vision difficulty	9,129	1.0%	447	0.9%	98	0.9%
With a cognitive difficulty	39,747	4.5%	2,325	4.6%	268	2.5%
With an ambulatory difficulty	6,196	0.7%	374	0.7%	-	0.0%
With a self-care difficulty	9,352	1.1%	569	1.1%	-	0.0%
18 to 64	3,361,373	100.0%	182,334	100.0%	39,442	100.0%
With a disability	346,880	10.3%	20,987	11.5%	6,168	15.6%
With a hearing difficulty	53,403	1.6%	4,037	2.2%	1,805	4.6%
With a vision difficulty	61,742	1.8%	3,153	1.7%	843	2.1%
With a cognitive difficulty	159,973	4.8%	9,089	5.0%	1,899	4.8%
With an ambulatory difficulty	176,504	5.3%	10,693	5.9%	3,052	7.7%
With a self-care difficulty	73,766	2.2%	4,027	2.2%	832	2.1%
With an independent living difficulty	141,558	4.2%	9,066	5.0%	1,672	4.2%
65 and Above	743,022	100.0%	38,697	100.0%	9,946	100.0%
With a disability	258,423	34.8%	14,978	38.7%	4,129	41.5%
With a hearing difficulty	97,239	13.1%	5,966	15.4%	1,802	18.1%
With a vision difficulty	46,816	6.3%	2,506	6.5%	677	6.8%
With a cognitive difficulty	68,497	9.2%	3,646	9.4%	1,373	13.8%
With an ambulatory difficulty	169,021	22.7%	10,160	26.3%	2,608	26.2%
With a self-care difficulty	59,272	8.0%	3,957	10.2%	838	8.4%
With an independent living difficulty	121,728	16.4%	6,715	17.4%	1,520	15.3%

United States Census Bureau, American Community Survey 2013 1-year estimates - Table S1810 (accessed 11/2014)

Teen Pregnancy

We have included information on teen pregnancy from three sources: the Census Bureau's American Community Survey, the Pennsylvania Department of Health, and the New Jersey Department of Health and Human Services. Table 1.43 includes data regarding live births to mothers between the ages of 15 and 19, including the percentage of mothers who were unmarried at the time of the birth.

Table 1.43 Women 15 to 19 Years Old Who Had a Birth in the Past 12 Months, Pennsylvania, New Jersey and Philadelphia Eligible Metropolitan Area (Estimated Totals and Percentages), 2013

	Births	Percent Unmarried
Location	n	
Pennsylvania	7,987	94.2%
Bucks	41	100.0%
Chester	108	81.5%
Delaware	199	100.0%
Montgomery	103	68.0%
Philadelphia	2,758	96.6%
New Jersey	2,318	91.2%
Burlington	87	100.0%
Camden	111	100.0%
Gloucester	12	100.0%
Salem	-	-

United States Census Bureau, American Community Survey 2013 1-year estimates - Table S1301 (accessed 11/2014)

The next table, 1.44, includes data on live births to teen mothers in New Jersey, and on both reported pregnancies and live births to teen mothers in Pennsylvania. The most recent information available was from 2012 in Pennsylvania and 2011 in New Jersey. Teen pregnancies and births were generally on the decline in Pennsylvania from 2010 to 2012; the same is true for live births to teen mothers in New Jersey from 2010 to 2011.

Table 1.44 Teen Pregnancies and or Live Births for Pennsylvania and New Jersey Counties, 2007-2012

	2007		2008		2009		2010		2011		2012	
	Reprt Preg	Live Births	Reprt Preg	Live Births	Reprt Preg	Live Births	Reprt Preg	Live Births	Reprt Preg	Live Births	Reprt Preg	Live Births
	n	n	n	n	n	n	n	n	n	n	n	n
Bucks												
Under 15	4	2	5	1	4	3	8	1	*	1	*	3
15-17	120	56	127	66	123	64	106	60	94	51	71	39
18-19	385	207	358	219	336	193	262	169	257	164	225	129
Chester												
Under 15	8	5	8	3	7	2	4	1	*	1	*	5
15-17	127	83	106	74	112	69	121	79	104	66	90	50
18-19	279	169	330	195	309	184	259	156	247	156	215	131
Delaware												
Under 15	22	10	30	16	21	8	20	11	*	2	*	5
15-17	379	179	301	176	324	205	232	150	202	118	181	98
18-19	550	321	584	337	474	280	514	318	468	305	411	249
Montgomery												
Under 15	8	4	13	8	14	6	7	3	*	6	*	4
15-17	183	111	205	107	199	130	173	101	149	85	127	61
18-19	480	281	469	267	458	258	397	242	364	184	343	196
Philadelphia												
Under 15	179	68	209	63	158	53	161	60	*	49	*	37
15-17	2,241	1,305	2,187	1,232	2,039	1,128	1,825	1,017	1,556	872	1,312	762
18-19	3,940	2,315	4,044	2,230	3,704	2,142	3,613	1,995	3,246	1,849	2,992	1,743
Burlington												
Under 15	*	*	*	3	*	3	*	*	*	*	*	*
15-17	*	80	*	66	*	62	*	61	*	59	*	*
18-19	*	186	*	176	*	180	*	157	*	135	*	*
Camden												
Under 15	*	*	*	10	*	5	*	*	*	*	*	*
15-17	*	237	*	230	*	219	*	181	*	175	*	*
18-19	*	501	*	425	*	451	*	432	*	276	*	*
Gloucester												
Under 15	*	*	*	*	*	1	*	*	*	*	*	*
15-17	*	42	*	39	*	41	*	46	*	38	*	*
18-19	*	145	*	135	*	126	*	124	*	117	*	*
Salem												
Under 15	*	*	*	2	*	*	*	*	*	*	*	*
15-17	*	28	*	34	*	21	*	28	*	26	*	*
18-19	*	62	*	81	*	55	*	61	*	56	*	*

Pennsylvania Department of Health, Division of Health Statistics (accessed 06/2015) & New Jersey Department of Health and Senior Services, Center for Health Statistics (accessed 11/2014)

*Not reported or data not yet available at county level

Causes of Death

The following tables contain data on causes of death by county within the nine-county Philadelphia Eligible Metropolitan area. The most recent data available were from 2011, and varied by state. In the Pennsylvania counties, we were able to break out causes of death by age groups. In 2011, the most common cause of death for children under the age of 5 was perinatal conditions across all Pennsylvania counties (see Tables 1.45 – 1.46). The leading cause of death among 5 – 24 year olds in the Pennsylvania counties was accidents, with the exception of Philadelphia, where over half the deaths within this age group were due to homicide. For those aged 25 – 44, accidents were the leading cause of death in the Pennsylvania counties. Across all Pennsylvania counties, cancer was the leading cause of death among 45 – 64 year olds, and heart disease was the leading cause of death among those 65 and older.

In 2011, heart disease was the leading cause of death in Burlington and Camden Counties. Cancer was the most common cause of death in Gloucester County. In Salem County, heart disease and cancer caused the same number of deaths (see Table 1.47). The following table includes information on total deaths by race/ethnicity, age, and gender in the New Jersey counties (see Table 1.48).

Table 1.45 Leading Causes of Death* and Ranking by Age for Bucks, Chester and Delaware Counties, 2011

	Location								
	Bucks			Chester			Delaware		
	n	Ranking	%*	n	Ranking	%	n	Ranking	%
Age									
Under 5 Years of Age									
Accidents	2	4	5.7%	2	4	6.1%			
Assault (Homicide)									
Birth Defects	4	3	11.4%	6	3	18.2%	4	3	7.5%
Cancer									
Diseases of the Heart									
Perinatal Conditions	22	1	62.9%	18	1	54.5%	31	1	58.5%
Other	5	2	14.3%	7	2	21.2%	10	2	18.9%
Total Deaths**	**35**			**33**			**53**		
5 to 24 Years of Age									
Accidents	27	1	40.9%	26	1	44.1%	31	1	46.3%
Assault (Homicide)				2	4	3.4%	13	2	19.4%
Birth Defects									
Cancer	4	4	6.1%	5	3	8.5%	3	5	4.5%
Diseases of the Heart	5	3	7.6%						
Thrombosis/Embolism									
Suicide	13	2	19.7%	17	2	28.8%	5	4	7.5%
Other	4	4	6.1%	5	3	8.5%	11	3	16.4%
Total Deaths	**66**			**59**			**67**		
25 to 44 Years of Age									
Accidents	70	1	37.8%	38	1	30.6%	67	1	33.2%
Assault (Homicide)							17	5	8.4%
Cancer	20	4	10.8%	21	2	16.9%	24	3	11.9%
Diabetes Mellitus									
Diseases of the Heart	15	5	8.1%	18	3	14.5%			
Liver Dis./Cirrhosis									
Stroke									
Suicide	26	3	14.1%	16	4	12.9%	22	4	10.9%
Other	33	2	17.8%	11	5	8.9%	34	2	16.8%
Total Deaths	**185**			**124**			**202**		
45 to 64 Years of Age									
Accidents	73	4	7.9%	56	4	9.0%	84	4	8.9%
Chronic Lower Respiratory Disease									
Cancer	321	1	34.9%	246	1	39.6%	299	1	31.8%
Diabetes Mellitus									
Diseases of the Heart	131	3	14.3%	98	2	15.8%	208	2	22.2%
Liver Dis./Cirrhosis							34	5	3.6%
Stroke				22	5	3.5%			
Suicide	37	5	4.0%						
Other	174	2	18.9%	77	3	12.4%	140	3	14.9%
Total Deaths	**919**			**621**			**939**		
65 Years and Older									
Alzheimer's Disease							85	5	2.1%
Chronic Lower Respiratory Disease	257	5	6.1%	127	5	4.5%	255	4	6.2%
Cancer	924	2	21.8%	584	3	20.7%	921	2	22.4%
Diabetes Mellitus									
Diseases of the Heart	1,045	1	24.6%	820	1	29.1%	1,126	1	27.4%
Stroke	261	4	6.1%	158	4	5.6%	255	4	6.2%
Other	884	3	20.8%	620	2	22.0%	804	3	19.5%
Total Deaths	**4,244**			**2,818**			**4,117**		
County Total	**5,449**			**3,655**			**5,378**		

Pennsylvania Department of Health, Division of Health Statistics (accessed 2013)

*Percentage is calculated on the total deaths by each age category and county

**Total includes all other causes. Rows for influenza/pneumonia, HIV disease, and septicemia were removed in this edition, as values equaled zero in all age groups in all Pennsylvania counties within the nine-county EMA.

Table 1.46 Leading Causes of Death* and Ranking by Age for Montgomery and Philadelphia Counties, 2011

	Location					
	Montgomery			Philadelphia		
	n	Ranking	%	n	Ranking	%
Age						
Under 5 Years of Age						
Accidents	2	4	4.44%	19	4	7.79%
Assault (Homicide)				6	5	2.46%
Birth Defects	8	2	17.78%	35	3	14.34%
Cancer						
Diseases of the Heart						
Perinatal Conditions	25	1	55.56%	114	1	46.72%
Other	5	3	11.11%	57	2	23.36%
Total Deaths**	**45**			**244**		
5 to 24 Years of Age						
Accidents	28	1	46.67%	54	2	19.42%
Assault (Homicide)	8	4	13.33%	141	1	50.72%
Birth Defects						
Cancer	7	5	11.67%	17	4	6.12%
Diseases of the Heart						
Other Neoplasms						
Stroke						
Suicide	10	2	16.67%	14	5	5.04%
Other	9	3	15.00%	20	3	7.19%
Total Deaths	**60**			**278**		
25 to 44 Years of Age						
Accidents	58	1	29.15%	240	1	27.18%
Assault (Homicide)				135	2	15.29%
Cancer	34	2	17.09%	101	5	11.44%
Diabetes Mellitus	3	5	1.51%			
Diseases of the Heart	16	4	8.04%	107	4	12.12%
Liver Dis./Cirrhosis						
Stroke						
Suicide	29	3	14.57%			
Other	34	2	17.09%	113	3	12.80%
Total Deaths	**199**			**883**		
45 to 64 Years of Age						
Accidents	81	4	7.63%	288	4	8.10%
Chronic Lower Respiratory Disease						
Cancer	395	1	37.23%	1,015	1	28.54%
Diabetes Mellitus						
Diseases of the Heart	171	2	16.12%	817	3	22.98%
Liver Dis./Cirrhosis						
Stroke				138	5	3.88%
Suicide	62	5	5.84%			
Other	151	3	14.23%	472	2	13.27%
Total Deaths	**1,061**			**3,556**		
65 Years and Older						
Alzheimer's Disease						
Chronic Lower Respiratory Disease	319	5	5.50%	496	5	5.20%
Cancer	1,268	3	21.87%	2,227	2	23.36%
Diabetes Mellitus						
Diseases of the Heart	1,414	1	24.38%	2,653	1	27.83%
Nephritis/Nephrosis						
Stroke	408	4	7.04%	624	4	6.55%
Other	1,287	2	22.19%	1,725	3	18.10%
Total Deaths	**5,799**			**9,532**		
County Total	**7,164**			**14,493**		

Pennsylvania Department of Health, Division of Health Statistics (accessed 2013)

*Percentage is calculated on the total deaths by each age category and county

**Total includes all other causes. Rows for influenza/pneumonia, HIV disease, and septicemia were removed in this edition, as values equaled zero in all age groups in all Pennsylvania counties within the nine-county EMA.

Table 1.47 Leading Causes of Death for Burlington, Camden, Gloucester and Salem Counties (Crude Rates Computed per 100,000 Estimated County Population), 2011

	Location							
	Burlington		Camden		Gloucester		Salem	
Underlying Cause of Death	n	Crude Rate	n	Crude Rate	n	Crude Rate	n	Crude Rate
Accidents	171	37.9	236	45.9	117	40.4	34	51.5
Alzheimer's Disease	100	22.2	39	7.6	23	8.0	<20	**
Assault (Homicide)	<20	**	54	10.5	<20	**	<20	**
Atherosclerosis	<20	**	<20	**	21	7.3	<20	**
Cancer	901	199.9	1,030	200.5	592	204.5	165	249.8
Chronic Lower Respiratory Disease	167	37.0	197	38.4	124	42.8	38	57.5
Diabetes	96	21.3	133	25.9	65	22.5	34	51.5
Heart Disease	908	201.4	1,130	220.0	524	181.0	165	249.8
HIV Disease	<20	**	20	3.9	<20	**	<20	**
Influenza and Pneumonia	60	13.3	76	14.8	42	14.5	28	42.4
Kidney Disease/Nephritis	82	18.2	75	14.6	49	16.9	20	30.3
Septicemia	85	18.9	92	17.9	46	15.9	<20	**
Stroke	201	44.6	191	37.2	110	38.0	52	78.7
Suicide	35	7.8	53	10.3	29	10.0	<20	**
County Total	3,732	828.0	4,419	860.3	2,326	803.6	738	1,117.2

New Jersey Department of Health and Senior Services, Center for Health Statistics (accessed 2013)
**Figure does not meet standards of reliability or precision; based on fewer than 20 cases in the numerator and/or denominator.

Table 1.48 Deaths by Gender, Race/Ethnicity, and Age for Burlington, Camden, Gloucester and Salem Counties (Crude Rates Computed per 100,000 Estimated County Population), 2011

	Location							
	Burlington		Camden		Gloucester		Salem	
	n	Crude Rate	n	Crude Rate	n	Crude Rate	n	Crude Rate
Male	1,819	821.5	2,173	875.9	1,132	805.7	364	1,127.8
Female	1,913	834.2	2,245	845.3	1,194	801.7	374	1,107.0
White (non-Hispanic)	3,065	967.5	3,281	1,069.0	2,070	886.1	610	1,209.6
Black (non-Hispanic)	504	697.6	799	841.7	203	715.5	109	1,203.6
Hispanic (all races)	77	251.2	251	332.0	29	200.8	<20	**
Asian/Pacific Islander (non-Hispanic)	64	312.1	65	239.2	<20	**	<20	**
<5	22	86.4	71	213.1	22	128.6	<20	**
5 to 14	<20	**	<20	**	<20	**	<20	**
15 to 24	29	50.5	65	95.5	30	75.6	<20	**
25 to 34	50	94.5	86	126.1	31	92.4	<20	**
35 to 44	75	124.7	142	210.1	58	146.4	22	272.3
45 to 54	256	340.8	366	471.7	186	396.5	48	463.7
55 to 64	406	701.9	580	911.0	260	715.4	105	1,147.5
65 to 74	554	1,653.1	654	1,877.3	390	1,945.4	121	2,250.7
75 to 84	1,026	4,894.1	1,023	4,793.4	627	5,399.6	186	5,886.1
85+	1,307	14,290.4	1,422	13,588.2	718	14,322.8	222	13,462.7

New Jersey Department of Health and Senior Services, Center for Health Statistics (accessed 2013)

**Figure does not meet standards of reliability or precision; based on fewer than 20 cases in the numerator and/or denominator

Tuberculosis

The final portion of this section on the sociodemographic characteristics of the Philadelphia area pertains to tuberculosis. The geographic area for this information deviates slightly from other data within this section; the Centers for Disease Control and Prevention (CDC) only provide detailed metropolitan area tuberculosis figures at the Metropolitan Statistical Area (MSA), which includes two additional counties – New Castle County in Delaware and Cecil County in Maryland. We have included MSA-level data as well as city-, state-, and national-level data from the CDC.

In 2013, the case rate for Philadelphia remained above the national average, while the case rate for the whole Philadelphia MSA remained below the national average. While case rates have been on the decline nationally, they have fluctuated in New Jersey, Pennsylvania, the Philadelphia MSA, and the City of Philadelphia (see Table 1.49). We have also included tuberculosis cases by race/ethnicity at the MSA level (see Table 1.50); as with the two years before, the greatest number of cases was found among Asians/Pacific Islanders, followed by non-Hispanic Blacks.

Table 1.49 Tuberculosis Cases and Case Rates* per 100,000 Population: United States, New Jersey, Pennsylvania, Philadelphia Metropolitan Statistical Area and Philadelphia, 2008-2013

	Year											
	2008		2009		2010		2011		2012		2013	
	n	Case Rate	n	Case Rate	n	Case Rate	n	Case Rate	n	Case Rate	n	Case Rate
United States	12,906	3.8	11,545	4.2	11,182	3.6	10,528	3.4	9,940	3.2	9,582	3.0
New Jersey	405	4.7	422	4.9	405	4.6	331	3.8	302	3.4	319	3.6
Pennsylvania	387	3.1	236	1.9	238	1.9	260	2.0	234	1.8	214	1.7
Philadelphia-MSA	287	4.8	195	3.3	202	3.4	196	3.3	180	3.0	158	2.6
Philadelphia	162	*	96	3.3	93	3.4	101	6.6	86	5.6	89	5.7

Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination (accessed 12/2014)
* Denominators for rates were based on the Census Bureau Annual Population Estimates
**Philadelphia MSA includes PA-NJ-DE-MD

Table 1.50 Tuberculosis Cases by Race/Ethnicity: Philadelphia Metropolitan Statistical Area* 2008-2013

	Year					
	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
White, non-Hispanic	37	30	18	26	26	24
Black, non-Hispanic	122	67	80	59	59	55
Hispanic	26	37	23	34	21	18
American Indian or Alaska Native	0	0	0	0	0	0
Asian or Pacific Islander	100	58	80	75	71	61
Unknown or Missing	0	1	1	2	0	0
Total	285	195	202	196	180	158

Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination (accessed 12/2014)
* Denominators for rates were based on the Census Bureau Annual Population Estimates
**Philadelphia MSA includes PA-NJ-DE-MD

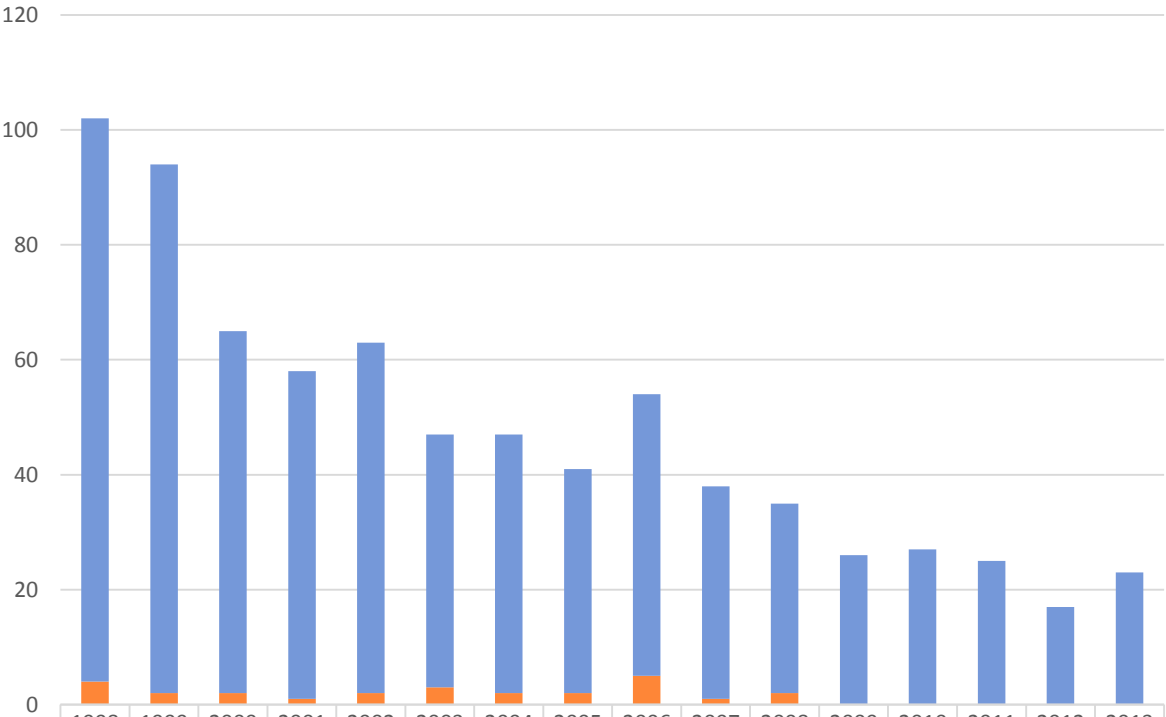
Limited tuberculosis data were also available by county from the Pennsylvania Department of Health and the New Jersey Department of Health and Senior Services (see Table 1.51). Pennsylvania data were not available for 2013.

Table 1.51 Tuberculosis Cases and Case Rates* per 100,000 for Philadelphia Eligible Metropolitan Area Counties 2010-2013

	Year							
	2010		2011		2012		2013	
	n	Rate	n	Rate	n	Rate	n	Rate
Burlington	15	3.3	10	2.2	12	2.7	7	1.6
Camden	10	1.9	12	2.3	10	2.0	15	2.9
Gloucester	7	2.4	4	2.4	0	0.0	1	0.0
Salem	3	4.5	0	0	1	1.5	0	0.0
Bucks	12	1.9	8	1.3	10	1.6	*	*
Chester	9	1.2	8	1.6	7	*	*	*
Delaware	16	2.9	23	4.1	14	2.5	*	*
Montgomery	19	2.4	17	2.1	19	2.4	*	*
Philadelphia	96	6.3	101	6.6	86	5.6	89	5.7

Centers for Disease Control, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination (accessed 12/2014), New Jersey Department of Health and Senior Services for Health Statistics (accessed 12/2014), Pennsylvania Department of Health Epidemiologic Query Mapping System (accessed 06/2015)
* Data not available at time of update

Figure 1.8 Tuberculosis and HIV Co-infections for the State of New Jersey and the Four EMA Counties, 1998-2013



	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
TB & HIV in NJ	98	92	63	57	61	44	45	39	49	37	33	26	27	25	17	23
Four EMA Counties	4	2	2	1	2	3	2	2	5	1	2	0				

New Jersey Department of Health and Senior Services for Health Statistics (accessed 12/2014)

The final figure in this section displays HIV and tuberculosis co-infections for the entire state of New Jersey, as well as the four New Jersey counties within the Philadelphia EMA (see Figure 1.8). There were 23 new co-infections in 2013, an increase over 2012.

This page was intentionally left blank

Section II: Indicators of Risk for HIV/AIDS Infection in the Philadelphia Eligible Metropolitan Area

This page was intentionally left blank

Section II: Indicators of Risk for HIV/AIDS Infection in the Philadelphia Eligible Metropolitan Area

This section contains a broad overview of risk behaviors for the general population of the City of Philadelphia, as well as the other eight counties in the Philadelphia Eligible Metropolitan Area. This includes Bucks, Chester, Delaware, and Montgomery Counties in Pennsylvania, and Burlington, Camden, Gloucester, and Salem Counties in New Jersey. We have also provided some data at the state level. This section includes data on risk behaviors for both adults and students, sexual education, drug and alcohol use, arrests for drug sale/possession, HIV testing, and sexually transmitted diseases. Data sources vary throughout the section. All STD data were provided by local or state health departments.

Summary

Behavioral Risk

The data in this portion of Section II come from two CDC sources: the Behavioral Risk Factor Surveillance System (BRFSS), and the Youth Risk Behavior Survey (YRBS). We have included BRFSS data related to alcohol consumption, binge drinking, HIV testing, and risky behaviors among adults. We have also provided demographic information about BRFSS respondents.

The Youth Risk Behavior Survey (YRBS) monitors risk behaviors among high school students. We have included data for the state of New Jersey and for Philadelphia for 2013. Pennsylvania has not participated in the national YRBS since 2009. We have included YRBS data on drug and alcohol use, sexual behaviors, and forced sexual intercourse. Again, we have included demographic information about YRBS respondents.

School Health Profiles

This table provides information on health and sexual education provided in secondary schools, and is based on a survey that the CDC conducted among principals and health education teachers across the United States.

Substance Use

We have provided data on substance use from several sources. The first is the Substance Abuse and Mental Health Services Administration (SAMHSA)'s Treatment Episode Data Set – Admissions (TEDS-A), which provides information on people entering treatment for substance abuse. These tables include data on primary substance, method of substance use, and drug use frequency. We have included general demographic data for people included in this dataset.

The next three tables are taken from SAMHSA's National Survey on Drug Use and Health (NSDUH), which provides state-level estimates on drug use and mental health issues. These tables include estimates for the number of people who needed but did not get substance abuse treatment, the number of adults who had serious mental illness in the past year, and the number of people who had at least one major depressive incident in the past year.

The final set of tables in this portion come from the Federal Bureau of Investigation (FBI)'s Uniform Crime Reporting (UCR) system. These two tables include data on arrests for drug sale/manufacturing, drug possession, and prostitution and commercialized vice. They include arrests for the five counties in Southeastern Pennsylvania.

Sexually Transmitted Diseases

We have included data on sexually transmitted diseases throughout the nine-county Philadelphia area. Since this information was provided by individual health departments rather than a national reporting system, age, race/ethnicity, and other categories may vary across areas. We have also included maps of race/ethnicity by health district for the City of Philadelphia; this is meant to provide additional context to the STD data that we have included at the health district level. These tables include information on chlamydia, gonorrhea, and syphilis. HIV/AIDS data will be found in the next section of this profile.

Behavioral Risk Factor Surveillance System Survey, 2012

The CDC and the states partner in the Behavioral Risk Factor Surveillance System (BRFSS), which has been used to measure adult risk behaviors since 1984. This system uses a telephone-based survey, conducted by health departments. The survey has included both landline and cell phones since 2011, and the questions are primarily about risk behaviors (including alcohol consumption), chronic diseases, and preventative health behaviors.

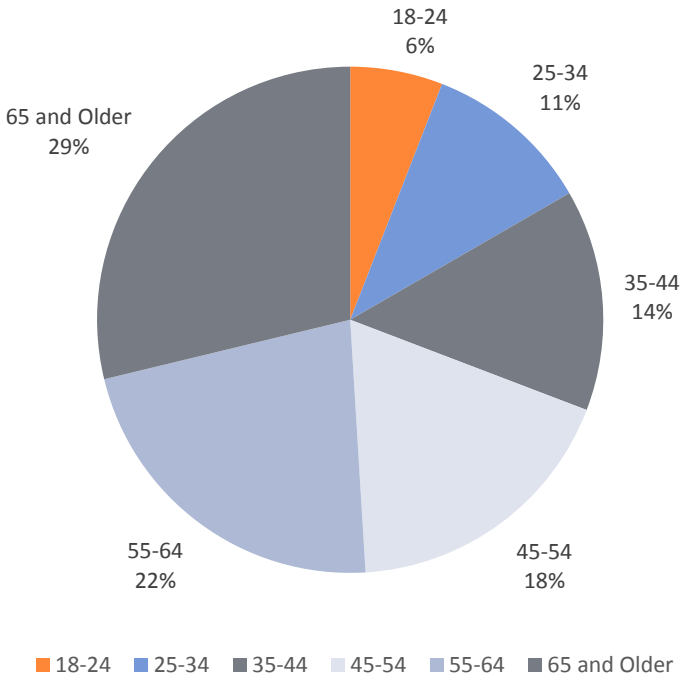
In this section, we have provided data on BRFSS respondents, and on their alcohol consumption, HIV testing behaviors, and health insurance status for 2012. While there was a more recent version of the BRFSS at the time of analysis, these data were only available at the state level. The BRFSS sample area included in this edition of this epidemiological profile differs from the previous edition; last year's profile included data for only the five counties in Southeastern Pennsylvania, while this year's profile contains data for most of the Philadelphia Eligible Metropolitan Area – all counties except Salem County.

We grouped and analyzed the data using IBM SPSS Statistics, Version 22. There are several limitations to the BRFSS. The BRFSS survey is only administered in English, so people who do not speak English are not included in the survey. Also, this is a telephone-based survey, and consequently excludes anyone without a phone. (However, the CDC does use post-stratification weights to address this limitation.) For more information on BRFSS and its limitations, visit the CDC's BRFSS user guide.

Demographics, Philadelphia Area BRFSS Survey, 2012

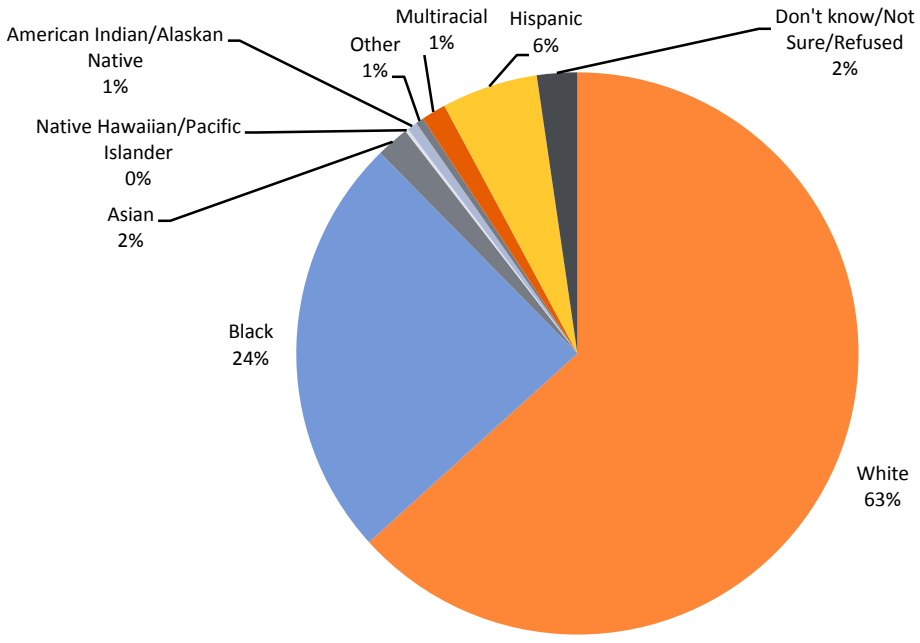
There were 4,448 respondents in the BRFSS survey for the eight-county Philadelphia area. We have provided some demographic information on these respondents. Figure 2.1 shows the age groups for respondents, which skewed older than the general population (for comparison, see Tables 1.5 and 1.7 for EMA-wide age breakdowns). As seen in Figure 2.2, race and ethnicity for survey respondents was similar to the racial and ethnic breakdown of the general population of the EMA (although Blacks were slightly oversampled, while Asians and Hispanics were undersampled – for comparison, see Table 1.1 for an EMA-wide race/ethnicity breakdown). Figures 2.3 – 2.5 describe education level, employment status, and income for BRFSS respondents.

Figure 2.1 Age Groups in BRFSS for the Philadelphia EMA, 2012 (n=4,448)



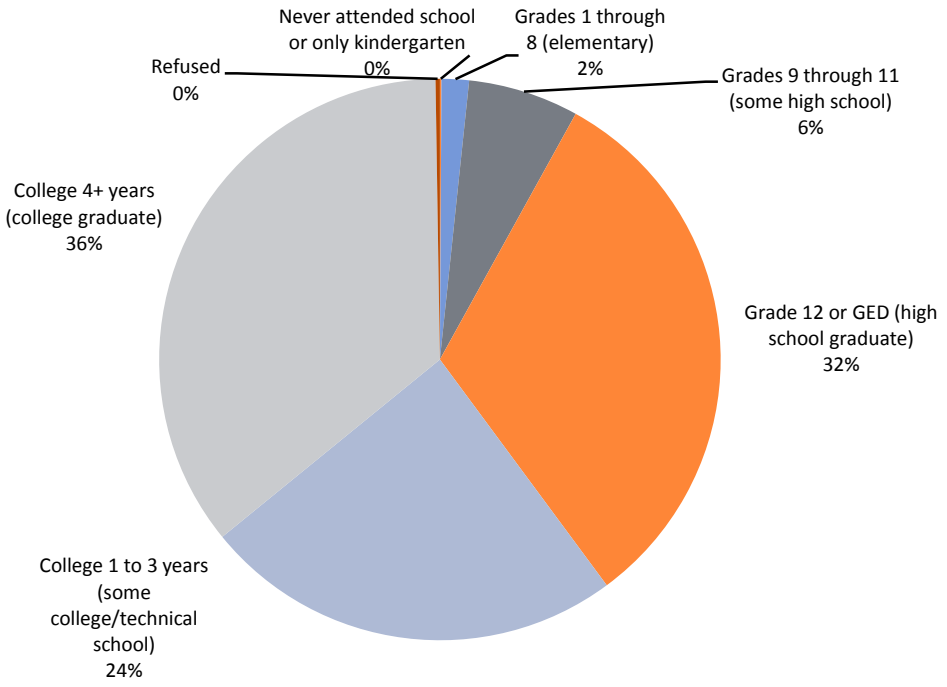
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)

Figure 2.2 Race Groups in BRFSS for the Philadelphia EMA, 2012 (n=4,448)



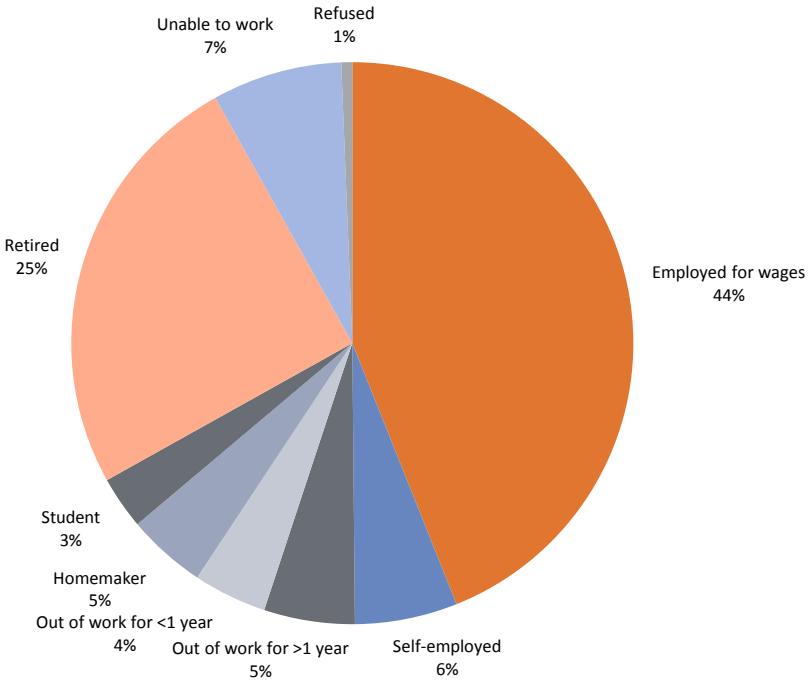
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)

Figure 2.3 Education in BRFSS for the Philadelphia EMA, 2012 (n=4,442)



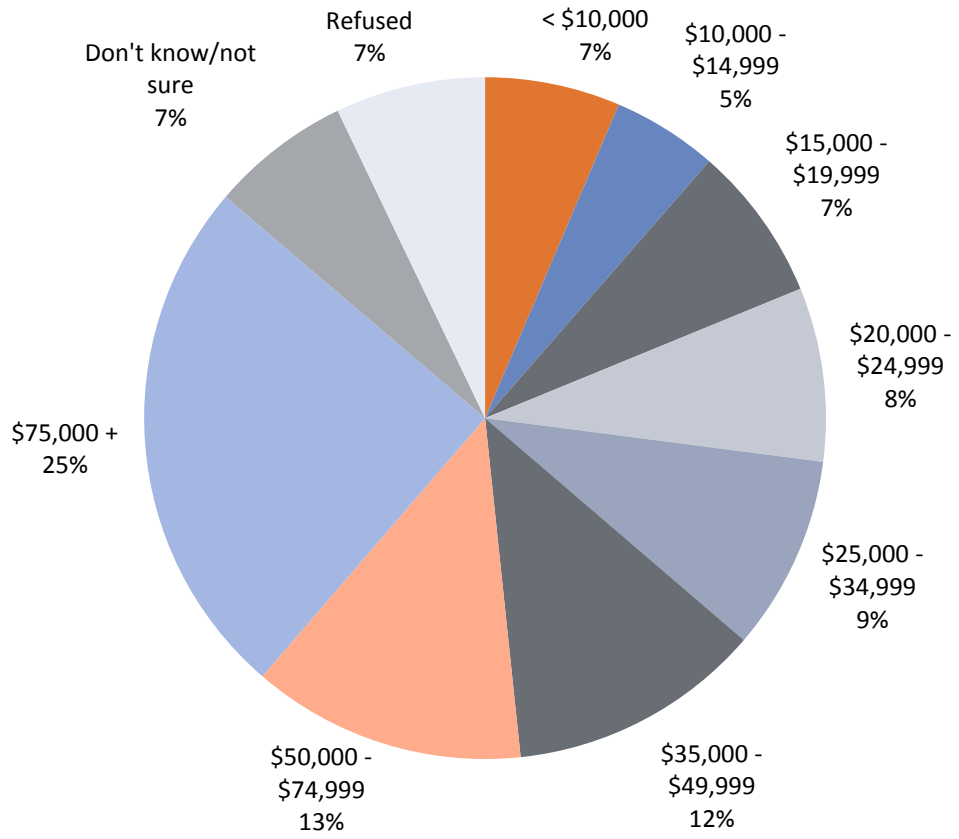
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)

Figure 2.4 Employment in BRFSS for the Philadelphia EMA, 2012 (n=4,441)



Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)

Figure 2.5 Income in BRFSS for the Philadelphia EMA, 2012 (n=4,440)



Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)

Risk Behaviors, Philadelphia Area BRFSS Survey, 2012

The first set of tables from the BRFSS relate to alcohol consumption. We have included tables regarding the average number of days that respondents drank in the past month, the average number of drinks per session, and the number of times respondents binge drank in the past month. The exact questions that were asked by those administering the survey are included below the tables. We have also provided information on the characteristics of "heavy drinkers".

In BRFSS tables that refer to race/ethnicity, all race categories exclude people who identified Hispanic origin; the "Hispanic" category includes Hispanics of all races. Anyone who identified as more than one race and non-Hispanic is included in the "multiracial" category.

Overall, 45% of respondents reported having no drinks within the past 30 days, and 25% of respondents drank 1 to 5 days in the past 30 days (see Table 2.1). By contrast, 37% of males and 50% of women reported not drinking in the past 30 days, and 23% of males and 26% of women reported having drinks on 1 to 5 days in the past 30 days (see Table 2.2). The percentage of people who had no drinks in the past 30 days increased as age increased; 34% of 18 – 24 year olds reported no drinks, while 57% of people 65 and older reported not drinking in the past 30 days (see Table 2.3).

A significant majority of people in each race/ethnicity group had an average of 1 to 3 drinks on days on which they drank (see Table 2.4). The only exception was the American Indian/Alaska Native category; however, there were only 10 respondents in this category. While there were fewer male than female respondents who drank in the past 30 days, the average number of drinks was higher among men. 7% of females had an average of 4 to 15+ drinks on days when they drank, while 19% of men had an average of 4 to 15+ drinks on days when they drank (see Table 2.5). Table 2.6 displays information on average number of drinks by age group.

Table 2.1 Days in the Past 30 at Least 1 Alcoholic Beverage was Consumed by Race/Ethnicity, BRFSS Respondents in the Philadelphia EMA, 2012 (n=4,338)

	1 to 3 Days/ Week	4 to 7 Days/ Week	1 to 5 Days/ Month	6 to 9 Days/ Month	10 to 15 Days/ Month	16 to 19 Days/ Month	20 to 30 Days/ Month	Don't Know/ Not Sure	No Drinks	Refused	**Total**
	n	n	n	n	n	n	n	n	n	n	n
Race/Ethnicity											
White	378	141	716	114	143	4	186	18	1,046	11	2,757
Black	100	20	241	14	31	0	19	6	616	6	1,053
Asian	5	2	20	3	2	0	1	0	48	0	81
Native Hawaiian/ Pacific Islander	0	0	1	0	0	0	1	0	6	0	8
American Indian/ Alaskan Native	1	0	6	0	0	0	0	0	18	1	26
Other race	3	2	4	1	0	0	0	0	10	0	20
Multiracial	9	1	12	1	2	0	1	1	36	0	63
Hispanic	23	7	61	3	7	1	7	4	124	0	237
Don't know/ Not sure/ Refused	4	0	22	1	3	0	6	2	54	1	93
Total	523	173	1,083	137	188	5	221	31	1,958	19	4,338

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?"

Table 2.2 Days in the Past 30 at Least 1 Alcoholic Beverage was Consumed by Sex, BRFSS Respondents in the Philadelphia EMA, 2012 (n=4,338)

	1 to 3 Days/ Week	4 to 7 Days/ Week	1 to 5 Days/ Month	6 to 9 Days/ Month	10 to 15 Days/ Month	16 to 19 Days/ Month	20 to 30 Days/ Month	Don't Know/ Not Sure	No Drinks	Refused	Total
	n	n	n	n	n	n	n	n	n	n	n
Sex											
Male	246	109	387	64	100	2	129	8	623	6	1,674
Female	277	64	696	73	88	3	92	23	1,335	13	2,664
Total	523	173	1,083	137	188	5	221	31	1,958	19	4,338

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?"

Table 2.3 Days in the Past 30 at Least 1 Alcoholic Beverage was Consumed by Age, BRFSS Respondents in the Philadelphia EMA, 2012 (n=4,288)

	1 to 3 Days/ Week	4 to 7 Days/ Week	1 to 5 Days/ Month	6 to 9 Days/ Month	10 to 15 Days/ Month	16 to 19 Days/ Month	20 to 30 Days/ Month	Don't Know/ Unsure	No Drinks	Refused	Total
	n	n	n	n	n	n	n	n	n	n	n
Age											
18 to 24	40	5	78	10	18	0	12	3	85	1	252
25 to 34	82	13	125	26	37	3	12	3	160	0	461
35 to 44	88	15	180	19	30	2	26	5	241	5	611
45 to 54	104	35	218	29	30	0	32	2	336	5	791
55 to 64	104	41	242	34	37	0	56	7	398	3	922
65 and Over	102	64	227	17	34	0	83	10	709	5	1,251
Total	520	173	1,070	135	186	5	221	30	1,929	19	4,288

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?"

Table 2.4 Average Number of Drinks Consumed per Day in the Past 30 Days by Race/Ethnicity, BRFSS Respondents in the Philadelphia EMA, 2012 (n=3,563)

	Drinks						
	1 to 3	4 to 6	7 to 9	10 to 15	More than 15	Don't Know/ Unsure	Total
	n	n	n	n	n	n	n
Race/Ethnicity							
White	1,429	152	18	31	7	36	1,673
Black	358	33	5	6	0	23	425
Asian	29	2	1	1	0	0	33
Native Hawaiian/ Pacific Islander	2	0	0	0	0	0	2
American Indian/ Alaskan Native	3	4	2	0	0	1	10
Other race	9	1	0	0	0	0	10
Multiracial	22	4	0	0	0	0	26
Hispanic	82	15	4	2	0	6	109
Don't know/ Not sure/ Refused	27	5	0	1	0	3	36
Total	1,961	216	30	41	7	69	2,324

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)"

Table 2.5 Average Number of Drinks Consumed per Day in the Past 30 Days by Sex, BRFSS Respondents in the Philadelphia EMA, 2012 (n=3,563)

Sex	1 to 3	4 to 6	7 to 9	10 to 15	More than 15	Don't know/ Not sure	Total
	n	n	n	n	n	n	n
Male	801	148	16	32	5	32	1,034
Female	1161	66	12	9	2	37	1,287
Total	1962	214	28	41	7	69	2,321

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)"

Table 2.6 Average Number of Drinks Consumed per Day in the Past 30 Days by Age, BRFSS Respondents in the Philadelphia EMA, 2012 (n=3,517)

	Drinks						
Age	1 to 3	4 to 6	7 to 9	10 to 15	More than 15	Don't Know/ Unsure	Total
	n	n	n	n	n	n	n
18 to 24	109	30	9	12	0	2	162
25 to 34	230	40	6	9	1	13	299
35 to 44	306	34	5	2	1	14	362
45 to 54	380	46	5	10	1	9	451
55 to 64	454	42	2	6	3	16	523
65 and Over	483	22	1	2	1	15	524
Total	1,962	214	28	41	7	69	2,321

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? (A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.)"

Table 2.7 Number of Occasions of Binge Drinking in the Past 30 Days by Race/Ethnicity, BRFSS Respondents in the Philadelphia EMA, 2012 (n=2,320)

	Occasions/Occurrences								
	1 to 3	4 to 6	7 to 9	10 to 15	More than 15	Don't Know/ Not Sure	None	Refused	Total
Race/Ethnicity	n	n	n	n	n	n	n	n	n
White	304	73	27	19	18	22	1,202	8	1,673
Black	74	21	0	8	7	9	303	3	425
Asian	4	3	1	0	0	0	25	0	33
Native Hawaiian/ Pacific Islander	0	1	0	0	0	0	1	0	2
American Indian/ Alaskan Native	2	1	0	0	0	0	4	0	7
Other race	1	0	0	0	0	0	9	0	10
Multiracial	3	3	0	2	0	0	18	0	26
Hispanic	25	5	1	3	2	2	71	0	109
Don't know/Not sure/Refused	4	0	0	0	2	0	28	1	35
Total	417	107	29	32	29	33	1,661	12	2,320

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?"

Table 2.8 Number of Occasions of Binge Drinking in the Past 30 Days by Sex, BRFSS Respondents in the Philadelphia EMA, 2012 (n=2,320)

	Occasions/Occurrences								
	1 to 3	4 to 6	7 to 9	10 to 15	More than 15	Don't know/ Not sure	None	Refused	Total
Sex	n	n	n	n	n	n	n	n	n
Male	214	69	12	20	21	16	675	6	1,033
Female	203	38	17	12	8	17	986	6	1,287
Total	417	107	29	32	29	33	1,661	12	2,320

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?"

Table 2.9 Number of Occasions of Binge Drinking in the Past 30 Days by Age, BRFSS Respondents in the Philadelphia EMA, 2012 (n=2,300)

		Occasions/Occurrences								
		1 to 3	4 to 6	7 to 9	10 to 15	More than 15	Don't Know/ Unsure	None	Refused	Total
		n	n	n	n	n	n	n	n	n
Age										
	18 to 24	47	19	4	7	3	3	78	1	162
	25 to 34	93	24	9	5	4	6	157	0	298
	35 to 44	78	25	3	7	1	7	237	2	360
	45 to 54	86	15	7	5	5	3	322	4	447
	55 to 64	70	15	1	5	10	7	396	5	509
	65 and Over	41	9	4	3	6	5	456	0	524
Total		415	107	28	32	29	31	1,646	12	2,300

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
Question: "Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?"

Above, we have included information regarding reported binge drinking. Binge drinking occurs when a male has five or more drinks on a single occasion, and when a woman has four or more drinks on a single occasion. For each race/ethnicity category, the majority reported no instances of binge drinking in the past 30 days (see Table 2.7). There was a higher percentage of males (35%) than females (24%) who reported binge drinking in the past 30 days (see Table 2.8). (Note: these figures include only respondents who reported drinking in the past 30 days; therefore, this indicates that 35% of males who drank in the past 30 days binge drank at least once, not that 35% of all males binge drank within the past 30 days.) The percentage of people who binge drank in the past 30 days declined steadily as age increased (see Table 2.9).

Below, we have also provided information on heavy drinkers, defined as men who have more than two drinks per day, and women who have more than one drink per day (see Table 2.10). Of all BRFSS respondents in the Philadelphia EMA, slightly over 5% were classified as heavy drinkers.

Table 2.10 Heavy Drinkers*, BRFSS Respondents in the Philadelphia EMA, 2012 (n=4,448)

	Yes	No	Don't Know/ Refused /Missing	Total
Gender	n	n	n	n
Male				
Race/Ethnicity				
White	87	1,019	49	1,155
Black	9	321	22	352
Asian	2	32	3	37
Native Hawaiian/ Pacific Islander	0	3	0	3
American Indian/ Alaskan Native	0	12	1	13
Other race	1	7	0	8
Multiracial	2	17	0	19
Hispanic	10	74	3	87
Don't know/Not sure/Refused	2	27	8	37
Subtotal	113	1,512	86	1,711
Female				
Race/Ethnicity				
White	86	1,491	83	1,660
Black	25	663	43	731
Asian	1	46	0	47
Native Hawaiian/ Pacific Islander	1	4	0	5
American Indian/ Alaskan Native	0	12	1	13
Other race	0	12	0	12
Multiracial	0	43	1	44
Hispanic	8	135	16	159
Don't know/Not sure/Refused	1	57	8	66
Subtotal	122	2,463	152	2,737
Total	235	3,975	238	4,448

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2012 (accessed 01/2015)
*Heavy drinkers are men who have more than 2 drinks per day, and women who have more than 1 drink per day

The next two tables provide demographic information for respondents who reported that they had engaged in "risky behavior" (see Tables 2.11 and 2.12). Risky behavior includes intravenous drug use, sexually transmitted disease treatment, exchange of sex for money or drugs, or anal sex without a condom in the past year. Because of the way the question is asked, we do not know which risky behavior(s) each respondent participated in. The remaining BRFSS tables only include data from the 2010 survey, since this is the last time that the responses to these questions were available at this level of geographic detail.

Table 2.11 Risky Behavior, BRFSS Respondents in the Philadelphia EMA, 2010 (n=4,143)

	Yes	No	Don't Know/ Refused	Total
Gender	n	n	n	n
Male				
Age				
18 to 24	8	101	1	110
25 to 34	18	176	4	198
35 to 44	11	208	1	220
45 to 54	9	295	1	305
55 to 64	8	326	2	336
65+	5	435	1	441
Subtotal	59	1,541	10	1,610
Female				
Age				
18 to 24	14	121	0	135
25 to 34	19	232	1	252
35 to 44	13	361	0	374
45 to 54	6	458	0	464
55 to 64	5	544	1	551
65+	5	748	5	759
Subtotal	62	2,464	7	2,535
Total	121	4,005	17	4,143

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010
Question: "I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year. Do any of these situations apply to you?"

Table 2.12 Risky Behavior by Sex and Race/Ethnicity, BRFSS Respondents in the Philadelphia EMA, 2010 (n=4,193)

	Yes	No	Don't Know/ Not Sure/ Refused	Total
Gender	n	n	n	n
Male				
Race/Ethnicity				
White	19	1,070	5	1,094
Black	30	301	3	334
Asian	1	33	0	34
Native Hawaiian/ Pacific Islander	0	3	0	3
American Indian/ Alaskan Native	0	13	0	13
Other race	0	8	0	8
Multiracial	3	14	2	19
Hispanic	5	74	0	79
Don't know/Not sure/Refused	1	33	0	34
Subtotal	59	1,549	10	1,618
Female				
Race/Ethnicity				
White	30	1,548	4	1,584
Black	16	656	1	673
Asian	0	46	0	46
Native Hawaiian/ Pacific Islander	0	5	0	5
American Indian/ Alaskan Native	0	12	0	12
Other race	0	12	0	12
Multiracial	4	40	0	44
Hispanic	11	133	1	145
Don't know/Not sure/Refused	1	52	1	54
Subtotal	62	2,504	7	2,575
Total	121	4,053	17	4,193

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010

Question: "I am going to read you a list. When I am done, please tell me if any of the situations apply to you. You do not need to tell me which one. You have used intravenous drugs in the past year. You have been treated for a sexually transmitted or venereal disease in the past year. You have given or received money or drugs in exchange for sex in the past year. You had anal sex without a condom in the past year. Do any of these situations apply to you?"

The remaining BRFSS tables and figures relate to HIV testing within the Philadelphia EMA, again from 2010. The first two tables describe respondents who stated that they had been tested for HIV at least once (see Tables 2.13 and 2.14). The figures that follow provide the location of the respondent's last HIV test, and are broken out by race/ethnicity and gender and by age group and gender (Figures 2.6 – 2.9). For most demographics, private doctors or HMOs were the most common HIV testing locations.

Table 2.13 Ever Tested for HIV by Sex and Age, BRFSS Respondents in the Philadelphia EMA, 2010 (n=4,202)

	Yes	No	Don't Know/ Unsure	Refused	Total
Gender	n	n	n	n	n
Male					
Age					
18 to 24	39	69	2	0	110
25 to 34	124	71	1	2	198
35 to 44	140	73	7	0	220
45 to 54	146	146	11	2	305
55 to 64	122	205	8	1	336
65+	83	340	21	0	444
Subtotal	657	909	50	5	1,621
Female					
Age					
18 to 24	65	67	4	0	136
25 to 34	183	67	4	1	255
35 to 44	247	123	5	1	376
45 to 54	222	229	11	3	465
55 to 64	183	346	20	1	550
65+	91	644	19	5	759
Subtotal	1,001	1,503	65	12	2,581
Total	1,658	2,412	115	17	4,202

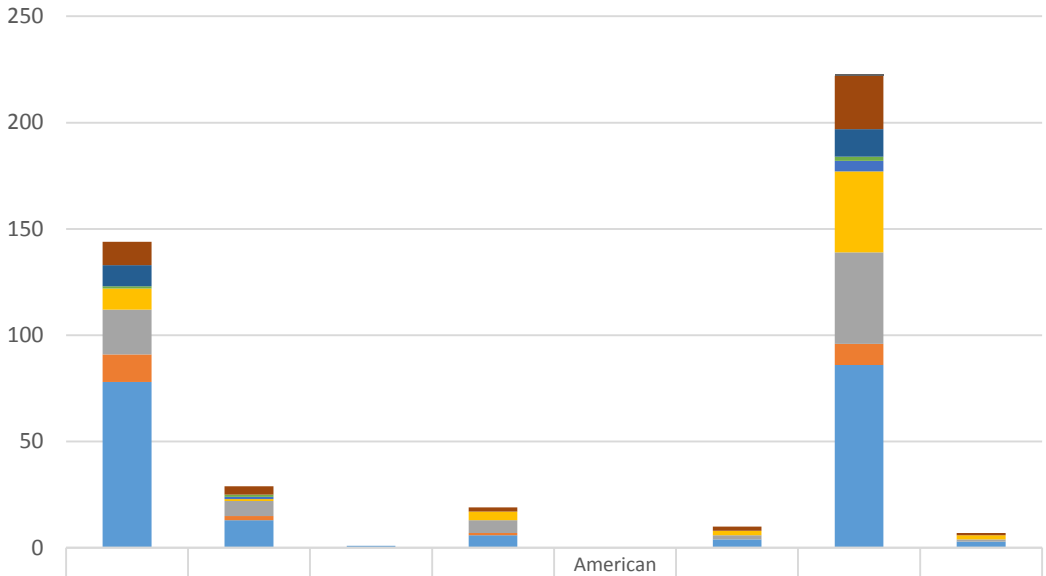
Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010
Question: "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth."

Table 2.14 Ever Tested for HIV by Sex and Race/Ethnicity, BRFSS Respondents in the Philadelphia EMA, 2010 (n=4,202)

	Yes	No	Don't Know/ Not Sure	Refused	Total
Gender	n	n	n	n	n
Male					
Race/Ethnicity					
White	348	706	38	4	1,096
Black	210	116	7	1	334
Asian	9	24	1	0	34
Native Hawaiian/ Pacific Islander	1	2	0	0	3
American Indian/ Alaskan Native	8	5	0	0	13
Other race	2	6	0	0	8
Multiracial	15	4	0	0	19
Hispanic	46	32	1	0	79
Don't know/Not sure/Refused	*18*	*14*	*3*	*0*	*35*
Subtotal	657	909	50	5	1,621
Female					
Race/Ethnicity					
White	464	1,064	51	6	1,585
Black	384	284	8	1	677
Asian	16	29	1	0	46
Native Hawaiian/ Pacific Islander	1	4	0	0	5
American Indian/ Alaskan Native	5	6	0	1	12
Other race	5	7	0	0	12
Multiracial	31	13	0	0	44
Hispanic	74	67	5	0	146
Don't know/Not Sure/Refused	*21*	*29*	*0*	*4*	*54*
Subtotal	1,001	1,503	65	12	2,581
Total	1,658	2,412	115	17	4,202

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010
Question: "Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth."

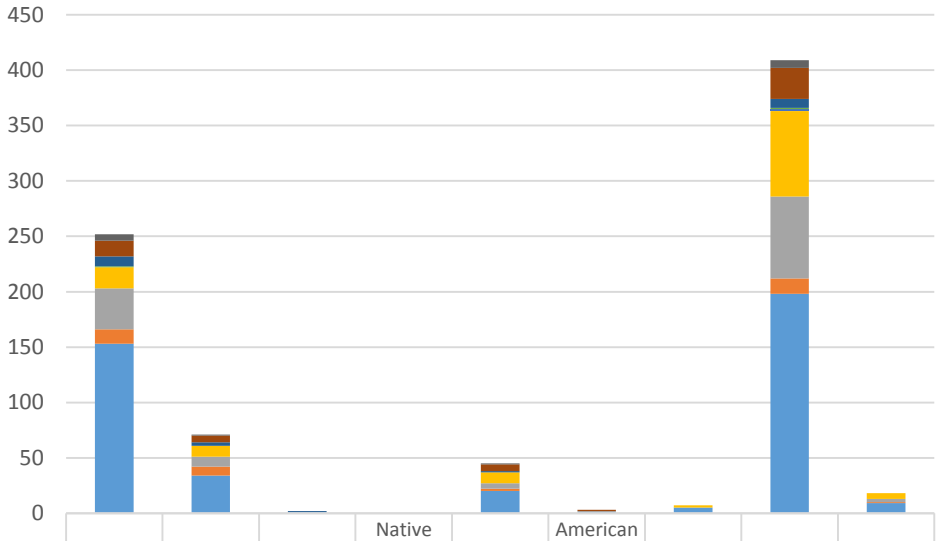
Figure 2.6 Last HIV Test Location by Race/Ethnicity, Male BRFSS Respondents in the Philadelphia EMA, 2010 (n=433)



	White	Black	Asian	Hispanic	American Indian/ Alaskan Native	Other	Multiracial	Refused
Don't Know/Unsure	0	0	0	0	0	0	1	0
Somewhere Else	11	4	0	2	0	2	25	1
At Home	10	0	0	0	0	0	13	0
Drug Treatment Facility	1	1	0	0	0	0	2	0
Jail/Prison/Correctional Facility	0	1	0	0	0	0	5	0
Clinic	10	1	0	4	0	2	38	2
Hospital	21	7	0	6	0	2	43	1
Counseling & Testing Site	13	2	0	1	0	0	10	0
Private Doctor or HMO	78	13	1	6	0	4	86	3

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010

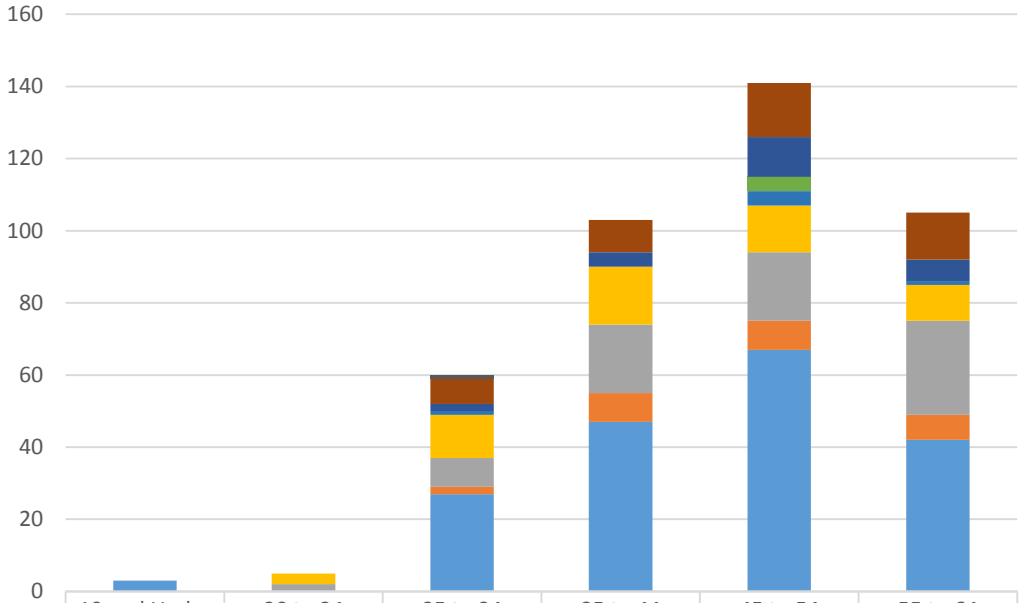
Figure 2.7 Last HIV Test Location by Race/Ethnicity, Female BRFSS Respondents in the Philadelphia EMA, 2010 (n=433)



	White	Black	Asian	Native Hawaiian/ Pacific Islander	Hispanic	American Indian/ Alaskan Native	Other	Multiracial	Refused
Don't Know/Unsure	6	1	0	0	1	0	0	7	0
Somewhere Else	14	6	0	0	6	1	0	28	0
At Home	9	3	1	0	1	0	0	8	0
Drug Treatment Facility	1	0	0	0	0	0	0	1	0
Jail/Prison/Correctional Facility	0	0	0	0	0	0	0	2	0
Clinic	19	10	0	0	10	0	2	77	5
Hospital	37	9	0	0	5	1	0	74	3
Counseling & Testing Site	13	8	0	0	2	0	0	14	1
Private Doctor or HMO	153	34	1	0	20	1	5	198	9

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010

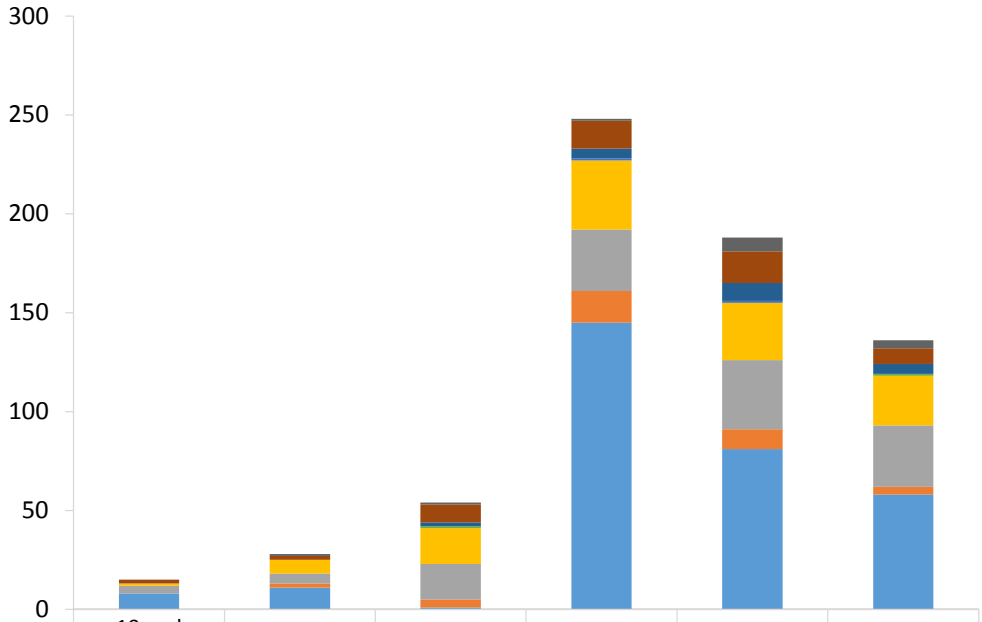
Figure 2.8 Last HIV Test Location by Age, Male BRFSS Respondents in the Philadelphia EMA, 2010 (n=417)



	19 and Under	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64
Don't Know/ Unsure	0	0	1	0	0	0
Somewhere Else	0	0	7	9	15	13
At Home	0	0	2	4	11	6
Drug Treatment Facility	0	0	0	0	4	0
Jail/Prison/Correctional Facility	0	0	1	0	4	1
Clinic	0	3	12	16	13	10
Hospital	0	2	8	19	19	26
Counseling & Testing Site	0	0	2	8	8	7
Private Doctor or HMO	3	0	27	47	67	42

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010

Figure 2.9 Last HIV Test Location by Age, Female BRFSS Respondents in the Philadelphia EMA, 2010 (n=1,184)



	19 and Under	20 to 24	25 to 34	35 to 44	45 to 54	55 to 64
Don't Know/ Unsure	0	1	1	1	7	4
Somewhere Else	2	2	9	14	16	8
At Home	0	0	2	5	9	5
Drug Treatment Facility	0	0	1	0	0	1
Jail/Prison/Correctional Facility	0	0	0	1	1	0
Clinic	1	7	18	35	29	25
Hospital	4	5	18	31	35	31
Counseling & Testing Site	0	2	4	16	10	4
Private Doctor or HMO	8	11	1	145	81	58

Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System 2010

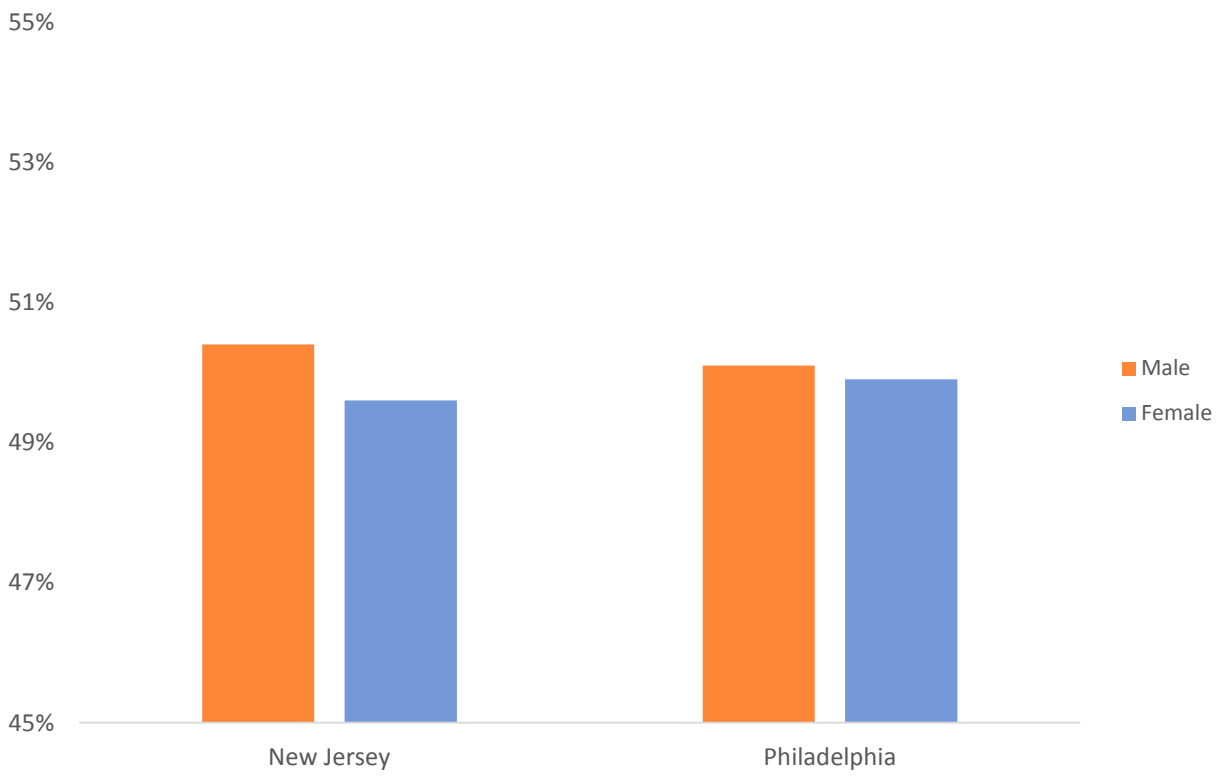
YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM, 2013

The CDC's Youth Risk Behavior Survey (YRBS) measures risk behaviors among high school students. We have included data for the state of New Jersey and for Philadelphia for 2013; Pennsylvania has not participated in the national YRBS since 2009. The YRBS asks questions about violence and injuries, tobacco use, drug and alcohol use, sexual behaviors, diet, and physical activity. Here, we have included YRBS data on drug and alcohol use, sexual behaviors, and forced sexual intercourse. We analyzed the YRBS data for Philadelphia and New Jersey using a web application provided by the CDC.

The YRBS has several limitations. The results are not generalizable to all students, and the survey is conducted only in English. Furthermore, the survey does not include students in special education classes, correspondence schools, group home schools, or correctional schools, nor does it include youth who have dropped out of school.

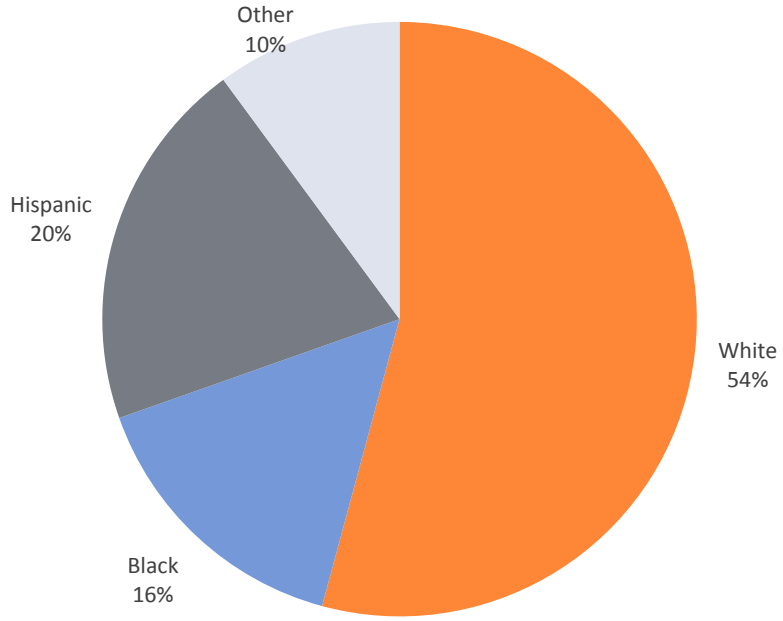
The first several figures describe the demographics of YRBS participants (see Figures 2.10 – 2.13). There were slightly more male than female participants in both Philadelphia and New Jersey, but race/ethnicity breakdowns varied across the two areas. Both areas had the greatest participation from 9th graders, with participation declining as grade level increased.

Figure 2.10 Gender of YRBS Respondents, New Jersey (N=1,701) and Philadelphia (n=1,280), 2013



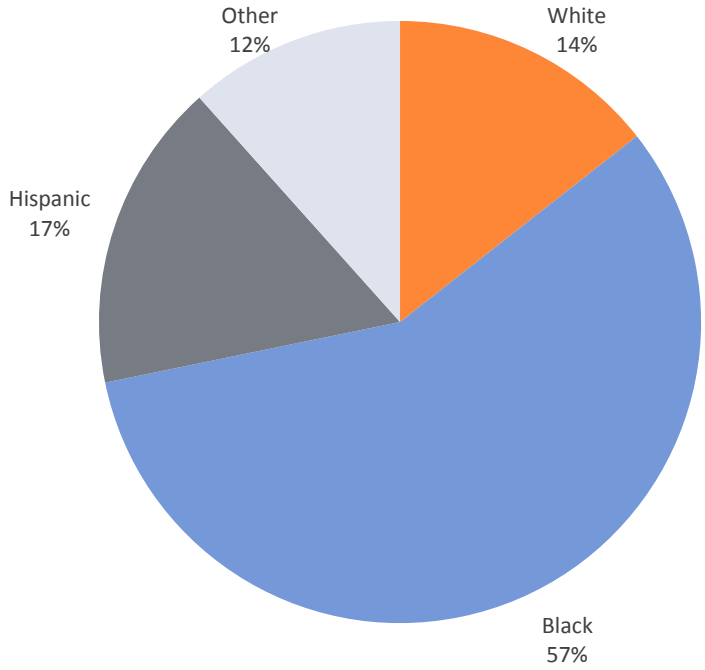
Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)

Figure 2.11 Race/Ethnicity of YRBS Respondents, New Jersey (n=1,701), 2013



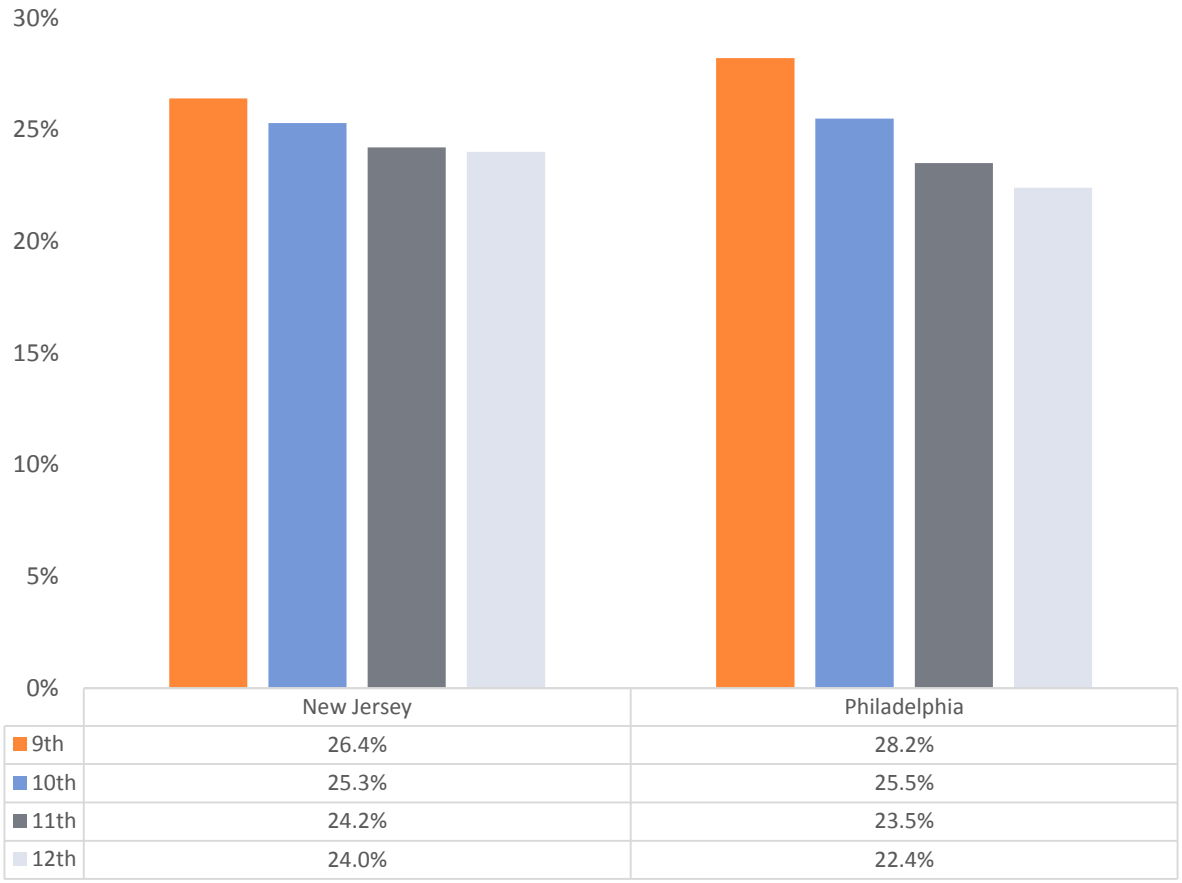
Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)

Figure 2.12 Race/Ethnicity of YRBS Respondents, Philadelphia (n=1,280), 2013



Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)

Figure 2.13 Grade Level of YRBS Respondents, New Jersey (n=1,701) and Philadelphia (n=1,280), 2013



	New Jersey	Philadelphia
9th	26.4%	28.2%
10th	25.3%	25.5%
11th	24.2%	23.5%
12th	24.0%	22.4%

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)

New Jersey Drug and Alcohol Use Among Students, 2013

The following table displays data regarding drug and alcohol use among New Jersey students (see Table 2.15). In the 30 days before taking the survey, 23% of respondents binge drank, and 21% used marijuana. In past years, we have included data on use of steroids without a prescription; we have removed this information for this edition of the epidemiological profile. Instead, we have included information about students who reported they had taken prescription drugs without a prescription at least once in their lives (11.8%) and students who reported taking ecstasy at least once (6.7%). The percentage of respondents who reported being offered, sold, or given a drug on school property in the past year increased from 27.3% in 2011 to 30.7% in 2013. Furthermore, the percentage of students who reported using heroin at least once in their lives increased from 1.6% in 2011 to 2.4% in 2013.

Table 2.15 Drug and Alcohol Use by Sex, Grade and Race, YRBS in New Jersey, 2013 (n=1,701)

	Student Drug and Alcohol Use									
	Had 5+ drinks of Alcohol in a couple of hrs, past 30 days	Used Marijuana 1+ times past 30 days	Used Cocaine 1+ times in life	Sniffed glue/ inhaled paints or sprays 1+ times in life	Used Ecstasy 1+ times in life	Used Heroin 1+ times in life	Used Metham-phetamine 1+ time in life	Took prescription drugs w/o prescription 1+ times in life	Used needles to inject any illegal drug 1+ times in life	Offered/ sold/given illegal drug on school property past year
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	23.1	23.9	7.1	10.8	7.8	3.7	4.1	13.0	3.3	33.9
Female	22.9	18.1	2.6	8.6	5.7	1.1	1.2	10.5	0.6	27.5
Grade										
9th	12.9	14.1	2.3	9.4	2.0	0.7	1.4	7.7	0.9	29.1
10th	17.3	16.4	3.8	11.2	5.3	1.4	1.9	9.2	1.6	34.0
11th	23.0	24.4	4.6	9.2	5.8	3.3	2.8	12.3	1.1	30.0
12th	39.8	29.7	8.3	8.4	13.8	3.6	3.9	17.8	3.8	29.6
Race/Ethnicity										
White	26.4	20.5	3.6	7.5	6.2	1.5	1.5	12.3	1.0	27.1
Black	16.8	23.6	6.6	14.6	8.3	3.3	3.9	10.7	4.6	35.3
Hispanic	23.6	24.9	8.0	12.9	8.0	3.4	4.1	13.4	2.7	36.7
Asian	12.9	12.2	3.9	9.1	5.3	4.1	4.6	7.5	1.7	34.1
Other	*	*	*	*	*	*	*	*	*	*
Total	23.0	21.0	4.8	9.7	6.7	2.4	2.6	11.8	2.0	30.7

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)

Philadelphia Drug and Alcohol Use Among Students, 2013

The following table displays data regarding drug and alcohol use among Philadelphia students (see Table 2.16). In the 30 days before taking the survey, 13.9% of respondents binge drank, and 25.1% used marijuana. As with New Jersey, we have previously included data on use of steroids without a prescription; we have removed this information for this edition of the epidemiological profile. Instead, we have included information about students who reported they had taken prescription drugs without a prescription at least once in their lives (11.4%) and students who reported taking ecstasy at least once (4.1%). The percentage of total students who reported using heroin at least once in their lives decreased from 2.8% in 2011 to 1.8% in 2013, but increased from 0.6% to 1.7% among White students.

Table 2.16 Drug and Alcohol Use by Sex, Grade and Race, YRBS in Philadelphia, 2013 (n=1,280)

	Student Drug and Alcohol Use									
	Had 5 or more drinks of alcohol in a couple of hrs, past 30 days	Used Marijuana 1+ times, past 30 days	Used Cocaine 1+ times in life	Sniffed glue/ inhaled paints or sprays 1+ times lifetime	Used Ecstasy 1+ times in life	Used Heroin 1+ times in life	Used Metham-phetamine 1+ time in life	Took prescription drugs w/o prescription 1+ times in life	Used needles to inject any illegal drug 1+ times in life	Offered/ sold/given illegal drug on school property past year
	%	%	%	%	%	%	%	%	%	%
Sex										
Male	13.2	25.3	2.9	5.7	4.9	2.9	3.0	12.2	2.3	29.4
Female	14.6	24.8	2.9	7.4	3.0	0.7	2.2	10.4	2.6	21.1
Grade										
9th	6.3	15.8	1.2	9.4	2.6	0.9	1.7	7.5	3.7	20.8
10th	14.8	26.7	4.5	7.6	5.8	3.0	3.2	12.0	2.4	26.7
11th	16.4	31.6	3.5	3.6	3.9	2.8	2.6	12.2	1.8	27.7
12th	19.2	26.7	2.9	5.3	3.5	0.4	3.7	14.5	2.5	25.4
Race/Ethnicity										
White	24.0	21.7	3.9	8.0	7.3	1.7	2.0	11.4	1.9	35.0
Black	10.7	28.0	1.9	5.6	3.0	1.6	2.2	9.5	2.3	23.0
Hispanic	16.1	24.6	4.3	5.8	3.7	2.0	3.9	15.3	3.1	26.1
Asian	7.1	8.7	1.9	3.5	1.9	1.4	1.9	8.7	1.5	22.4
Other	*	*	*	*	*	*	*	*	*	*
Total	13.9	25.1	3.1	6.7	4.1	1.8	2.8	11.4	2.6	25.1

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)

The following table displays data regarding sexual behavior among New Jersey students (see Table 2.17). The number of students reporting they had ever had sexual intercourse decreased from 44.6% in 2011 to 39% in 2013. A higher percentage of Black and Hispanic students than White and Asian students had sexual intercourse within the past three months (also referred to as being sexually active). Of sexually active students, 41.4% did not use a condom, while 13.8% did not use any method to prevent pregnancy. In addition, 21.4% of respondents reported using drugs or alcohol before their last sexual encounter; this was significantly higher among males (26.7%) than females (16.4%).

Table 2.17 Sexual Behaviors by Sex, Grade and Race, YRBS in New Jersey, 2013 (n=1,701)

	Student Sexual Behaviors							
	Had sexual intercourse	Had sexual intercourse with 4+ people during life	Had sexual intercourse with at least 1 person during the past 3 months	Did not use condom during last sexual intercourse (among those who were sexually active)	Did not use birth control pills before last sexual intercourse	Did not use any method to prevent pregnancy during last sexual intercourse	Drank alcohol/ used drugs before last sexual intercourse (among those who were sexually active)	Were never taught about HIV/AIDS in school
	%	%	%	%	%	%	%	%
Sex								
Male	38.2	14.6	29.0	31.6	84.0	11.4	26.7	*
Female	39.8	10.0	29.3	50.4	73.5	15.9	16.4	*
Grade								
9th	13.6	2.6	9.2	**	**	**	**	*
10th	34.4	9.6	24.9	**	**	**	**	*
11th	43.8	10.9	33.6	39.2	77.2	10.0	18.8	*
12th	66.3	26.5	50.2	46.1	70.2	12.5	26.2	*
Race/Ethnicity								
White	34.7	8.6	27.3	42.7	72.0	7.3	20.2	*
Black	52.1	25.8	36.5	**	**	**	**	*
Hispanic	50.6	15.9	36.0	44.5	84.1	23.0	23.2	*
Asian	19.7	5.1	12.7	**	**	**	**	*
Other	**	**	**	**	**	**	**	*
Total	39.0	12.2	29.1	41.4	78.5	13.8	21.4	*

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)
* Data not available
**Fewer than 100 respondents for the category

Philadelphia Sexual Behavior Among Students, 2013

The following table displays data regarding sexual behavior among Philadelphia students (see Table 2.18). The number of students reporting they had ever had sexual intercourse was not available for 2013, but 37.7% were currently sexually active at the time of the survey. Of sexually active students, 42.2% did not use a condom, while 20.8% did not use any method to prevent pregnancy at their last sexual encounter. In addition, 21.7% of respondents reported using drugs or alcohol before their last sexual encounter; this was significantly higher among males (28.7%) than females (15.3%).

Table 2.18 Sexual Behaviors by Sex, Grade and Race, YRBS in Philadelphia, 2013 (n=1,280)

	Student Sexual Behaviors							
	Had sexual intercourse	Had sexual intercourse with 4+ people during life	Had sexual intercourse with 1 + people during the past 3 months	Did not use condom during last sexual intercourse (among those who were sexually active)	Did not use birth control pills before last sexual intercourse	Did not use any method to prevent pregnancy during last sexual intercourse	Drank alcohol/ used drugs before last sexual intercourse (among those who were sexually active)	Were never taught about HIV/AIDS in school
	%	%	%	%	%	%	%	%
Sex								
Male	*	29.3	38.2	35.4	86.5	20.3	28.7	18.8
Female	*	14.7	37.1	48.5	83.6	21.5	15.3	16.9
Grade								
9th	*	11.5	23.1	**	**	**	**	17.4
10th	*	15.6	33.8	38.6	88.2	15.4	25.2	18.1
11th	*	27.7	40.1	42.9	87.1	22.9	26.5	18.7
12th	*	35.6	57.6	50.3	80.2	25.5	22	15.1
Race/Ethnicity								
White	*	13.7	33.3	**	**	**	**	7.8
Black	*	27.5	41.4	41.6	88.8	24.0	23.9	18.8
Hispanic	*	15.1	37.7	**	**	**	**	20.2
Asian	*	7.4	17.3	**	**	**	**	18.2
Other	*	**	**	**	**	**	**	**
Total	*	21.8	37.7	42.2	85.1	20.8	21.7	17.9

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)
* Data not available
**Fewer than 100 respondents for the category

In addition to questions about sexual behaviors and drug and alcohol use, the YRBS also includes questions on violence. We have included one table from this section, on those students who were ever physically forced to have sexual intercourse (see Table 2.19). The total percentage for Philadelphia respondents decreased from 10.7% in 2011 to 8.7% in 2013. This figure was 8% in 2011 and 8.4% in 2013 for New Jersey respondents. In both areas, more females than males reported being physically forced to have sexual intercourse; this gap was greater in New Jersey. In New Jersey, the percentage of Black students who had been forced to have sex was much higher than that of other race/ethnicity categories, at 15.1%.

Table 2.19 Students Physically Forced to Have Sexual Intercourse by Sex, Grade and Race, YRBS in Philadelphia and New Jersey, 2013

	Location	
	Philadelphia n=1,280	New Jersey n=1,701
	%	%
Sex		
Male	7.2	5.5
Female	10.2	11.3
Grade		
9th	5.6	4.1
10th	9.7	8.1
11th	7.5	9.0
12th	12.6	12.4
Race/Ethnicity		
White	9.4	6.0
Black	8.5	15.1
Hispanic	9.3	10.2
Asian	4.5	8.0
Other	**	**
Total	8.7	8.4

Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System 2013 (accessed 02/2015)
**Fewer than 100 respondents for the category

School Health Profiles, 2010 and 2012

The following table combines information from the Centers for Disease Control and Prevention's School Health Profiles (see Table 2.20). These profiles are developed using surveys of principals and health education teachers in secondary schools. All secondary schools were asked to participate, and the CDC weighted response to adjust for non-response patterns and to ensure that the sample was representative of each area. We have included data for Philadelphia, New Jersey, and Pennsylvania. (Note: The Pennsylvania sample excludes Philadelphia schools.)

Nationwide, the CDC found decreases in the percentage of schools where curricula included information on HIV transmission, correct condom use, and the influence of drug and alcohol use on HIV risk behaviors between 1996 and 2012. The table that follows provides information from the 2010 and 2012 surveys. This information has not been updated since the last edition of the epidemiological profile.

Table 2.20 School Health Education Profiles, Teacher and Principal Responses in Philadelphia, Pennsylvania and New Jersey, 2010 and 2012

Topic	Phila. Schools* 2010	Phila. Schools* 2012	PA Schools** 2010	PA Schools** 2012	NJ Schools*** 2010	NJ Schools*** 2012
	% of Schools					
Required health education in any of grades 6–12	70.7	71.7	91.4	93.9	95.6	96.4
Tried to increase student knowledge on alcohol/drug use prevention	80.5	84.0	94.3	94.2	96.3	97.7
Tried to increase student knowledge on HIV prevention	76.9	74.3	92.3	91.7	94.2	96.3
Tried to increase student knowledge on pregnancy prevention	68.1	69.5	82.2	79.3	89.5	92.6
Tried to increase student knowledge on STD prevention	75.6	74.3	90.4	89.0	94.6	95.8
Taught how to prevent HIV, other STDs, and pregnancy in any of grades 6, 7, or 8	64.1	53.5	75.3	73.2	86.9	89.1
Taught how HIV and other STDs are transmitted in any of grades 6, 7, or 8	64.8	53.9	78.3	74.5	89.9	92.1
Taught how HIV and other STDs are diagnosed and treated in any of grades 6, 7, or 8	61.3	49.4	72.1	68.1	85.3	88.1
Taught how to prevent HIV, other STDs, and pregnancy in any of grades 9, 10, 11, or 12	97.8	97.0	97.0	98.1	100.0	98.0
Taught about condom efficacy in any of grades 9, 10, 11, or 12	97.8	94.1	87.5	83.3	98.1	98.1
Taught importance of using condoms consistently and correctly in any of grades 9, 10, 11, or 12	95.5	94.1	78.3	81.6	96.2	97.2
Taught about the benefits of being sexually abstinent in any of grades 9, 10, 11, or 12	100.0	96.9	97.0	97.4	100.0	98.9
Taught on the relationship among HIV , other STDs and pregnancy	100.0	94.2	97.0	95.6	100.0	98.9
Taught on influences of media, family and social/cultural norms on Sexual Behavior	90.4	85.7	93.7	92.5	98.1	98.9
Taught about compassion for Persons Living with HIV/AIDS	95.2	88.7	81.1	83.1	91.6	89.9
Taught all pregnancy, HIV or STD prevention topics	62.4	70.9	45.3	41.7	83.2	74.7
Had Teachers who received staff development on alcohol/drug use prevention	47.6	42.9	43.3	38.8	48.1	41.7
Had Teachers who received staff development HIV prevention	61.2	67.3	37.7	28.0	42.1	39.4
Had Teachers who received staff development pregnancy prevention	27.4	27.6	25.3	18.2	35.2	30.8
Had Teachers who received staff development STD prevention	39.5	46.7	28.8	24.0	41.5	33.3
Had Teachers who wanted to receive staff development on alcohol/drug use prevention	77.0	77.6	79.7	81.5	81.4	84.5
Had Teachers who wanted to receive staff development on HIV prevention	76.8	80.0	79.3	81.7	78.1	79.6
Had Teachers who wanted to receive staff development on pregnancy prevention	81.0	79.2	77.4	76.4	75.6	77.0
Had Teachers who wanted to receive staff development on STD prevention	82.9	80.1	79.4	82.0	78.5	78.9
Had a written policy on attendance of students who were HIV positive	54.4	47.0	67.0	63.5	61.4	67.0
Had written policy on protecting students/staff who were HIV positive from discrimination	68.1	54.0	75.6	70.6	68.4	74.0
Had written policy on maintaining confidentiality of students/staff who were HIV positive	76.2	64.5	85.6	74.5	79.1	81.9
Had a written policy on HIV and worksite safety	74.1	69.3	85.9	79.6	82.7	84.4
Had a written policy on confidential counseling for HIV infected students	63.8	48.9	65.6	56.4	67.3	65.4
Had the policy communicated to students, staff, and parents	63.4	53.7	70.2	63.9	67.2	68.5
Had a written policy on the training for staff about HIV infection	47.6	36.1	59.9	54.7	70.2	70.5
Had a procedure in place to implement the policy	60.1	49.1	65.6	59.8	68.7	69.0

Centers for Disease Control and Prevention, School Health Education Profiles (accessed in 2013)
*Philadelphia School responses included 146 (2010) & 117 (2012) Teachers and 145 (2010) & 124 (2012) Principals
**PA School responses included 327 (2010) & 328 (2012) Teachers and 342 (2010) & 342 (2012) Principals. Pennsylvania survey data excludes students from the Philadelphia School System
***NJ School responses included 306 (2010) & 297 (2012) Teachers and 308 (2010) & 294 (2012) Principals

Substance Use

Treatment Episode Data Set – Admissions (TEDS-A), Philadelphia EMA, 2012

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Treatment Episode Data Set – Admissions (TEDS-A) provides information about people being admitted to public and private substance abuse treatment programs. This data set includes information about all admissions to all facilities that receive any public funding. It is important to note that these data are about *admissions* rather than clients, meaning that single clients may be included in the data set multiple times if they were admitted for treatment more than once throughout the year.

Other considerations include that some admissions may be part of programs targeting specific populations, which would impact demographics and characteristics. In addition, these admissions are not necessarily voluntary, and may be the result of criminal justice proceedings. While the TEDS-A does not include information on HIV/AIDS, it does provide data on substance use and the method of drug administration.

We filtered the TEDS-A for the nine counties in the Philadelphia Eligible Metropolitan Area, and analyzed the data set using IBM SPSS Statistics, Version 22. Further information can be found at the Substance Abuse and Mental Health Data Archive.

Demographics of TEDS-A Patients, 2012

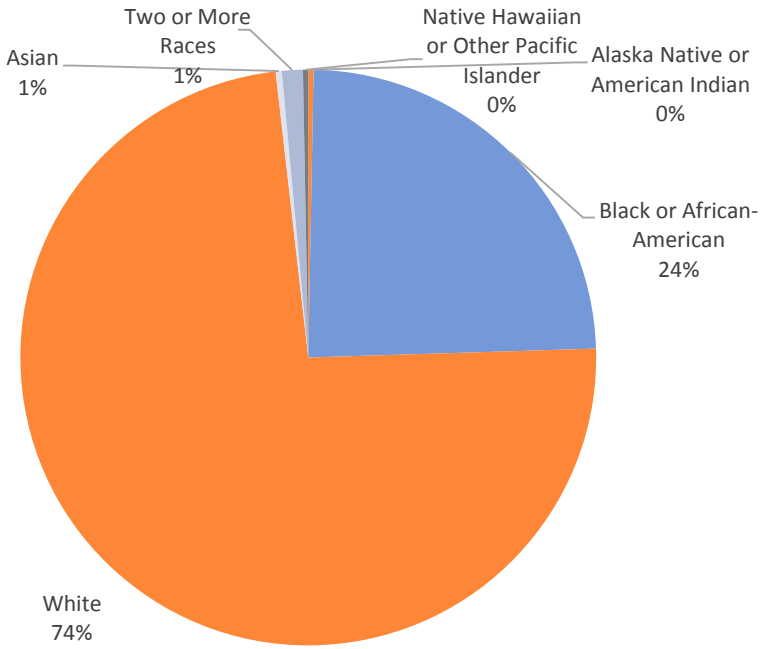
In 2012, the nine-county Philadelphia metropolitan area had 9,160 admissions. Males represented 6,170 (67.4%) admissions, with females making up 2,986 (32.6%) admissions. The majority of admissions were among Whites (74%), followed by Blacks/African-Americans (24%). Race categories in TEDS-A include both Hispanics and non-Hispanics; 11% of admissions were among Hispanics (see Figures 2.14 and 2.15).

Next, we have provided age at admission broken out by gender (see Figure 2.16). Both genders followed the same patterns for the largest age groups admitted for treatment. For both males and females, the largest group were 25 – 34 year olds, followed by 18 – 24 year olds, then 35 – 44 year olds, 45 – 54 year olds, less than 17 year olds, and finally, those 55 and older.

This is followed by age at first drug use, again broken out by gender. Of the total admissions, 48.5% (4,444) used a substance for the first time before the age of 18 (see Figure 2.17). The largest age group for each gender was 15 – 17 years old, followed by 18 – 20 years old and 12 – 14 years old.

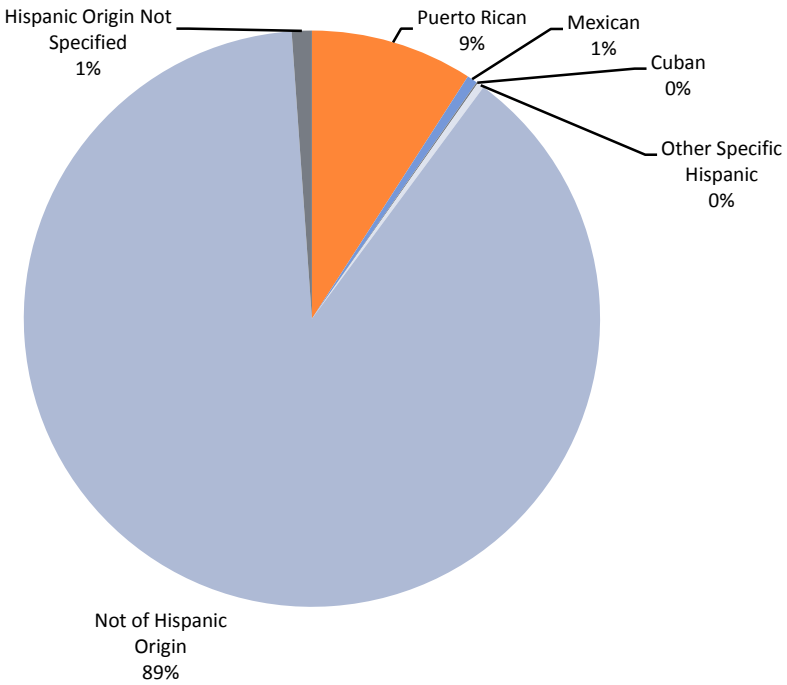
We have also included information on education and employment by gender (see Figures 2.18 and 2.19). Most people who were admitted had a high school or less than high school education, and most were either unemployed or out of the labor force. Finally, we have provided data on health insurance and income by gender (see Figures 2.20 and 2.21). Most males had no health insurance; the largest group of females had Medicaid, followed by no insurance. The largest group of males had no income, followed by income through wages. The largest group of females received public assistance, followed by no income.

Figure 2.14 Patient Race, TEDS-A in the Philadelphia EMA, 2012 (n=9,160)



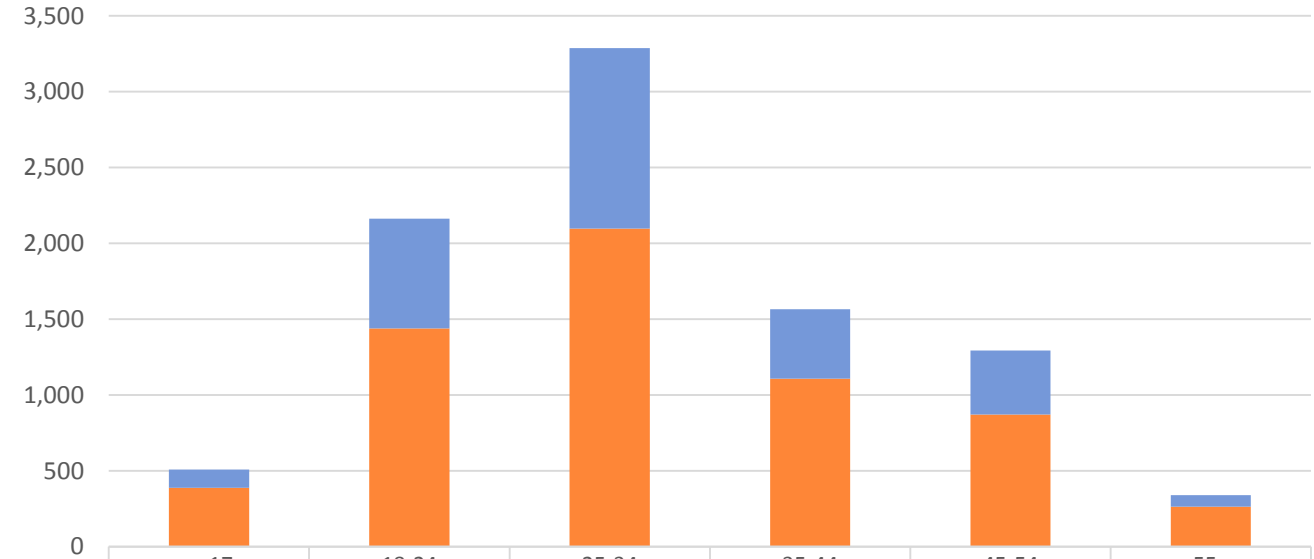
Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Figure 2.15 Patient Hispanic Ethnicity, TEDS-A in the Philadelphia EMA, 2012 (n=9,160)



Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

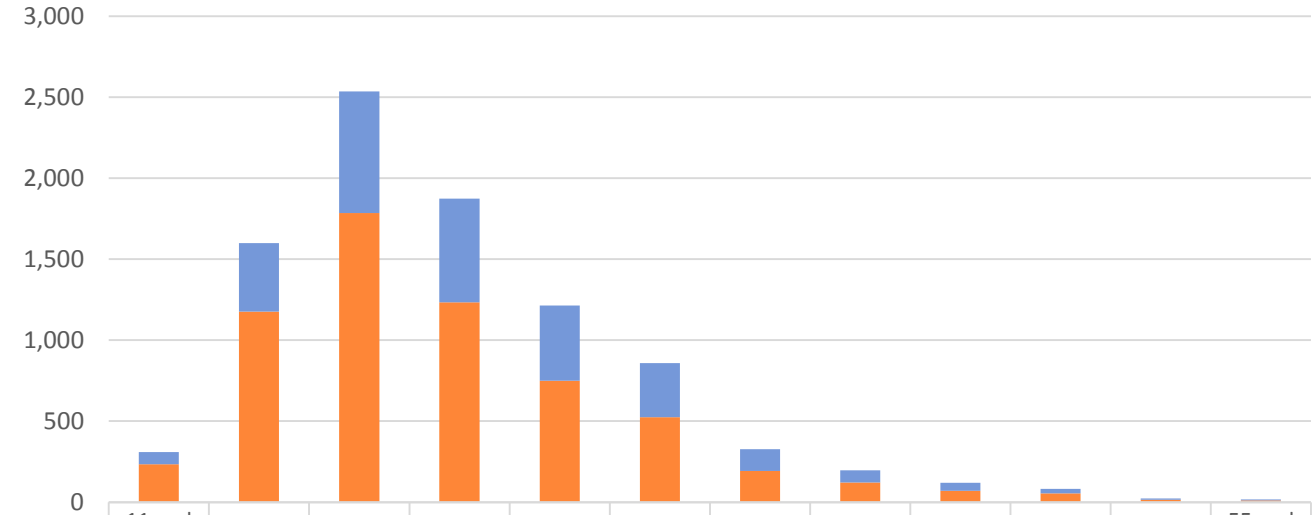
Figure 2.16 Patient Age at Admission by Gender, TEDS-A in the Philadelphia EMA, 2012 (n=9,156)



	<=17	18-24	25-34	35-44	45-54	55+
Female	119	723	1189	458	422	75
Male	389	1440	2098	1107	872	264

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

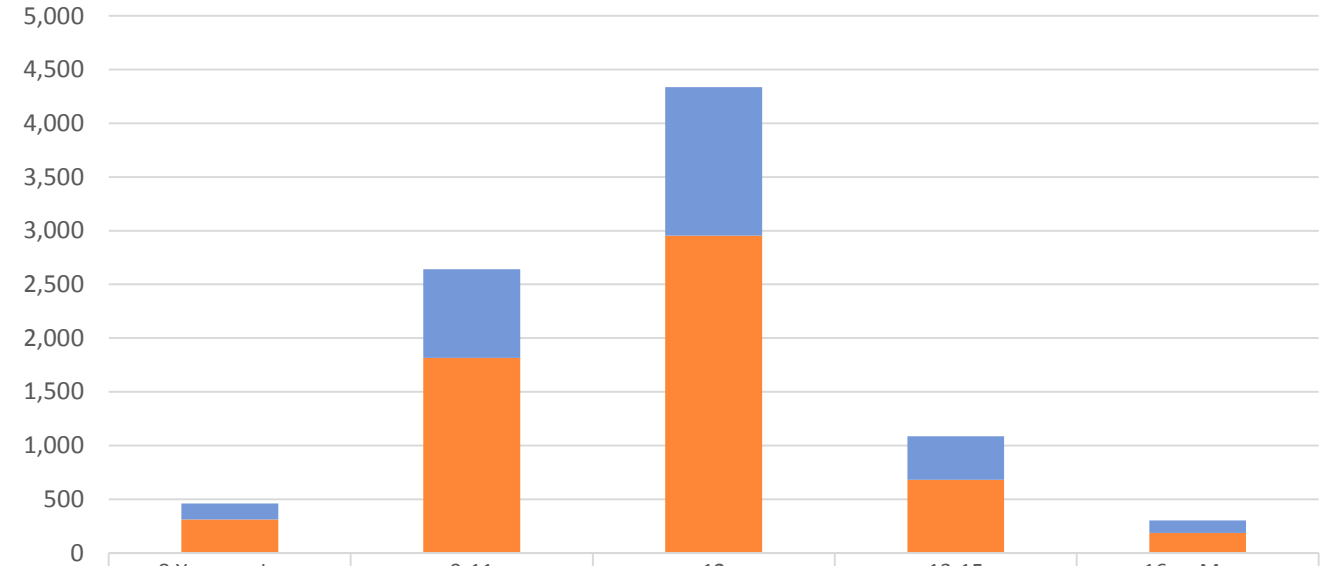
Figure 2.17 Age at First Drug Use by Gender, TEDS-A in the Philadelphia EMA, 2012 (n=9,156)



	11 and under	12-14	15-17	18-20	21-24	25-29	30-34	35-39	40-44	45-49	50-54	55 and over
Female	75	422	751	640	465	333	135	74	50	28	7	6
Male	234	1177	1785	1233	749	525	193	122	70	55	16	11

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

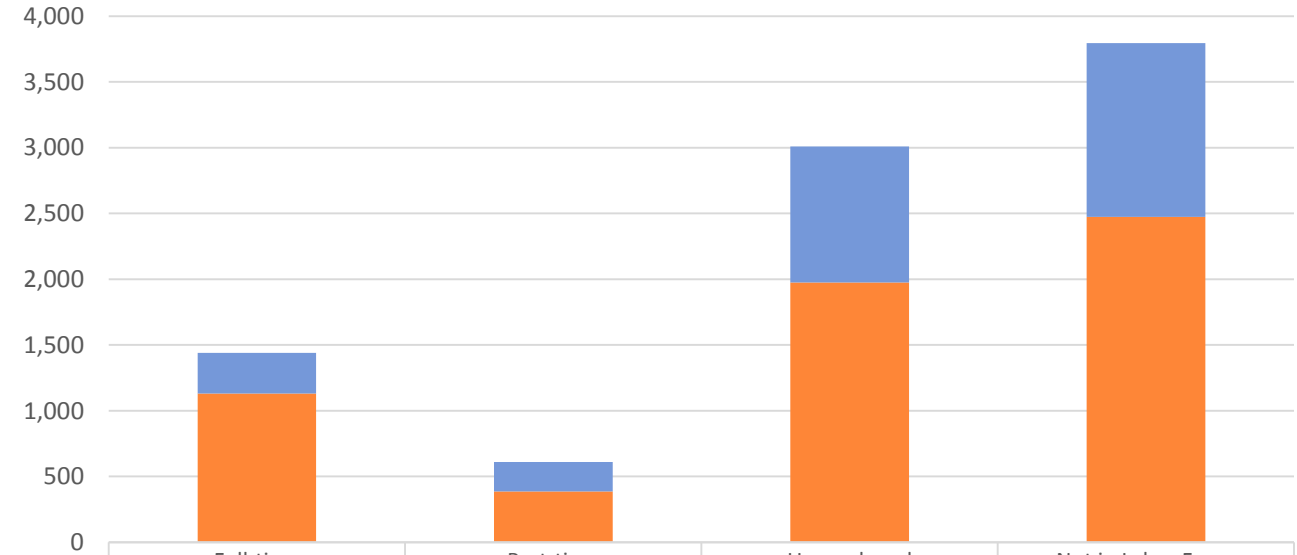
Figure 2.18 Patient Education Level at Admission by Gender, TEDS-A in the Philadelphia EMA, 2012 (n=8,826)



	8 Years or Less	9-11	12	13-15	16 or More
Female	149	824	1381	406	118
Male	310	1817	2955	681	185

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

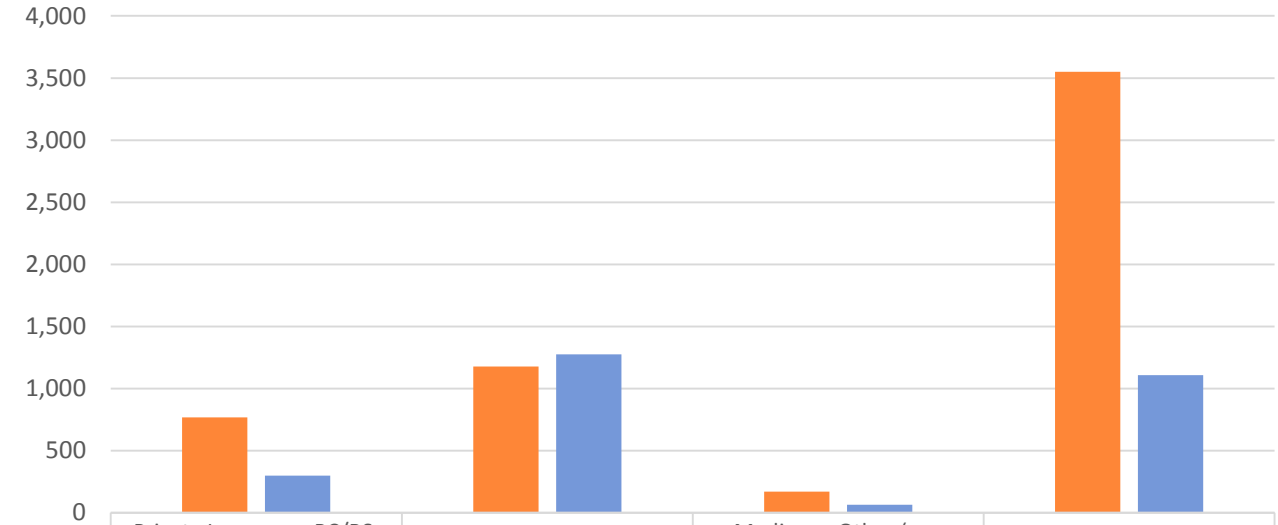
Figure 2.19 Patient Employment Status at Admission by Gender, TEDS-A in the Philadelphia EMA, 2012 (n=8,855)



	Full-time	Part-time	Unemployed	Not in Labor Force
Female	310	224	1033	1322
Male	1131	387	1975	2473

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

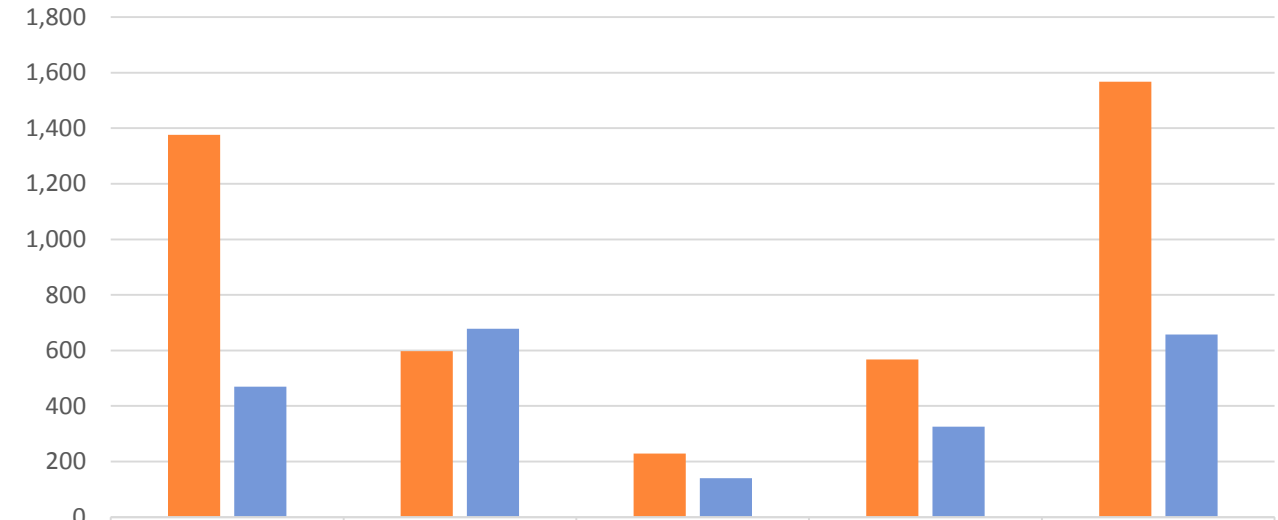
Figure 2.20 Patient Health Insurance by Gender, TEDS-A in the Philadelphia EMA, 2012 (n=8,413)



	Private Insurance, BC/BS, HMO	Medicaid	Medicare, Other (e.g. TRICARE, CHAMPUS)	None
Male	768	1177	170	3551
Female	299	1275	66	1107

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Figure 2.21 Patient Source of Income by Gender, TEDS-A in the Philadelphia EMA, 2012 (n=6,606)



	Wages/Salary	Public Assistance	Retirement/ Pension, Disability	Other	None
Male	1376	597	229	567	1567
Female	469	678	140	326	657

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Demographic Analysis of Substance Use Among TEDS-A Patients, 2012

The following sets of tables and figures provide a demographic analysis of substance use for 2012 admissions in the Philadelphia nine-county area, including breakouts by gender and age, gender and race, and gender and ethnicity. We have included information about primary substance (or "drug of choice"), primary route of administration (or method of consumption, such as smoking, injection, etc.), and frequency of use.

Among males, the most common primary substance was alcohol (1,815 admissions), followed by heroin (1,693), marijuana/hashish (1,444), and opiates/synthetics (648). Among females, the most common primary substance was heroin (804), followed by alcohol (753), marijuana/hashish (580), and opiates/synthetics (398). The most common primary substance among Blacks was marijuana/hashish (961), followed by alcohol (567), cocaine/crack (251), and heroin (243). The most common primary substance among Whites was heroin (2,217), followed by alcohol (1,942), marijuana/hashish (1,008), and opiates/synthetics (961). Among Hispanics, the most common primary substance was marijuana/hashish (359), followed by alcohol (280), heroin (222), and PCP (64). Primary substance used varies by age group and gender, and is described in Tables 2.21 – 2.23.

The next set of tables provide information on the primary route of drug administration. The patterns are similar for males and females. Among Hispanics, the most common method of consumption was smoking (442), followed by oral (341), injection (136), and inhalation (113). Among Blacks, the most common method was smoking (1,236), followed by oral (659), inhalation (223), and injection (100). Among Whites, the most common method was oral (2,739), followed by injection (1,693), smoking (1,267), and inhalation (1,049). More detailed descriptions are provided in Tables 2.24 – 2.26.

Figures 2.22 – 2.27 illustrate the frequency of primary drug use for both males and females by age group, race, and ethnicity. Drug use frequency varies greatly across race and ethnicity, but the most common responses for males and females for each age group were "not in the past month" and "daily".

We have also included three figures specifically on age, race, and ethnicity of injection drug users, since this is a specific HIV risk behavior (see Figures 2.28 – 2.30). The vast majority (93%) of injection drug users were White, and about 8% of injection drug users were Hispanic. Most Hispanic injection drug users (91%) were Puerto Rican. The largest age group was 25 – 34 years old, followed by 18 – 24 year olds and 35 – 44 year olds.

Table 2.21 Primary Substance by Gender and Age, TEDS-A in the Philadelphia EMA, 2012 (n=9,156)

	Age						
Gender	<=17	18-24	25-34	35-44	45-54	55+	Total
Male	n	n	n	n	n	n	n
Substance (Primary)							
Alcohol	17	246	499	413	468	172	1,815
Cocaine/Crack	2	26	90	111	112	21	362
Marijuana/Hashish	346	527	356	139	61	15	1,444
Heroin	6	403	732	350	162	40	1,693
Non-Prescription Methadone	0	2	9	1	1	0	13
Other Opiates and Synthetics	7	195	304	73	55	14	648
PCP	1	13	67	9	0	0	90
Other Hallucinogens	2	0	1	0	1	0	4
Methamphetamine	0	0	3	1	7	1	12
Other Amphetamines	1	8	8	0	0	0	17
Benzodiazepines	4	16	20	7	2	0	49
Inhalants	0	0	1	0	1	0	2
Other	3	4	8	3	2	1	21
Subtotal	389	1,440	2,098	1,107	872	264	6,170
Female							
Substance (Primary)							
Alcohol	14	104	191	170	225	49	753
Cocaine/Crack	3	20	90	75	71	8	267
Marijuana/Hashish	82	199	223	54	20	2	580
Heroin	6	249	381	96	66	6	804
Non-Prescription Methadone	0	0	4	2	2	0	8
Other Opiates and Synthetics	10	119	188	45	30	6	398
PCP	2	21	70	6	0	0	99
Other Hallucinogens	0	1	2	0	1	0	4
Methamphetamine	0	5	2	1	1	1	10
Other Amphetamines	2	3	24	6	5	1	41
Benzodiazepines	0	0	2	0	0	0	2
Other	0	2	12	3	1	2	20
Subtotal	119	723	1,189	458	422	75	2,986
Total	508	2,163	3,287	1,565	1,294	339	9,156

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Table 2.22 Primary Substance by Gender and Race, TEDS-A in the Philadelphia EMA, 2012 (n=9,151)

Gender	Race						
	Alaska Native or American Indian	Black or African-American	White	Asian	Two or More Races	Native Hawaiian or Pacific Islander	Total
Male	n	n	n	n	n	n	n
Substance (Primary)							
Alcohol	9	407	1,364	11	19	5	1,815
Cocaine/Crack	1	148	207	1	3	2	362
Marijuana/Hashish	4	722	684	7	24	3	1,444
Heroin	0	203	1,467	5	7	11	1,693
Non-Prescription Methadone	0	1	12	0	0	0	13
Other Opiates and Synthetics	0	45	587	1	14	1	648
PCP	0	50	39	0	1	0	90
Other Hallucinogens	0	2	2	0	0	0	4
Methamphetamine	0	0	12	0	0	0	12
Other Amphetamines	0	3	13	0	1	0	17
Benzodiazepines	0	1	48	0	0	0	49
Inhalants	0	0	2	0	0	0	2
Other	0	4	16	0	1	0	21
Subtotal	14	1,586	4,453	25	70	22	6,170
Female							
Substance (Primary)							
Alcohol	5	160	578	3	6	1	753
Cocaine/Crack	2	103	156	1	5	0	267
Marijuana/Hashish	2	239	324	0	12	3	580
Heroin	2	40	750	0	10	1	803
Non-Prescription Methadone	0	0	8	0	0	0	8
Other Opiates and Synthetics	0	24	373	1	0	0	398
PCP	0	59	39	0	1	0	99
Other Hallucinogens	0	0	4	0	0	0	4
Methamphetamine	0	2	8	0	0	0	10
Other Amphetamines	0	1	39	0	1	0	41
Benzodiazepines	0	0	2	0	0	0	2
Other	0	4	14	1	1	0	20
Subtotal	9	632	2,295	6	36	5	2,985
Total	23	2,218	6,748	31	106	27	9,155

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Table 2.23 Primary Substance by Gender and Ethnicity, TEDS-A in the Philadelphia EMA, 2012 (n=9,156)

	Ethnicity - Hispanic Origin						
Gender	Puerto Rican	Mexican	Cuban	Other Specific Hispanic	Not of Hispanic Origin	Hispanic, Specific Origin Not Specified	Total
Male	n	n	n	n	n	n	n
Substance (Primary)							
Alcohol	137	31	1	12	1,606	28	1,815
Cocaine/Crack	28	0	0	0	332	2	362
Marijuana/Hashish	207	7	0	10	1,196	24	1,444
Heroin	161	1	0	3	1,520	8	1,693
Non-Prescription Methadone	0	0	0	0	13	0	13
Other Opiates and Synthetics	20	0	1	1	617	9	648
PCP	26	0	0	0	62	2	90
Other Hallucinogens	0	0	0	0	4	0	4
Methamphetamine	0	0	0	0	12	0	12
Other Amphetamines	4	0	0	0	12	1	17
Benzodiazepines	0	0	0	0	49	0	49
Inhalants	0	0	0	0	2	0	2
Other	1	0	0	0	20	0	21
Subtotal	584	39	2	26	5,445	74	6,170
Female							
Substance (Primary)							
Alcohol	51	5	4	3	683	7	753
Cocaine/Crack	16	1	0	0	248	2	267
Marijuana/Hashish	96	4	0	3	469	8	580
Heroin	38	2	2	1	755	6	804
Non-Prescription Methadone	0	0	0	0	8	0	8
Other Opiates and Synthetics	10	1	0	1	382	4	398
PCP	33	0	0	1	63	2	99
Other Hallucinogens	0	0	0	0	4	0	4
Methamphetamine	1	0	0	0	9	0	10
Other Amphetamines	2	0	0	0	39	0	41
Benzodiazepines	0	0	0	0	2	0	2
Other	3	0	0	0	17	0	20
Subtotal	250	13	6	9	2,679	29	2,986
Total	834	52	8	35	8,124	103	9,156

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Table 2.24 Primary Method of Drug Consumption by Gender and Age, TEDS-A in the Philadelphia EMA, 2012 (n=9,154)

Gender			Usual Route of Administration (Primary)				
			Oral	Smoking	Inhalation	Injection (IV or Intra-muscular)	Total
Male							
	Age						
	<=17	n	32	345	12	0	389
		%	8.2%	88.7%	3.1%	0.0%	100.0%
	18-24	n	369	541	218	311	1,439
		%	25.6%	37.6%	15.1%	21.6%	100.0%
	25-34	n	759	445	308	586	2,098
		%	36.2%	21.2%	14.7%	27.9%	100.0%
	35-44	n	483	218	177	229	1,107
		%	43.6%	19.7%	16.0%	20.7%	100.0%
	45-54	n	508	132	141	91	872
		%	58.3%	15.1%	16.2%	10.4%	100.0%
	55+	n	184	29	28	23	264
		%	69.7%	11.0%	10.6%	8.7%	100.0%
	Subtotal	n	2,335	1,710	884	1,240	6,169
		%	37.9%	27.7%	14.3%	20.1%	100.0%
Female							
	<=17	n	21	83	13	2	119
		%	17.6%	69.7%	10.9%	1.7%	100.0%
	18-24	n	182	231	122	187	722
		%	25.2%	32.0%	16.9%	25.9%	100.0%
	25-34	n	395	343	149	302	1,189
		%	33.2%	28.8%	12.5%	25.4%	100.0%
	35-44	n	222	110	70	56	458
		%	48.5%	24.0%	15.3%	12.2%	100.0%
	45-54	n	260	82	52	28	422
		%	61.6%	19.4%	12.3%	6.6%	100.0%
	55+	n	57	11	3	4	75
		%	76.0%	14.7%	4.0%	5.3%	100.0%
	Subtotal	n	1,137	860	409	579	2,985
		%	38.1%	28.8%	13.7%	19.4%	100.0%
Total		n	3,472	2,570	1,293	1,819	9,154
		%	37.9%	28.1%	14.1%	19.9%	100.0%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Table 2.25 Primary Method of Drug Consumption by Gender and Race, TEDS-A in the Philadelphia EMA, 2012 (n=9,153)

Gender			Usual Route of Administration (Primary)				
			Oral	Smoking	Inhalation	Injection (IV or Intra-muscular)	Total
Male							
	Race						
	Alaska Native or American Indian	n	9	4	1	0	14
		%	64.3%	28.6%	7.1%	0.0%	100.0%
	Black or African-American	n	466	855	178	87	1586
		%	29.4%	53.9%	11.2%	5.5%	100.0%
	White	n	1,811	812	695	1,134	4,452
		%	40.7%	18.2%	15.6%	25.5%	100.0%
	Asian	n	12	7	2	4	25
		%	48.0%	28.0%	8.0%	16.0%	100.0%
	Two or More Races	n	30	27	6	7	70
		%	42.9%	38.6%	8.6%	10.0%	100.0%
	Native Hawaiian or Pacific Islander	n	7	5	2	8	22
		%	31.8%	22.7%	9.1%	36.4%	100.0%
	Subtotal	n	2,335	1,710	884	1,240	6,169
		%	37.9%	27.7%	14.3%	20.1%	100.0%
Female							
	Alaska Native or American Indian	n	4	4	2	0	10
		%	40.0%	40.0%	20.0%	0.0%	100.0%
	Black or African-American	n	193	381	45	13	632
		%	30.5%	60.3%	7.1%	2.1%	100.0%
	White	n	928	455	353	559	2,295
		%	40.4%	19.8%	15.4%	24.4%	100.0%
	Asian	n	5	0	1	0	6
		%	83.3%	0.0%	16.7%	0.0%	100.0%
	Two or More Races	n	6	17	8	5	36
		%	16.7%	47.2%	22.2%	13.9%	100.0%
	Native Hawaiian or Pacific Islander	n	1	3	0	1	5
		%	20.0%	60.0%	0.0%	20.0%	100.0%
	Subtotal	n	1,137	860	409	578	2,984
		%	38.1%	28.8%	13.7%	19.4%	100.0%
Total		n	3,472	2,570	1,293	1,818	9,153
		%	37.9%	28.1%	14.1%	19.9%	100.0%

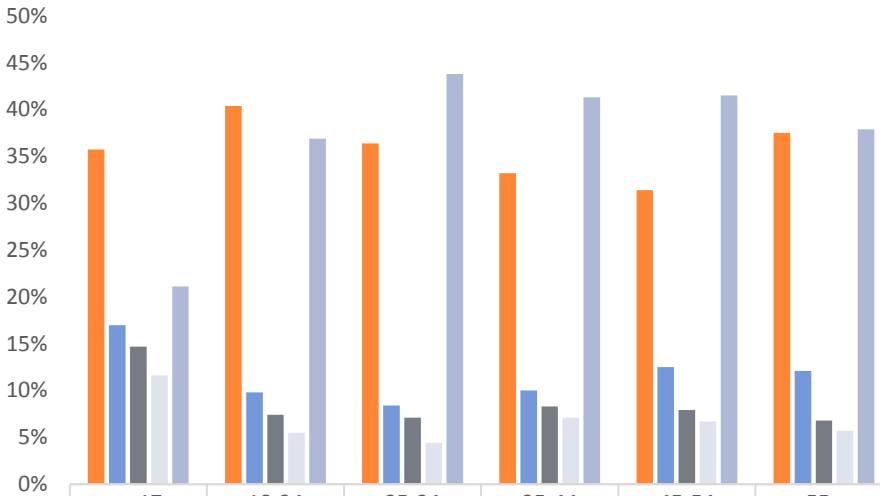
Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Table 2.26 Primary Method of Drug Consumption by Gender and Ethnicity, TEDS-A in the Philadelphia EMA, 2012 (n=9,154)

		Usual Route of Administration (Primary)				
Gender		Oral	Smoking	Inhalation	Injection (IV or Intra-muscular)	Total
Male						
Ethnicity						
Puerto Rican	n	165	242	75	102	584
	%	28.3%	41.4%	12.8%	17.5%	100.0%
Mexican	n	31	7	0	0	38
	%	81.6%	18.4%	0.0%	0.0%	100.0%
Cuban	n	1	0	1	0	2
	%	50.0%	0.0%	50.0%	0.0%	100.0%
Other Specific Hispanic	n	13	9	4	0	26
	%	50.0%	34.6%	15.4%	0.0%	100.0%
Hispanic, Specific Origin Not Specified	n	36	28	8	2	74
	%	48.6%	37.8%	10.8%	2.7%	100.0%
Not of Hispanic Origin	n	2,089	1,424	796	1,136	5,445
	%	38.4%	26.2%	14.6%	20.9%	100.0%
Subtotal	n	2,335	1,710	884	1,240	6,169
	%	37.9%	27.7%	14.3%	20.1%	100.0%
Female						
Puerto Rican	n	70	137	17	26	250
	%	28.0%	54.8%	6.8%	10.4%	100.0%
Mexican	n	6	4	1	2	13
	%	46.2%	30.8%	7.7%	15.4%	100.0%
Cuban	n	4	0	2	0	6
	%	66.7%	0.0%	33.3%	0.0%	100.0%
Other Specific Hispanic	n	4	4	1	0	9
	%	44.4%	44.4%	11.1%	0.0%	100.0%
Hispanic, Specific Origin Not Specified	n	10	11	4	4	29
	%	34.5%	37.9%	13.8%	13.8%	100.0%
Not of Hispanic Origin	n	1,043	704	384	547	2,678
	%	38.9%	26.3%	14.3%	20.4%	100.0%
Subtotal	n	1,137	860	409	579	2,985
	%	38.1%	28.8%	13.7%	19.4%	100.0%
Total	n	3,472	2,570	1,293	1,819	9,154
	%	37.9%	28.1%	14.1%	19.9%	100.0%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

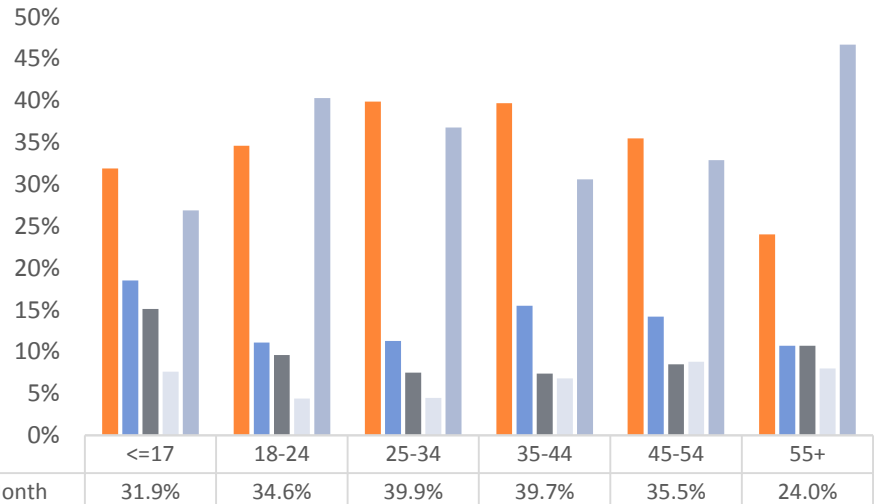
Figure 2.22 Frequency of Primary Drug Use in Males, TEDS-A in the Philadelphia EMA, 2012 (n=6,169)



	<=17	18-24	25-34	35-44	45-54	55+
No Use in the Past Month	35.7%	40.4%	36.4%	33.2%	31.4%	37.5%
1-3 Times in the Past Month	17.0%	9.8%	8.4%	10.0%	12.5%	12.1%
1-2 Times in the Past Week	14.7%	7.4%	7.1%	8.3%	7.9%	6.8%
3-6 Times in the Past Week	11.6%	5.5%	4.4%	7.1%	6.7%	5.7%
Daily	21.1%	36.9%	43.8%	41.3%	41.5%	37.9%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

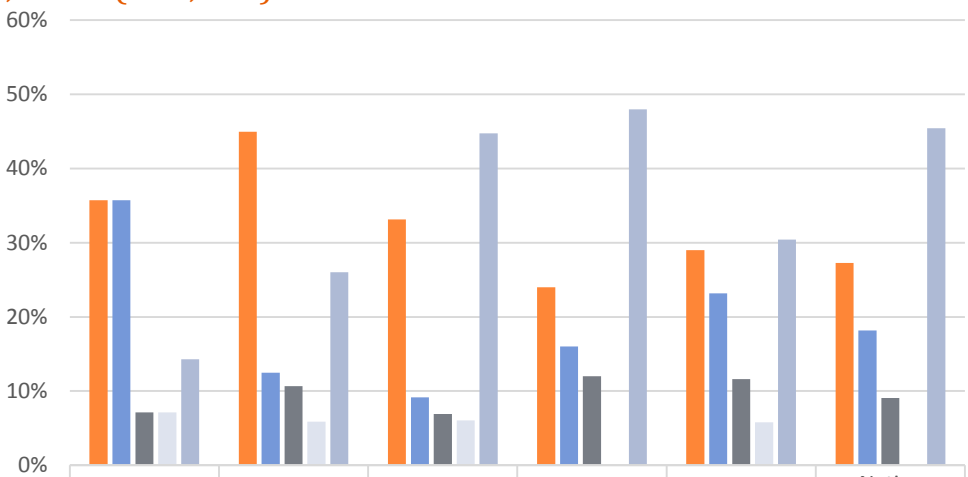
Figure 2.23 Frequency of Primary Drug Use in Females, TEDS-A in the Philadelphia EMA, 2012 (n=2,985)



	<=17	18-24	25-34	35-44	45-54	55+
No Use in the Past Month	31.9%	34.6%	39.9%	39.7%	35.5%	24.0%
1-3 Times in the Past Month	18.5%	11.1%	11.3%	15.5%	14.2%	10.7%
1-2 Times in the Past Week	15.1%	9.6%	7.5%	7.4%	8.5%	10.7%
3-6 Times in the Past Week	7.6%	4.4%	4.5%	6.8%	8.8%	8.0%
Daily	26.9%	40.3%	36.8%	30.6%	32.9%	46.7%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

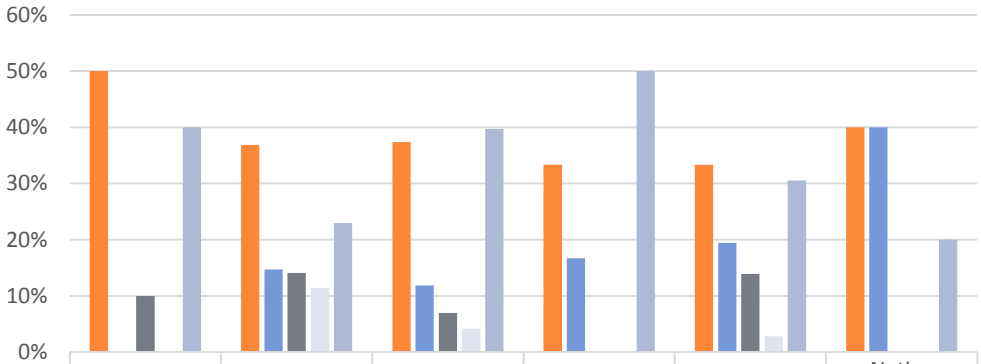
Figure 2.24 Frequency of Primary Drug Use by Race in Males, TEDS-A in the Philadelphia EMA, 2012 (n=6,169)



	Alaska Native or American Indian	Black or African-American	White	Asian	Two or More Races	Native Hawaiian or Pacific Islander
No Use in the Past Month	35.7%	45.0%	33.1%	24.0%	29.0%	27.3%
1-3 Times in the Past Month	35.7%	12.5%	9.2%	16.0%	23.2%	18.2%
1-2 Times in the Past Week	7.1%	10.7%	6.9%	12.0%	11.6%	9.1%
3-6 Times in the Past Week	7.1%	5.9%	6.1%	0.0%	5.8%	0.0%
Daily	14.3%	26.0%	44.7%	48.0%	30.4%	45.5%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

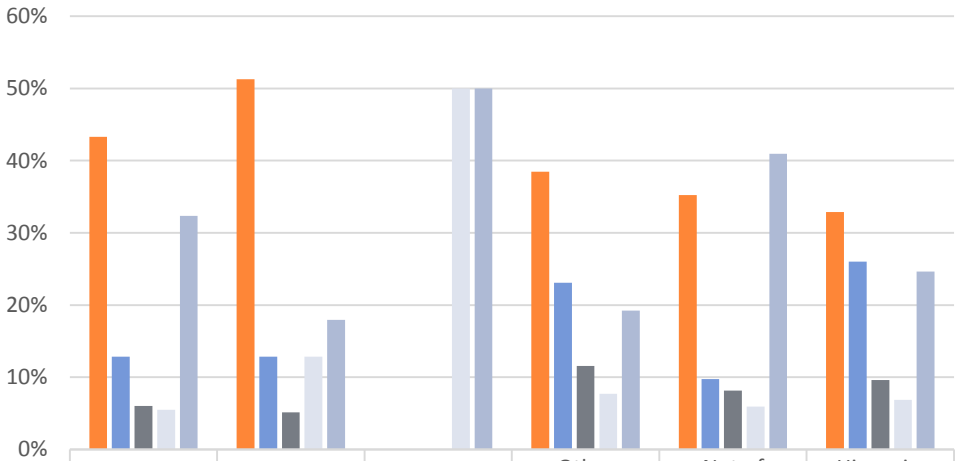
Figure 2.25 Frequency of Primary Drug Use by Race in Females, TEDS-A in the Philadelphia EMA, 2012 (n=2,984)



	Alaska Native or Native American	Black or African-American	White	Asian	Two or More Races	Native Hawaiian or Pacific Islander
No Use in the Past Month	50.0%	36.9%	37.4%	33.3%	33.3%	40.0%
1-3 Times in the Past Month	0.0%	14.7%	11.9%	16.7%	19.4%	40.0%
1-2 Times in the Past Week	10.0%	14.1%	6.9%	0.0%	13.9%	0.0%
3-6 Times in the Past Week	0.0%	11.4%	4.1%	0.0%	2.8%	0.0%
Daily	40.0%	22.9%	39.7%	50.0%	30.6%	20.0%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

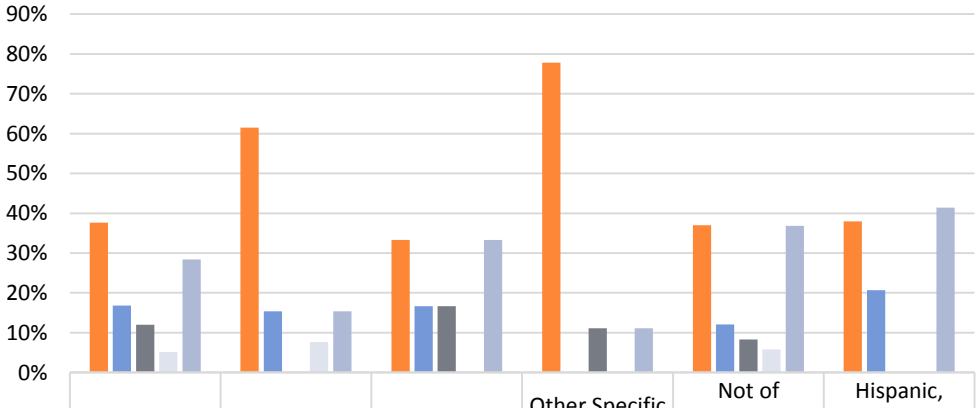
Figure 2.26 Frequency of Primary Drug Use by Ethnicity in Males, TEDS-A in the Philadelphia EMA, 2012 (n=6,169)



	Puerto Rican	Mexican	Cuban	Other Specific Hispanic	Not of Hispanic Origin	Hispanic, Origin Not Specified
No Use in the Past Month	43.3%	51.3%	0.0%	38.5%	35.2%	32.9%
1-3 Times in the Past Month	12.8%	12.8%	0.0%	23.1%	9.7%	26.0%
1-2 Times in the Past Week	6.0%	5.1%	0.0%	11.5%	8.1%	9.6%
3-6 Times in the Past Week	5.5%	12.8%	50.0%	7.7%	5.9%	6.8%
Daily	32.4%	17.9%	50.0%	19.2%	41.0%	24.7%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

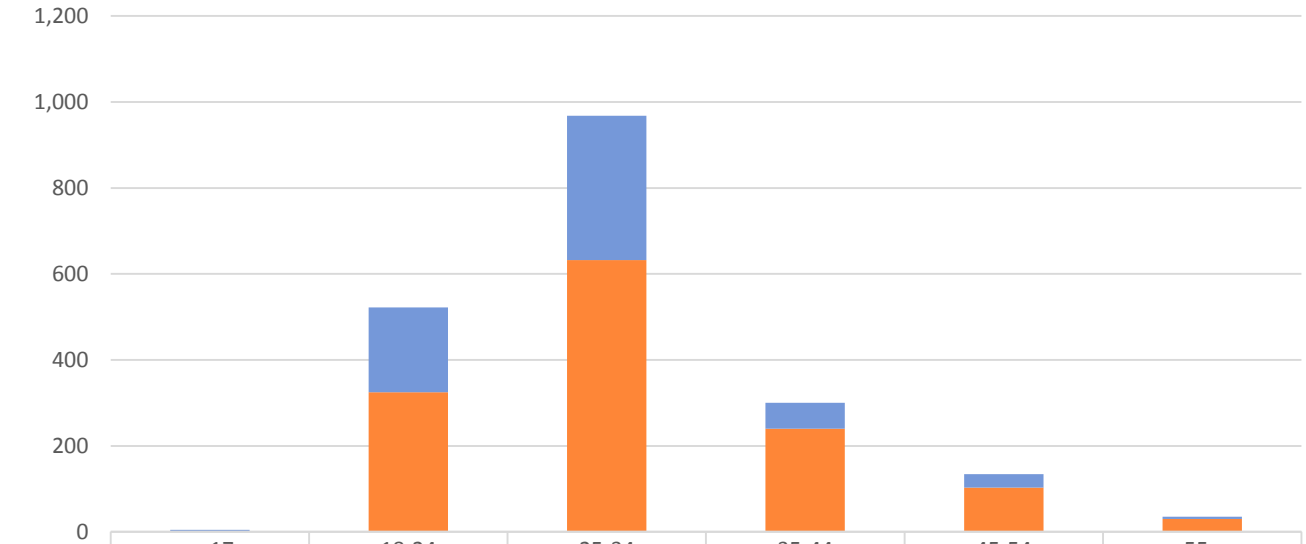
Figure 2.27 Frequency of Primary Drug Use by Ethnicity in Males, TEDS-A in the Philadelphia EMA, 2012 (n=6,169)



	Puerto Rican	Mexican	Cuban	Other Specific Hispanic	Not of Hispanic Origin	Hispanic, Origin Not Specifed
No Use in the Past Month	37.6%	61.5%	33.3%	77.8%	37.0%	37.9%
1-3 Times in the Past Month	16.8%	15.4%	16.7%	0.0%	12.1%	20.7%
1-2 Times in the Past Week	12.0%	0.0%	16.7%	11.1%	8.3%	0.0%
3-6 Times in the Past Week	5.2%	7.7%	0.0%	0.0%	5.8%	0.0%
Daily	28.4%	15.4%	33.3%	11.1%	36.9%	41.4%

Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

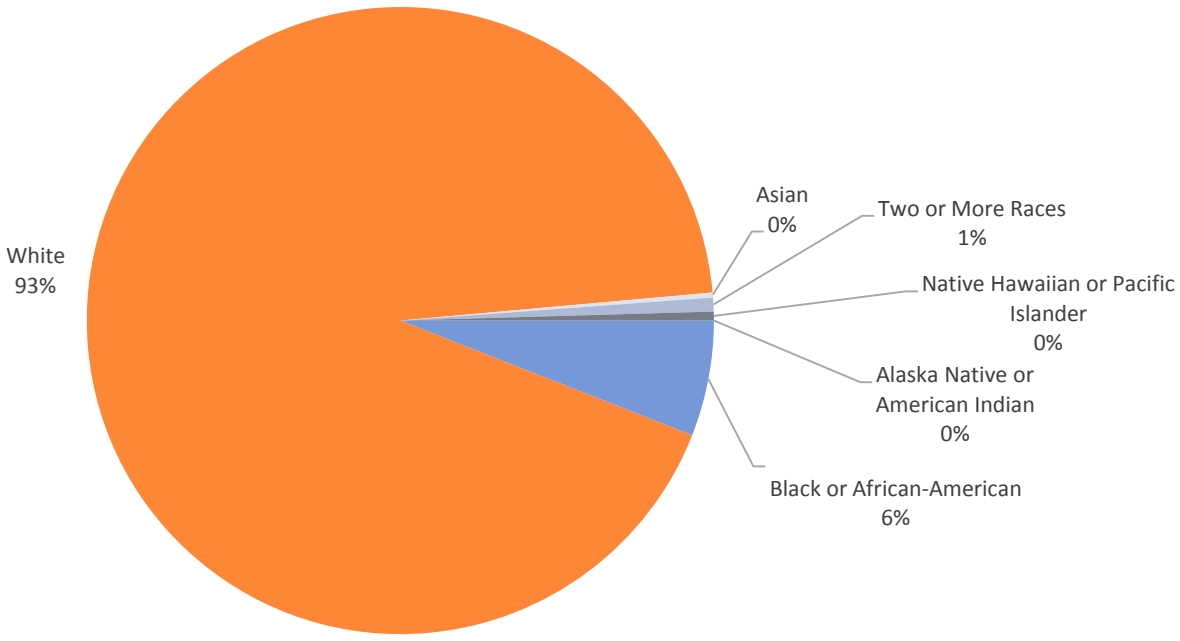
Figure 2.28 Intravenous Drug Use by Age, TEDS-A in the Philadelphia EMA, 2012 (n=1,964)



	<=17	18-24	25-34	35-44	45-54	55+
Female	4	197	336	60	31	5
Male	1	325	632	240	103	30

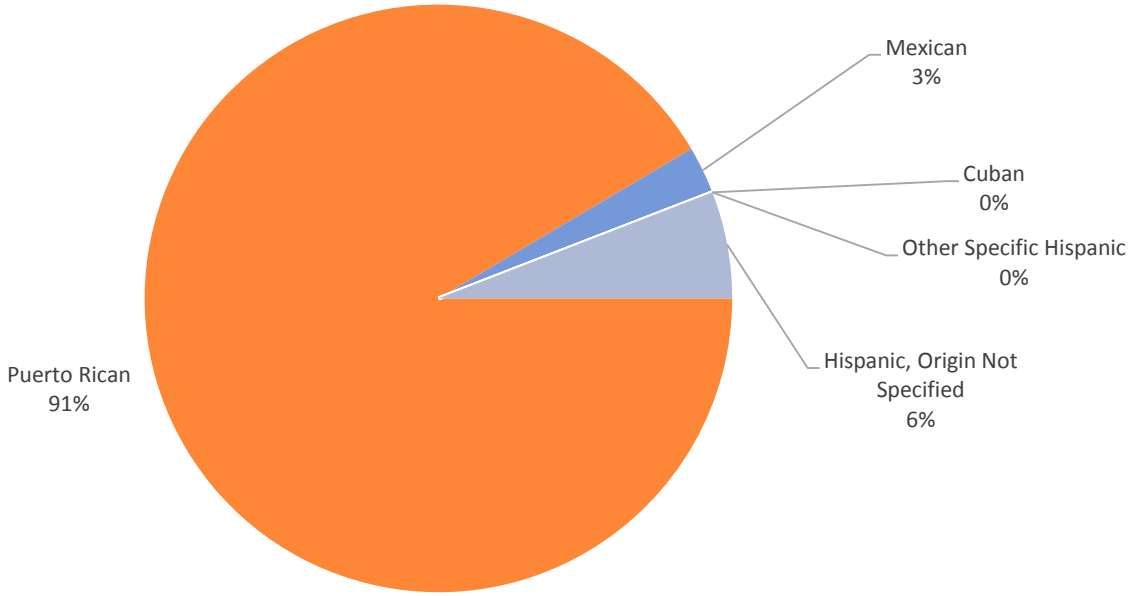
Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Figure 2.29 Intravenous Drug Use by Race, TEDS-A in the Philadelphia EMA, 2012 (n=1,963)



Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

Figure 2.30 Intravenous Drug Use by Hispanic Ethnicity, TEDS-A in the Philadelphia EMA, 2012 (n=153)



Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set-Admissions (TEDS-A) 2012 (accessed 10/2014)

National Survey on Drug Use and Health, 2012 and 2013

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Survey on Drug Use and Health (NSDUH) provides national substance use estimates for people 12 and older. Estimates are available at the state and national level, and exclude homeless persons living outside the shelter system, active military, and residents of correctional facilities, nursing homes, mental institutions, hospitals, and drug treatment facilities. These tables differ slightly in presentation from previous years; the newest NSDUH estimates are in percentages rather than absolute numbers. For more information on the NSDUH, visit SAMHSA's website on the survey.

Below, we have included estimates for illicit substance dependence or abuse, as well as estimates for people who needed but did not receive treatment for illicit substance use (see Table 2.27). Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription psychotherapeutic used non-medically. We have also included data on serious mental illness and major depressive incidents for New Jersey and Pennsylvania (see Tables 2.28 and 2.29).

Table 2.27 Past Year Substance Dependence or Abuse* and Needing But Not Receiving Treatment in New Jersey and Pennsylvania By Age Group: Percentages, Annual Averages Based on 2012 and 2013 NSDUHs

Measure	Location	Age Group (Years)			
		Total 12 or Older	12-17	18-25	>= 26
Illicit Drug** Dependence or Abuse		%	%	%	%
	NJ	2.22%	3.15%	7.86%	1.26%
	PA	2.83%	3.42%	7.68%	1.96%
	US	2.71%	3.76%	7.59%	1.74%
Needing But Not Receiving Treatment for Illicit Drug Use***	NJ	1.95%	2.92%	6.70%	1.11%
	PA	2.48%	3.05%	6.81%	1.69%
	US	2.42%	3.49%	6.94%	1.51%

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013 (accessed 01/2015)
Estimates are based on a survey-weighted hierarchical Bayes estimation approach.
*Dependence or abuse is based on definitions found in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
**Any illicit Drug includes marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or any prescription-type psychotherapeutic used non-medically.
***Needing But Not Receiving Treatment refers to respondents classified as needing treatment for illicit drugs, but not receiving treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only) and (mental health centers).

Table 2.28 Serious Mental Illness in Past Year by Age Groups 18 and Older by State: Percentages, Annual Averages Based on 2012 and 2013 NSDUHs

State/Location	Age Group (Years)		
	18 or Older Estimate	18-25 Estimate	26 or Older Estimate
	%	%	%
New Jersey	3.28%	4.07%	3.16%
Pennsylvania	4.05%	4.30%	4.01%
United States	4.14%	4.17%	4.14%

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013 (accessed 01/2015)
Estimates are based on a survey-weighted hierarchical Bayes estimation approach.
Serious mental illness (SMI) is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder, as assessed by the Mental Health Surveillance Study (MHSS) Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition—Research Version—Axis I Disorders (MHSS-SCID), which is based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Table 2.29 Having at Least One Major Depressive Incident in Past Year, by Age Group and State: Percentages, Annual Averages Based on 2012 and 2013 NSDUHs

State/Location	Age Group (Years)			
	18 or Older Estimate	12 to 17 Estimate	18 to 25 Estimate	26 or Older Estimate
	%	%	%	%
New Jersey	6.12%	9.06%	8.56%	5.75%
Pennsylvania	6.56%	9.54%	9.15%	6.14%
United States	6.77%	9.86%	8.81%	6.41%

SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013 (accessed 01/2015)
Estimates are based on a survey-weighted hierarchical Bayes estimation approach.
Major depressive episode (MDE) is defined as in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms.
There are minor wording differences in the questions in the adult and adolescent MDE module. Therefore, data from youths aged 12 to 17 were not combined with data from persons aged 18 or older to get an overall estimate (12 or older).

Uniform Crime Report, 2014

The Uniform Crime Report (UCR) is a standardized national reporting system for crimes. Data are collected for all crimes except traffic violations, and include the arrestee's age, sex, and race, as well as the category of crime committed. Law enforcement agencies report this information on a monthly basis, and it is compiled into a national report. Some jurisdictions, including Pennsylvania, also publicly release their own monthly reports before the national summaries are published. The information included in the below tables was obtained through an online analysis tool provided by the Pennsylvania Uniform Crime Reporting System.

The following tables provide information for the Philadelphia Metropolitan Statistical Area, in this case, defined as the five counties in Southeastern Pennsylvania (Bucks, Chester, Delaware, Montgomery, and Philadelphia). Comparable data were not available for the New Jersey counties in the nine-county area for 2014.

The Uniform Crime Report includes only crimes that have been reported to police, and does not address the number of crimes that have not been reported (also called the "dark figure of crime"). Common reasons for not reporting a crime include the belief that the perpetrator will not be caught, that a victim was participating in illicit activity at the time of the crime, and fear of retaliation. These figures may also include multiple arrests for one individual.

We have provided arrest information for drug possession, drug sales or manufacturing, and prostitution and commercialized vice. The highest number of arrests for both juveniles and adults were due to marijuana possession (see Table 2.30). The greatest number of arrests among women were for cocaine possession (1,234), followed by prostitution and commercial vice (1,013). The greatest number of arrests among men were for marijuana possession (6,431), followed by cocaine sale or manufacturing (4,853), and cocaine possession (4,440).

We have also provided this information by race (see Table 2.31). Data were not available by ethnicity. The most common arrest category for Whites was cocaine possession (3,635), followed by marijuana possession (3,433) and cocaine sale or manufacturing (2,557). The most frequent arrests for Blacks were for marijuana possession (3,838), followed by cocaine sale or manufacturing (2,958) and cocaine possession (2,008). Notably, 48% of drug-related arrests were made among Blacks, while 22% of the general population in Southeastern Pennsylvania was Black (see Tables 1.1 and 1.2).

Table 2.30 Number of Arrests by Offense by Sex and Age, Uniform Crime Report for Southeastern PA, 2014

	Male	Female	Adult	Juvenile
	n	n	n	n
Offense Code				
Drug Sale/Manufacturing - Opium - Cocaine	4,853	672	5,217	308
Drug Sale/Manufacturing - Marijuana	2,135	201	2,194	142
Drug Sale/Manufacturing - Synthetic	544	93	616	21
Drug Sale/Manufacturing - Other	255	70	315	10
Drug Possession - Opium - Cocaine	4,440	1,234	5,583	91
Drug Possession - Marijuana	6,431	946	6,328	1,049
Drug Possession - Synthetic	804	187	956	35
Drug Possession - Other	888	325	1,138	75
Prostitution and Commercialized Vice	480	1,013	1,486	7

Pennsylvania State Police, Uniform Crime Reporting System (accessed 02/27/2015)

Table 2.31 Number of Arrests by Offense by Race, Uniform Crime Report for Southeastern PA, 2014

	Race			
	White	Black	Other	Total
	n	n	n	n
Offense Code				
Drug Sale/Manufacturing - Opium - Cocaine	2,557	2,958	10	5,525
Drug Sale/Manufacturing - Marijuana	678	1,629	29	2,336
Drug Sale/Manufacturing - Synthetic	327	308	2	637
Drug Sale/Manufacturing - Other	164	159	2	325
Drug Possession - Opium - Cocaine	3,635	2,008	31	5,674
Drug Possession - Marijuana	3,433	3,838	106	7,377
Drug Possession - Synthetic	559	427	5	991
Drug Possession - Other	923	272	18	1,213
Prostitution and Commercialized Vice	734	716	43	1,493

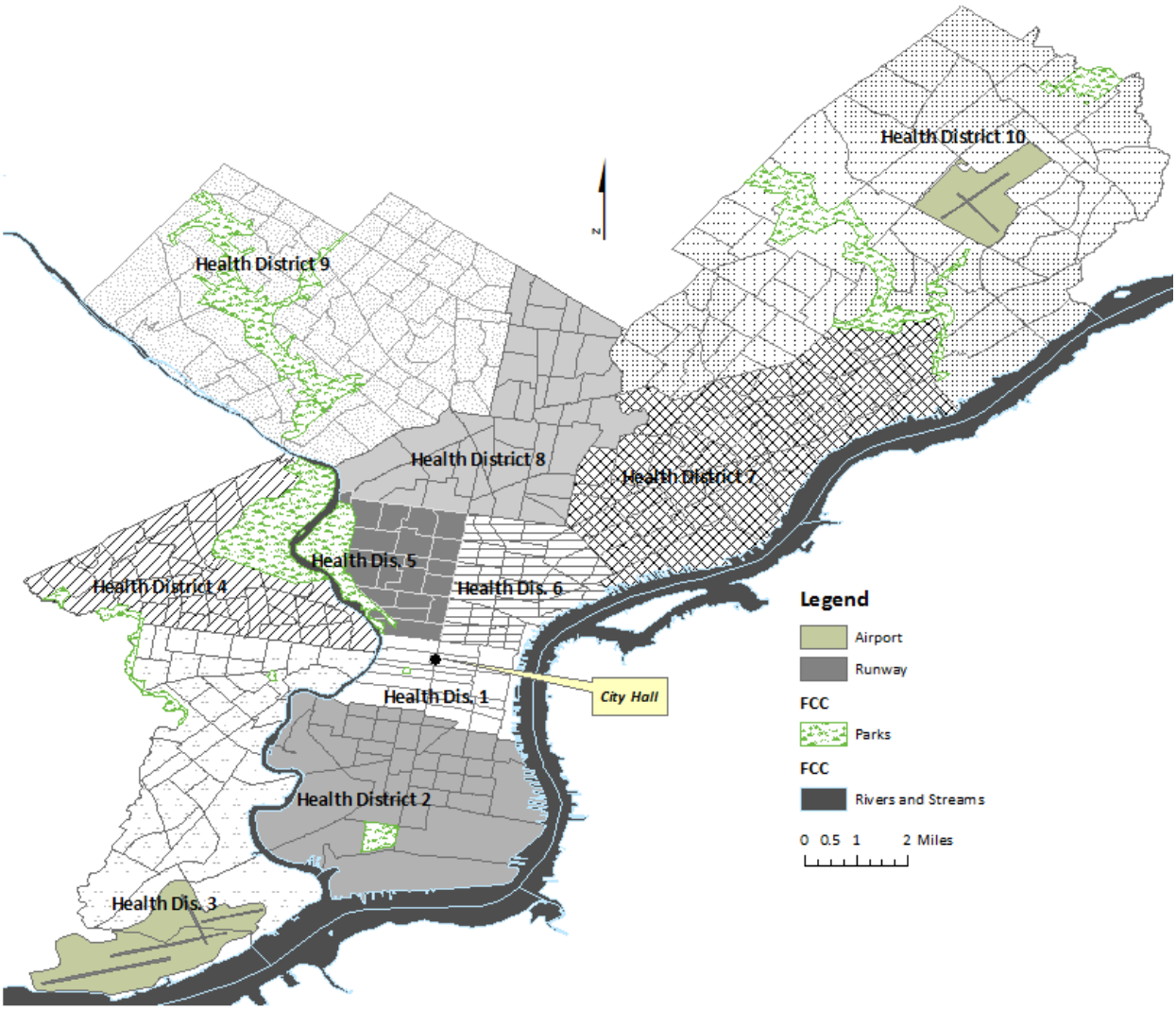
Pennsylvania State Police, Uniform Crime Reporting System (accessed 02/27/2015)

PHILADELPHIA HEALTH DISTRICTS

Over the next several pages, we have included maps of the racial and ethnic composition of Philadelphia health districts. We have included these maps at this point in the epidemiologic profile because these particular geographic areas are used exclusively by the Philadelphia Department of Public Health, and some of the sexually transmitted disease data that follows is at the health district level. We hope that the race/ethnicity maps for each health district will provide additional context for sexually transmitted disease cases and rates within that health district.

Health district race/ethnicity data are based on the 2010 United States Census; more updated information is not available because Census borders have changed, but Philadelphia health district borders have not.

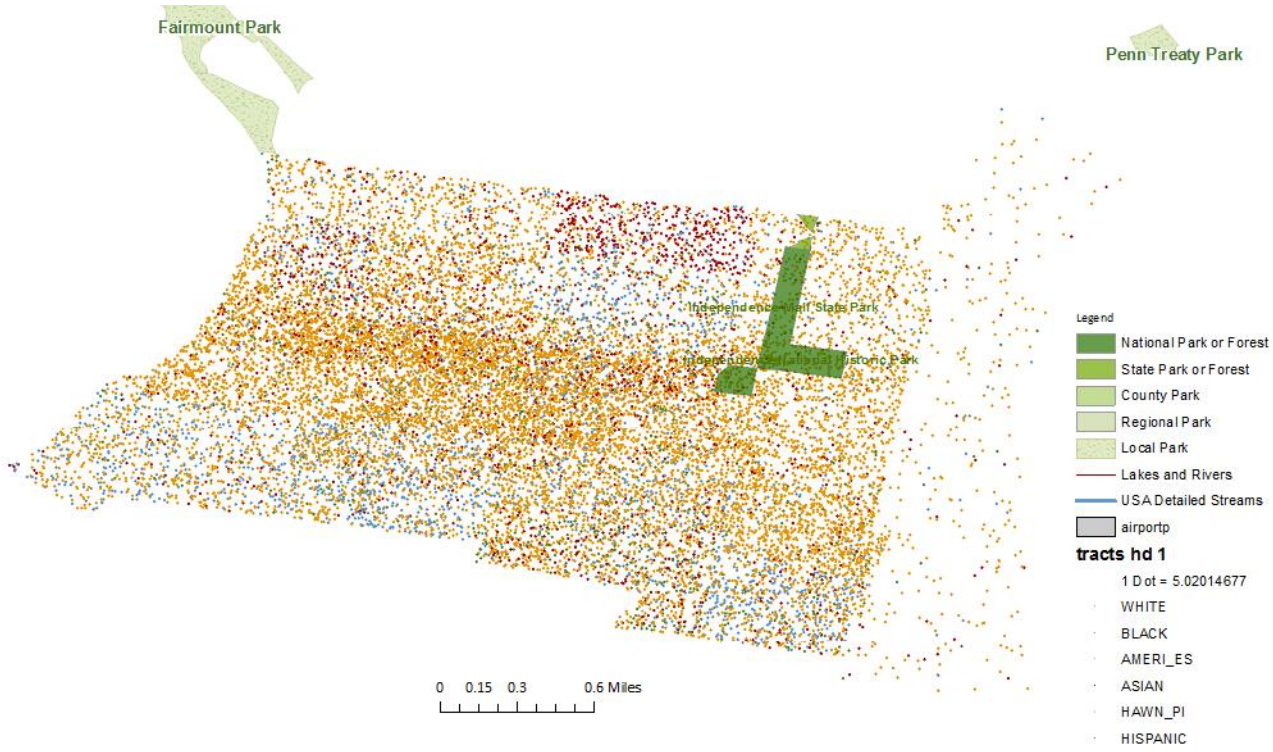
Figure 2.31 Philadelphia Health Districts



Philadelphia Health District Maps

The following maps display information about the racial/ethnic composition of the general population within each Philadelphia health district. We have represented the race/ethnicity categories with the following colors: White - orange, Black - blue, Amer_es (American Indian) - grey, Asian – red, Hawaiian Pacific Islander (Hawn_PI) – yellow, and Hispanic – green. Each dot represents five people.

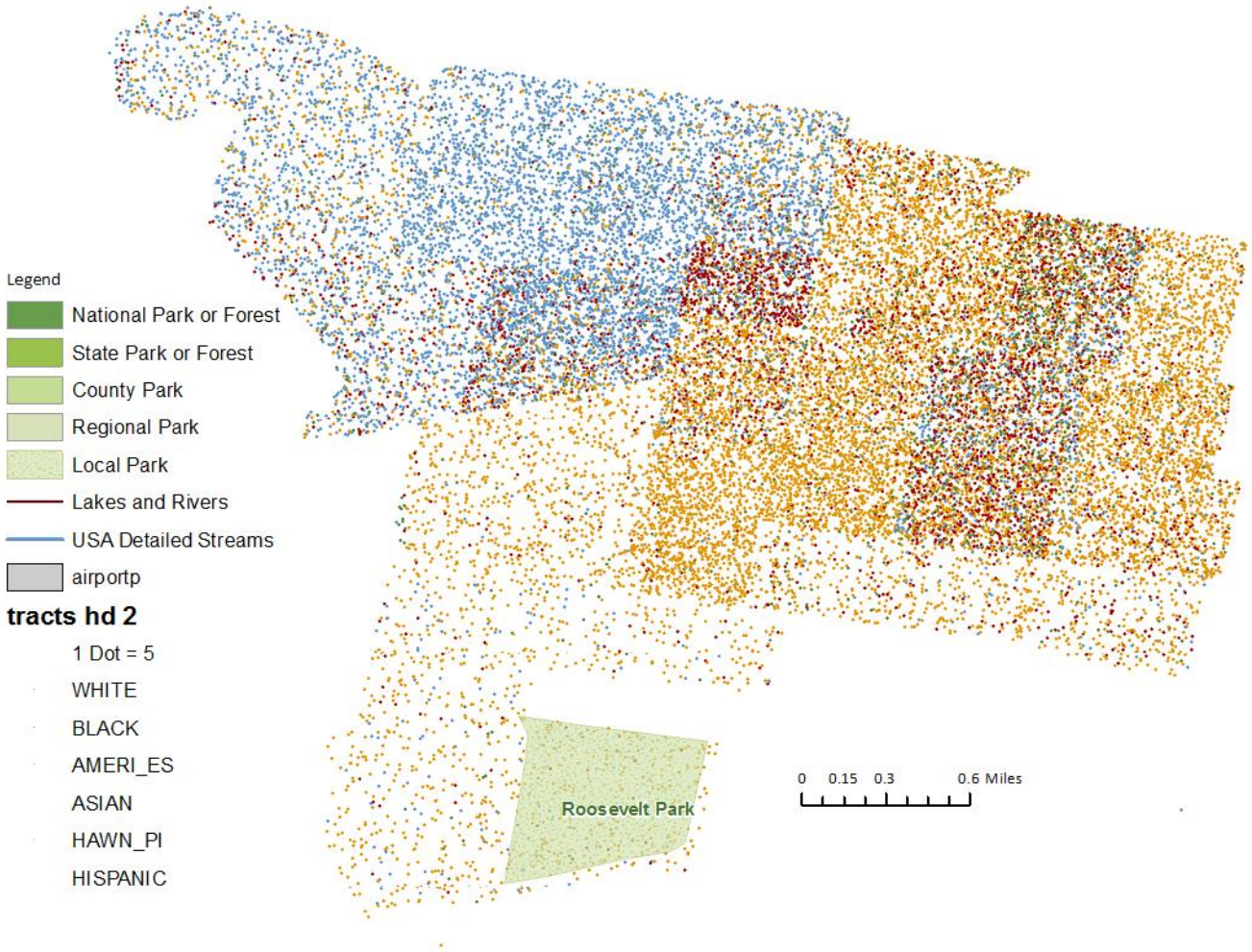
Figure 2.32 Health District 1 (Center City Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 1 is located in Center City Philadelphia. In 2010, its estimated population was 79,877. Whites made up 65.5% of the population, Blacks/African-Americans represented 19.5% of the population, Hispanics made up 3.6% of the population, and Asians were 8.1% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 1 was the most densely-populated district, at 24,479 people per square mile.

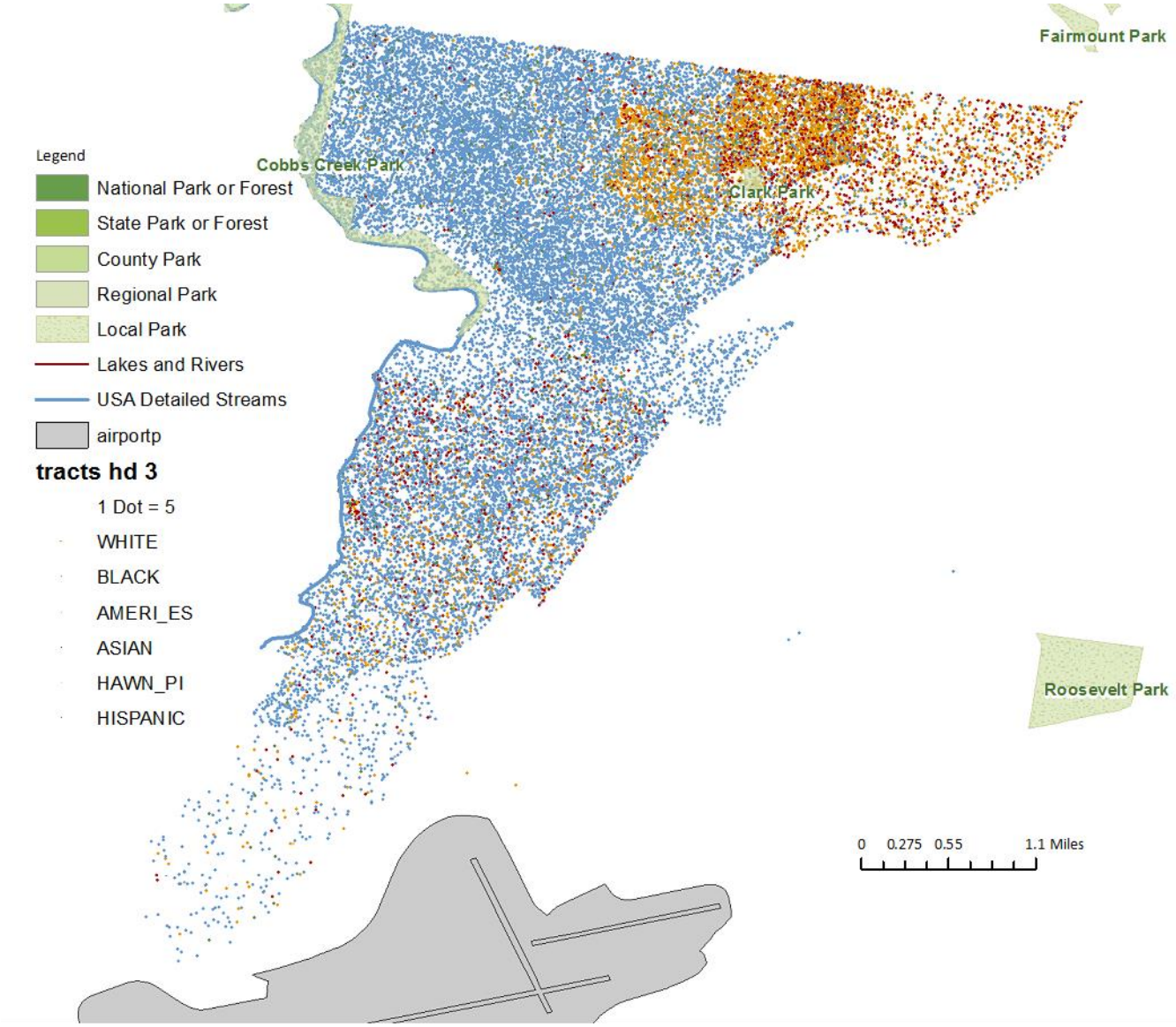
Figure 2.33 Health District 2 (South Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 2 is located in South Philadelphia. In 2010, its estimated population was 128,359. Whites made up 54.3% of the population, Blacks/African-Americans represented 32.3% of the population, Hispanics made up 3.3% of the population, and Asians were 9.7% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 2 had 21,508 people per square mile in 2010.

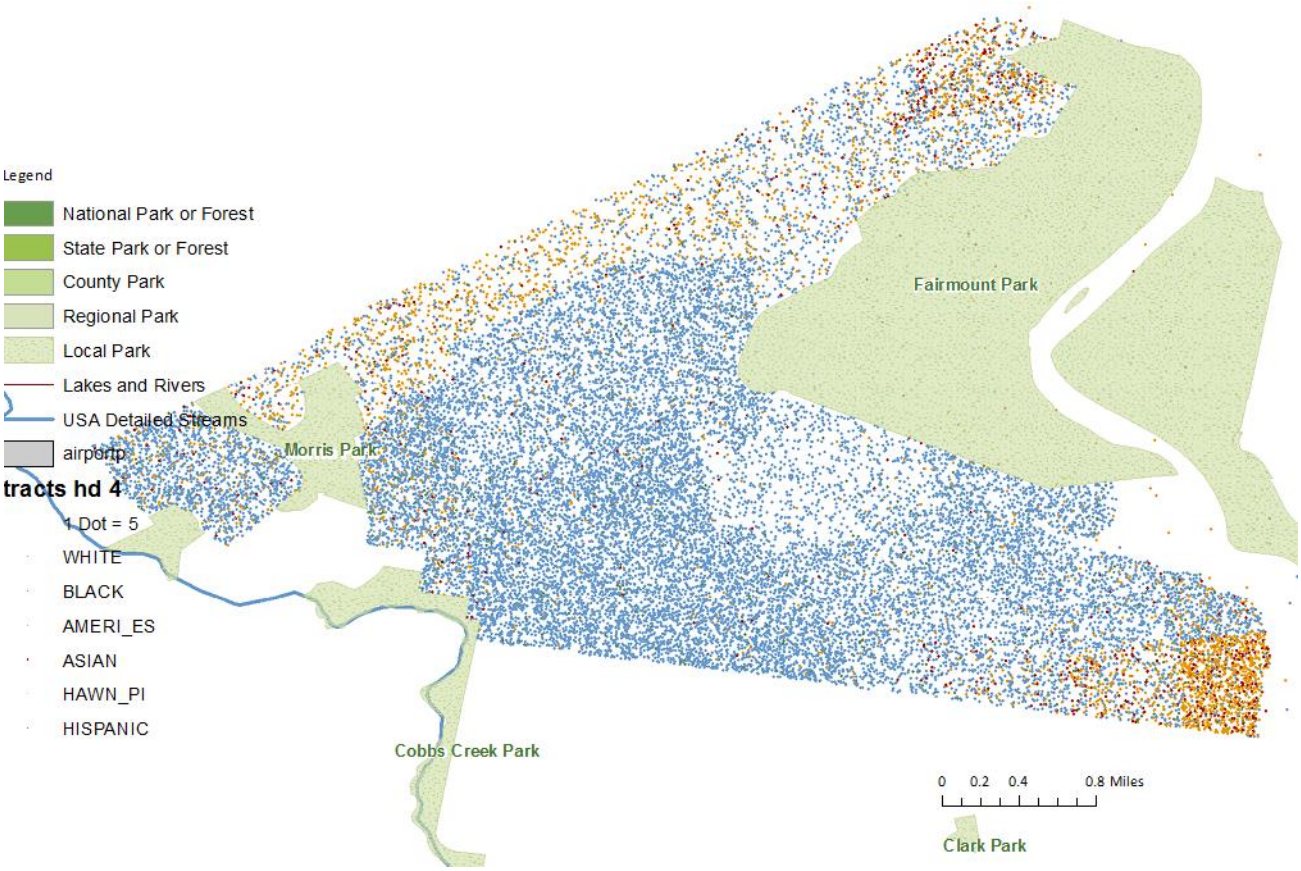
Figure 2.34 Health District 3 (Southwest Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 3 is located in Southwest Philadelphia. In 2010, its estimated population was 154,300. Whites made up 19.4% of the population, Blacks/African-Americans represented 71.2% of the population, Hispanics made up 1.9% of the population, and Asians were 6.0% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 3 had 16,095 people per square mile in 2010.

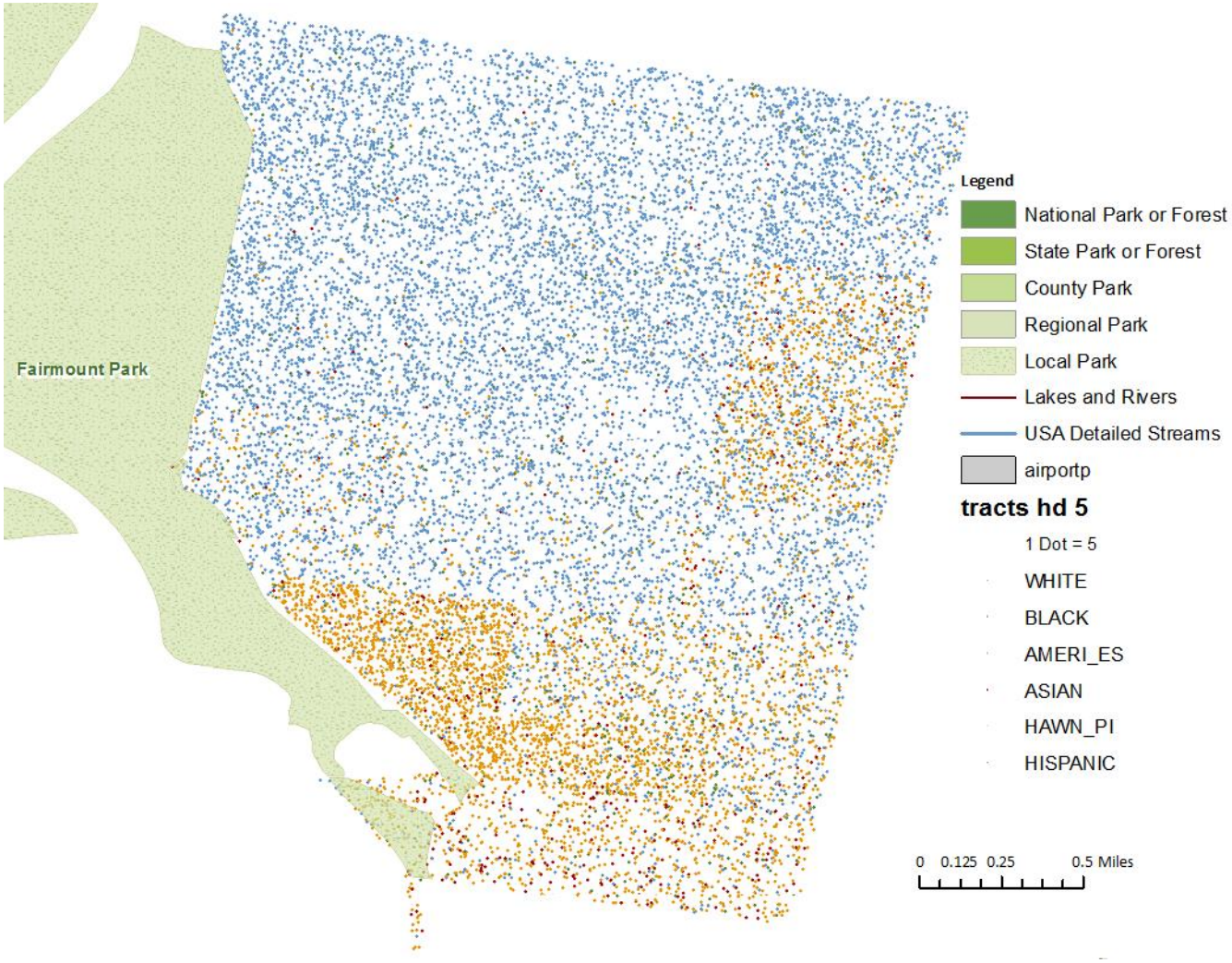
Figure 2.35 Health District 4 (West Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 4 is located in West Philadelphia. In 2010, its estimated population was 130,546. Whites made up 16.0% of the population, Blacks/African-Americans represented 78.8% of the population, Hispanics made up 1.7% of the population, and Asians were 2.1% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 4 had 17,284 people per square mile in 2010.

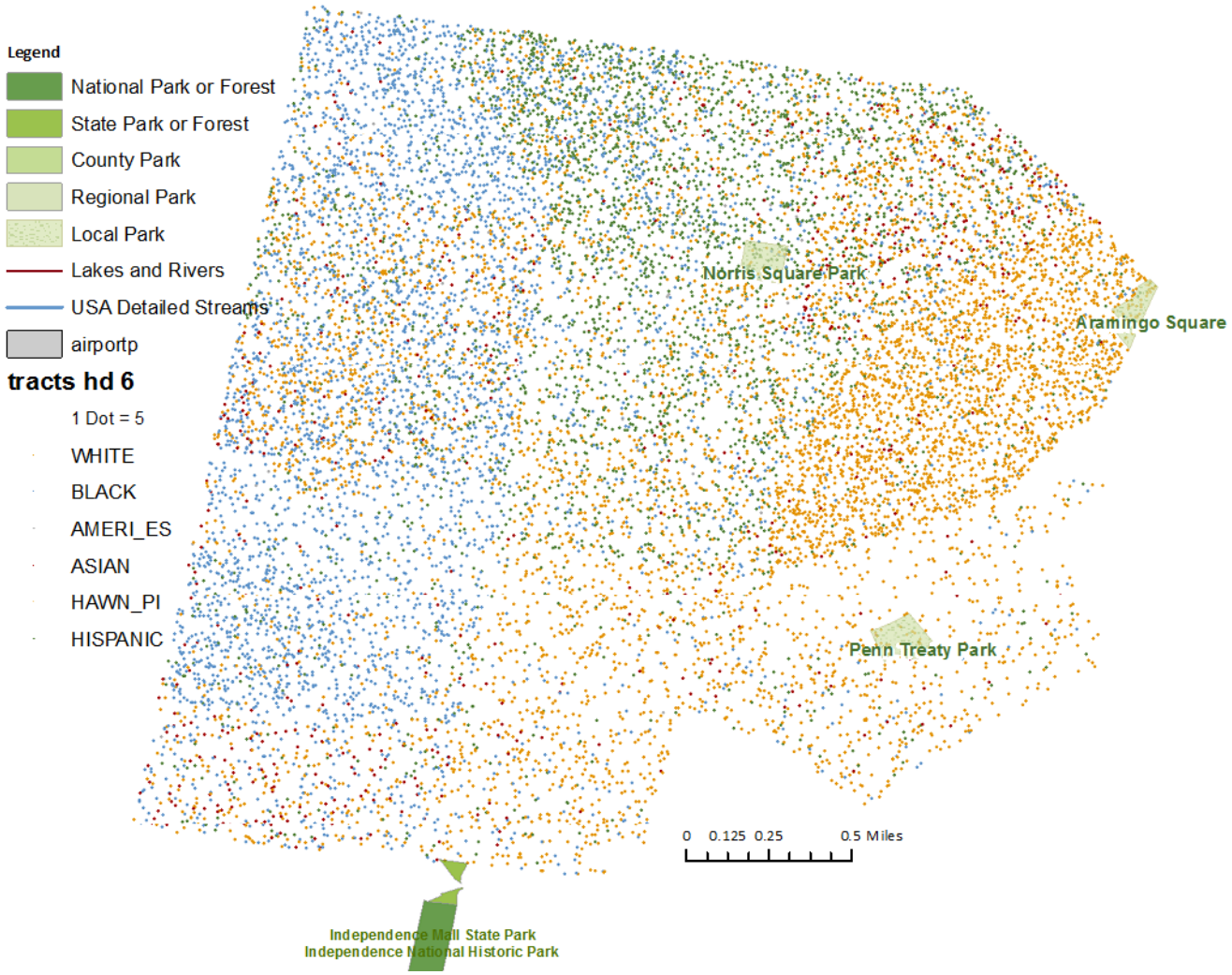
Figure 2.36 Health District 5 (North Philadelphia – West of Broad)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 5 is located in North Philadelphia, west of Broad Street. In 2010, its estimated population was 80,779. Whites made up 18.7% of the population, Blacks/African-Americans represented 76.6% of the population, Hispanics made up 3.1% of the population, and Asians were 1.4% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 5 had 20,026 people per square mile in 2010.

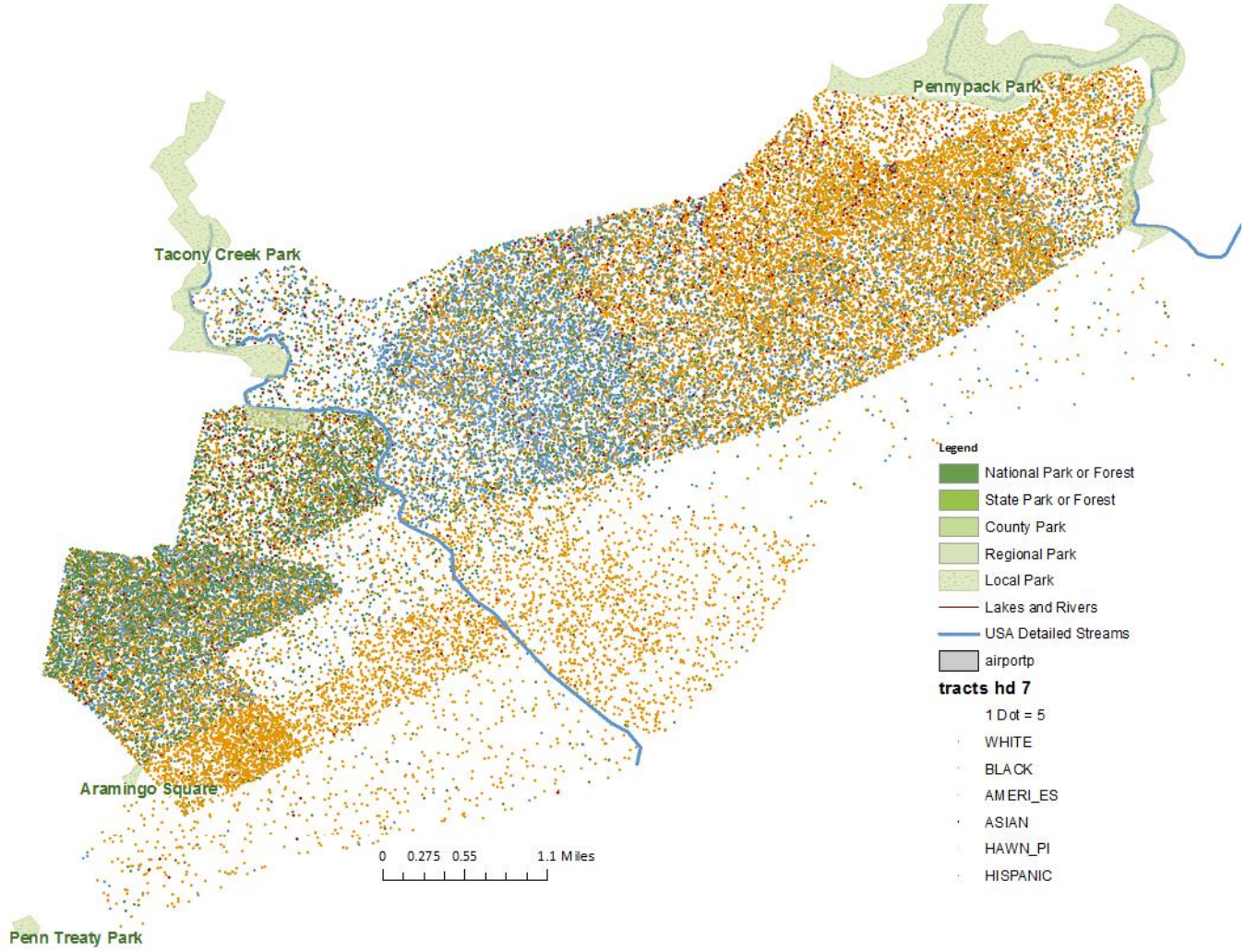
Figure 2.37 Health District 6 (North Philadelphia – East of Broad)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 6 is located in North Philadelphia, east of Broad Street. In 2010, its estimated population was 73,211. It was the most racially diverse of the ten health districts. Whites made up 38.4% of the population, Blacks/African-Americans represented 33.1% of the population, Hispanics made up 22.2% of the population, and Asians were 2.9% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 6 had 13,885 people per square mile in 2010.

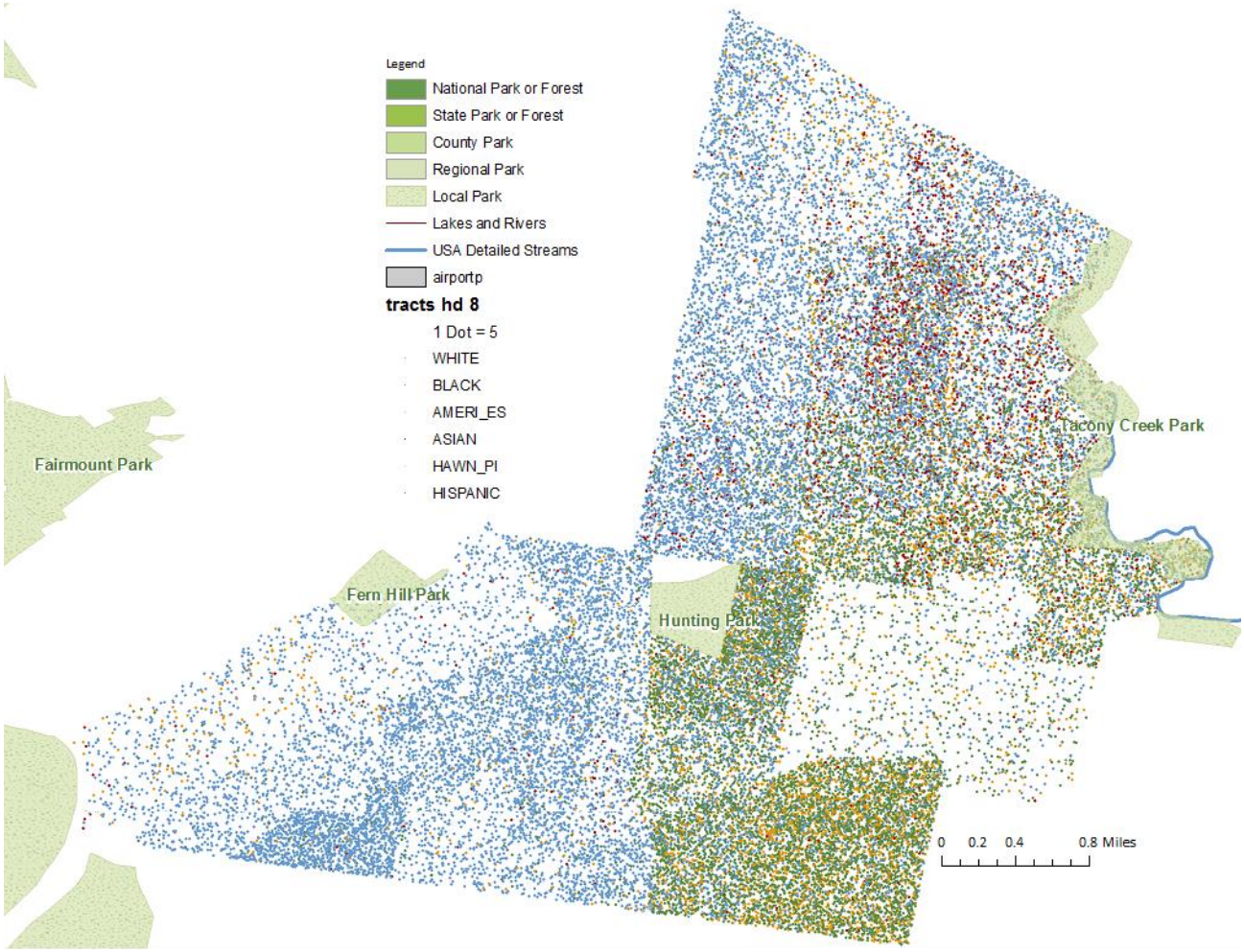
Figure 2.38 Health District 7 (Lower Northeast Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 7 is located in Lower Northeast Philadelphia. In 2010, its estimated population was 191,444. Whites made up 74.1% of the population, Blacks/African-Americans represented 12.8% of the population, Hispanics made up 14.0% of the population, and Asians were 1.9% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 7 had 13,235 people per square mile in 2010.

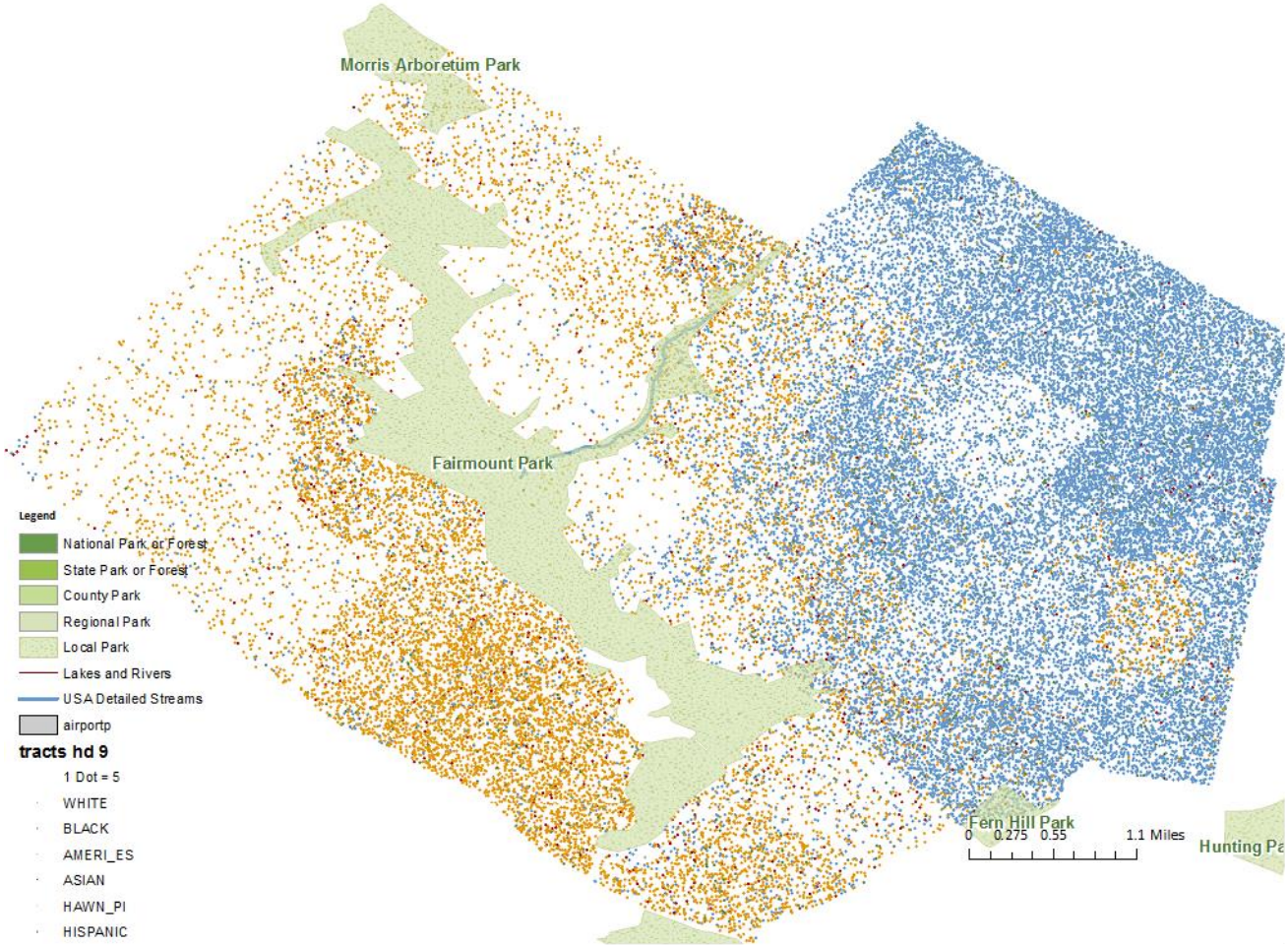
Figure 2.39 Health District 8 (Olney, East Oak Lane Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 8 is located in the Olney and East Oak Lane sections of Philadelphia. In 2010, its estimated population was 185,543. Whites made up 15.0% of the population, Blacks/African-Americans represented 57.5% of the population, Hispanics made up 27.5% of the population, and Asians were 6.1% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was 0.5%. Health District 8 had 17,745 people per square mile in 2010.

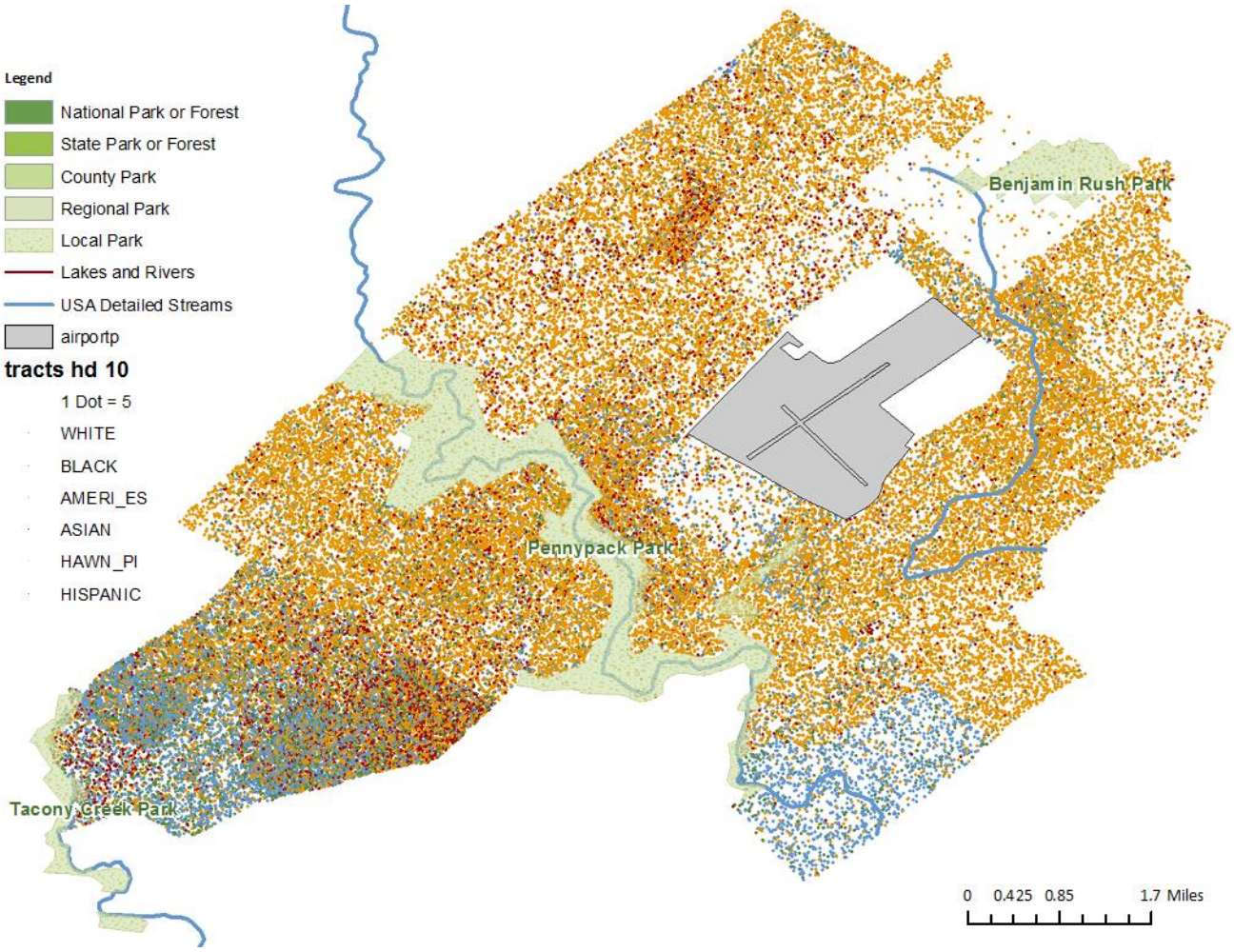
Figure 2.40 Health District 9 (Northwest Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 9 is located in Northwest Philadelphia. In 2010, its estimated population was 221,478. Whites made up 31.0% of the population, Blacks/African-Americans represented 64.9% of the population, Hispanics made up 1.6% of the population, and Asians were 1.2% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 9 had 11,154 people per square mile in 2010.

Figure 2.41 Health District 10 (Northeast Philadelphia)



ERSI ArcGis 10 (accessed in 06/2015)

Health District 10 is located in Far Northeast Philadelphia. In 2010, its estimated population was 280,904. Whites made up 81.3% of the population, Blacks/African-Americans represented 8.6% of the population, Hispanics made up 5.7% of the population, and Asians were 5.4% of the population. The combined total of Native Hawaiians/Pacific Islanders and Native Americans was less than one half of one percent. Health District 10 was the least racially diverse health district, and had 10,047 people per square mile in 2010.

Sexually Transmitted Diseases

The remaining portion of Section II is dedicated to data on sexually transmitted diseases throughout the nine-county Philadelphia Eligible Metropolitan Area. These tables and figures include information on syphilis, chlamydia, and gonorrhea. We will provide data on HIV/AIDS in Section III.

The data throughout this section is primarily sourced from programs in three different health departments: the Philadelphia Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program; the Pennsylvania Department of Health, Division of Health Informatics; and the New Jersey Department of Health, Sexually Transmitted Disease Program. Because these data come from multiple data sources, they vary in format and categorization. We have made every effort to standardize their presentation as much as possible.

For each sexually transmitted disease, data for Philadelphia are presented first, followed by the four suburban Pennsylvania counties, and finally the New Jersey suburban counties.

Syphilis

Philadelphia

Most syphilis data for Philadelphia include all stages of syphilis (primary, secondary, latent, and early latent). This varies by health department – some departments only provide data for primary and secondary syphilis, as these are the most contagious stages. The following table displays syphilis cases in Philadelphia from 2007 through 2013 (see Table 2.32). As seen below, syphilis cases have increased over time, as well as the male to female ratio of cases. Table 2.33 provides case rates for males and females, and Table 2.34 provides syphilis cases over time by race/ethnicity. The vast majority (608) of syphilis cases were among Blacks in 2013; Blacks also had the highest case rate (94.2 per 100,000), followed by Hispanics (68.8 per 100,000) and Whites (24.2 per 100,000).

Table 2.32 Philadelphia Syphilis Trends by Gender and Year (All Stages), 2007-2013

	Male	Female	Ratio Male to Female
	n	n	
Year			
2007	393	107	3.67
2008	414	112	3.69
2009	533	171	3.12
2010	535	132	4.05
2011	584	123	4.74
2012	630	133	4.74
2013	796	165	4.82

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Table 2.33 Reported Cases of Syphilis (all stages), Rates* per 100,000 Population by Gender, Philadelphia, 2007-2013

	Total		Male		Female	
Year	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
2007	500	33.0	393	55.7	107	10.0
2008	526	34.7	414	58.3	112	13.8
2009	704	46.4	533	75.6	171	21.1
2010	667	44.3	535	75.6	132	16.6
2011	698	46.1	574	80.5	124	15.5
2012	798	52.3	661	91.9	137	17.0
2013	961	62.5	796	109.7	165	20.3

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Rates were calculated using Census 2000 data through 2010, and population estimates for the specific year for 2010 onward.

Table 2.34 Reported Cases of Syphilis (all stages) and Rates* per 100,000 Population by Race/Ethnicity, Philadelphia, 2008-2013

	2008		2009		2010	
Race/Ethnicity	Cases n=526	Rate per 100,000	Cases n=704	Rate per 100,000	Cases n=667	Rate per 100,000
White, non-Hispanic	68	10.6	80	12.4	85	15.2
Black, non-Hispanic	367	56.8	521	80.6	487	75.3
Asian/Pacific Islander, non-Hispanic	11	16.3	11	16.4	13	14.0
American Indian, non-Hispanic	0	0.0	0	0.0	0	0.0
Hispanic	73	56.6	80	62.1	68	38.8
Unknown/Other	7	-	12	-	14	-

	2011		2012		2013	
Race/Ethnicity	Cases n=707	Rate per 100,000	Cases n=763	Rate per 100,000	Cases n=962	Rate per 100,000
White, non-Hispanic	94	16.7	97	17.3	136	24.2
Black, non-Hispanic	464	71.9	526	81.6	608	94.2
Asian/Pacific Islander, non-Hispanic	-	-	-	-	-	-
American Indian, non-Hispanic	-	-	-	-	-	-
Hispanic	88	48.5	85	45.2	134	68.8
Unknown/Other	61	-	47	-	84	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (data provided upon request in 03/2015)
*Rates were calculated using Census 2000 data through 2010, and population estimates for the specific year for 2010 onward.
Race and ethnicity are combined. Persons identified as Hispanic, alone or in combination with any US Census race category, are included in the Hispanic category. Persons in all other race categories are non-Hispanic.
Cases with no race or ethnicity indicated are distributed proportionately among cases with known race-ethnicity.
Data totals excludes some suppressed numbers that had fewer than five responses.

The next table provides combined primary, secondary, and early latent syphilis cases by gender and age group over time (see Table 2.35). In 2013, the largest age group for syphilis cases among females was 45 – 54 year olds (49 cases), followed by 25 – 29 year olds with 22 cases. The largest age group for males was also 45 – 54 year olds (165 cases), again followed by 25 – 29 year olds with 158 cases.

Table 2.35 Reported Cases of Primary, Secondary, and Early Latent Syphilis by Gender and Age, Philadelphia, 2008-2013

	2008			2009			2010		
Age	Total** n=328	Male	Female	Total** n=473	Male	Female	Total** n=461	Male	Female
10 to 14	0	0	0	*	*	*	0	0	0
15 to 19	27	18	9	40	19	21	34	23	11
20 to 24	50	42	8	107	89	18	107	88	19
25 to 29	54	46	8	91	78	13	74	62	12
30 to 34	42	37	5	59	52	7	68	59	9
35 to 39	32	28	*	41	34	7	45	40	5
40 to 44	56	52	*	52	49	*	52	45	7
45 to 54	54	48	6	64	59	5	61	55	6
55 to 64	10	9	*	14	13	*	18	18	0
65+	*	*	*	*	*	0	*	*	0
Unknown	0	0	0	0	0	0	0	0	0

	2011			2012			2013		
Age	Total** n=622	Male	Female	Total** n=733	Male	Female	Total n=962	Male	Female
10 to 14	*	*	*	*	*	*	2	1	1
15 to 19	22	22	*	24	24	*	30	23	7
20 to 24	98	88	10	132	107	25	138	120	18
25 to 29	77	77	*	144	131	13	180	158	22
30 to 34	80	72	8	80	66	14	133	115	18
35 to 39	67	57	10	80	65	15	92	78	14
40 to 44	91	82	9	88	79	9	101	81	20
45 to 54	141	112	29	133	117	16	214	165	49
55 to 64	46	40	6	34	25	9	47	38	9
65+	*	*	*	18	10	8	24	17	7
Unknown	*	*	*	*	*	*	1	0	1

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Cases fewer than five have been suppressed.
**Total numbers do not include suppressed cases.

The following table provides cases and case rates for all stages of syphilis by Philadelphia health district over time (see Table 2.36). The highest case rate (220.9 per 100,000) and greatest number of cases (181) was found in Health District 3 in Southwest Philadelphia. This was followed by Health District 2 in South Philadelphia, with 168 cases and a case rate of 205.1 per 100,000.

Table 2.36 Reported Cases of Syphilis (all stages), Rates per 100,000* Population by Health District, Philadelphia, 2008-2013

	2008		2009		**2010	
	Cases Reported n=526	Rate per 100,000	Cases Reported n=702	Rate per 100,000	Cases Reported n=667	Rate per 100,000
Health District						
1 (Center City)	37	45.3	25	30.6	40	48.8
2 (South)	46	37.2	94	76	90	70.1
3 (Southwest)	93	60.3	136	88.1	112	72.6
4 (West)	33	25.3	40	30.6	39	29.9
5 (North – West of Broad)	63	78	75	92.9	71	87.9
6 (North – East of Broad)	52	77.4	71	105.7	66	98.3
7 (Lower Northeast)	46	24	53	27.7	47	24.6
8 (Olney, East Oak Lane)	77	41.5	111	59.8	101	42.7
9 (Northwest)	52	23.5	72	32.5	77	34.8
10 (Northeast)	25	8.9	25	8.9	24	8.5
Unknown	<5	-	<5	-	-	-

	**2011		**2012		**2013	
	Cases Reported n=621	Rate per 100,000	Cases Reported n=709	Rate per 100,000	Cases Reported n= 971	Rate per 100,000
Health District						
1 (Center City)	22	26.9	35	42.7	41	50.0
2 (South)	88	68.6	96	74.8	168	205.1
3 (Southwest)	101	65.5	125	81.0	181	220.9
4 (West)	27	20.7	36	27.6	55	67.1
5 (North – West of Broad)	84	104.0	88	108.9	93	113.5
6 (North – East of Broad)	74	110.2	75	111.7	94	114.7
7 (Lower Northeast)	60	31.3	51	26.6	82	100.1
8 (Olney, East Oak Lane)	84	35.5	103	43.5	115	140.4
9 (Northwest)	64	28.9	73	33.0	87	106.2
10 (Northeast)	17	6.1	27	9.6	45	54.9
Unknown	-	-	-	-	<5	-

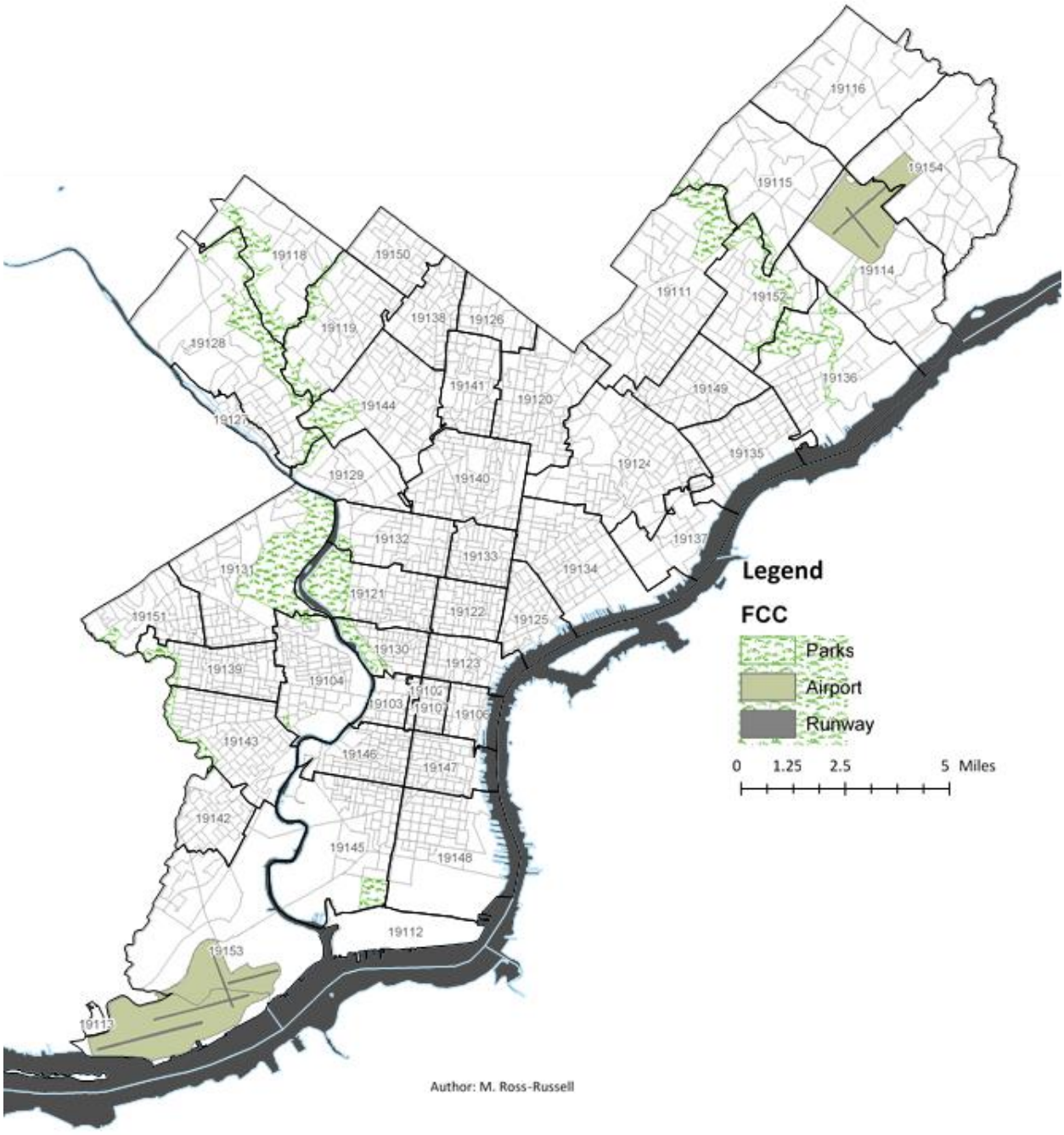
City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (data provided upon request in 03/2015)

*Case Rates are calculated using Census 2000 population totals

**Case Rates are calculated using Census 2010 population totals

Data totals excludes some suppressed numbers that had less than five responses

Figure 2.42 Philadelphia Zip Codes



Next, we have provided syphilis cases and rates by zip code for Philadelphia over time. In 2013, the highest case rates were found in 19133, 19125, 19137, and 19122. (Note: Table 2.37 has been expanded to two pages for readability.)

Table 2.37 Philadelphia Syphilis Cases (all stages) and Case Rates per 100,000, 2009-2013 by Zip Code

Zip Code	2009 n=704	*Case Rate	2010 n=667	**Case Rate	2011 n=676	**Case Rate	2012 n=763	**Case Rate	2013 n=908	**Case Rate	Census 2000	Census 2010
19102	<5	23.5	<5	60.7	<5	60.7	<5	60.7	0	0.0	4,247	4,945
19103	7	38.8	6	30.1	6	30.1	7	35.1	9	45.2	18,042	19,918
19104	27	53.6	30	60.8	16	32.5	16	32.5	26	52.7	50,360	49,303
19106	4	52.4	10	114.6	<5	34.4	<5	34.4	8	91.6	7,638	8,729
19107	9	77.2	20	145.9	<5	21.9	14.0	21.9	19	138.6	11,661	13,704
19111	9	15.3	9	16.2	<5	5.4	<5	5.4	16	28.9	58,709	55,430
19112	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0
19114	<5	6.4	5	17.2	<5	10.3	<5	10.3	0	0.0	31,074	29,142
19115	<5	9.7	<5	6.9	<5	10.4	<5	10.4	8	27.7	30,795	28,838
19116	<5	8.9	<5	6.3	<5	9.5	<5	9.5	5	15.8	33,617	31,722
19118	0	0.0	<5	22.1	<5	33.2	<5	33.2	6	66.3	9,746	9,043
19119	12	41.7	6	22.5	<5	11.3	8.0	30.1	1	3.8	28,749	26,615
19120	24	35.4	20	31.4	29	45.5	30	47.0	10	15.7	67,719	63,783
19121	31	88.4	29	84.8	40	116.9	38	111.1	29	84.8	35,086	34,210
19122	6	30.8	12	58.2	<5	14.5	8.0	38.8	30	145.4	19,495	20,629
19123	16	168.4	9	83.6	7	65.0	7	65.0	9	83.6	9,503	10,761
19124	26	41.1	20	33.0	32	52.7	36	59.3	9	14.8	63,305	60,693
19125	<5	12.7	5	21.8	<5	13.1	<5	13.1	36	157.1	23,710	22,922
19126	12	71.9	9	56.6	<5	18.9	<5	18.9	8	50.3	16,699	15,904
19127	0	0.0	0	0.0	<5	53.4	<5	53.4	7	124.6	5,789	5,619
19128	0	0.0	<5	5.9	<5	8.9	<5	8.9	1	3.0	35,650	33,782
19129	<5	8.3	6	49.8	<5	24.9	<5	24.9	2	16.6	11,991	12,039
19130	7	31.5	12	54.5	<5	13.6	10.0	45.4	3	13.6	22,238	22,015

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rates were calculated using the 2000 census totals
**Case rates were calculated using the 2010 census totals

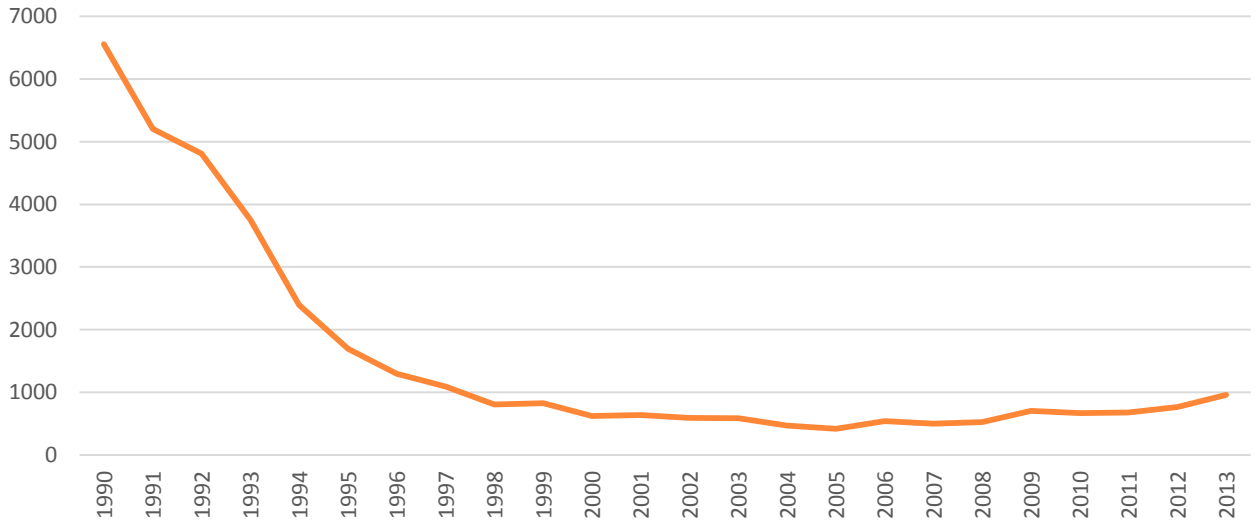
Table 2.37 Philadelphia Syphilis Cases (all stages) and Case Rates per 100,000, 2009-2013 by Zip Code cont.

Zip Code	2009	*Case Rate	2010	**Case Rate	2011 n=676	**Case Rate	2012 n=763	**Case Rate	2013 n=908	**Case Rate	Census 2000	Census 2010
19131	27	57.7	22	49.4	16	35.9	19	42.6	12	26.9	46,797	44,559
19132	36	87.9	31	82.9	33	88.2	43	115.0	32	85.6	40,946	37,394
19133	21	77.4	16	67.0	17	71.2	18	75.4	41	171.7	27,126	23,877
19134	26	43.8	24	43.2	22	39.6	14	25.2	27	48.6	59,382	55,532
19135	6	19.7	6	21.4	6	21.4	<5	10.7	39	139.0	30,490	28,056
19136	6	14.8	<5	5.2	6	15.7	<5	7.9	11	28.8	40,614	38,214
19137	<5	12.5	0	0.0	<5	40.9	<5	40.9	11	150.0	8,023	7,334
19138	15	43.2	22	69.3	6	18.9	14	44.1	5	15.7	34,718	31,756
19139	31	72.4	28	70.4	18	45.3	44	110.7	26	65.4	42,835	39,757
19140	49	85.6	39	73.6	25	47.2	46	86.8	50	94.4	57,258	52,981
19141	26	72.9	26	76.4	20	58.8	30	88.1	42	123.4	35,662	34,037
19142	19	65.6	15	53.8	11	39.5	6	21.5	27	96.9	28,946	27,862
19143	56	77.8	36	55.7	36	55.7	47	72.7	25	38.7	72,013	64,639
19144	36	78.5	37	87.4	32	75.6	32	75.6	55	129.9	45,874	42,324
19145	26	56.7	19	43.8	25	57.6	9	20.8	31	71.5	45,859	43,366
19146	37	98.4	42	112.3	25	66.9	37	98.9	38	101.6	37,603	37,395
19147	18	55.1	14	42.2	20	60.2	30	90.3	46	138.5	32,665	33,210
19148	15	30.2	15	32.6	19	41.3	<5	6.5	44	95.6	49,671	46,021
19149	13	26.7	19	41.6	6	13.1	7	15.3	33	72.2	48,683	45,699
19150	10	39.8	9	38.7	<5	12.9	<5	12.9	17	73.1	25,097	23,245
19151	12	38.5	17	57.6	<5	10.2	13.0	44.1	13	44.1	31,184	29,502
19152	5	15.8	<5	13.6	<5	10.2	<5	10.2	20	67.8	31,586	29,478
19153	6	48.1	<5	26.3	<5	26.3	<5	26.3	3	26.3	12,483	11,402
19154	<5	5.6	<5	6.0	<5	9.1	6.0	18.1	1	3.0	35,641	33,128
Unknown	<5	-	0	-	<5	-	<5	-	6	-	-	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rates were calculated using the 2000 census totals
**Case rates were calculated using the 2010 census totals

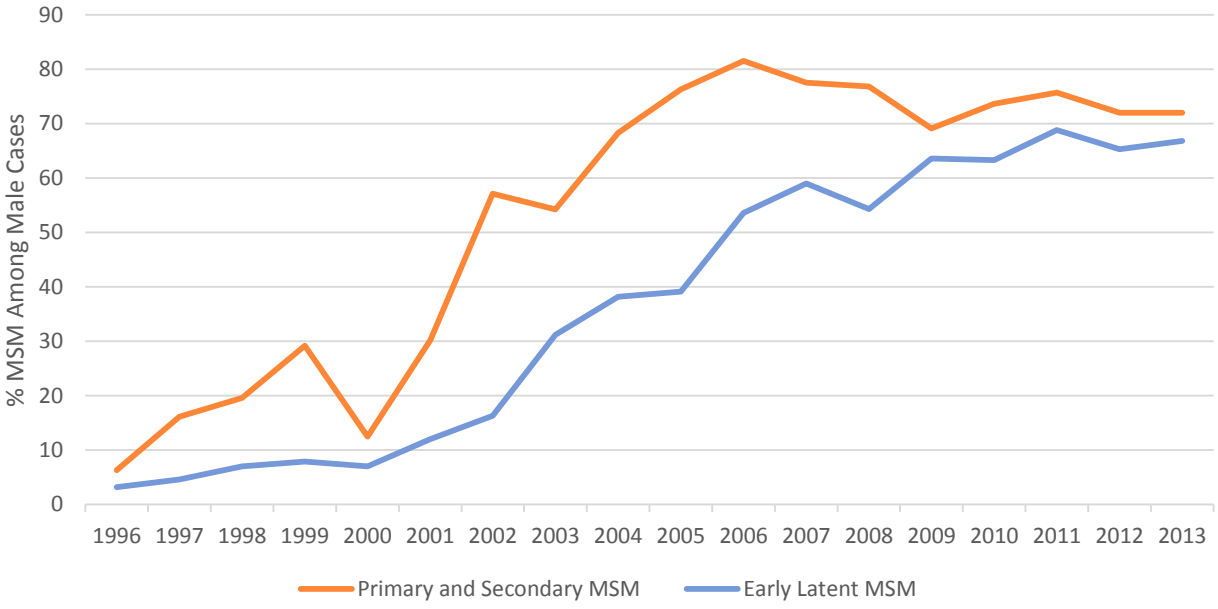
Finally, we have provided two figures displaying trends in syphilis cases in Philadelphia. Figure 2.43 displays the total syphilis cases from 1990 to 2013. Figure 2.44 provides information on the percentage of male syphilis cases that were among men who have sex with men; this figure demonstrates the emergence of men who have sex with men as a particularly at-risk population.

Figure 2.43 Philadelphia Total Syphilis Cases, 1990-2013



City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Figure 2.44 Percent of Male Primary, Secondary, and Early Latent Syphilis Cases Self-identified as Men Who Have Sex with Men (MSM), Philadelphia, 1996 – 2013



City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Pennsylvania Suburban Counties

The Pennsylvania Department of Health provides data on primary and secondary syphilis. The following tables show data for Bucks, Chester, Delaware, and Montgomery Counties. The table below displays syphilis cases in the four suburban counties in southeastern Pennsylvania from 2009 through 2013 (see Table 2.38). Both the number of cases and the case rates in the suburban counties are lower than those in Philadelphia. Affected age groups varied greatly by county in 2013, but no county had any syphilis cases in people under the age of 15 (see Table 2.39). As with syphilis in Philadelphia, the majority of cases were among males; of the 60 cases in the four counties, only four (7%) were among women.

Table 2.38 Reported Cases of Primary and Secondary Syphilis and Rates per 100,000 Population, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2009-2013

	2009		2010		2011		2012		2013	
County	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Bucks	6	1.0	7	1.1	14	2.2	16	2.6	10	1.6
Chester	3	0.6	3	0.6	8	1.6	3	0.6	4	0.8
Delaware	9	1.6	15	2.5	12	2.1	15	2.7	24	4.3
Montgomery	11	1.4	14	1.8	22	2.7	14	1.7	22	2.7

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case Rates are calculated using Census population totals for the year specified.

Table 2.39 Reported Cases of Primary and Secondary Syphilis by Age and Gender, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2013

	Bucks			Chester			Delaware			Montgomery		
Age	Total Cases n=10	Male	Female	Total Cases n=4	Male	Female	Total Cases n=24	Male	Female	Total Cases n=22	Male	Female
<15	0	0	0	0	0	0	0	0	0	0	0	0
15-24	4	4	0	0	0	0	6	4	2	7	6	1
25-34	0	0	0	1	1	0	12	11	1	5	5	0
35+	6	6	0	3	3	0	6	6	0	10	10	0

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)

The final table on syphilis for the Pennsylvania suburban counties describes race/ethnicity by reported cases in 2013 (see Table 2.40). In most counties, the majority of cases were among Whites. Delaware County was the exception, where 15 of its 24 cases were among Blacks.

Table 2.40 Reported Cases of Primary and Secondary Syphilis by Race and Gender, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2013

	Bucks			Chester			Delaware			Montgomery		
	Total Cases n=10	Male	Female	Total Cases n=4	Male	Female	Total Cases n=24	Male	Female	Total Cases n=22	Male	Female
Race/Ethnicity												
White	10	10	0	4	4	0	3	3	0	14	14	0
Black	0	0	0	0	0	0	15	13	2	4	4	0
Hispanic	0	0	0	0	0	0	1	1	0	0	0	0
Unknown	0	0	0	0	0	0	5	4	1	4	3	1

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)

New Jersey Counties

The following tables provide data for Burlington, Camden, Gloucester, and Salem Counties. The New Jersey Department of Health previously provided data on all stages of syphilis; however, only information on primary and secondary syphilis was available at the county level for 2013. It is important to take this into account when looking at cases over time in Table 2.41. In 2013, Camden had the highest number (12) of primary and secondary syphilis cases, but the highest case rate was found in Gloucester (3.4 cases per 100,000). The next table describes primary and secondary syphilis by age group and gender; age group varied by county, but as with other parts of the nine-county area, the most cases were found among males (see Table 2.42).

Table 2.41 Reported Cases of Primary, Secondary, Early Latent and Late Latent Syphilis**, Rates* per 100,000 Population by Philadelphia Eligible Metropolitan Area New Jersey Counties, 2009-2013

	2009		2010		2011		2012		**2013	
County	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Burlington	27	6.0	29	6.5	23	5.1	23	5.1	6	1.3
Camden	84	16.4	74	14.4	60	11.7	66	12.9	12	2.3
Gloucester	8	2.8	17	5.9	23	8.0	13	4.5	10	3.4
Salem	2	3.0	2	3.0	2	3.0	10	15.2	1	1.5

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case Rates are calculated using Census population totals for the year specified
**County-level data for early latent and late latent syphilis not available for 2013

Table 2.42 Reported Primary and Secondary Syphilis Cases by Age and Gender, Philadelphia Eligible Metropolitan Area New Jersey Counties, 2013

	Burlington			Camden			Gloucester			Salem		
Age	Total Cases n=6	Male	Female	Total Cases n=12	Male	Female	Total Cases n=10	Male	Female	Total Cases n=1	Male	Female
<15	0	0	0	0	0	0	0	0	0	0	0	0
15 to 19	0	0	0	0	0	0	0	0	0	0	0	0
20 to 24	2	1	1	3	3	0	4	4	0	0	0	0
25 to 34	3	3	0	5	5	0	1	0	1	0	0	0
35 to 44	0	0	0	0	0	0	1	1	0	0	0	0
45 to 64	1	1	0	3	3	0	4	4	0	1	1	0
65+	0	0	0	0	0	0	0	0	0	0	0	0
Unknown	0	0	0	1	0	1	0	0	0	0	0	0

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case Rates are calculated using Census population totals for the year specified

The final table on syphilis for the New Jersey counties describes race/ethnicity for cases by county (see Table 2.43). The racial/ethnic group with the most cases varied by county (although it is important to note that Salem County had only one case in 2013).

Table 2.43 Primary and Secondary Syphilis Cases, Rates* per 100,000 Population by Philadelphia Eligible Metropolitan Area New Jersey Counties, 2013

	Burlington		Camden		Gloucester		Salem	
	Total Cases n=6	Rate per 100,000	Total Cases n=12	Rate per 100,000	Total Cases n=10	Rate per 100,000	Total Cases n=1	Rate per 100,000
Race/Ethnicity								
White	3	0.7	2	0.4	6	2.1	1	1.5
Black	2	0.4	3	0.6	3	1.0	0	0.0
Asian	0	0.0	0	0.0	0	0.0	0	0.0
Hispanic	0	0.0	6	1.2	0	0.0	0	0.0
Unknown	1	0.2	1	0.2	1	0.3	0	0.0

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case Rates are calculated using Census population totals for the year specified

Gonorrhea

Philadelphia

The following table displays gonorrhea cases in Philadelphia from 2007 through 2013 (see Table 2.44). Cases and case rates have varied over time for both males and females. The total number of cases in 2007 was 5,246, and declined through 2009. Cases then rose until hitting their peak of the seven-year period in 2012 with 7,293 cases. 2013 saw a decline to 6,302 total cases. As seen in Table 2.45, the case rates for both males and females also peaked in 2012.

Table 2.44 Philadelphia Gonorrhea Trends by Gender and Year, 2007-2013

	Male	Female	Ratio Male to Female
	n	n	
Year			
2007	2,644	2,602	1.02
2008	2,422	2,528	0.96
2009	2,460	2,363	1.04
2010	3,240	3,293	0.98
2011	3,346	3,415	0.98
2012	3,676	3,617	1.02
2013	3,401	2,901	1.17

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Table 2.45 Reported Cases of Gonorrhea and Case Rates* per 100,000 Population by Gender, Philadelphia, 2007-2013

	Total		Male		Female	
	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Year						
2007	5,246	345.7	2,644	375.0	2,602	320.3
2008	4,950	326.2	2,422	343.5	2,528	311.2
2009	4,823	317.8	2,460	348.9	2,363	290.9
2010	6,533	427.5	3,240	457.6	3,293	411.0
2011	6,761	440.0	3,346	461.4	3,415	420.9
2012	7,293	478.0	3,676	511.1	3,617	448.5
2013	6,303	410.2	3,401	468.9	2,901	357.5

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rates are calculated using annual Census estimated population totals

Below, we have provided cases and case rates for gonorrhea over time, broken out by race/ethnicity (see Table 2.46). For 2013, most cases were among Blacks (3,646); however, it is important to note that 1,823 cases were of unknown race/ethnicity.

Table 2.46 Reported Cases of Gonorrhea and Rates per 100,000 Population by Race/Ethnicity, Philadelphia, 2008-2013

	2008		2009		2010	
	Cases n=4,950	Rate per 100,000*	Cases n=4,950	Rate per 100,000*	Cases n=6,533	Rate per 100,000*
Race/Ethnicity						
White, non-Hispanic	241	37.4	248	38.8	359	57.3
Black, non-Hispanic	4,465	691.2	4,303	666	5,758	870.0
Asian/Pacific Islander, non-Hispanic	40	59.2	41	60.6	41	42.2
American Indian, non-Hispanic	7	245.1	11	385.2	15	214.4
Hispanic	197	152.8	212	164.4	357	207.0
	2011		2012		2013	
	Cases n=6,761	Rate per 100,000**	Cases n=6,761	Rate per 100,000**	Cases n=6,303	Rate per 100,000**
Race/Ethnicity						
White, non-Hispanic	290	45.1	350	62.3	370	65.9
Black, non-Hispanic	4,350	667.5	4,426	686.3	3,646	561.5
Asian/Pacific Islander, non-Hispanic	-	-	-	-	-	-
American Indian, non-Hispanic	-	-	-	-	-	-
Hispanic	278	143.6	359	190.9	464	225.2
Unknown/Other	1,843	-	2,158	-	1,823	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (provided upon request 04/2015)

*Case Rates are calculated using Census 2000 population totals

**Case rates are calculated using annual Census estimated population totals

We have also provided gonorrhea cases by age and gender below (see Table 2.47). In 2013, the highest number of cases among males were among 20 – 24 year olds, while the highest number of cases among females were among 15 – 19 year olds.

Table 2.47 Reported Cases of Gonorrhea by Gender and Age, Philadelphia, 2008 - 2013

	2008			2009			2010		
	Total n=4,950	Male n=2,422	Female n=2,528	Total n=4,823	Male n=2,460	Female n=2,363	Total n=6,533	Male n=3,240	Female n=3,293
Age									
0 to 14	103	18	85	65	8	57	89	18	71
15 to 19	1,566	540	1,026	1,541	569	972	2,127	785	1,342
20 to 24	1,403	703	700	1,521	782	739	2,173	1,077	1,096
25 to 29	725	381	344	672	348	288	885	504	381
30 to 34	379	228	151	375	229	146	478	289	189
35 to 39	244	164	80	222	156	66	284	183	101
40 to 44	212	143	69	191	139	52	196	143	53
45 to 54	234	178	56	183	145	38	243	194	49
55 to 64	56	48	8	44	40	<5	43	38	5
65+	20	15	5	6	6	0	8	8	<5
Unknown	8	<5	<5	<5	<5	<5	<5	<5	<5

	2011			2012			2013		
	Total n=6,761	Male n=3,346	Female n=3,415	Total n=7,293	Male n=3,676	Female n=3,617	Total n=6,303	Male n=3,401	Female n=2,901
Age									
0 to 14	119	17	102	122	22	100	91	23	68
15 to 19	2,326	877	1,449	2,170	784	1,386	1,677	630	1,047
20 to 24	2,108	1,059	1,049	2,324	1,203	1,121	2,016	1,091	925
25 to 29	983	559	424	1,125	640	485	1,082	620	462
30 to 34	502	301	201	602	362	240	581	370	211
35 to 39	251	158	93	321	208	113	292	201	91
40 to 44	188	133	55	232	153	79	221	160	61
45 to 54	226	189	37	306	225	81	273	234	39
55 to 64	48	43	5	76	64	12	65	62	3
65+	9	9	0	15	15	<5	10	10	0
Unknown	<5	<5	0	<5	<5	<5	1	1	0

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (provided upon request 04/2015)

*Totals do not include suppressed cases

Next, in Table 2.48, we have provided gonorrhea cases and case rates by health districts over time (for a map of Philadelphia health districts, please see Figure 2.31). The highest case rate has been found in Health District 6 (North Philadelphia, east of Broad Street) since 2011; however, the highest number of cases has been found in Health District 3 (Southwest Philadelphia) since at least 2008.

Table 2.48 Reported Cases of Gonorrhea and Rates* per 100,000 Population by Health District, Philadelphia, 2008-2013

	2008		2009		2010	
Health District	Cases Reported n=4,950	Rate per 100,000*	Cases Reported n=4,823	Rate per 100,000*	Cases Reported n=6,553	Rate per 100,000*
1 (Center City)	301	368.5	210	257.1	114	139.2
2 (South)	310	250.6	364	294.3	500	389.5
3 (Southwest)	936	606.6	933	604.7	1,297	840.6
4 (West)	392	300.3	316	242.1	336	257.4
5 (North – West of Broad)	691	855.4	677	838.1	850	1,052.0
6 (North – East of Broad)	417	620.8	443	659.5	685	1,019.8
7 (Lower Northeast)	413	215.7	399	208.4	719	375.6
8 (Olney, East Oak Lane)	732	394.5	732	394.5	1,059	447.6
9 (Northwest)	525	237.0	561	253.3	740	334.1
10 (Northeast)	102	36.0	136	48.4	184	65.5
Unknown	102	-	52	-	49	-

	**2011		**2012		**2013	
Health District	Cases Reported n=6,761	Rate per 100,000	Cases Reported n=7,293	Rate per 100,000	Cases Reported n=6,301	Rate per 100,000
1 (Center City)	102	124.5	97	118.4	113	137.9
2 (South)	558	434.7	647	504.1	602	469.0
3 (Southwest)	1,349	874.3	1,439	932.6	1,295	839.3
4 (West)	442	338.6	457	350.1	370	283.4
5 (North – West of Broad)	824	1,019.9	879	1,087.9	738	913.4
6 (North – East of Broad)	691	1,028.7	758	1,128.5	748	1,113.6
7 (Lower Northeast)	760	397.0	815	425.7	614	320.7
8 (Olney, East Oak Lane)	1,111	469.5	1,218	514.8	1,003	423.9
9 (Northwest)	706	318.8	757	341.8	621	280.4
10 (Northeast)	166	59.1	194	69.1	189	67.3
Unknown	52	-	32	-	8	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (provided upon request 04/2015)

*Case rates are calculated using Census 2000 population totals

**Case rates are calculated using Census 2010 population totals

The following table provides gonorrhea cases and case rates by zip code. (Note: Table 2.49 has been split between two pages for readability.) In 2013, the highest case rates were found in 19122, 19125, 19133, and 19127. For a map of Philadelphia zip codes, see Figure 2.42.

Table 2.49 Philadelphia Gonorrhea Cases and *Case Rate per 100,000, 2008-2013 by Zip Code

Zip Code	2009	Case Rate	2010	**Case Rate	2011	**Case Rate	2012	**Case Rate	2013	**Case Rate	Census 2000	Census 2010
19102	15	380.2	15	303.337	14	283.1	14	283.1	9	182.0	4,247	4,945
19103	17	92.8	14	70.2882	20	100.4	20	100.4	26	130.5	18,042	19,918
19104	138	288.1	183	371.174	180	365.1	205	415.8	186	377.3	50,360	49,303
19106	7	76.9	15	171.841	11	126.0	12	137.5	15	171.8	7,638	8,729
19107	27	307.8	31	226.211	49	357.6	44	321.1	64	467.0	11,661	13,704
19111	77	123.9	95	171.387	90	162.4	106	191.2	79	142.5	58,709	55,430
19112	<5	23.1	<5	0	-	-	-	-	-	-	0	0
19114	18	58.5	20	68.6295	26	89.2	15	51.5	0	0.0	31,074	29,142
19115	<5	6.4	18	62.4176	11	38.1	18	62.4	25	86.7	30,795	28,838
19116	10	30.4	15	47.2858	13	41.0	11	34.7	19	59.9	33,617	31,722
19118	7	73.8	17	187.991	12	132.7	9	99.5	14	154.8	9,746	9,043
19119	63	228.8	87	326.883	63	236.7	85	319.4	11	41.3	28,749	26,615
19120	203	286.6	328	514.244	310	486.0	342	536.2	67	105.0	67,719	63,783
19121	272	725.2	372	1087.4	340	994	387	1,131.2	301	879.9	35,086	34,210
19122	67	332.8	106	513.84	98	475.1	96	465.4	327	1,585.1	19,495	20,629
19123	40	427.8	54	501.812	69	641.2	67	622.6	105	975.7	9,503	10,761
19124	235	375.6	457	752.97	459	756.3	488	804.0	63	103.8	63,305	60,693
19125	34	154	51	222.494	55	239.9	68	296.7	355	1,548.7	23,710	22,922
19126	54	207.8	73	459.004	86	540.7	81	509.3	57	358.4	16,699	15,904
19127	<5	100.8	<5	71.187	6	106.8	<5	71.2	74	1,317.0	5,789	5,619
19128	18	47.6	11	32.5617	22	65.1	24	71.0	5	14.8	35,650	33,782
19129	35	317.2	42	348.866	36	299.0	35	290.7	21	174.4	11,991	12,039
19130	41	240.7	55	249.83	50	227.1	62	281.6	28	127.2	22,238	22,015

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rate is based on the 2000 Census estimates
**Case rate is based on the 2010 Census estimates

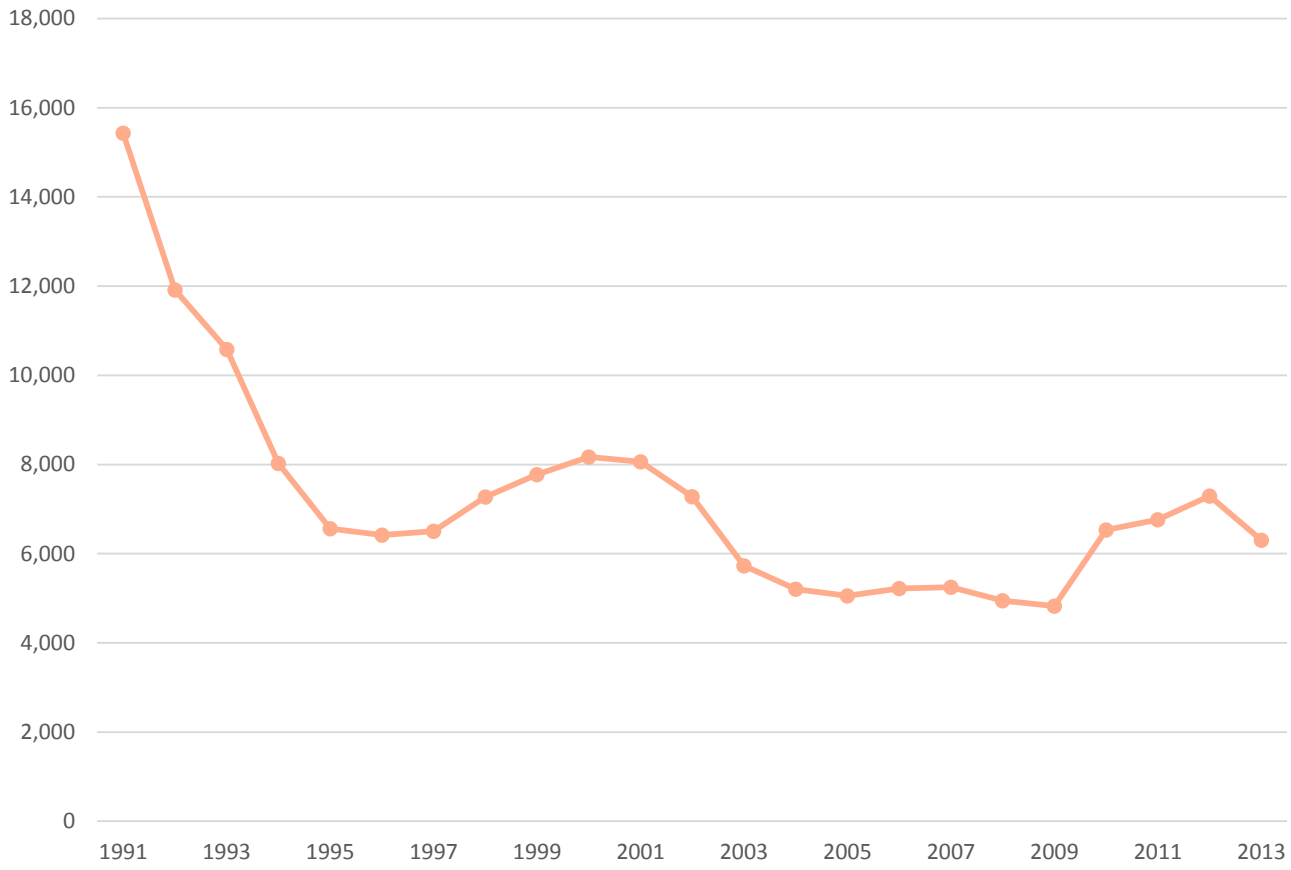
Table 2.49 Philadelphia Gonorrhea Cases and *Case Rate per 100,000, 2008-2013 by Zip Code (continued)

Zip Code	2009	Case Rate	2010	**Case Rate	2011	**Case Rate	2012	**Case Rate	2013	**Case Rate	Census 2000	Census 2010
19131	153	347.7	201	451.087	251	563.3	269	603.7	58	130.2	46,797	44,559
19132	342	897.3	424	1133.87	431	1,153	428.0	1,144.6	219	585.7	40,946	37,394
19133	130	366.9	186	778.992	189	791.6	202.0	846.0	352	1,474.2	27,126	23,877
19134	183	356	282	507.815	284	511.4	325.0	585.2	212	381.8	59,382	55,532
19135	43	142.3	79	281.58	93	331.5	96.0	342.2	313	1,115.6	30,490	28,056
19136	29	80.6	55	143.926	50	130.8	86.0	225.0	72	188.4	40,614	38,214
19137	6	75.7	14	190.892	15	204.5	13.0	177.3	60	818.1	8,023	7,334
19138	161	814.2	233	733.72	217	683.3	238.0	749.5	14	44.1	34,718	31,756
19139	277	525.8	343	862.741	362	910.5	400.0	1,006.1	190	477.9	42,835	39,757
19140	308	498.1	403	760.65	444	838.0	517.0	975.8	347	655.0	57,258	52,981
19141	156	359.5	228	669.859	231	678.7	243.0	713.9	394	1,157.6	35,662	34,037
19142	163	488.2	226	811.141	222	796.8	248.0	890.1	203	728.6	28,946	27,862
19143	416	635.5	529	818.391	564	872.5	558.0	863.3	240	371.3	72,013	64,639
19144	229	500.8	297	701.73	292	689.9	311.0	734.8	476	1,124.7	45,874	42,324
19145	134	379.5	172	396.624	182	419.7	218.0	502.7	265	611.1	45,859	43,366
19146	189	369.6	211	564.247	214	572.3	233.0	623.1	188	502.7	37,603	37,395
19147	60	184	57	171.635	80	240.9	86.0	259.0	216	650.4	32,665	33,210
19148	65	128.6	74	160.796	83	180.4	110.0	239.0	99	215.1	49,671	46,021
19149	92	208	116	253.835	145	317.3	132.0	288.8	98	214.4	48,683	45,699
19150	78	280.6	92	395.784	95	408.7	88.0	378.6	115	494.7	25,097	23,245
19151	114	343.8	120	406.752	184	623.7	184.0	623.7	62	210.2	31,184	29,502
19152	14	48.7	22	74.6319	14	47.5	24.0	81.4	153	519.0	31,586	29,478
19153	32	387.5	42	368.356	33	289.4	37.0	324.5	25	219.3	12,483	11,402
19154	10	28	13	39.2417	11	33.2	19.0	57.4	45	135.8	35,641	33,128
Unknown	54	-	49	-	54	-	31	-	26	-	-	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rate is based on the 2000 Census estimates
**Case rate is based on the 2010 Census estimates

The final figure on gonorrhea in Philadelphia is a trend line for the total number of cases (see Figure 2.45). Overall, total gonorrhea cases have decreased since 1991. Cases were on the rise between 2009 and 2012; however, there was a decrease from 2012 to 2013.

Figure 2.45 Philadelphia Total Gonorrhea Cases, 1991-2013



City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Pennsylvania Suburban Counties

The next set of tables describe gonorrhea cases in the four suburban counties in southeastern Pennsylvania. From 2009 to 2013, the highest number of cases and the highest case rate has been found in Delaware County (see Table 2.50). Distribution of cases between males and females varied across age groups for each county in 2013, but the largest number of cases in any age group was found among 15 – 24 year olds in every county (see Table 2.51).

Table 2.50 Reported Gonorrhea Cases and Rates* per 100,000 Population by Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2009-2013

	2009		2010		2011		2012		2013	
County	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Bucks	119	19.0	134	21.4	128	20.4	178	28.4	226	36.0
Chester	103	20.6	250	50.1	186	36.9	183	36.1	173	34.0
Delaware	486	86.9	671	120.0	615	109.9	638	113.7	732	130.3
Montgomery	207	26.2	331	41.9	290	36.1	365	45.1	357	43.9

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case rates are calculated using Census population totals for the year specified

Table 2.51 Reported Gonorrhea Cases by Age and Gender, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2013

	Bucks			Chester			Delaware			Montgomery		
Age	Total Cases n=226	Male	Female	Total Cases n=173	Male	Female	Total Cases n=732	Male	Female	Total Cases n=357	Male	Female
<15	1	1	0	0	0	0	7	0	7	2	0	2
15 - 24	117	49	68	108	51	56	463	170	292	206	90	116
25 - 34	70	43	27	40	22	18	169	83	86	90	57	33
35+	38	27	11	25	21	4	93	64	28	59	46	13

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case Rates are calculated using Census population totals for the year specified.

Finally, we have presented data on gonorrhea cases by race and gender (see Table 2.52). The highest number of cases were found among Blacks in all counties except Bucks County, where the majority of cases were among Whites. However, it is important to note that each county has a significant number of cases where race/ethnicity is unknown.

Table 2.52 Reported Gonorrhea Cases by Race and Gender, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2013

	Bucks			Chester			Delaware			Montgomery		
	Total Cases n=226	Male	Female	Total Cases n=132	Male	Female	Total Cases n=401	Male	Female	Total Cases n=138	Male	Female
Race/Ethnicity												
White	55	25	30	39	18	35	45	14	31	56	23	33
Black	45	27	18	68	37	32	312	135	177	126	79	47
Hispanic	4	3	1	3	5	5	11	4	7	10	8	2
Unknown	122	65	57	63	34	6	364	164	216	165	83	82

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case rates are calculated using Census population totals for the year specified.

New Jersey Counties

The last set of tables on gonorrhea describe the four counties in New Jersey. The highest number of cases and the highest case rate was found in Camden County (see Tables 2.53), which had more than twice the number of cases than the other three counties combined in 2013. For most counties, the highest number of cases by age group was found in 20 – 24 year olds, followed by 25 – 34 year olds (see Table 2.54). Salem County was the sole exception, where the number of cases was tied between these two age categories.

Table 2.53 Reported Gonorrhea Cases, Rates* per 100,000 Population by Philadelphia Eligible Metropolitan Area New Jersey Counties, 2009-2013

	2009		2010		2011		2012		2013	
County	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Burlington	200	44.8	245	54.6	272	60.5	319	71.0	351	77.9
Camden	644	124.4	814	158.5	1,189	231.7	1,206	235.0	1,219	237.7
Gloucester	107	36.9	105	36.4	160	55.3	206	71.3	217	74.8
Salem	66	99.5	38	57.5	62	94.1	39	59.2	37	56.4

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case rates are calculated using Census population totals for the year specified

Table 2.54 Reported Gonorrhea Cases by Age and Gender, Philadelphia Eligible Metropolitan Area New Jersey Counties, 2013

	Burlington			Camden			Gloucester			Salem		
Age	Total Cases n=351	Male	Female	Total Cases n=1,219	Male	Female	Total Cases n=217	Male	Female	Total Cases n=37	Male	Female
<15	4	1	3	6	5	1	1	1	0	0	0	0
15 to 19	77	18	59	253	83	170	28	9	19	5	2	3
20 to 24	134	54	80	365	153	212	76	33	43	12	7	5
25 to 34	87	48	39	346	207	139	67	36	31	12	6	6
35 to 44	18	11	7	134	93	41	23	16	7	4	2	2
45 to 64	24	17	7	89	79	10	18	16	2	4	3	1
65+	3	3	0	9	9	0	4	4	0	0	0	0
Unknown	4	3	1	17	11	6	0	0	0	0	0	0

*Case rates are calculated using Census population totals for the year specified
New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)

The final table on gonorrhea in the New Jersey counties describes cases and rates by race/ethnicity (see Table 2.55). In each county, the highest case rate was found among Blacks. The highest number of cases was found among Blacks in all counties except Salem County, where Whites had the highest number of cases.

Table 2.55 Gonorrhea Cases, Rates* per 100,000 Population by Philadelphia Eligible Metropolitan Area New Jersey Counties, 2013

	Burlington		Camden		Gloucester		Salem	
	Total Cases n=351	Rate per 100,000	Total Cases n=1,219	Rate per 100,000	Total Cases n=217	Rate per 100,000	Total Cases n=37	Rate per 100,000
Race/Ethnicity								
White	51	16.4	150	50.0	60	25.9	13	26.1
Black	139	195.3	693	749.5	70	238.9	8	88.1
American Indian/ Alaskan Native	0	0.0	1	561.8	0	0.0	0	0.0
Asian	2	9.5	5	17.8	1	11.6	0	0.0
Hispanic	19	57.5	136	172.4	7	44.3	0	0.0
Unknown	140	-	234	-	79	-	16	-

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case rates are calculated using Census population totals for the year specified

Chlamydia

Philadelphia

The following tables describe chlamydia in Philadelphia. Total chlamydia cases were on the rise in Philadelphia; however, 2013 saw the first decrease in cases since 2008, with a total of 19,567 cases (see Table 2.56). The ratio of male to female cases rose from 0.46 in 2007 to 0.54 in 2013. By contrast, the male to female ratio of syphilis cases was 4.82 in 2013, and 1.17 for gonorrhea cases (see Tables 2.32 and 2.44). Next, we have provided cases and case rates for males and females for 2007 through 2013 (see Table 2.57). For the years presented, total chlamydia cases and case rates peaked in 2012.

Table 2.56 Philadelphia Chlamydia Trends by Gender and Year (Ratio), 2007-2013

Year	Male n	Female n	Ratio Male to Female
2007	5,396	11,633	0.46
2008	5,231	11,781	0.44
2009	6,124	11,980	0.51
2010	6,673	12,755	0.52
2011	6,865	13,606	0.50
2012	7,106	13,697	0.52
2013	6,843	12,724	0.54

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Table 2.57 Philadelphia Chlamydia Trends by Gender and Year, 2007-2013

	Total		Male		Female	
Year	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
2007*	17,029	1,122.1	5,396	765.3	11,633	1,431.9
2008*	17,012	1,121.0	5,231	741.9	11,781	1,450.1
2009*	18,104	1,193.0	6,124	868.5	11,980	1,474.6
2010*	19,428	1,280.2	6,673	946.4	12,755	1,569.9
2011**	20,471	1,332.3	6,865	946.7	13,606	1,677.1
2012**	20,803	1,353.9	7,106	980.0	13,697	1,688.3
2013**	19,570	1,273.7	6,843	943.7	12,724	1,568.4

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (data provided upon request 04/2015)

*Case rates are calculated using Census 2000 population totals

**Case rates are calculated using Census 2011 estimated population totals

Next, we have provided cases and case rates by race/ethnicity over time (see Table 2.58). In each year, from 2008 to 2013, the highest number of cases and the highest case rates were found among non-Hispanic Blacks. However, both the cases and case rate have declined among non-Hispanic Blacks since 2011, while increasing among non-Hispanic Whites and Hispanics. Again, it is important to note that there were a significant number of cases with unknown race/ethnicity.

Table 2.58 Reported Chlamydia Cases and Rates per 100,000 Population by Race/Ethnicity, Philadelphia, 2008-2013

	2008		2009		2010	
	Cases n=17,021	Rate per 100,000	Cases n=18,104	Rate per 100,000	Cases n=19,428	**Rate per 100,000
Race/Ethnicity						
White, non-Hispanic	648	100.6	712	110.5	904	144.4
Black, non-Hispanic	14,810	2292.3	15,540	2,405.1	16,509	2,494.4
Asian/Pacific Islander, non-Hispanic	176	260.3	227	335.7	255	262.5
American Indian, non-Hispanic	31	1,085.4	37	1,295.5	40	571.8
Hispanic	1,347	1,044.8	1,553	1,204.6	1,693	981.5

	2011		2012		2013	
	Cases n=20,471	**Rate per 100,000	Cases n=20,803	**Rate per 100,000	Cases n=19,570	**Rate per 100,000
Race/Ethnicity						
White, non-Hispanic	679	105.6	711	110.5	779	138.7
Black, non-Hispanic	11,731	1,800.1	10,907	1,673.6	10,118	1558.2
Asian/Pacific Islander, non-Hispanic	-	-	-	-	-	-
American Indian, non-Hispanic	-	-	-	-	-	-
Hispanic	1,308	675.9	1,474	761.6	1,587	770.3
Unknown/Other	6,753	-	7,711	-	7,086	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (data provided upon request 04/2015)

*Case rates are calculated using Census 2000 population totals

**Case rates are calculated using Census 2011 estimated population totals

The following table describes chlamydia cases by age group and gender over time (see Table 2.59). In 2013, the largest number of cases was found among 15 to 19 year olds; in males, the largest number of cases was found in 20 to 24 year olds. This was also the case in 2012.

Table 2.59 Reported Chlamydia Cases by Gender and Age, Philadelphia, 2008-2013

	2008			2009			2010		
	Total n= 17,012	Male n= 5,231	Female n= 11,781	Total n= 18,104	Male n= 6,124	Female n= 11,980	Total n= 19,428	Male n= 6,673	Female n= 12,755
Age									
0 to 14	367	43	324	420	47	373	430	54	376
15 to 19	7,178	1,838	5,340	7,750	2,144	5,606	8,310	2,417	5,893
20 to 24	5,323	1,726	3,597	5,798	2,144	3,654	6,413	2,295	4,118
25 to 29	2,200	720	1,480	2,170	832	1,338	2,263	905	1,358
30 to 34	900	389	511	958	432	526	975	437	538
35 to 39	469	219	250	424	209	215	486	253	233
40 to 44	278	142	136	267	142	125	284	172	112
45 to 54	233	117	116	236	132	104	218	115	103
55 to 64	41	27	14	53	34	19	36	21	15
65+	11	4	7	13	5	8	9	3	6
Unknown	12	6	6	15	3	12	4	1	3

	2011			2012			2013		
	Total n= 20,471	Male n= 6,865	Female n= 13,606	Total n= 20,799	Male n=7,106	Female n= 13,697	Total n= 19,570	Male n=6,843	Female n= 12,724
Age									
0 to 14	470	84	386	430	61	369	370	62	308
15 to 19	8,298	2,388	5,910	7,820	2,224	5,596	6,999	2,019	4,980
20 to 24	6,934	2,388	4,546	7,151	2,519	4,632	6,832	2,399	4,433
25 to 29	2,540	973	1,567	2,828	1,096	1,732	2,842	1,156	1,686
30 to 34	1,120	471	649	1,234	512	722	1,234	553	681
35 to 39	534	249	285	582	269	313	585	266	319
40 to 44	261	125	136	339	173	166	307	161	146
45 to 54	241	146	95	305	184	121	325	189	136
55 to 64	53	34	19	83	50	33	63	32	31
65+	10	5	5	16	12	4	10	6	4
Unknown	10	2	8	15	6	9	2	1	1

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (data provided upon request 04/2015)

Table 2.60 describes chlamydia cases and case rates by health districts over time (for a map of Philadelphia health districts, see Figure 2.31). As with gonorrhea, the highest case rate has been found in Health District 6 (North Philadelphia, east of Broad Street) for some time – in this case, since 2009. The highest number of cases was again found in Health District 3 (Southwest Philadelphia), which also had the highest number of cases for gonorrhea and syphilis.

Table 2.60 Reported Chlamydia Cases and Rates per 100,000 Population by Health District, Philadelphia, 2008-2013

	2008		2009		2010	
Health District	Cases Reported n=17,012	Rate per 100,000	Cases Reported n=18,104	Rate per 100,000	Cases Reported n=19,428	**Rate per 100,000
1 (Center City)	738	903.4	424	519.0	230	280.8
2 (South)	1,021	825.4	1,365	1,103.5	1,617	1,259.7
3 (Southwest)	2,988	1,936.5	3,496	2,265.7	3,640	2,359.0
4 (West)	1,139	872.5	1,108	848.7	1,115	854.1
5 (North – West of Broad)	2,160	2,674.0	2,215	2,742.1	2,251	2,786.0
6 (North – East of Broad)	1,802	2,682.7	2,025	3,014.7	2,064	3,072.8
7 (Lower Northeast)	1,590	830.5	1,716	896.4	2,074	1,083.3
8 (Olney, East Oak Lane)	2,753	1,483.8	3,070	1,654.6	3,491	1,475.4
9 (Northwest)	1,809	816.8	1,970	889.5	2,146	968.9
10 (Northeast)	498	177.3	559	199.0	628	223.6
Unknown	514	-	156	-	172	-
	2011		2012		2013	
Health District	Cases Reported n=20,471	**Rate per 100,000	Cases Reported n=20,471	**Rate per 100,000	Cases Reported n=19,570	**Rate per 100,000
1 (Center City)	184	224.6	205	250.2	227	277.1
2 (South)	1,645	1,281.6	1,609	1,253.5	1,630	1,269.9
3 (Southwest)	3,931	2,547.6	4,078	2,642.9	3,890	2,521.1
4 (West)	1,174	899.3	1,243	952.2	1,115	854.1
5 (North – West of Broad)	2,279	2,820.7	2,181	2,699.4	2,056	2,544.7
6 (North – East of Broad)	2,333	3,473.3	2,489	3,705.5	2,324	3,459.9
7 (Lower Northeast)	2,210	1,154.4	2,300	1,201.4	2,181	1,139.2
8 (Olney, East Oak Lane)	3,582	1,513.9	3,503	1,480.5	3,343	1,412.8
9 (Northwest)	2,192	989.7	2,175	982.0	2,005	905.3
10 (Northeast)	741	263.8	847	301.5	763	271.6
Unknown	200	-	173	-	36	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (data provided upon request 04/2015)

*Case rates are calculated using Census population totals for the year specified

The following table provides gonorrhea cases and case rates by zip code. (Note: Table 2.61 has been split between two pages for readability.) In 2013, the highest case rates were found in 19133, 19135, 19141, and 19144. For a map of Philadelphia zip codes, please see Figure 2.42.

Table 2.61 Philadelphia Chlamydia Cases and Case Rate* per 100,000 by Zip Code, 2009-2013

Zip Code	2009	Case Rate	2010	Case Rate	2011	Case Rate	2012	Case Rate	2013	Case Rate	Census 2000	Census 2010
19102	14	354.9	22	444.9	20	404.4	33	667.3	35	707.8	4,247	4,945
19103	35	191.1	35	175.7	36	180.7	53	266.1	58	291.2	18,042	19,918
19104	526	1,098.1	566	1,148.0	562	1,139.9	665	1,348.8	656	1,330.5	50,360	49,303
19106	13	142.8	28	320.8	30	343.7	34	389.5	25	286.4	7,638	8,729
19107	50	570.0	75	547.3	84	613.0	70	510.8	101	737.0	11,661	13,704
19111	317	510.3	352	635.0	365	658.5	398	718.0	359	647.7	58,709	55,430
19112	0	0.0	6	0.0	-	-	-	-	-	-	0	0
19114	55	178.7	50	171.6	87	298.5	106	363.7	0	0.0	31,074	29,142
19115	47	150.1	42	145.6	63	218.5	58	201.1	81	280.9	30,795	28,838
19116	45	137.0	43	135.6	49	154.5	75	236.4	68	214.4	33,617	31,722
19118	13	137.1	16	176.9	25	276.5	18	199.0	67	740.9	9,746	9,043
19119	232	842.4	219	822.8	234	879.2	260	976.9	22	82.7	28,749	26,615
19120	993	1,402.0	1,101	1,726.2	1,177	1,845.3	1,192	1,868.8	67	105.0	67,719	63,783
19121	996	2,655.4	1,030	3,010.8	1,039	3,037.1	999	2,920.2	301	879.9	35,086	34,210
19122	337	1,673.8	370	1,793.6	397	1,924.5	347	1,682.1	327	1,585.1	19,495	20,629
19123	152	1,625.7	136	1,263.8	194	1,802.8	178	1,654.1	105	975.7	9,503	10,761
19124	993	1,587.3	1,194	1,967.3	1,277	2,104.0	1,257	2,071.1	63	103.8	63,305	60,693
19125	126	570.8	127	554.1	147	641.3	170	741.6	355	1,548.7	23,710	22,922
19126	275	1,058.1	254	1,597.1	262	1,647.4	231	1,452.5	57	358.4	16,699	15,904
19127	20	503.8	18	320.3	23	409.3	22	391.5	74	1,317.0	5,789	5,619
19128	77	203.7	73	216.1	93	275.3	114	337.5	5	14.8	35,650	33,782
19129	86	779.5	108	897.1	83	689.4	85	706.0	21	174.4	11,991	12,039
19130	159	933.4	15	68.1	127	576.9	155	704.1	28	127.2	22,238	22,015

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rates are calculated using Census population totals for the year specified

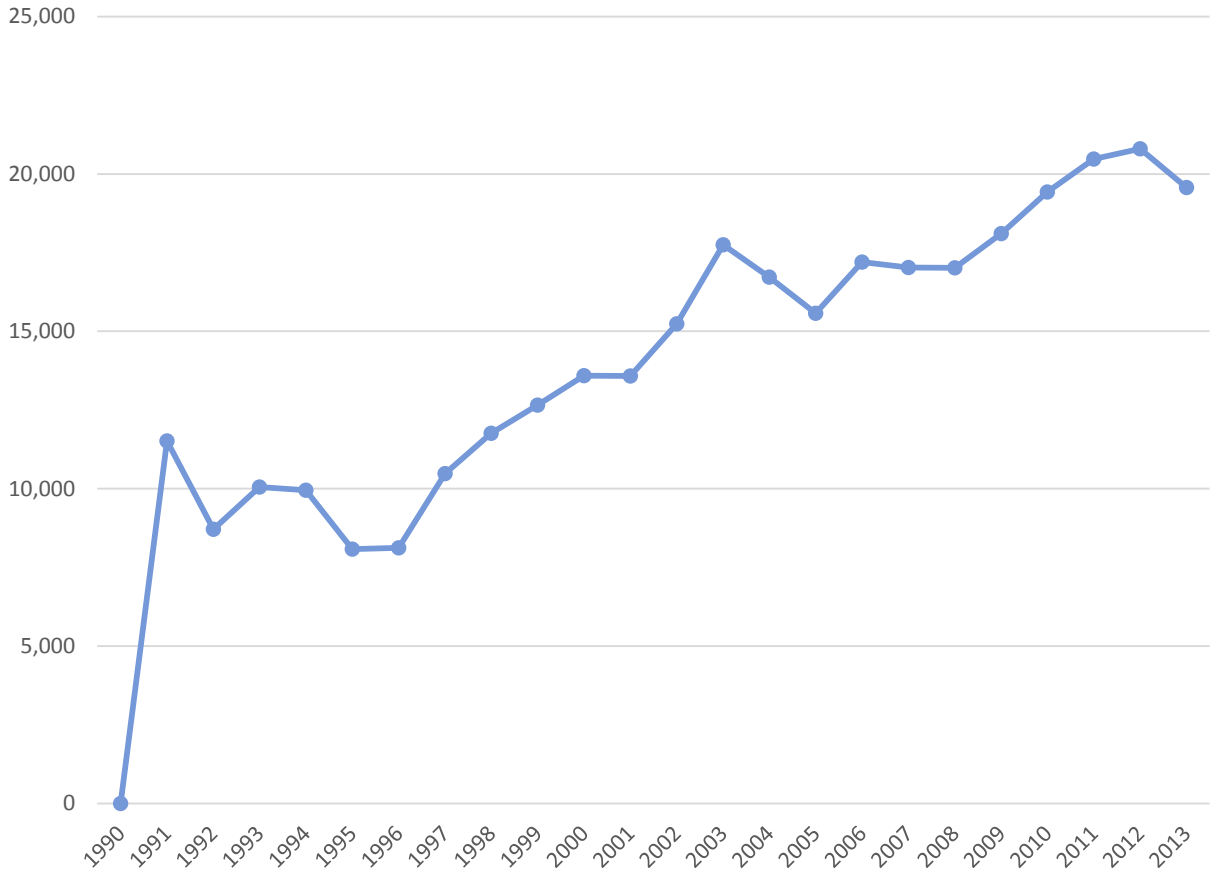
Table 2.61 Philadelphia Chlamydia Cases and *Case Rate per 100,000 by Zip Code, 2009-2013 (continued)

Zip Code	2009	Case Rate	2010	Case Rate	2011	**Case Rate	2012	**Case Rate	2013	Case Rate	Census 2000	Census 2010
19131	591	1,343.0	642	1,440.8	622	1,395.9	698	1,566.5	170	381.5	46,797	44,559
19132	1,023	2,684.1	1,044	2,791.9	1,108	2,963.0	1,026	2,743.8	675	1,805.1	40,946	37,394
19133	567	1,600.1	545	2,282.5	666	2,789.3	736	3,082.5	981	4,108.6	27,126	23,877
19134	806	1,567.9	892	1,606.3	927	1,669.3	1,059	1,907.0	630	1,134.5	59,382	55,532
19135	199	658.6	239	851.9	271	965.9	295	1,051.5	1,086	3,870.8	30,490	28,056
19136	140	389.2	160	418.7	173	452.7	199	520.8	310	811.2	40,614	38,214
19137	13	164.1	35	477.2	33	450.0	25	340.9	215	2,931.6	8,023	7,334
19138	619	3,130.2	679	2,138.2	686	2,160.2	626	1,971.3	230	724.3	34,718	31,756
19139	922	1,750.3	973	2,447.4	1,023	2,573.1	1,062	2,671.2	576	1,448.8	42,835	39,757
19140	1,104	1,785.3	1,317	2,485.8	1,350	2,548.1	1,322	2,495.2	973	1,836.5	57,258	52,981
19141	703	1,620.2	728	2,138.8	714	2,097.7	679	1,994.9	1,214	3,566.7	35,662	34,037
19142	664	1,988.9	653	2,343.7	723	2,594.9	761	2,731.3	624	2,239.6	28,946	27,862
19143	1,434	2,190.8	1,403	2,170.5	1,468	2,271.1	1,475	2,281.9	734	1,135.5	72,013	64,639
19144	777	1,699.3	854	2,017.8	832	1,965.8	835	1,972.9	1,389	3,281.8	45,874	42,324
19145	574	1,625.5	578	1,332.8	592	1,365.1	565	1,302.9	794	1,830.9	45,859	43,366
19146	574	1,122.5	568	1,518.9	584	1,561.7	572	1,529.6	543	1,452.1	37,603	37,395
19147	155	475.3	200	602.2	187	563.1	182	548.0	568	1,710.3	32,665	33,210
19148	236	466.9	283	614.9	285	619.3	291	632.3	209	454.1	49,671	46,021
19149	398	900.0	463	1,013.2	455	995.6	520	1,137.9	311	680.5	48,683	45,699
19150	249	895.7	299	1,286.3	303	1,303.5	298	1,282.0	471	2,026.2	25,097	23,245
19151	433	1,305.7	456	1,545.7	544	1,843.9	541	1,833.8	274	928.8	31,184	29,502
19152	47	163.6	78	264.6	97	329.1	126	427.4	438	1,485.9	31,586	29,478
19153	108	1,308.0	126	1,105.1	164	1,438.3	129	1,131.4	103	903.4	12,483	11,402
19154	46	128.7	61	184.1	78	235.5	81	244.5	144	434.7	35,641	33,128
Unknown	160	-	173	-	210	-	173	-	83	-	-	-

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)
*Case rates are calculated using Census population totals for the year specified

The final chart on chlamydia in Philadelphia over time is below (see Figure 2.46). There has been an upward trend in cases since 1990, with the exception of decreases in 2004 and 2005. Rates then increased again; however, there was a decrease in cases from 2012 to 2013.

Figure 2.46 Reported Cases of Chlamydia, Philadelphia, 1990-2013



City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program (accessed 03/2015)

Pennsylvania Suburban Counties

The following set of tables describe chlamydia in the four suburban counties in southeastern Pennsylvania. As seen below, the highest number of cases and the highest case rate was found in Delaware County from 2009 through 2013 (see Table 2.62). Chester County had the fewest cases, while Bucks County had the lowest case rate. Table 2.63 provides chlamydia cases by age group and gender. The greatest number of cases was found among 15 to 24 year olds in all counties, and this was true for both males and females.

Table 2.62 Reported Chlamydia Cases and Rates per 100,000 Population by Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2009-2013

	2009		2010		2011		2012		2013	
	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
County										
Bucks	765	122.4	936	149.7	1,003	160.0	1,124	179.3	1,128	179.9
Chester	739	148.1	897	179.8	937	186.0	934	184.4	958	188.0
Delaware	2,111	377.7	2,492	445.8	2,602	465.1	2,597	462.8	2,896	515.3
Montgomery	1,411	178.6	1,579	199.9	1,817	225.9	1,928	238.5	1,918	236.1

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case rates are calculated using Census population totals for the year specified

Table 2.63 Reported Chlamydia Cases by Age and Gender, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2013

	Bucks			Chester			Delaware			Montgomery		
	Total Cases n= 1,128	Male	Female	Total Cases n=958	Male	Female	Total Cases n= 2,896	Male	Female	Total Cases n= 1,918	Male	Female
Age												
<15	2	0	2	9	2	7	47	6	41	26	3	23
15 to 24	800	199	598	690	173	515	2,109	508	1,595	1,331	398	933
25 to 34	260	106	154	204	60	143	585	197	385	446	183	263
35+	66	37	29	55	32	23	155	62	93	115	65	50
Unknown	0	0	0	0	0	0	0	0	0	0	0	0

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case rates are calculated using Census population totals for the year specified

The final table on chlamydia in the suburban Pennsylvania counties provides a breakdown by gender and race/ethnicity for 2013 (see Table 2.64). Many of the cases were among people of unknown race/ethnicity. Where race/ethnicity was known, the greatest number of cases were among Blacks in every county but Bucks County. In Bucks County, the largest number of cases was among Whites.

Table 2.64 Reported Chlamydia Cases by Race and Gender, Philadelphia Eligible Metropolitan Area Pennsylvania Counties, 2013

	Bucks			Chester			Delaware			Montgomery		
Race	Total Cases n=1,128	Male	Female	Total Cases n=958	Male	Female	Total Cases n=2,896	Male	Female	Total Cases n=1,918	Male	Female
White	282	85	197	215	62	153	22	50	171	307	101	206
Black	126	64	62	230	81	149	1,026	310	716	437	181	256
Hispanic	38	12	26	49	14	35	58	11	47	102	43	59
Unknown	682	181	498	464	110	351	1,790	402	1,180	1,072	324	748

Pennsylvania Department of Health, Division of Health Informatics (accessed 04/2015)
*Case rates are calculated using Census population totals for the year specified

New Jersey Counties

The final three tables in this section describe chlamydia in the four New Jersey counties within the nine-county Philadelphia area. The highest number of cases and the highest case rate was found in Camden County from 2008 through 2013 (see Table 2.65). We have also provided chlamydia cases by age group and gender (see Table 2.66). For each county, the age group with the most cases was 20 to 24 year olds. This age group had the most cases regardless of gender in each county.

Table 2.65 Reported Chlamydia Cases, Rates* per 100,000 Population by Philadelphia Eligible Metropolitan Area New Jersey Counties, 2008-2013

	2008		2009		2010		2011		2012		2013	
County	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000	Cases	Rate per 100,000
Burlington	1,087	243.7	1,108	248.4	1,300	289.7	1,093	243.1	1,299	288.9	1,362	302.1
Camden	2,380	459.6	2,538	490.1	2,969	578.0	3,018	588.0	2,814	548.3	2,717	529.8
Gloucester	527	181.8	556	191.8	575	199.5	731	252.9	812	280.9	752	259.1
Salem	164	247.2	229	345.2	205	310.2	215	326.2	205	311.1	196	298.5

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case rates are calculated using Census population totals for the year specified.

Table 2.66 Reported Chlamydia Cases by Age and Gender, Philadelphia Eligible Metropolitan Area New Jersey Counties, 2013

	Burlington			Camden			Gloucester			Salem		
Age	Total Cases n=1,362	Male	Female	Total Cases n=2,717	Male	Female	Total Cases n=752	Male	Female	Total Cases n=196	Male	Female
<15	9	0	9	22	6	16	7	3	4	5	0	5
15 to 19	411	83	328	828	167	661	229	43	186	52	7	45
20 to 24	546	157	389	1,085	269	816	330	77	253	87	23	64
25 to 34	298	109	189	610	217	393	133	30	103	43	10	33
35 to 44	53	26	27	110	49	61	34	7	27	3	0	3
45 to 64	17	11	6	30	14	16	13	8	5	2	1	1
65+	3	2	1	5	2	3	1	1	0	0	0	0
Unknown	25	5	10	27	13	11	5	1	2	4	1	2

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case Rates are calculated using Census population totals for the year specified.

The last table in this section describes race/ethnicity for chlamydia in the New Jersey Counties for 2013 (see Table 2.67). As with some of the other race/ethnicity tables, there are several unknown cases by race/ethnicity. For each county, the greatest number of cases was found among Blacks. The second-largest group of cases was found among Whites in every county but Camden County. In Camden County, the second-largest group of cases was found among Hispanics.

Table 2.67 Reported Chlamydia Cases, Rates* per 100,000 Population by Race/Ethnicity, Philadelphia Eligible Metropolitan Area New Jersey Counties, 2013

	Burlington		Camden		Gloucester		Salem	
Race/Ethnicity	Total Cases n=1,362	Rate per 100,000	Total Cases n=2,717	Rate per 100,000	Total Cases n=752	Rate per 100,000	Total Cases n=196	Rate per 100,000
White	193	61.9	258	86.1	148	63.9	23	46.1
Black	307	431.4	1,038	1,122.6	180	614.4	39	429.3
American Indian/ Alaskan Native	3	1,224.5	1	561.8	0	0.0	0	0.0
Asian	15	71.5	21	77.5	7	81.2	0	0.0
Native Hawaiian/ Pacific Islander	2	2,469.1	1	-	0	-	0	0.0
Hispanic	67	202.7	391	495.6	28	177.4	14	286.9
Unknown	775	-	1,007	-	389	-	120	-

New Jersey Department of Health, Division of HIV, STD, and TB Service, Sexually Transmitted Diseases Program (accessed 03/2015)
*Case rates are calculated using Census population totals for the year specified.

This page was intentionally left blank

Section III: Scope of the HIV/AIDS Epidemic in the Philadelphia Eligible Metropolitan Area

This page was intentionally left blank

Section III: Scope of the HIV/AIDS Epidemic in the Philadelphia Eligible Metropolitan Area

In the first two sections of this epidemiologic profile, we have provided an extensive look at the general population of the nine-county Philadelphia area. Thus far, we have explored everything from race/ethnicity to education to drug use to health insurance status. We have included this information to provide context for the data in the remaining sections. While HIV has impacted people from every population in the Philadelphia area, some populations have been impacted more than others.

We have divided this section into three primary subsections, based on the regions within the Philadelphia Eligible Metropolitan Area. These regions include the City of Philadelphia, the four suburban Pennsylvania counties (Bucks, Chester, Delaware, and Montgomery), and the four New Jersey counties (Burlington, Camden, Gloucester, and Salem). We have organized the data this way to align with local planning regions, and to provide the maximum amount of information available within each region. Likewise, we have provided as much detail as we were able to while protecting confidentiality. Consequently, information varies across regions and counties, and may not be comparable across areas. For example, age groups vary depending on the data source.

The majority of the data in this section pertain to new HIV and AIDS cases, cumulative HIV and AIDS cases, people living with HIV and AIDS, and HIV and AIDS deaths within the nine-county Philadelphia area. We obtained the bulk of the data within this section from the City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; the Pennsylvania Department of Health, Bureau of Epidemiology; and the New Jersey Department of Health and Senior Services, Division of AIDS Prevention and Control. The data presented in the tables and figures in this section are a combination of published data and data provided upon request. We thank all three health departments and their staff for providing the data included in this section.

Most of the remaining tables in this section describe HIV/AIDS in jails and prisons. This information is limited in availability, and is primarily statewide. This section concludes with a forecast of new AIDS cases within the Philadelphia Eligible Metropolitan Area.

Summary

Philadelphia Eligible Metropolitan Area (EMA)

Philadelphia represents the majority of HIV/AIDS cases within the nine-county Philadelphia Eligible Metropolitan Area (EMA). Of the 26,866 people living with HIV/AIDS in the nine-county area in 2013, 19,564 (72.8%) of them lived in Philadelphia. Another 3,979 (14.8%) lived in the Pennsylvania suburban counties, and 3,233 (12.4%) lived in the New Jersey Counties. Across the EMA, a majority of HIV/AIDS cases were among non-Hispanic Blacks, followed by non-Hispanic Whites and Hispanics of all races. The epidemic was predominately male (72%). The largest risk category was men who have sex with men (MSM), followed by heterosexuals. Over half of people living with HIV/AIDS in the EMA were 45 or older in 2013.

City of Philadelphia

For Philadelphia, we have included data on new HIV and AIDS cases, including some zip code-level data. The largest age group for both new HIV and new AIDS diagnoses in 2013 was 25 – 34 year olds, but 52% of people with AIDS in Philadelphia were 50 years old or older. The HIV/AIDS epidemic was predominately Black in Philadelphia. The leading exposure categories for people living with HIV/AIDS in Philadelphia were men who have sex with men and heterosexuals, while exposure through injection drug use has become less common over time. Finally, we have included data on HIV/AIDS mortality in Philadelphia, which has also decreased over time.

Pennsylvania Suburban Counties

Demographic characteristics and trends vary in the four suburban Pennsylvania Counties. Bucks County had the same number of new AIDS cases in 2013 as in 2008; however, cases declined and rose again over that time. New AIDS cases have been on the decline in Delaware County and stable in Chester County from 2008 – 2013, while new AIDS cases stabilized in Montgomery County from 2011 – 2013. For new HIV cases, Bucks and Delaware County have been relatively stable, while Chester County saw a decline from 2012 and Montgomery County saw an increase from 2012. HIV/AIDS prevalence has been on the rise in all counties but Montgomery County, which remained stable. Within the four counties, Delaware County had the most cases.

New Jersey Counties

As with the Pennsylvania counties, demographic characteristics and trends vary within the New Jersey section of the region. Within the four New Jersey counties, Camden County had the highest number of new HIV/AIDS cases, as well as the highest HIV/AIDS prevalence. Salem County was the least populous county within the nine-county EMA, and also had the lowest number of new and prevalent cases.

Philadelphia Eligible Metropolitan Area

The first table in this section provides newly diagnosed cases of AIDS in the nine-county Philadelphia Eligible Metropolitan Area over time. As seen in Table 3.1, new AIDS cases have decreased from 2008 to 2013. While Philadelphia represented 28.8% of the area's population (see Table 1.2), 70.5% of new AIDS cases in the metropolitan area were found in Philadelphia in 2013. Philadelphia has represented the majority of new cases in the area for 2008 through 2013, but this proportion has decreased over time. The next-highest number of new AIDS cases in 2013 was found in Camden County (35), followed by Delaware County (26). Overall, 16.7% of the EMA's new AIDS cases in 2013 were found in the suburban Pennsylvania counties, while 12.7% were in the New Jersey counties.

Table 3.1 New AIDS Cases for the Philadelphia EMA by County, 2008-2013

	2008*	2009	2010	2011	2012	2013
	n	n	n	n	n	n
County						
Bucks	23	19	15	13	14	23
Chester	13	7	6	13	11	11
Delaware	58	49	43	44	41	26
Montgomery	28	18	37	23	25	24
Philadelphia	602	562	458	447	489	354
Burlington	9	19	16	15	28	19
Camden	22	24	31	20	43	35
Gloucester	5	<5	13	5	9	10
Salem	<5	<5	5	<5	<5	<5
Total	763	702	624	583	660	502

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; Pennsylvania Department of Health, Bureau of Epidemiology; New Jersey Department of Health, Division of AIDS Prevention and Control
*Cases reported through June 30, 2008 for New Jersey and December 31, 2008 for Pennsylvania
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.

Next, we have provided cumulative AIDS cases by county within the nine-county Philadelphia Eligible Metropolitan Area (see Table 3.2). Philadelphia had 22,747 cumulative cases, or 73.3% of cumulative AIDS cases in the region, followed by Camden County, with 2,193 cumulative cases. As of 2013, the Pennsylvania suburban counties represented 14.6% of cumulative cases, while the New Jersey counties had 12.2% of the region's cumulative AIDS cases.

Table 3.2 Cumulative AIDS Cases for the Philadelphia EMA by Counties, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
County						
Bucks	768	787	802	829	837	871
Chester	583	590	603	623	632	648
Delaware	1,591	1,640	1,743	1,828	1,850	1,853
Montgomery	1,018	1,036	1,098	1,145	1,139	1,146
Philadelphia	20,010	20,720	21,591	21,876	22,356	22,747
Burlington	746	765	821		871	896
Camden	1,921	1,945	2,052		2,147	2,193
Gloucester	401	403	428		454	465
Salem	201	203	211		223	227
Total	27,239	28,089	29,349		30,509	31,046

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; Pennsylvania Department of Health, Bureau of Epidemiology; New Jersey Department of Health, Division of AIDS Prevention and Control

Table 3.3 provides information on the number of people living with AIDS in the nine-county Philadelphia area by county over time. In 2013, Philadelphia had the greatest number of cases (11,560, or 76%), followed by Camden County (985, or 6.5%) and Delaware County (800, or 5.3%). Overall, the total number of people living with AIDS in the nine-county area increased from 13,107 in 2008 to 15,217 in 2013 – an increase of 16.1%.

Table 3.3 Living AIDS Cases for the Philadelphia EMA by Counties, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
County						
Bucks	349	365	362	366	353	385
Chester	241	238	257	255	251	250
Delaware	702	733	814	825	816	800
Montgomery	443	450	517	531	512	494
Philadelphia	10,041	11,362	11,647	11,583	11,954	11,560
Burlington	297	312	397		403	430
Camden	791	805	910		914	985
Gloucester	171	170	212		228	222
Salem	72	70	80		88	91
Total	13,107	14,505	15,196		15,519	15,217

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; Pennsylvania Department of Health, Bureau of Epidemiology; New Jersey Department of Health, Division of AIDS Prevention and Control

The following table provides data on new HIV diagnoses by county over time (see Table 3.4). New HIV cases, like new AIDS cases, have decreased EMA-wide from 2008 through 2013 – a 24.3% decline since 2008. As with new AIDS cases, the bulk of new HIV cases were found in Philadelphia (674), followed by Camden County (63) and Delaware County (55).

Table 3.4 New HIV Cases for the Philadelphia EMA by Counties 2008-2013

	2008*	2009	2010	2011	2012	2013
	n	n	n	n	n	n
County						
Bucks	35	25	29	19	23	21
Chester	8	5	7	10	21	12
Delaware	60	58	61	64	61	55
Montgomery	49	41	44	20	29	44
Philadelphia	928	899	730	675	730	674
Burlington	26	24	20	5	24	22
Camden	56	48	21	28	58	63
Gloucester	18	11	<5	8	6	5
Salem	5	<5	<5	<5	<5	<5
Total	1,185	1,111	912	829	952	896

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; Pennsylvania Department of Health, Bureau of Epidemiology; New Jersey Department of Health, Division of AIDS Prevention and Control
*Cases reported through June 30, 2008 for New Jersey and December 31, 2008 for Pennsylvania
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.

Despite the decrease in new HIV and AIDS diagnoses, the number of living HIV/AIDS cases has increased by 4.8% EMA-wide from 2010 to 2013 (see Table 3.5). 72.8% of people living with HIV/AIDS in the region were in Philadelphia, while 14.8% of living HIV/AIDS cases were in the suburban Pennsylvania counties, and 12.4% were in the New Jersey counties.

Table 3.5 Living HIV/AIDS Cases for the Philadelphia EMA by Counties, 2010-2013

	2010	2011	2012	2013
	n	n	n	n
County				
Bucks	675	679	678	785
Chester	450	461	481	503
Delaware	1,444	1,527	1,538	1,608
Montgomery	1,038	1,032	1,021	1,083
Philadelphia	19,005	19,157	19,832	19,564
Burlington	765	756	778	833
Camden	1,721	1,746	1,779	1,903
Gloucester	382	392	426	414
Salem	163	154	162	173
Total	25,643	25,904	26,695	26,866

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; Pennsylvania Department of Health, Bureau of Epidemiology; New Jersey Department of Health, Division of AIDS Prevention and Control

The final EMA-wide table describes characteristics of people living with HIV/AIDS, including exposure category, race/ethnicity, age group, and gender (see Table 3.6). As seen below, the largest exposure category in the EMA in 2013 was men who have sex with men (MSM), followed closely by heterosexual contact, and then injection drug use. Over half of people living with HIV/AIDS were Black (15,687, or 58%), followed by Whites (23%) and Hispanics (14%). The largest age category was 45 to 54 year olds, and 72% of people living with HIV/AIDS were male.

Table 3.6 Philadelphia EMA People Living with HIV/AIDS by Exposure Category, Race/Ethnicity, Age, and Gender, 2009-2013

	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Exposure Category										
MSM	7,794	31%	8,283	32%	8,551	33%	9,216	34%	9,474	36%
MSM/IDU	752	3%	824	3%	809	3%	1,048	4%	1,036	4%
IDU	6,580	26%	6,518	25%	6,235	24%	6,352	23%	6,082	23%
Heterosexual	8,784	35%	8,687	34%	8,979	35%	8,959	33%	8,938	34%
Other	1,050	4%	1,361	5%	1,338	5%	1,488	5%	1,137	4%
Total	24,960	100%	25,673	100%	25,912	100%	27,063	100%	26,667	100%
Race/Ethnicity										
White	6,275	25%	6,353	25%	6,269	24%	6,511	24%	6,358	23%
Black	15,430	61%	14,962	58%	15,092	58%	15,668	58%	15,687	58%
Hispanic	3,046	12%	3,451	13%	3,616	14%	3,857	14%	3,925	14%
Other/ Multiracial	524	2%	889	3%	935	4%	1,027	4%	1,114	4%
Total	25,275	100%	25,655	100%	25,912	100%	27,063	100%	27,084	100%
Age*										
0 to 12									72	0%
13 to 24									1,074	4%
25 to 34									3,728	14%
35 to 44									5,229	19%
45 to 54									9,531	35%
55 to 64									5,591	21%
65+									1,590	6%
Unknown									51	0%
Total									26,866	100%
Gender										
Male	17,808	70%	18,243	71%	18,420	71%	19,285	71%	19,404	72%
Female	7,464	30%	7,430	29%	7,492	29%	7,778	29%	7,680	28%
Total	25,272	100%	25,673	100%	25,912	100%	27,063	100%	27,084	100%

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit; Pennsylvania Department of Health, Bureau of Epidemiology; New Jersey Department of Health, Division of AIDS Prevention and Control

*Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

City of Philadelphia

New AIDS Cases in Philadelphia

The following tables describe demographic characteristics for new AIDS cases in Philadelphia. First, Table 3.7 describes new cases by race/ethnicity over time. The highest number of new cases in 2013 was among Blacks, with 253 cases. This represents 71.7% of all newly diagnosed AIDS cases in 2013; by contrast, only 41.8% of Philadelphia was Black (see Table 1.2). This was followed by cases among Hispanics (46), Whites (39), people who identify as Multiracial (8), and Asians/Pacific Islanders (7).

Table 3.7 Philadelphia New AIDS Cases by Race and Ethnicity, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Race/Ethnicity						
White	86	66	60	64	66	39
Black	408	376	300	311	335	253
Hispanic	75	92	84	61	74	46
Asian and Pacific Islander	<5	<5	<5	<5	8	7
American Indian	<5	<5	<5	0	0	NA
Multiracial	29	23	10	8	<5	8
Other/ Unknown	NA	NA	NA	NA	NA	<5
Total	602	562	458	444*	489	353*

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.
*Totals adjusted for cell sizes <5

The next table provides age groups for new AIDS diagnoses in Philadelphia (see Table 3.8). The largest age group was 25 – 34 year olds (95), followed by 45 – 54 year olds (89).

Table 3.8 Philadelphia New AIDS Cases by Age, 2009-2013

	2009	2010	2011	2012		2013
	n	n	n	n		n
Age					Age	
<13	<5	<5	<5	<5	15-24	41
13-19	35	16	25	22	25-34	95
20-29	160	123	121	131	35-44	74
30-39	144	117	127	126	45-54	89
40-49	136	125	111	126	55-64	42
50+	85	76	61	82	65+	13
Total	560*	457*	445*	487*	Total	354

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.
*Totals adjusted for cell sizes <5
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

The following table (3.9) displays exposure categories for newly diagnosed AIDS cases in Philadelphia over time. As seen below, heterosexual contact has been the most common exposure category from 2008 through 2013, with half of all cases in 2013. This was followed by men who have sex with men, with 117 cases, and injection drug users at 44 cases. There were no new pediatric AIDS cases in 2013, and there were no new AIDS cases attributed to transfusions, transplants, or coagulation disorders during the period below.

Table 3.9 Philadelphia New AIDS Cases by Exposure Category, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Exposure Category						
MSM	160	166	141	138	176	117
IDU	130	85	84	53	80	44
MSM/IDU	18	9	6	7	<5	<5
Transfusion/ Transplant/ Coagulation	0	0	0	0	0	0
Heterosexual	280	228	204	235	207	176
Other/ Risk Not Specified	0	72	22	12	21	15
All Pediatric	6	0	<5	<5	<5	0
Total	602	562	457*	445*	489	352*

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.
*Totals adjusted for cell sizes <5

The next table provides data on the zip code of residence for people newly diagnosed with AIDS (see Table 3.10). We have also provided case rates by zip code, based on the Census estimates for 2013. The same zip code, 19132 in North Philadelphia, had the highest number of new AIDS cases (26) and the highest case rate (71.7 per 100,000) of any zip code in Philadelphia. The next highest number of cases (21) was a tie between 19120 and 19121, but the case rates differed between the two; 19120 had a case rate of 30.8 per 100,000 while 19121 had a case rate of 57.7 per 100,000 (the second-highest in the city).

Table 3.10 Philadelphia New AIDS Cases by Zip Code and Case Rate per 100,000, 2013

Zip Code	Total	Case Rate
19102	*	*
19103	*	*
19104	14	27.0
19106	*	*
19107	8	54.1
19111	*	*
19114	*	*
19115	*	*
19119	*	*
19120	21	30.8
19121	21	57.7
19122	8	37.1
19123	*	*
19124	17	25.5
19125	*	*
19126	*	*
19128	*	*
19129	*	*
19130	*	*
19131	11	25.5
19132	26	71.7
19133	10	38.5

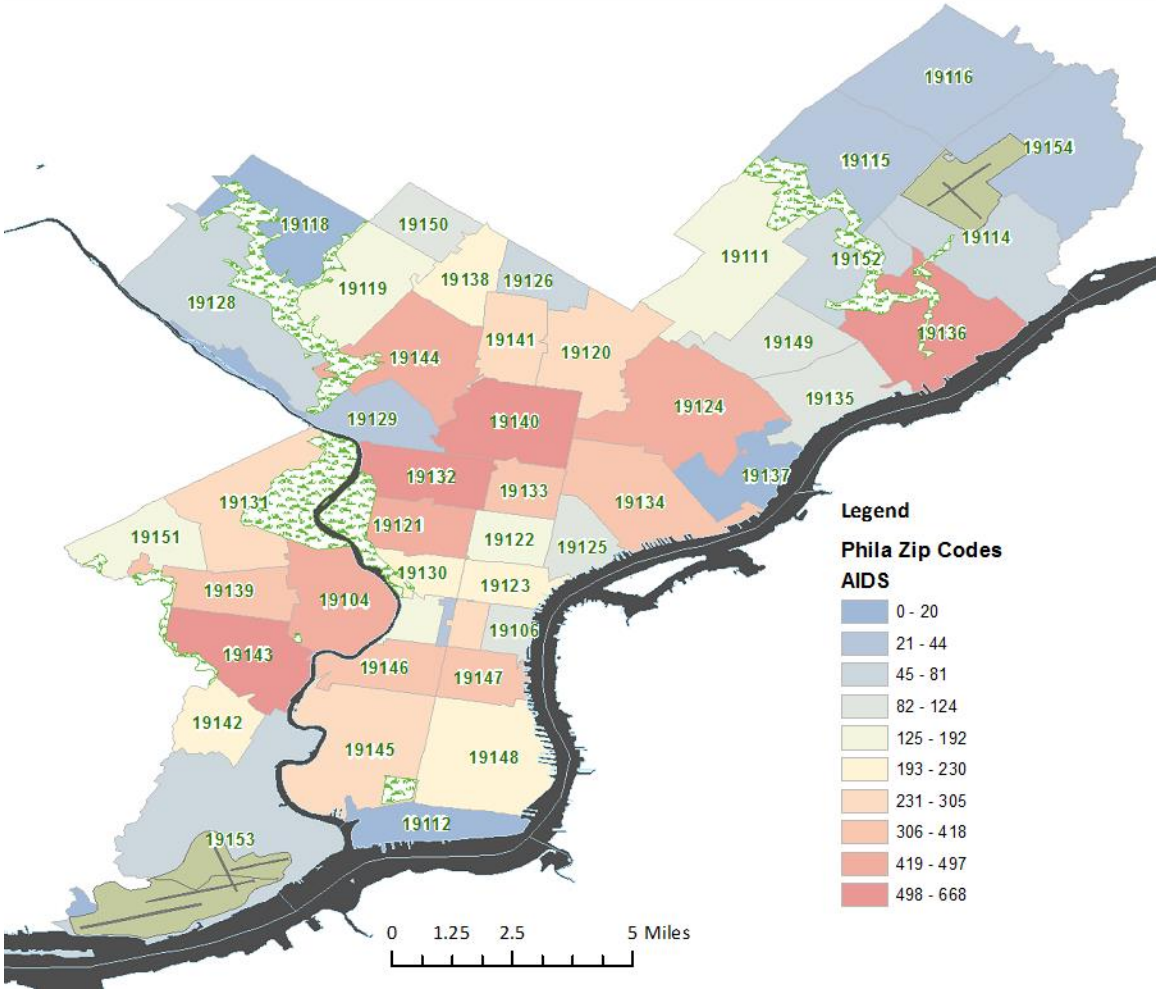
Zip Code	Total	Case Rate
19134	11	18.1
19135	6	18.2
19136	16	39.5
19137	10	31.1
19138	10	31.1
19139	15	36.4
19140	20	37.0
19141	13	41.6
19142	6	20.4
19143	13	20.1
19144	19	44.0
19145	7	14.9
19146	14	40.0
19147	*	*
19148	*	*
19149	10	18.2
19150	*	*
19151	11	36.9
19152	*	*
19153	*	*
19154	*	*

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.
*Totals adjusted for cell sizes <5

AIDS Prevalence in Philadelphia

Below, we have included a map of people living with AIDS as of 2011 (see Figure 3.1). This map is based on the zip code where the person lived at the time of his or her diagnosis, and does not necessarily represent where he or she lived in 2011. As seen in the map, the highest numbers of cases were found in North and West Philadelphia, with lower numbers in Northwest and Far Northeast Philadelphia.

Figure 3.1 Philadelphia Living with AIDS Cases by Zip Code of Residence at Time of AIDS Diagnosis Through December 2011



ArcView ArcGIS 10; City of Philadelphia, Department of Health, AIDS Activities Coordinating Office Surveillance Unit; Office of HIV Planning

We have also provided information on people living with AIDS by gender, race/ethnicity, age, and exposure category over time (see Table 3.11). As seen below, over half of people living with AIDS in Philadelphia are now 50 or older. In 2013, one-third of people with AIDS had been exposed through heterosexual contact, one-third through sexual contact between men, and 27% through injection drug use.

Table 3.11 Philadelphia AIDS Prevalence by Race/Ethnicity, Gender, Age, and Exposure Category, 2010-2013

	2010		2011		2012		2013	
	n	%	n	%	n	%	n	%
Gender								
Male	8,485	73%	8,408	73%	8,690	73%	8,386	73%
Female	3,162	27%	3,175	27%	3,264	27%	3,174	27%
Total	11,647	100%	11,583	100%	11,954	100%	11,560	100%
Race/Ethnicity								
White	2,295	20%	2,235	19%	2,267	19%	2,126	18%
Black	7,448	64%	7,379	64%	7,612	64%	7,420	64%
Hispanic	1,557	13%	1,615	14%	1,692	14%	1,619	14%
Asian/ Pacific Islander	72	1%	73	1%	82	1%	90	1%
Multi-Race	264	2%	270	2%	286	2%	287	2%
Other	11	0%	11	0%	15	0%	18	0%
Total	11,647	100%	11,583	100%	11,954	100%	11,560	100%
Age								
0-12 (Pediatric)	17	0%	14	0%	7	0%	6	0%
13-19	86	1%	70	1%	58	0%	44	0%
20-29	575	5%	594	5%	624	5%	624	5%
30-39	1,535	13%	1,490	13%	1,471	12%	1,411	12%
40-49	4,272	37%	4,035	35%	3,818	32%	3,418	30%
50+	5,149	44%	5,343	46%	5,948	50%	6,028	52%
Unknown	13	0%	37	0%	28	0%	29	0%
Total	11,647	100%	11,583	100%	11,954	100%	11,560	100%
Age (New Groups)								
0 to 12							6	0%
13 to 14							7	0%
15 to 24							242	2%
25 to 34							1,032	9%
35 to 44							2,091	18%
45 to 54							4,486	39%
55 to 64							2,837	25%
65+							830	7%
Unknown							29	0%
Total							11,560	100%
Exposure Category								
MSM	3,640	31%	3,680	32%	3,847	32%	3,801	33%
IDU	3,605	31%	3,442	30%	3,444	29%	3,173	27%
MSM/IDU	459	4%	436	4%	446	4%	416	4%
Coagulation	0	0%	0	0%	0	0%	0	0%
Heterosexual	3,598	31%	3,678	32%	3,848	32%	3,807	33%
Transfusion	0	0%	0	0%	0	0%	0	0%
Risk not reported/ Other	192	2%	191	2%	210	2%	215	2%
All Pediatric	153	1%	156	1%	159	1%	148	1%
Total	11,647	100%	11,583	100%	11,954	100%	11,560	100%

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office

Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Cumulative AIDS Cases in Philadelphia

The next two tables describe cumulative AIDS cases in Philadelphia, or the total number of AIDS cases that have ever been diagnosed through 2013. First, we have provided cumulative cases by exposure category; the greatest number of cases have been diagnosed among men who have sex with men, followed by injection drug users and then heterosexuals (see Table 3.12). By contrast, there are currently about the same number of MSM and heterosexuals living with AIDS (see Table 3.11). The next table shows cumulative AIDS cases by race/ethnicity (see Table 3.13). As seen below, slightly over 65% of AIDS diagnoses (14,812) have been among Blacks, followed by Whites (21%, or 4,819) and Hispanics (11%, or 2,598).

Table 3.12 Philadelphia Cumulative AIDS Cases by Exposure Category, 2013

	Total
Exposure Category	n
MSM	8,047
IDU	7,475
MSM/IDU	980
Heterosexual	5,800
Other/Risk Not Specified	444
All Pediatric	*
Total	22,747

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

Table 3.13 Philadelphia Cumulative AIDS Cases by Race/Ethnicity, 2013

	Total
Race/Ethnicity	n
White	4,819
Black	14,812
Hispanic	2,598
Asian/Pacific Islander	104
Multiracial	394
Other/Unknown	20
Total	22,747

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

The next four tables describe newly diagnosed HIV cases in Philadelphia by year over time. The greatest number of new diagnoses in 2013 was among 20 – 29 year olds (see Table 3.14), and 79% (533) of new HIV diagnoses were among males (see Table 3.15).

Table 3.14 Philadelphia New HIV (not AIDS) Cases by Year and Age, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Age						
<13	10	<5	<5	<5	<5	<5
13-19	65	46	43	39	32	40
20-29	256	306	223	218	261	248
30-39	194	199	179	149	149	139
40-49	233	211	156	157	154	126
50+	170	134	124	110	133	120
Total	928	896*	725*	673*	729*	673*
Age (New Groups)						
0 to 12						<5
13 to 14						0
15 to 24						181
25 to 34						189
35 to 44						107
45 to 54						128
55 to 64						52
65+						16
Unknown						0
Total						673*

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit - Surveillance Reports (2012 & 2013)
*Totals adjusted for cell sizes <5
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Table 3.15 Philadelphia New HIV (not AIDS) Cases by Year and Gender, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Gender						
Male	640	654	535	516	536	533
Female	288	245	195	159	194	141
Total	928	899	730	675	730	674

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit - Surveillance Reports (2012 & 2013)
*Totals adjusted for cell sizes <5

Next, we have provided new HIV diagnoses by race/ethnicity (see Table 3.16). Blacks accounted for 74% of new HIV diagnoses in Philadelphia in 2013, followed by Hispanics (12%, or 81) and Whites (11%, or 71). By contrast, Blacks made up 42% of the general population of Philadelphia in 2013 (see Table 1.2). Table 3.17 describes new HIV diagnoses by exposure category. The leading exposure category for new HIV diagnoses was men who have sex with men (51%, or 345), followed by heterosexuals (41%, or 274) and injection drug users (5%, or 37).

Table 3.16 Philadelphia New HIV (not AIDS) Cases by Year and Race/Ethnicity, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Race/Ethnicity						
White	143	125	107	104	96	71
Black	597	537	481	476	501	500
Hispanic	147	213	123	86	112	81
Asian/Pacific Islander	7	10	9	<5	11	13
Multiracial	32	12	9	<5	7	<5
Other	<5	<5	<5	<5	<5	<5
Total	926*	897*	729*	675	727*	674

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit - Surveillance Reports (2012 & 2013)
*Totals adjusted for cell sizes <5

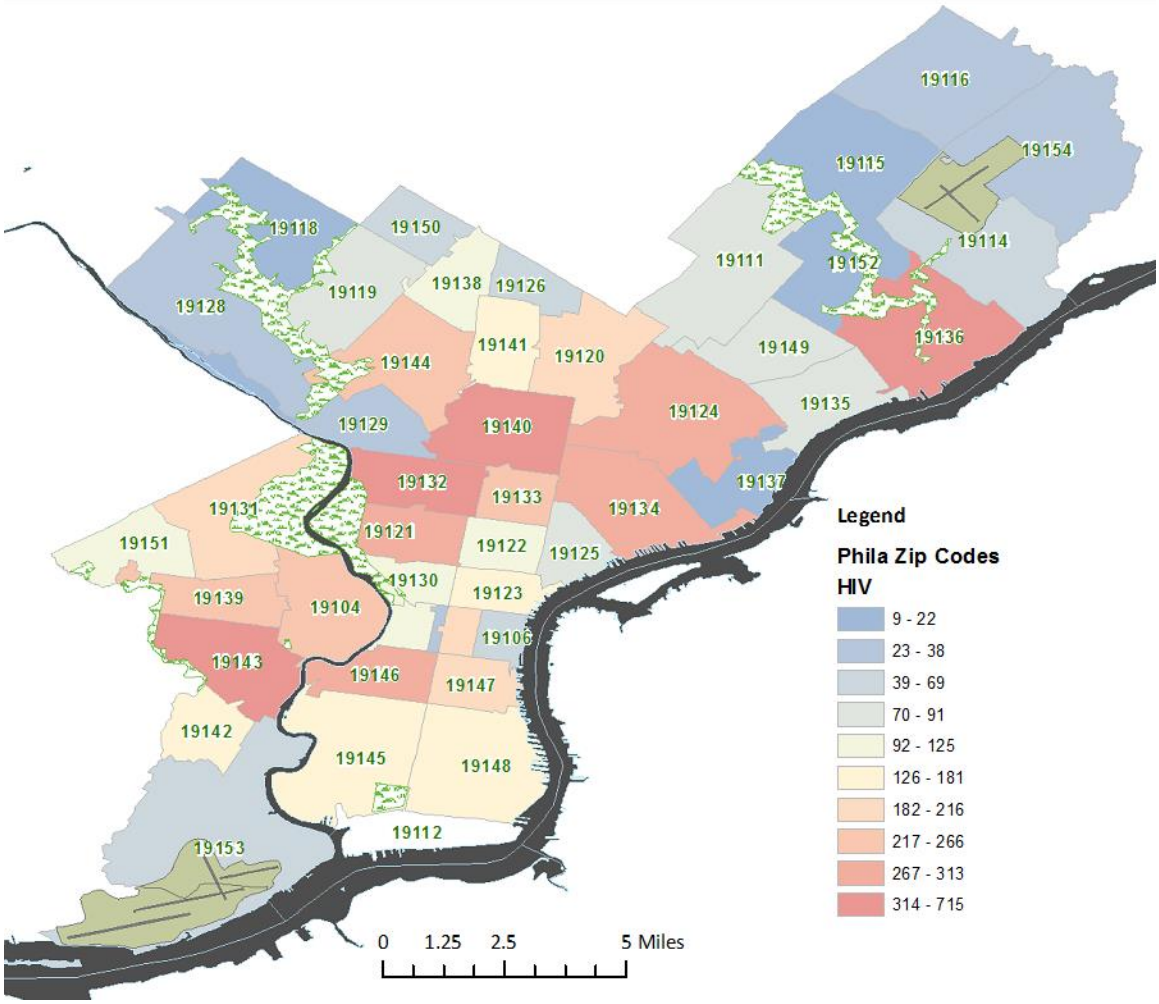
Table 3.17 Philadelphia New HIV (not AIDS) Cases by Year and Exposure Category, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Exposure Category						
MSM	305	333	302	276	300	345
IDU	127	103	74	51	66	37
MSM/IDU	13	12	8	11	10	<5
Heterosexual	447	253	312	325	327	274
Undetermined/Other	27	194	28	9	26	12
All Pediatric	9	<5	6	<5	<5	<5
Total	928	895*	730	672*	729*	674

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit - Surveillance Reports (2012 & 2013)
*Totals adjusted for cell sizes <5

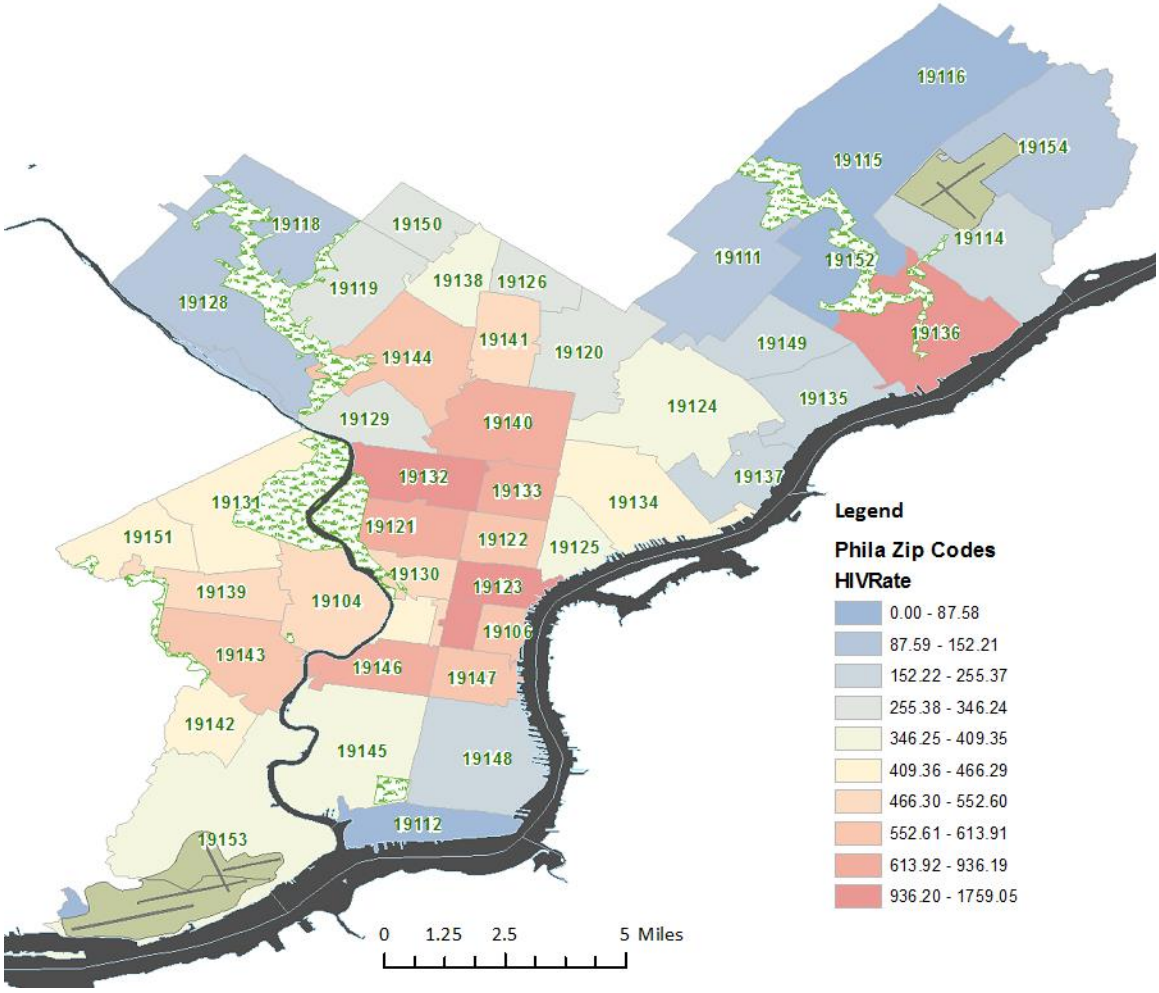
The following two maps display information about people living with HIV. Figure 3.2 displays total HIV cases by zip code, which were concentrated in North and West Philadelphia. Figure 3.3 displays HIV case rates by zip code; in this map, high case rates were more concentrated in North Philadelphia.

Figure 3.2 Philadelphia Living with HIV Cases by Zip Code of Residence at Time of HIV Diagnosis through December 2011



ArcView ArcGIS 10; City of Philadelphia, Department of Health, AIDS Activities Coordinating Office Surveillance Unit; Office of HIV Planning

Figure 3.3 Philadelphia Living with HIV Case Rate by Zip Code of Residence at Time of HIV Diagnosis through December 2011



ArcView ArcGIS 10; City of Philadelphia, Department of Health, AIDS Activities Coordinating Office Surveillance Unit; Office of HIV Planning

Below, we have provided demographic information about people living with HIV (not AIDS) in Philadelphia over time (see Table 3.18). In 2013, there were slightly more heterosexuals with HIV (3,100) than men who have sex with men (2,925). Blacks represented 62% of people living with HIV, while Whites were 19%, Hispanics were 16%, and Asians/Pacific Islanders were 1%. By contrast, Blacks represented 42% of the general population, while 36% were White, 13% were Hispanic, and 7% were Asian (see Table 1.2). The largest age group was 45 – 54 years old, with 30% of the total number of people living with HIV.

Table 3.18 Philadelphia HIV (not AIDS) Prevalence by Race/Ethnicity, Gender, Age, and Exposure Category, 2009-2013

	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Gender										
Male	5,293	67%	4,973	68%	5,182	68%	5,433	69%	5,584	70%
Female	2,619	33%	2,385	32%	2,392	32%	2,445	31%	2,420	30%
Total	7,912	100%	7,358	100%	7,574	100%	7,878	100%	8,004	100%
Race/Ethnicity										
White	1,581	20%	1,480	20%	1,478	20%	1,538	20%	1,503	19%
Black	5,190	66%	4,533	62%	4,682	62%	4,859	62%	4,982	62%
Hispanic	988	12%	1,089	15%	1,155	15%	1,209	15%	1,242	16%
Asian/ Pacific Islander	53	1%	57	1%	63	1%	69	1%	75	1%
Multiracial	24	0%	179	2%	176	2%	181	2%	177	2%
Other	76	1%	20	0%	20	0%	22	0%	25	0%
Total	7,912	100%	7,358	100%	7,574	100%	7,878	100%	8,004	100%
Age										
0-12	145	2%	52	1%	46	1%	36	0%	34	0%
13-19	427	5%	118	2%	109	1%	102	1%	104	1%
20-29	2,200	28%	1,209	16%	1,250	17%	1,300	17%	1,341	17%
30-39	2,456	31%	1,523	21%	1,590	21%	1,685	21%	1,743	22%
40-49	1,861	24%	2,347	32%	2,310	30%	2,255	29%	2,169	27%
50+	823	10%	2,109	29%	2,250	30%	2,480	32%	2,591	32%
Unknown					19	0%			22	0%
Total	7,912	100%	7,358	100%	7,574	100%	7,858	100%	8,004	100%
Age (New Groups)										
0 to 12									34	0%
13 to 14									14	0%
15 to 24									550	7%
25 to 34									1,793	22%
35 to 44									1,750	22%
45 to 54									2,373	30%
55 to 64									1,162	15%
65+									306	4%
Unknown									22	0%
Total									8,004	100%
Exposure Category										
MSM	2,284	29%	2,386	32%	2,550	34%	2,744	35%	2,925	37%
IDU	1,879	24%	1,609	22%	1,553	21%	1,529	19%	1,451	18%
MSM/IDU	148	2%	144	2%	146	2%	156	2%	154	2%
Heterosexual	3,193	40%	2,856	39%	2,959	39%	3,077	39%	3,100	39%
Risk not reported/ Other	265	3%	229	3%	231	3%	237	3%	236	3%
All Pediatric	143	2%	134	2%	135	2%	135	2%	134	2%
Total	7,912	100%	7,358	100%	7,574	100%	7,878	100%	8,004	100%

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Cumulative HIV Cases in Philadelphia

The next four tables describe cumulative HIV cases in Philadelphia, or the total number of HIV (not AIDS) cases that were ever diagnosed, through 2013. As seen in Table 3.19, the highest number of HIV cases have been diagnosed among heterosexuals (3,207, or 40%), followed by men who have sex with men (2,746, or 34%) and injection drug users (1,664, or 21%). Next, we have provided cumulative HIV cases by race (see Table 3.20). Blacks represented 64% of cumulative cases, followed by Whites (19%) and Hispanics (14%).

Table 3.19 Cumulative HIV (not AIDS) Cases by Exposure Category for Philadelphia, 2013

	Total
Exposure Category	n
MSM	2,746
IDU	1,664
MSM/IDU	149
Heterosexual	3,207
Risk Not Specified	217
Other	*
All Pediatric	*
Total	7,990

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

Table 3.20 Cumulative HIV (not AIDS) Cases by Race/Ethnicity for Philadelphia, 2013

	Total
Race/Ethnicity	n
White	1,526
Black	5,092
Hispanic	1,121
Asian/Pacific Islander	70
Multiracial	155
Other/Unknown	26
Total	7,990

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

Table 3.21 provides information on cumulative HIV cases by age group, based on age at diagnosis. The largest age group was 25 – 34 year olds with 30% of total diagnoses; this was followed by 35 – 44 year olds, with 27% of diagnoses. The following table provides cumulative HIV cases by gender (see Table 3.22). As seen below, about 70% of cumulative HIV cases have been diagnosed among males. This is consistent with the current number of people living with HIV in Philadelphia (see Table 3.18).

Table 3.21 Cumulative HIV (not AIDS) Cases by Age Group for Philadelphia, 2013

	Total
Age	
<13	*
13 - 14	9
15 - 24	1,679
25 - 34	2,378
35 - 44	2,182
45 - 54	1,292
55 - 64	369
65+	81
Unknown	*
Total	7,990

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

Table 3.22 Cumulative HIV (not AIDS) Cases by Gender for Philadelphia, 2013

	Total
Race/Ethnicity	
Female	2,427
Male	5,563
Total	7,990

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit - Surveillance Report (2013)

Here, we have provided data on newly diagnosed people living with HIV/AIDS by zip code of residence at time of diagnosis. The zip code with the highest number of new HIV/AIDS cases, 19132, is the same as the highest number of AIDS cases (see Table 3.10). However, it does not have the highest case rate. The zip code with the highest HIV/AIDS case rate is 19133 in North Philadelphia, with a case rate of 165.6 per 100,000 and 43 total cases in 2013. The next-highest case rate is held by 19107 in Center City, with 24 cases and a case rate of 162.3 per 100,000.

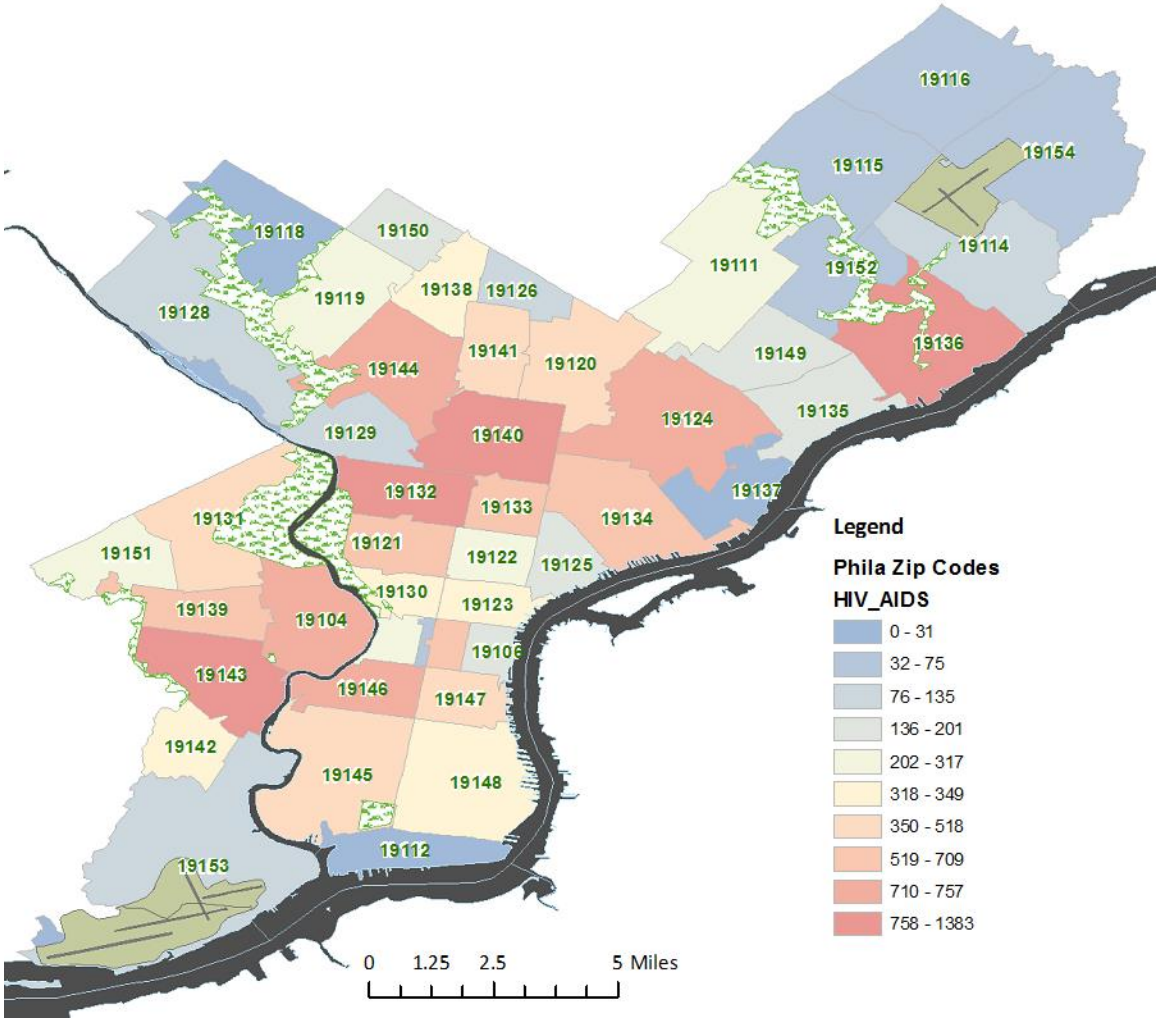
Table 3.23 Philadelphia New HIV/AIDS Cases by Zip Code and Case Rate per 100,000, 2013

Zip Code	Total	Case Rate
19102	*	*
19103	10	45.8
19104	21	40.6
19106	*	*
19107	24	162.3
19111	17	27.0
19113	*	*
19114	*	*
19115	*	*
19116	*	*
19119	7	26.0
19120	40	58.7
19121	46	126.3
19122	14	65.0
19123	18	135.0
19124	39	58.5
19125	*	*
19126	7	44.7
19128	*	*
19129	*	*
19130	14	56.5
19131	28	65.0
19132	55	151.8
19133	43	165.6
19134	29	47.8
19135	15	45.5
19136	19	46.9
19137	*	*
19138	13	40.4
19139	41	99.5
19140	50	92.5
19141	28	89.7
19142	25	85.0
19143	45	69.4
19144	40	92.5
19145	19	40.3
19146	31	88.5
19147	15	41.6
19148	16	32.3
19149	20	36.4
19150	7	30.1
19151	22	73.8
19152	*	*
19153	8	65.6
19154	*	*

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons.

The next map shows people living with HIV/AIDS as of 2011 (see Figure 3.4). As with previous maps, this map uses data that reflect the zip code where the person lived at the time of his or her diagnosis, and may not be where he or she lived in 2011. As seen previously, the highest numbers of cases were found in North and West Philadelphia, with lower numbers in Northwest and Far Northeast Philadelphia.

Figure 3.4 Philadelphia Living with HIV/AIDS Cases by Zip Code of Residence at Time of HIV or AIDS Diagnosis through December 2011



ArcView ArcGIS 10; City of Philadelphia, Department of Health, AIDS Activities Coordinating Office Surveillance Unit; Office of HIV Planning

HIV/AIDS Mortality in Philadelphia

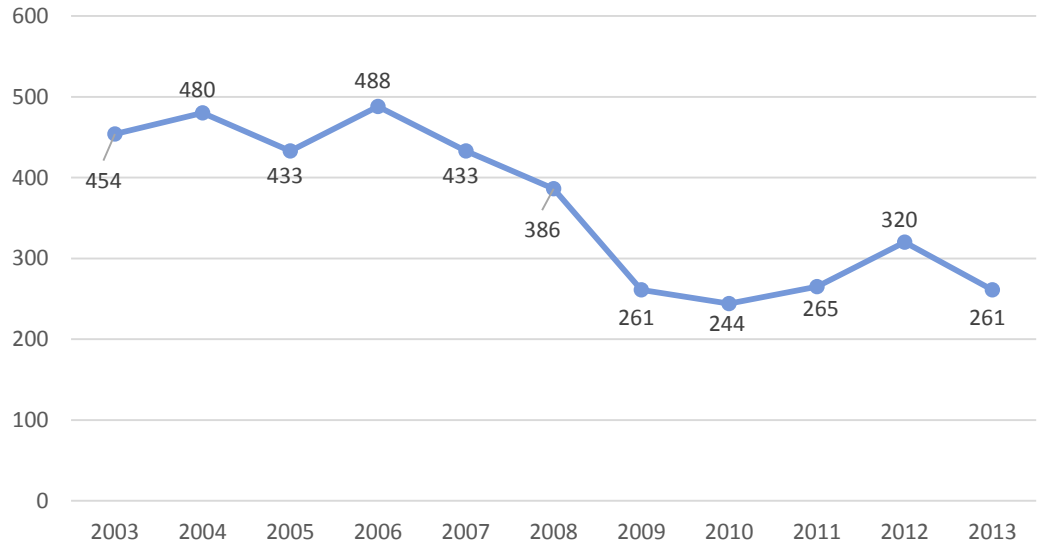
The last section on HIV/AIDS in Philadelphia provides data on mortality. First, we have displayed the total deaths for Philadelphia in comparison to deaths among people with HIV/AIDS over time (see Table 3.24). As seen below, both the total number of deaths among people with HIV/AIDS and the percentage of HIV/AIDS deaths declined from 2006 to 2013. The total number of HIV/AIDS deaths over a longer period of time can be seen in Figure 3.5.

Table 3.24 Percentage Distribution of Total Mortality and HIV/AIDS Mortality for Philadelphia, 2006 – 2013

	HIV/AIDS Deaths		Total Deaths
	n	%	n
Year			
2006	498	3.17%	15,693
2007	485	3.10%	15,636
2008	438	2.54%	17,223
2009	406	2.87%	14,133
2010	443	3.22%	13,746
2011	351	2.42%	14,493
2012	320	2.28%	14,023
2013	261	1.91%	13,691

City of Philadelphia, Department of Public Health, Vital Statistics; Pennsylvania Department of Health, Bureau of Health Statistics; City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

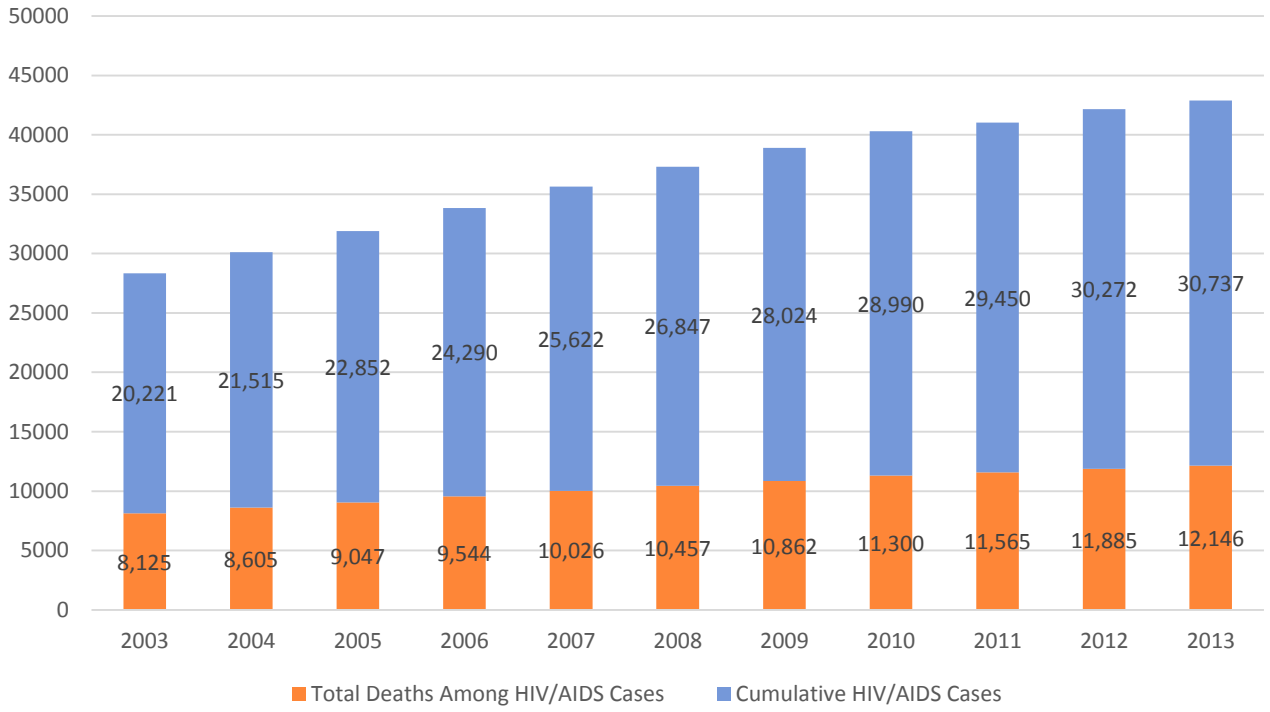
Figure 3.5 Total HIV/AIDS Deaths in Philadelphia 2003 – 2013



City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

Finally, we have displayed cumulative HIV/AIDS cases and cumulative HIV/AIDS deaths over time (see Figure 3.6). Please note that HIV/AIDS deaths are not necessarily deaths caused by HIV/AIDS; rather, they represent all deaths among people who were HIV-positive. As seen below, cumulative HIV/AIDS cases have increased more than cumulative HIV/AIDS deaths.

Figure 3.6 Philadelphia HIV/AIDS Mortality and Morbidity Over Time 2003-2013



City of Philadelphia, Department of Public Health, Vital Statistics; City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit

Pennsylvania Suburban Counties

New AIDS Cases in the Pennsylvania Suburban Counties

Tables 3.25 – 3.28 display detailed information about newly diagnosed AIDS cases in each of the suburban Pennsylvania Counties, including Bucks, Chester, Delaware, and Montgomery Counties. These data are provided for 2008 through 2013, and include gender, age group, race/ethnicity, and exposure category.

In 2013, Bucks County saw 23 new AIDS diagnoses, the most since 2008 (see Table 3.25). The highest number of new cases were among men who have sex with men (11), followed by heterosexuals (8). Most cases were among Whites (13). Eight were among people aged 25 to 34, and the vast majority of cases (20) were among males.

Chester County had 11 new AIDS diagnoses in 2013, the same as in 2012 (see Table 3.26). Whites represented 6 of these cases. Nine of these cases were among men, and 5 of these were men who have sex with men. All new AIDS cases were among people 25 and older, but more detailed information is not provided due to small cell sizes.

Delaware County has seen a decrease in new AIDS diagnoses, down to 26 in 2013 from 58 in 2008 (see Table 3.27). Males made up 18 of these cases, while females represented 8. The largest risk group was heterosexuals, with 11 cases; this was followed by men who have sex with men (6) and people with undetermined or other exposures (6). Blacks represented 13 cases while Whites had 12 cases. The largest age group was 45 to 54 year olds with 9 cases, followed by 35 to 44 year olds (8) and 25 to 34 year olds (7).

In 2013, Montgomery County had 24 new AIDS cases, one less than in 2012 (see Table 3.28). Ten of these cases were among Blacks, while nine were among Whites. Males represented 19 cases, while 5 new AIDS cases were among females. The largest exposure category was heterosexuals (14), followed by men who have sex with men (7). The largest age group was 45 to 54 year olds, with 8 cases; this was followed by 35 to 44 year olds, with 6 cases.

Table 3.25 New AIDS Cases by Gender, Exposure Category, Race/Ethnicity, and Age for Bucks County, 2008-2013

	2008	2009	2010	2011	2012	2013
Total	23	19	15	13	14	23
Gender						
Male	18	12	13	6	10	20
Female	5	7	<5	7	<5	<5
Exposure Category						
MSM	10	<5	7	<5	8	11
IDU	<5	<5	<5	<5	<5	<5
MSM/IDU	0	0	0	<5	0	0
Heterosexual	10	8	5	10	<5	8
Undetermined/Other	<5	5	<5	0	<5	<5
All Pediatric*	0	0	0	0	0	0
Race/Ethnicity						
White	15	9	8	7	9	13
Black	<5	7	<5	<5	<5	<5
Hispanic	<5	<5	<5	<5	<5	<5
Asian and Pacific Islander	0	0	0	0	<5	<5
American Indian and Alaskan Native	0	0	0	0	0	0
Multiracial	<5	0	<5	<5	0	<5
Age Groups						
0 to 12 (Pediatric)	0	0	0	0	0	
13 to 19	0	0	0	0	<5	
20 to 29	<5	<5	<5	0	<5	
30 to 39	5	6	<5	6	<5	
40 to 49	8	7	6	<5	<5	
50+	7	<5	5	<5	5	
Age Groups (New)						
0 to 12 (Pediatric)						0
13 to 14						0
15 to 24						0
25 to 34						8
35 to 44						<5
45 to 54						6
55 to 64						<5
65+						<5

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014
*Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

Table 3.26 New AIDS Cases by Gender, Exposure Category, Race/Ethnicity, and Age for Chester County, 2008-2013

	2008	2009	2010	2011	2012	2013
Total	13	7	6	13	11	11
Gender						
Male	10	<5	<5	8	9	9
Female	<5	<5	<5	5	<5	<5
Exposure Category						
MSM	<5	<5	<5	5	<5	5
IDU	0	0	<5	<5	0	0
MSM/IDU	0	0	<5	0	<5	0
Heterosexual	<5	<5	0	5	7	<5
Undetermined/Other	7	<5	<5	0	0	<5
All Pediatric*	0	0	0	0	0	0
Race/Ethnicity						
White	5	<5	<5	8	<5	6
Black	7	<5	<5	<5	<5	<5
Hispanic	<5	<5	0	<5	<5	<5
Asian and Pacific Islander	0	0	0	0	0	0
American Indian and Alaskan Native	0	0	0	0	0	0
Multiracial	0	0	0	0	0	0
Age Groups						
0 to 12 (Pediatric)	0	0	0	0	0	
13 to 19	0	0	0	0	0	
20 to 29	<5	<5	0	<5	0	
30 to 39	<5	<5	<5	0	<5	
40 to 49	8	<5	<5	<5	<5	
50+	<5	<5	<5	7	<5	
Age Groups (New)						
0 to 12 (Pediatric)						0
13 to 14						0
15 to 24						0
25 to 34						<5
35 to 44						<5
45 to 54						<5
55 to 64						<5
65+						<5

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014
*Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

Table 3.27 New AIDS Cases by Gender, Exposure Category, Race/Ethnicity, and Age for Delaware County, 2008-2013

	2008	2009	2010	2011	2012	2013
Total	58	49	43	44	41	26
Gender						
Male	35	35	32	31	29	18
Female	23	14	11	13	12	8
Exposure Category						
MSM	11	13	16	13	14	6
IDU	10	8	7	<5	7	<5
MSM/IDU	0	<5	<5	8	<5	0
Heterosexual	28	11	14	13	13	11
Undetermined/Other	9	14	<5	9	5	6
All Pediatric*	0	0	<5	0	0	0
Race/Ethnicity						
White	15	12	9	7	15	12
Black	33	30	26	29	23	13
Hispanic	5	<5	5	6	0	<5
Asian and Pacific Islander	<5	<5	<5	0	0	0
American Indian and Alaskan Native	0	0	0	0	0	0
Multiracial	<5	<5	<5	<5	<5	0
Age Groups						
0 to 12 (Pediatric)	0	0	0	0	0	
13 to 19	<5	<5	<5	<5	0	
20 to 29	10	12	5	9	0	
30 to 39	12	14	14	13	16	
40 to 49	23	13	13	9	9	
50+	12	9	10	12	16	
Age Groups (New)						
0 to 12 (Pediatric)						0
13 to 14						0
15 to 24						0
25 to 34						7
35 to 44						8
45 to 54						9
55 to 64						<5
65+						0

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014
*Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

Table 3.28 New AIDS Cases by Gender, Exposure Category, Race/Ethnicity, and Age for Montgomery County, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Total	28	18	37	23	25	24
Gender						
Male	24	17	24	15	20	19
Female	<5	<5	13	8	5	5
Exposure Category						
MSM	7	6	14	<5	10	7
IDU	<5	<5	5	<5	0	<5
MSM/IDU	<5	0	0	<5	0	0
Coagulation DIS	0	0	0	0	0	0
Heterosexual	16	11	17	13	14	14
Transfusion	0	0	0	0	0	0
Undetermined/Other	<5	0	<5	<5	<5	<5
All Pediatric*	0	0	0	0	0	0
Race/Ethnicity						
White	12	7	<5	<5	13	9
Black	12	8	17	15	8	10
Hispanic	<5	0	5	<5	<5	<5
Asian and Pacific Islander	0	0	0	0	0	0
American Indian/Alaskan Native	0	0	0	0	0	0
Multiracial	<5	<5	<5	0	0	<5
Age Groups						
0 to 12 (Pediatric)	0	0	0	0	0	
13 to 19	0	0	0	0	0	
20 to 29	5	0	<5	<5	<5	
30 to 39	5	6	13	5	6	
40 to 49	12	8	10	7	7	
50+	6	<5	10	10	8	
Age Groups (New)						
0 to 12 (Pediatric)						0
13 to 14						0
15 to 24						<5
25 to 34						<5
35 to 44						6
45 to 54						8
55 to 64						<5
65+						<5

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014
*Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

AIDS Prevalence in the Suburban Pennsylvania Counties

Tables 3.29 – 3.31 provide information on AIDS prevalence, or people living with AIDS, for the suburban Pennsylvania counties, including Bucks, Chester, Delaware, and Montgomery Counties. We have included demographic characteristics over time, from 2010 – 2013.

First, we have included people living with AIDS by age group (see Table 3.29). In each of the four counties, at least 70% of people living with AIDS are at least 45 years old. In addition, the largest age group for people with AIDS in each of the four suburban counties is 45 – 54 year olds. This trend is commonly referred to as the "graying of AIDS".

The second table in this section describes the exposure category for people with AIDS in the suburban Pennsylvania counties (see Table 3.30). Exposure categories vary by county. Men who have sex with men account for 30 – 34% of people with AIDS in each county except for Bucks County, where MSM represent 48% of people with AIDS. Injection drug users represent as little as 14% of people with AIDS in Bucks County and as much as 26% in Delaware County. Heterosexual transmission ranges from 26% - 32% of AIDS prevalence.

The final table on AIDS prevalence in the suburban Pennsylvania counties describes race/ethnicity (see Table 3.31). Race/ethnicity for people living with AIDS varies greatly by county, although Chester and Montgomery Counties are closest in racial/ethnic composition. Of people with AIDS in 2013 in Chester County, 42% were White, 38% were Black, and 14% were Hispanic; for Montgomery County, 47% were White, 33% were Black, and 14% were Hispanic. For Bucks County, 64% of people with AIDS were White, 17% were Black, and 10% were Hispanic. In Delaware County, 27% of people with AIDS were White, 58% were Black, and 7% were Hispanic. In every county, the proportion of people with AIDS who identified as Black was significantly higher than the proportion of Blacks in the general population. For example, only 3.6% of people in Chester County identified as Black (see Table 1.1), but Blacks represented 38% of people with AIDS in Chester County in 2013. The same was true for Hispanics in each of the four counties.

Table 3.29 Pennsylvania Counties AIDS Prevalence by Age, 2010-2013

	2010		2011		2012			2013	
	n	%	n	%	n	%		n	%
Age							Age		
Bucks							Bucks		
0 to 12	<5	*	<5	*	<5	*	0 to 12	0	0%
13 to 19	<5	*	<5	*	<5	*	13 to 14	0	0%
20 to 29	45	12%	47	13%	47	13%	15 to 24	<5	*
30 to 39	133	37%	135	37%	126	36%	25 to 34	28	7%
40 to 49	124	34%	125	34%	120	34%	35 to 44	69	17%
50+	55	15%	53	14%	54	15%	45 to 54	170	42%
Total	362	98%	366	98%	353	98%	55 to 64	106	26%
							65+	36	9%
							Total	409*	100%
Chester							Chester		
0 to 12	<5	*	<5	*	<5	*	0 to 12	<5	*
13 to 19	<5	*	0	0%	0	0%	13 to 14	0	0%
20 to 29	27	11%	27	11%	29	12%	15 to 24	<5	*
30 to 39	73	28%	68	27%	70	28%	25 to 34	19	7%
40 to 49	107	42%	104	41%	102	41%	35 to 44	33	13%
50+	47	174%	54	21%	48	19%	45 to 54	105	41%
Total	257	100%	253*	100%	249*	100%	55 to 64	79	31%
							65+	23	9%
							Total	259*	100%
Delaware							Delaware		
0 to 12	10	1%	10	1%	8	1%	0 to 12	<5	*
13 to 19	10	1%	11	1%	11	1%	13 to 14	0	0%
20 to 29	110	14%	122	15%	113	14%	15 to 24	19	2%
30 to 39	257	32%	269	33%	268	33%	25 to 34	71	8%
40 to 49	294	36%	277	34%	276	34%	35 to 44	171	20%
50+	133	16%	136	16%	140	17%	45 to 54	307	36%
Total	814	100%	825	100%	816	100%	55 to 64	220	26%
							65+	65	8%
							Total	853*	100%
Montgomery							Montgomery		
0 to 12	<5	*	<5	*	<5	*	0 to 12	<5	*
13 to 19	<5	*	<5	*	<5	*	13 to 14	0	0%
20 to 29	76	15%	79	15%	76	15%	15 to 24	8	2%
30 to 39	181	35%	192	36%	184	36%	25 to 34	34	7%
40 to 49	175	34%	177	33%	171	33%	35 to 44	95	18%
50+	78	15%	76	14%	75	15%	45 to 54	224	43%
Total	517	99%	531	99%	512	98%	55 to 64	117	23%
							65+	38	7%
							Total	516*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 05/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Table 3.30 Pennsylvania Counties AIDS Prevalence by Exposure, 2010-2013

	2010		2011		2012		2013	
	n	%	n	%	n	%	n	%
Exposure Category								
Bucks								
MSM	185	51%	182	50%	177	50%	186	48%
IDU	52	14%	51	14%	48	14%	53	14%
MSM/IDU	19	5%	20	5%	19	5%	19	5%
Coagulation DIS	<5	*	<5	*	<5	*	<5	*
Heterosexual	73	20%	84	23%	82	23%	100	26%
Transfusion	<5	*	<5	*	<5	*	**	**
Undetermined/Other	28	8%	<5	*	22	6%	22	6%
All Pediatric**	<5	*	23	6%	<5	*	<5	*
Total	362	99%	366	99%	353	99%	385	99%
Chester								
MSM	76	30%	79	31%	77	31%	76	30%
IDU	76	30%	75	29%	66	26%	59	24%
MSM/IDU	14	5%	11	4%	12	5%	11	4%
Coagulation DIS	5	2%	5	2%	5	2%	**	**
Heterosexual	56	22%	60	24%	69	27%	76	30%
Transfusion	<5	*	<5	*	<5	*	6	2%
Undetermined/Other	26	10%	<5	*	19	8%	37	15%
All Pediatric**	<5	*	22	9%	<5	*	<5	*
Total	257	98%	255	99%	251	99%	250	106%
Delaware								
MSM	246	30%	254	31%	256	31%	248	31%
IDU	233	29%	228	28%	221	27%	209	26%
MSM/IDU	29	4%	34	4%	33	4%	31	4%
Coagulation DIS	<5	*	<5	*	<5	*	**	**
Heterosexual	206	25%	216	26%	221	27%	222	28%
Transfusion	<5	*	<5	*	<5	*	<5	*
Undetermined/Other	85	10%	12	1%	72	9%	75	9%
All Pediatric**	12	1%	78	9%	10	1%	11	1%
Total	814	100%	825	100%	816	100%	800	100%
Montgomery								
MSM	177	34%	182	34%	178	35%	166	34%
IDU	116	22%	111	21%	101	20%	97	20%
MSM/IDU	28	5%	31	6%	29	6%	29	6%
Coagulation DIS	<5	*	<5	*	<5	*	**	**
Heterosexual	151	29%	159	30%	162	32%	160	32%
Transfusion	<5	*	<5	*	<5	*	<5	*
Undetermined/Other	38	7%	<5	*	37	7%	36	7%
All Pediatric**	<5	*	41	8%	<5	*	<5	*
Total	517	99%	531	100%	512	99%	494	99%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
**Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

Table 3.31 Pennsylvania Counties AIDS Prevalence by Race/Ethnicity, 2010-2013

	2010		2011		2012		2013	
	n	%	n	%	n	%	n	%
Race/Ethnicity								
Bucks								
White	245	68%	238	65%	234	67%	247	64%
Black	63	17%	68	19%	61	17%	66	17%
Hispanic	31	9%	34	9%	33	9%	39	10%
Asian and Pacific Islander	0	0%	<5	*	<5	*	5	1%
American Indian and Alaskan Native	<5	*	<5	*	<5	*	<5	*
Multiracial	22	6%	24	7%	22	6%	27	7%
Total	361*	100%	364*	99%	350*	100%	384*	100%
Chester								
White	110	43%	109	43%	106	42%	104	42%
Black	102	40%	99	39%	96	38%	94	38%
Hispanic	28	11%	30	12%	34	14%	34	14%
Asian and Pacific Islander	0	0%	<5	*	<5	*	<5	*
American Indian and Alaskan Native	0	0%	0	0%	0	0%	0	0%
Multiracial	17	7%	16	6%	14	6%	16	6%
Total	257	100%	254*	100%	250*	100%	248*	100%
Delaware								
White	224	28%	216	26%	221	27%	218	27%
Black	480	59%	477	58%	469	57%	462	58%
Hispanic	52	6%	64	8%	59	7%	57	7%
Asian and Pacific Islander	9	1%	9	1%	8	1%	8	1%
American Indian and Alaskan Native	0	0%	0	0%	0	0%	0	0%
Multiracial	49	6%	59	7%	59	7%	55	7%
Total	814	100%	825	100%	816	100%	800	100%
Montgomery								
White	245	47%	244	46%	242	48%	228	47%
Black	176	34%	179	34%	166	33%	162	33%
Hispanic	58	11%	68	13%	65	13%	67	14%
Asian and Pacific Islander	5	1%	<5	*	<5	*	<5	*
American Indian and Alaskan Native	<5	*	<5	*	0	0%	0	0%
Multiracial	32	6%	35	7%	35	7%	33	7%
Total	516*	100%	526*	99%	508*	100%	490*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Cumulative AIDS Cases in the Suburban Pennsylvania Counties

The next three tables describe cumulative AIDS cases in Bucks, Chester, Delaware, and Montgomery Counties (see Tables 3.32 – 3.34). These tables cover the time period of 2008 – 2013, and provide data on age, race/ethnicity, and exposure category. Overall, Delaware County had the highest number of cumulative AIDS cases, followed by Montgomery County, Bucks County, and Chester County.

First, Table 3.32 describes age groups for cumulative AIDS cases by county. For each county, the age group that has had the most cumulative AIDS diagnoses is 35 to 44 year olds; in every county, this was followed by 25 to 34 year olds, and then 45 to 54 year olds.

Next, Table 3.33 provides data on race/ethnicity for cumulative AIDS cases by county. For all counties except Delaware County, the most cumulative AIDS cases have been among Whites, ranging from 53 – 74% of the total cases in each county; in Delaware County, most AIDS cases have been among Blacks (59%, or 1,091 of 1,853 total cases).

Finally, Table 3.34 describes exposure categories for cumulative AIDS cases by county. The largest exposure category for each county but Delaware County was men who have sex with men, ranging from 33 – 55% of cumulative AIDS cases; in Delaware County, the largest exposure category was injection drug users, with 34% of the total cases. Exposure categories for cumulative AIDS cases are notably different from people currently living with AIDS. For example, men who have sex with men represented more cumulative AIDS cases than AIDS prevalence in each county (see Table 3.30).

Table 3.32 PA Counties Cumulative AIDS Cases by Age, 2008-2013

	2008	2009	2010	2011	2012		2013
	n	n	n	n	n		n
Age						Age	
Bucks						Bucks	
0-12	<5	<5	<5	<5	<5	0 to 12	<5
13 to 19	<5	9	6	6	7	13 to 14	0
20 to 29	101	146	105	107	108	15 to 24	26
30 to 39	302	306	320	327	325	25 to 34	251
40 to 49	221	212	235	245	251	35 to 44	335
50+	126	110	133	140	143	45 to 54	173
Total	757	783*	799*	825*	834*	55 to 64	65
						65+	18
						Total	868*
Chester						Chester	
0-12	<5	<5	<5	<5	<5	0 to 12	<5
13 to 19	<5	<5	<5	0	0	13 to 14	0
20 to 29	69	95	70	73	75	15 to 24	18
30 to 39	201	231	212	214	219	25 to 34	166
40 to 49	200	172	213	217	219	35 to 44	244
50+	94	84	103	115	115	45 to 54	155
Total	568	590	603	619*	628*	55 to 64	51
						65+	10
						Total	644*
Delaware						Delaware	
0-12	18	19	17	17	17	0 to 12	18
13 to 19	9	25	12	13	13	13 to 14	<5
20 to 29	180	289	206	222	216	15 to 24	68
30 to 39	541	575	604	626	632	25 to 34	445
40 to 49	559	504	607	629	635	35 to 44	723
50+	258	228	297	321	337	45 to 54	424
Total	1,560	1,640	1,743	1,828	1,850	55 to 64	131
						65+	43
						Total	1,852*
Montgomery						Montgomery	
0-12	6	8	6	7	6	0 to 12	6
13 to 19	9	18	7	7	7	13 to 14	<5
20 to 29	144	190	152	158	157	15 to 24	41
30 to 39	386	391	405	424	417	25 to 34	325
40 to 49	310	294	346	358	352	35 to 44	436
50+	152	135	182	191	200	45 to 54	224
Total	1,007	1,036	1,098	1,145	1,139	55 to 64	81
						65+	29
						Total	1,142*

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Table 3.33 PA Counties Cumulative AIDS Cases by Race/Ethnicity, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Bucks						
White	593	604	610	616	632	640
Black	107	109	109	116	110	118
Hispanic	48	54	55	60	59	66
Asian and Pacific Islander	6	<5	5	6	7	11
American Indian and Alaskan Native	0	<5	<5	<5	<5	<5
Multiracial	<5	15	24	30	28	35
Total	754*	787	802*	828*	836*	870*
Chester						
White	256	262	266	272	278	286
Black	261	259	259	262	263	268
Hispanic	46	55	56	60	66	66
Asian and Pacific Islander	0	0	0	<5	<5	<5
American Indian and Alaskan Native	0	0	0	0	0	0
Multiracial	5	17	22	23	24	26
Total	568	590	603	623	631*	646*
Delaware						
White	527	536	560	571	585	582
Black	944	929	1,029	1,073	1,085	1,091
Hispanic	62	68	74	95	90	89
Asian and Pacific Islander	9	11	11	11	11	11
American Indian and Alaskan Native	0	0	0	0	0	0
Multiracial	17	46	63	78	79	80
Total	1,560	1,640	1,743	1,828	1,850	1,853
Montgomery						
White	567	579	591	598	595	604
Black	349	347	369	386	385	382
Hispanic	77	80	91	107	101	104
Asian and Pacific Islander	6	6	7	7	6	6
American Indian and Alaskan Native	0	0	<5	<5	0	0
Multiracial	8	24	39	49	52	50
Total	1,007	1,036	1,097*	1,147*	1,139	1,146

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 12/30/2014)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.34 PA Counties Cumulative AIDS Cases by Exposure Category, 2008-2013

	2008	2009	2010	2011	2012	2013
	n	n	n	n	n	n
Bucks						
MSM	431	433	453	462	470	479
IDU	114	118	118	122	124	132
MSM/IDU	40	40	44	47	46	47
Heterosexual	92	100	109	123	124	142
Transfusion/ Transplant/ Coagulation	23	23	24	24	24	25
Undetermined/Other	64	69	50	46	45	44
All Pediatric**	<5	<5	<5	5	<5	<5
Total	764*	783*	798*	829	833*	869*
Chester						
MSM	184	187	198	208	207	212
IDU	197	200	205	211	211	210
MSM/IDU	25	30	33	34	35	34
Heterosexual	106	93	103	110	121	133
Transfusion/ Transplant/ Coagulation	25	24	24	24	24	24
Undetermined/Other	51	52	36	32	30	31
All Pediatric**	<5	<5	<5	<5	<5	<5
Total	588*	586*	599*	619*	628*	644*
Delaware						
MSM	494	527	568	590	598	608
IDU	554	581	618	642	643	652
MSM/IDU	72	76	82	89	90	92
Heterosexual	263	277	311	342	357	394
Transfusion/ Transplant/ Coagulation	25	25	21	21	21	19
Undetermined/Other	133	138	124	125	122	132
All Pediatric**	19	19	19	19	19	19
Total	1,560	1,640	1,743	1,828	1,850	1,921
Montgomery						
MSM	425	438	458	470	466	483
IDU	250	255	272	281	276	282
MSM/IDU	49	57	61	66	66	65
Heterosexual	157	168	198	218	222	233
Transfusion/ Transplant/ Coagulation	29	25	25	25	25	28
Undetermined/Other	88	85	75	78	75	78
All Pediatric**	9	8	9	10	9	8
Total	1,007	1,036	1,098	1,148	1,139	1,177

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 05/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

New HIV Cases in the Suburban Pennsylvania Counties

The next three tables provide information on new HIV (non-AIDS) cases in Bucks, Chester, Delaware, and Montgomery Counties (see Tables 3.35 – 3.37). These tables describe race/ethnicity, age group, and exposure category for people newly diagnosed with HIV in each county.

In 2013, Bucks County saw 24 new HIV diagnoses. Thirteen of these cases were among Whites, 7 were among Blacks, and four were among other race/ethnicity categories. Nine cases were among 15 – 24 year olds; all other age categories had fewer than five cases. Eleven of the new HIV cases were among men who have sex with men, and seven were among heterosexuals.

Chester County had 12 new HIV cases in 2013, a decrease from 2012. Of these cases, seven were among Whites; all other race/ethnicity cases had cell sizes smaller than five. Five cases were attributed to heterosexual contact; all other exposure categories had cell sizes smaller than five.

Delaware County saw 54 new HIV diagnoses in 2013, a slight decrease over previous years. Forty of these cases were among Blacks, ten were among Whites, and the remaining four were either Hispanic or multiracial. Two age groups were tied for the highest number of cases: both 15 – 24 and 25 – 34 year olds had 14 new cases. The third-largest group was 35 – 44 year olds, with 12 cases. Men who had sex with men accounted for 24 of the new cases, and heterosexual contact was associated with 25 cases.

Finally, Montgomery County had 39 new HIV cases in 2013, an increase from 2011 and 2012. Of these cases, 14 were among Whites, 14 were among Blacks, and 5 were among Hispanics. The largest age group was 25 – 34 year olds with 12 cases, followed by 35 – 44 year olds and 45 – 54 year olds, with 8 cases each. The largest exposure category was men who have sex with men, with 23 cases, followed by heterosexuals with 21 cases.

Table 3.35 PA Counties New HIV (non-AIDS) Cases by Race/Ethnicity, 2009-2013

	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Race/Ethnicity										
Bucks										
White	16	64%	13	45%	11	58%	14	61%	13	54%
Black	<5	*	11	38%	5	26%	6	26%	7	29%
Hispanic	<5	*	<5	*	<5	*	<5	*	<5	*
Asian and Pacific Islander	<5	*	<5	*	<5	*	<5	*	0	*
American Indian and Alaskan Native	0	0%	0	0%	0	0%	0	0%	<5	*
Multiracial	<5	*	<5	*	0	0%	0	0%	<5	*
Total	25	64%	29	83%	19	84%	23	87%	24	83%
Chester										
White	<5	*	6	100%	6	60%	13	72%	7	58%
Black	<5	*	0	0%	<5	*	5	28%	<5	*
Hispanic	<5	*	<5	*	0	0%	<5	*	<5	*
Asian and Pacific Islander	0	0%	0	0%	<5	*	0	0%	<5	*
American Indian and Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Multiracial	0	0%	0	0%	0	0%	0	0%	0	0%
Total	5	100%	6*	100%	10	100%	18*	100%	12	58%
Delaware										
White	16	28%	17	28%	16	25%	13	23%	10	18%
Black	39	67%	35	57%	45	70%	39	68%	40	73%
Hispanic	<5	*	6	10%	<5	*	5	9%	<5	*
Asian and Pacific Islander	0	0%	<5	*	0	0%	<5	*	0	0%
American Indian and Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Multiracial	<5	*	<5	*	0	0%	0	0%	<5	*
Total	58	95%	61	95%	61*	95%	57*	100%	54	100%
Montgomery										
White	17	41%	22	50%	13	65%	15	52%	14	31%
Black	17	41%	17	39%	5	25%	10	34%	14	31%
Hispanic	<5	*	5	11%	<5	*	<5	*	5	11%
Asian and Pacific Islander	<5	*	0	0%	<5	*	0	0%	<5	*
American Indian and Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Multiracial	<5	*	0	0%	0	0%	<5	*	<5	*
Total	41	82%	44	100%	20	100%	29	86%	39	73%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 05/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.36 PA Counties New HIV (non-AIDS) Cases by Age, 2009-2013

	2009		2010		2011		2012			2013	
	n	%	n	%	n	%	n	%	Age	n	%
Age											
Bucks									Bucks		
0-12	0	0%	0	0%	0	0%	<5	*	0 to 12	0	0%
13 to 19	<5	*	0	0%	<5	*	<5	*	13 to 14	0	0%
20 to 29	9	36%	10	35%	7	37%	7	30%	15 to 24	<5	*
30 to 39	5	20%	5	17%	<5	*	0	0%	25 to 34	9	43%
40 to 49	<5	*	9	31%	6	31%	7	30%	35 to 44	<5	*
50+	5	20%	5	17%	<5	*	6	26%	45 to 54	<5	*
Total	25	76%	29	100%	19	100%	23	87%	55 to 64	<5	*
									65+	<5	*
									Total	21	43%
Chester									Chester		
0-12	0	0%	0	0%	0	0%	<5	*	0 to 12	0	0%
13 to 19	0	0%	<5	*	<5	*	<5	*	13 to 14	0	0%
20 to 29	<5	*	0	0%	<5	*	7	33%	15 to 24	<5	*
30 to 39	0	0%	0	0%	<5	*	<5	*	25 to 34	<5	*
40 to 49	0	0%	5	71%	<5	*	<5	*	35 to 44	<5	*
50+	<5	*	0	0%	<5	*	5	24%	45 to 54	<5	*
Total	<5	100%	5*	100%	10	100%	21	100%	55 to 64	<5	*
									65+	0	0%
									Total	12	0%
Delaware									Delaware		
0-12	0	0%	0	0%	<5	*	0	0%	0 to 12	0	0%
13 to 19	5	9%	<5	*	6	9%	6	10%	13 to 14	0	0%
20 to 29	14	24%	22	36%	19	30%	21	34%	15 to 24	14	25%
30 to 39	21	36%	15	25%	17	27%	13	21%	25 to 34	14	25%
40 to 49	13	22%	11	18%	11	17%	8	13%	35 to 44	12	22%
50+	5	9%	10	16%	10	16%	10	16%	45 to 54	7	13%
Total	58	100%	58*	95%	64	98%	61	100%	55 to 64	8	15%
									65+	<5	*
									Total	55*	100%
Montgomery									Montgomery		
0-12	<5	*	0	0%	0	0%	0	0%	0 to 12	0	0%
13 to 19	<5	*	<5	*	<5	*	0	0%	13 to 14	0	0%
20 to 29	14	34%	14	32%	5	25%	13	45%	15 to 24	7	17%
30 to 39	8	20%	10	22%	7	35%	<5	*	25 to 34	12	29%
40 to 49	12	30%	11	25%	<5	*	9	31%	35 to 44	8	19%
50+	<5	*	6	14%	<5	*	<5	*	45 to 54	8	19%
Total	41	84%	41*	93%	20	100%	29	76%	55 to 64	7	17%
									65+	<5	*
									Total	42*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Table 3.37 PA Counties New HIV (non-AIDS) Cases by Exposure Category, 2009-2013

	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Exposure Category										
Bucks										
MSM	12	48%	8	28%	9	48%	12	52%	11	52%
IDU	<5	*	<5	*	<5	*	<5	*	<5	*
MSM/IDU	0	0%	<5	*	<5	*	<5	*	0	0%
Heterosexual	<5	*	13	45%	8	42%	<5	*	7	33%
Transfusion/ Transplant/Coagulation	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/Other	7	28%	<5	*	0	0%	<5	*	<5	*
All Pediatric**	0	0%	0	0%	0	0%	<5	*	0	0%
Total	25	76%	29	72%	17*	100%	23	52%	21	86%
Chester										
MSM	<5	*	6	100%	6	60%	11	52%	<5	*
IDU	0	0%	0	0%	0	0%	<5	*	<5	*
MSM/IDU	0	0%	0	0%	0	0%	0	0%	<5	*
Heterosexual	0	0%	<5	*	<5	*	6	29%	5	42%
Transfusion/ Transplant/Coagulation	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/Other	<5	*	0	0%	0	0%	<5	*	<5	*
All Pediatric**	0	0%	0	0%	<5	*	<5	*	0	0%
Total	5	100%	6*	100%	10	100%	21	100%	12	42%
Delaware										
MSM	21	37%	15	25%	23	35%	27	47%	24	44%
IDU	7	12%	7	11%	<5	*	<5	*	<5	*
MSM/IDU	<5	*	<5	*	0	0%	<5	*	0	0%
Heterosexual	19	33%	30	49%	28	44%	12	21%	25	45%
Transfusion/ Transplant/Coagulation	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/Other	10	18%	8	13%	8	13%	16	28%	6	11%
All Pediatric**	0	0%	0	0%	<5	*	0	0%	0	0%
Total	57*	100%	60*	98%	64	100%	58	95%	55*	100%
Montgomery										
MSM	11	27%	19	43%	12	60%	15	52%	23	52%
IDU	<5	*	0	0%	<5	*	<5	*	0	0%
MSM/IDU	0	0%	0	0%	0	0%	0	0%	0	0%
Heterosexual	23	56%	23	52%	6	30%	11	38%	21	48%
Transfusion/ Transplant/Coagulation	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/Other	<5	*	<5	*	0	0%	0	0%	<5	*
All Pediatric**	<5	*	0	0%	0	0%	<5	*	0	0%
Total	41	83%	42*	95%	18*	100%	29	100%	44*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
**Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

HIV Prevalence in the Pennsylvania Suburban Counties

The following three tables describe HIV (non-AIDS) prevalence in Bucks, Chester, Delaware, and Montgomery Counties from 2009 through 2013 (see Tables 3.38 – 3.40). In 2013, Bucks County had 348 people living with HIV, Chester County had 232 people, Delaware County had 712 people, and Montgomery County had 507 people.

As with AIDS prevalence (see Table 3.29), the age group with the highest number of people living with HIV in every county was 45 – 54 year olds (see Table 3.38). Again, in all counties except Delaware County, the greatest number of HIV cases were among Whites; in Delaware County, the largest racial/ethnic group was Blacks. In all counties except for Delaware County, the largest exposure category was men who have sex with men, followed by heterosexuals; in Delaware County, the largest group was heterosexuals, followed by men who have sex with men.

Table 3.38 PA Counties HIV (non-AIDS) Prevalence by Age, 2009-2013

	2009		2010		2011		2012			2013	
	n	%	n	%	n	%	n	%		n	%
Age									Age		
Bucks									Bucks		
0-12	<5	*	<5	*	<5	*	5	2%	0 to 12	<5	*
13 to 19	11	4%	10	3%	10	3%	12	4%	13 to 14	<5	*
20 to 29	59	21%	76	25%	84	27%	89	27%	15 to 24	20	6%
30 to 39	99	35%	103	33%	100	32%	95	29%	25 to 34	68	20%
40 to 49	81	29%	89	29%	87	28%	86	26%	35 to 44	65	19%
50+	31	11%	32	10%	32	10%	38	12%	45 to 54	107	31%
Total	281*	100%	310*	100%	313*	100%	325	100%	55 to 64	64	18%
									65+	21	6%
									Total	348	99%
Chester									Chester		
0-12	6	3%	6	3%	6	3%	10	4%	0 to 12	<5	*
13 to 19	6	3%	7	4%	10	5%	11	5%	13 to 14	0	0%
20 to 29	42	23%	44	23%	49	24%	59	26%	15 to 24	19	8%
30 to 39	58	32%	60	31%	63	31%	64	28%	25 to 34	33	14%
40 to 49	48	26%	54	28%	54	26%	53	23%	35 to 44	51	22%
50+	24	13%	22	11%	24	12%	33	14%	45 to 54	73	31%
Total	184	100%	193	100%	206	100%	230	100%	55 to 64	42	18%
									65+	14	6%
									Total	232	100%
Delaware									Delaware		
0-12	14	2%	13	3%	13	2%	13	2%	0 to 12	6	1%
13 to 19	27	5%	31	5%	39	6%	41	6%	13 to 14	<5	*
20 to 29	138	22%	162	26%	184	26%	194	27%	15 to 24	58	8%
30 to 39	191	30%	187	30%	190	27%	198	27%	25 to 34	136	19%
40 to 49	159	26%	137	22%	175	25%	173	24%	35 to 44	147	21%
50+	91	15%	100	15%	101	14%	103	14%	45 to 54	195	27%
Total	620	100%	630	100%	702	100%	722	100%	55 to 64	133	19%
									65+	37	5%
									Total	712*	100%
Montgomery									Montgomery		
0-12	5	1%	6	1%	6	1%	7	1%	0 to 12	<5	*
13 to 19	17	4%	18	3%	18	4%	17	3%	13 to 14	<5	*
20 to 29	111	24%	125	24%	122	24%	127	25%	15 to 24	22	4%
30 to 39	125	27%	154	30%	156	31%	153	30%	25 to 34	92	18%
40 to 49	133	29%	144	28%	132	26%	138	27%	35 to 44	98	19%
50+	73	15%	74	14%	67	13%	67	13%	45 to 54	168	33%
Total	464	100%	521	100%	501	100%	509	100%	55 to 64	99	20%
									65+	28	6%
									Total	507*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Table 3.39 PA Counties HIV (non-AIDS) Prevalence by Race/Ethnicity, 2009-2013

	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Race/Ethnicity										
Bucks										
White	197	69%	203	65%	200	63%	205	63%	212	61%
Black	56	20%	63	20%	64	20%	66	20%	64	18%
Hispanic	15	5%	24	8%	27	9%	27	8%	37	11%
Asian/Pacific Islander	<5	*	<5	*	<5	*	5	2%	6	2%
American Indian/ Alaskan Native	<5	*	<5	*	<5	*	<5	*	<5	*
Multiracial	12	4%	18	6%	21	7%	21	6%	27	8%
Total	284	99%	313	98%	317	98%	324*	100%	346*	100%
Chester										
White	88	48%	93	48%	98	48%	110	48%	112	49%
Black	69	38%	66	34%	73	36%	77	34%	78	34%
Hispanic	11	6%	14	8%	15	7%	22	10%	22	10%
Asian/Pacific Islander	<5	*	0	0%	<5	*	<5	*	<5	*
American Indian/ Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Multiracial	15	8%	20	10%	19	9%	20	9%	18	8%
Total	183*	100%	193	100%	205*	100%	229	100%	230*	100%
Delaware										
White	177	29%	173	26%	172	25%	176	25%	182	26%
Black	386	62%	415	63%	448	64%	457	64%	450	63%
Hispanic	35	6%	39	6%	47	7%	51	7%	52	7%
Asian/Pacific Islander	<5	*	<5	*	<5	*	<5	*	<5	*
American Indian/ Alaskan Native	0	0%	0	0%	0	0%	0	0%	0	0%
Multiracial	21	3%	30	5%	32	5%	34	5%	25	4%
Total	619*	100%	657*	100%	699*	100%	718*	100%	709*	100%
Montgomery										
White	235	51%	256	49%	244	49%	250	49%	250	49%
Black	157	34%	177	34%	162	32%	161	32%	157	31%
Hispanic	42	9%	58	11%	64	13%	66	13%	62	12%
Asian/Pacific Islander	<5	*	<5	*	<5	*	<5	*	7	1%
American Indian/ Alaskan Native	<5	*	<5	*	<5	*	<5	*	<5	*
Multiracial	25	5%	26	5%	26	5%	27	5%	31	6%
Total	464	99%	521	99%	501	99%	509	99%	507*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.40 PA Counties HIV (non-AIDS) Prevalence by Exposure Category, 2009-2013

	2009		2010		2011		2012		2013	
	n	%	n	%	n	%	n	%	n	%
Exposure Category										
Bucks										
MSM	145	51%	163	53%	170	54%	173	53%	185	54%
IDU	28	10%	29	9%	26	8%	28	9%	28	8%
MSM/IDU	8	3%	12	4%	13	4%	12	4%	13	4%
Heterosexual	54	19%	74	24%	77	25%	78	24%	83	24%
Transfusion/ Transplant/ Coagulation	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/Other	47	17%	32	10%	27	9%	29	9%	35	10%
All Pediatric**	<5	*	<5	*	<5	*	5	2%	<5	*
Total	282*	100%	310*	100%	313*	100%	325	100%	344*	100%
Chester										
MSM	64	35%	79	41%	81	39%	94	41%	95	41%
IDU	39	21%	36	19%	33	16%	32	14%	36	15%
MSM/IDU	7	4%	9	5%	9	4%	10	4%	8	3%
Heterosexual	49	27%	50	26%	62	30%	73	32%	79	34%
Transfusion/ Transplant/ Coagulation	0	0%	0	0%	0	0%	0	0%	0	0%
Unknown/Other	19	10%	13	7%	6	3%	13	6%	10	4%
All Pediatric**	6	3%	6	3%	15	7%	6	3%	6	3%
Total	184	100%	193	100%	206	100%	228	100%	234	100%
Delaware										
MSM	167	27%	176	27%	194	28%	215	30%	224	31%
IDU	124	20%	128	19%	130	19%	121	17%	109	15%
MSM/IDU	18	3%	18	3%	22	3%	23	3%	20	3%
Heterosexual	214	35%	250	38%	275	39%	274	38%	272	38%
Transfusion/ Transplant/ Coagulation	<5	*	<5	*	<5	*	<5	*	<5	*
Unknown/Other	82	13%	74	11%	67	10%	75	10%	76	11%
All Pediatric**	14	2%	13	2%	13	2%	13	2%	11	2%
Total	619*	100%	659*	100%	701*	100%	721*	100%	712*	100%
Montgomery										
MSM	159	34%	188	36%	184	37%	191	38%	206	41%
IDU	72	16%	75	14%	74	15%	70	14%	62	12%
MSM/IDU	13	3%	13	3%	13	3%	13	3%	9	2%
Heterosexual	181	39%	203	39%	192	38%	196	39%	198	39%
Transfusion/ Transplant/ Coagulation	<5	*	<5	*	<5	*	<5	*	<5	*
Unknown/Other	32	7%	34	7%	30	6%	30	6%	28	6%
All Pediatric**	5	1%	6	1%	6	1%	7	1%	5	1%
Total	462*	100%	519*	100%	499*	100%	507*	100%	508*	100%

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
**Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

Cumulative HIV Cases in the Pennsylvania Suburban Counties

The final three tables on the Pennsylvania suburban counties describe cumulative HIV (not AIDS) cases in the region for 2013, broken out by gender (see Tables 3.41 – 3.43). Bucks County had 390 cumulative HIV cases, Chester County had 282, Delaware County had 823, and Montgomery County had 558.

As with cumulative AIDS cases, the age group with the highest number of cumulative HIV cases in each county is 35 – 44 year olds, followed by 25 – 34 year olds. In each county but Delaware County, the largest racial/ethnic group for cumulative HIV cases was Whites, followed by Blacks; in Delaware County, the largest group was Blacks, followed by Whites.

For exposure category, the largest group in each county but Delaware County was men who have sex with men, followed by heterosexuals; in Delaware County, the largest group was heterosexuals, followed by men who have sex with men. For women alone, the largest exposure category was heterosexual contact in all counties.

Table 3.41 PA Counties Cumulative HIV (non-AIDS) Cases by Age and Gender, 2013

	Male	Female	Total
	n	n	n
Age			
Bucks			
0 to 12	<5	<5	5
13 to 14	0	0	0
15 to 24	48	16	64
25 to 34	73	27	100
35 to 44	100	25	125
45 to 54	63	7	70
55 to 64	26	<5	26*
65+	0	0	0
Total	310	75	390*
Chester			
0 to 12	<5	5	5*
13 to 14	0	0	0
15 to 24	37	6	43
25 to 34	35	27	62
35 to 44	69	24	93
45 to 54	38	12	50
55 to 64	13	7	20
65+	<5	<5	5
Total	192	81*	282*
Delaware			
0 to 12	9	6	15
13 to 14	0	<5	<5
15 to 24	93	44	137
25 to 34	133	79	212
35 to 44	136	90	226
45 to 54	109	48	157
55 to 64	37	19	56
65+	9	11	20
Total	526	297*	823*
Montgomery			
0 to 12	5	3	8
13 to 14	0	1	1
15 to 24	58	21	79
25 to 34	101	38	139
35 to 44	133	33	166
45 to 54	86	33	119
55 to 64	32	2	34
65+	11	1	12
Total	426	132	558

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.42 PA Counties Cumulative HIV (non-AIDS) Cases by Ethnicity, 2013

	Male	Female	Total
	n	n	n
Race/Ethnicity			
Bucks			
White	206	35	241
Black	45	25	70
Hispanic	30	8	38
Asian/Pacific Islander	5	<5	5*
American Indian/Alaskan Native	<5	0	<5
Multiracial	18	9	27
Total	304*	77*	381*
Chester			
White	106	20	126
Black	51	47	98
Hispanic	22	<5	22*
Asian/Pacific Islander	<5	<5	5
American Indian/Alaskan Native	0	0	0
Multiracial	16	5	21
Total	195*	72*	272*
Delaware			
White	182	43	225
Black	290	219	509
Hispanic	38	17	55
Asian/Pacific Islander	<5	<5	<5
American Indian/Alaskan Native	0	0	0
Multiracial	16	11	27
Total	526*	290*	816*
Montgomery			
White	239	44	283
Black	112	63	175
Hispanic	51	15	66
Asian/Pacific Islander	6	<5	6*
American Indian/Alaskan Native	0	<5	<5
Multiracial	23	11	34
Total	431	133*	564*

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.43 PA Counties Cumulative HIV (non-AIDS) Cases by Exposure Category, 2013

	Male	Female	Total
	n	n	n
Exposure Category			
Bucks			
MSM	197	0	197
IDU	25	16	41
MSM/IDU	15	0	15
Heterosexual	42	48	90
Transfusion/ Transplant/Coagulation	0	0	0
Undetermined/Other	24	13	37
All Pediatric**	<5	<5	<5
Total	303*	77*	380*
Chester			
MSM	106	0	106
IDU	43	11	54
MSM/IDU	9	0	9
Heterosexual	33	55	88
Transfusion/ Transplant/Coagulation	0	0	0
Undetermined/Other	5	7	12
All Pediatric**	<5	<5	6
Total	196*	73*	275
Delaware			
MSM	244	0	244
IDU	91	56	147
MSM/IDU	26	0	26
Heterosexual	117	180	297
Transfusion/ Transplant/Coagulation	<5	0	<5
Undetermined/Other	43	51	94
All Pediatric**	7	<5	7*
Total	528*	287*	815*
Montgomery			
MSM	217	0	217
IDU	57	24	81
MSM/IDU	13	0	13
Heterosexual	115	99	214
Transfusion/ Transplant/Coagulation	<5	0	<5
Undetermined/Other	24	11	35
All Pediatric**	<5	<5	5
Total	426*	134*	565*

Pennsylvania Department of Health, Bureau of Epidemiology (data provided upon request on 5/20/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
**Includes adult cases assigned pediatric modes of transmission, since infection is believed to have occurred before age 13

New Jersey Counties

The following section includes HIV/AIDS data on the four New Jersey counties within the Philadelphia Eligible Metropolitan Area: Burlington, Camden, Gloucester, and Salem Counties.

New AIDS Cases in the New Jersey Counties

The following four tables provide data on new AIDS cases in the four New Jersey counties by race/ethnicity, gender, age group, and exposure category. In 2013, the most new AIDS cases were among Blacks for Burlington, Camden, and Gloucester Counties; there were fewer than five cases in every race/ethnicity category in Salem County (see Table 3.44).

Table 3.44 NJ Counties New AIDS Cases by Race/Ethnicity, 2009-2013

	2009		2010		2011		2012		2013	
Race/Ethnicity	n	%	n	%	n	%	n	%	n	%
Burlington										
White (non-Hispanic)	13	46%	6	38%	<5	*	10	38%	8	44%
Black (non-Hispanic)	12	43%	10	63%	10	67%	16	62%	10	56%
Hispanic	<5	*	0	0%	<5	*	<5	*	<5	*
Other/Unknown	<5	*	0	0%	0	0%	0	0%	0	0%
Total	28	89%	16	100%	15	67%	26*	100%	18*	100%
Camden										
White (non-Hispanic)	10	21%	6	19%	<5	*	8	20%	7	21%
Black (non-Hispanic)	32	67%	14	45%	12	71%	24	59%	21	64%
Hispanic	6	13%	11	36%	5	29%	9	22%	5	15%
Other/Unknown	0	0%	0	0%	0	0%	<5	*	<5	*
Total	48	100%	31	100%	17*	100%	41*	100%	33*	100%
Gloucester										
White (non-Hispanic)	5	63%	9	100%	<5	*	5	100%	<5	*
Black (non-Hispanic)	<5	*	<5	*	<5	*	<5	*	5	100%
Hispanic	<5	*	0	0%	0	0%	<5	*	<5	*
Other/Unknown	0	0%	0	0%	0	0%	0	0%	0	0%
Total	8	63%	9*	100%	5	*	5*	100%	5*	100%
Salem										
White (non-Hispanic)	0	0%	<5	*	0	0%	<5	*	<5	*
Black (non-Hispanic)	<5	*	<5	*	<5	*	<5	*	<5	*
Hispanic	0	0%	0	0%	<5	*	<5	*	0	0%
Other/Unknown	0	0%	0	0%	0	0%	0	0%	0	0%
Total	<5	*	5	*	<5	*	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Next, we have provided new AIDS cases by gender for each of the New Jersey counties (see Table 3.45). Here, cases among males outnumber cases among females for Burlington, Camden, and Gloucester Counties for every year from 2009 through 2013. The number of cases in Salem County was too small to make this determination.

Table 3.45 NJ Counties New AIDS Cases by Gender, 2009-2013

	2009		2010		2011		2012		2013	
Gender	n	%	n	%	n	%	n	%	n	%
Burlington										
Female	6	21%	<5	*	<5	*	5	18%	<5	*
Male	22	79%	13	100%	14	100%	23	82%	16	100%
Total	28	100%	13*	100%	14*	100%	28	100%	16*	100%
Camden										
Female	20	42%	12	39%	7	35%	9	21%	12	34%
Male	28	58%	19	61%	13	65%	34	79%	23	66%
Total	48	100%	31	100%	20	100%	43	100%	35	100%
Gloucester										
Female	<5	*	<5	*	0	0%	<5	0%	<5	*
Male	7	100%	10	100%	5	100%	6	100%	9	100%
Total	7*	100%	10*	100%	5	100%	6*	100%	9*	100%
Salem										
Female	0	0%	<5	*	<5	*	<5	*	<5	*
Male	<5	100%	<5	*	<5	*	<5	*	<5	*
Total	<5	100%	5	0%	<5	*	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Below, we have displayed new AIDS cases by age group from 2009 – 2013 (see Table 3.46). For Burlington and Camden Counties in 2013, the largest age group was 45+, followed by 25 – 44 year olds; for Gloucester County, these age categories were tied for the largest. This is a shift from 2012, when the largest age group for Burlington and Gloucester Counties was 25 – 44 year olds. There were not enough cases in any age group category to make this determination for Salem County for 2012 or 2013.

Table 3.46 NJ Counties New AIDS Cases by Age, 2009-2011 and 2012-2013

	2009		2010		2011			2012		2013	
Age	n	%	n	%	n	%	Age	n	%	n	%
Burlington							Burlington				
<13	0	0%	0	0%	<5	*	<13	0	0%	0	0%
13-19	0	0%	0	0%	10	67%	13-24	<5	*	<5	*
20-44	16	57%	7	44%	<5	*	25-44	17	65%	6	38%
45+	12	43%	9	56%	0	0%	45+	9	35%	10	56%
Total	24	100%	16	100%	15	67%	Total	26	100%	16*	93%
Camden							Camden				
<13	0	0%	0	0%	<5	*	<13	0	*	0	0%
13-19	<5	*	<5	*	12	71%	13-24	6	14%	<5	*
20-44	21	46%	13	45%	5	29%	25-44	17	40%	12	36%
45+	25	54%	16	55%	0	0%	45+	20	47%	21	64%
Total	46*	100%	29*	100%	17*	100%	Total	43	100%	33*	100%
Gloucester							Gloucester				
<13	0	0%	0	0%	<5	*	<13	0	0%	0	0%
13-19	0	0%	<5	*	<5	*	13-24	0	0%	0	0%
20-44	6	100%	9	100%	0	0%	25-44	7	100%	5	50%
45+	<5	*	<5	*	0	0%	45+	<5	*	5	50%
Total	6*	100%	9*	100%	5	0%	Total	7*	100%	10	100%
						*					
Salem							Salem				
<13	0	0%	0	0%	0	0%	<13	0	0%	0	0%
13-19	0	0%	0	0%	<5	*	13-24	0	0%	0	0%
20-44	<5	*	<5	*	<5	*	25-44	<5	*	<5	*
45+	0	0%	<5	*	0	0%	45+	<5	*	<5	*
Total	<5	*	5	0%	<5	*	Total	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

The last table on new AIDS cases shows exposure category over time (see Table 3.47). As seen with new HIV cases, the greatest numbers of new AIDS cases for 2013 were found among heterosexuals for both Burlington and Camden Counties. This was also true for 2012 for those two counties. Gloucester and Salem Counties had too few cases in any single exposure category to determine which accounted for the most new AIDS cases.

Table 3.47 NJ Counties New AIDS Cases by Exposure Category, 2009-2013

	2009		2010		2011		2012		2013	
Exposure	n	%	n	%	n	%	n	%	n	%
Burlington										
MSM	11	41%	<5	*	6	40%	9	36%	5	36%
IDU	5	19%	<5	*	<5	*	<5	*	<5	*
MSM/IDU	0	0%	0	0%	0	0%	<5	*	0	0%
Heterosexual	11	41%	6	38%	5	33%	14	56%	9	64%
Other/Unknown	<5	*	<5	*	<5	*	2	8%	<5	*
Pediatric	0	0%	0	0%	0	0%	0	0%	<5	*
Total	27*	100%	16	38%	15	73%	25*	100%	14*	100%
Camden										
MSM	11	23%	5	17%	8	40%	12	30%	9	29%
IDU	6	13%	7	24%	<5	*	5	13%	<5	*
MSM/IDU	<5	*	0	0%	0	0%	0	0%	0	0%
Heterosexual	27	56%	17	59%	8	40%	23	58%	22	71%
Other/Unknown	<5	*	<5	*	<5	*	<5	*	<5	*
Pediatric	0	0%	0	0%	0	0%	0	0%	0	0%
Total	48	92%	29*	100%	20	80%	40*	100%	31*	100%
Gloucester										
MSM	5	100%	6	46%	<5	*	<5	*	<5	*
IDU	0	0%	0	0%	0	0%	<5	*	0	0%
MSM/IDU	0	0%	0	0%	<5	*	0	0%	0	0%
Heterosexual	<5	*	7	54%	<5	*	<5	*	<5	*
Other/Unknown	0	0%	0	0%	0	0%	0	0%	<5	*
Pediatric	0	0%	0	0%	0	0%	0	0%	0	0%
Total	5*	100%	13	100%	5	0%	9	*	10	0%
Salem										
MSM	0	0%	0	0%	0	0%	<5	*	0	0%
IDU	0	0%	<5	*	<5	*	0	0%	0	0%
MSM/IDU	0	0%	<5	*	0	0%	0	0%	0	0%
Heterosexual	<5	*	0	0%	<5	*	<5	*	<5	*
Other/Unknown	0	*	0	0%	0	0%	<5	*	<5	*
Pediatric	0	0%	0	0%	0	0%	0	0%	0	0%
Total	<5	*	5	*	<5	*	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

New HIV Cases in the New Jersey Counties

The next four tables describe new HIV cases in the four suburban New Jersey counties, broken out by age group, race/ethnicity, gender, and exposure category over time. The largest age category for new HIV cases for Burlington, Camden, and Gloucester Counties was 25 – 44 for 2012 and 2013 (see Table 3.48). Salem County had too few new HIV cases to determine the largest age category.

Table 3.48 NJ Counties New HIV Cases by Age, 2009-2011 and 2012-2013

	2009		2010		2011			2012		2013	
Age	n	%	n	%	n	%	Age	n	%	n	%
Burlington							Burlington				
<13	0	0%	0	0%	0	0%	<13	0	0%	0	0%
13-19	<5	*	<5	*	0	0%	13-24	6	23%	<5	*
20-44	16	70%	17	100%	<5	*	25-44	14	54%	12	67%
45+	7	30%	<5	*	<5	*	45+	6	23%	6	33%
Total	23*	100%	17*	100%	5	*	Total	26	100%	18*	100%
Camden							Camden				
<13	0	0%	0	0%	0	0%	<13	<5	*	<5	*
13-19	<5	*	0	0%	0	0%	13-24	14	26%	7	11%
20-44	30	65%	13	62%	24	100%	25-44	24	44%	35	56%
45+	16	35%	8	38%	<5	*	45+	16	30%	20	32%
Total	46*	100%	21	100%	24*	100%	Total	54*	100%	62*	100%
Gloucester							Gloucester				
<13	<5	*	<5	25%	0	0%	<13	0	0%	0	0%
13-19	<5	*	0	0%	0	0%	13-24	0	0%	0	0%
20-44	6	55%	<5	75%	<5	*	25-44	5	100%	6	100%
45+	<5	*	0	0%	<5	*	45+	<5	*	<5	*
Total	11	*	<5	100%	8	*	Total	5*	100%	6*	100%
Salem							Salem				
<13	0	0%	0	0%	0	0%	<13	0	0%	0	0%
13-19	0	0%	0	0%	0	0%	13-24	0	0%	<5	*
20-44	<5	*	<5	*	<5	*	25-44	0	0%	<5	*
45+	<5	*	<5	*	<5	*	45+	<5	*	<5	*
Total	<5	*	<5	*	<5	*	Total	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

Next, we have displayed new HIV cases by race/ethnicity for each county (see Table 3.49). For both 2012 and 2013, the largest race/ethnicity category for Camden County was Blacks, followed by Hispanics, and then Whites. In Burlington County, the largest category in 2013 was Whites, followed by Blacks; this is the reverse from 2012. When broken out by race/ethnicity, there were too few new HIV cases in both Gloucester and Salem Counties to determine ranking.

Table 3.49 NJ Counties New HIV Cases by Race/Ethnicity, 2009-2013

	2009		2010		2011		2012		2013	
Race/Ethnicity	n	%	n	%	n	%	n	%	n	%
Burlington										
White (not Hispanic)	9	41%	9	53%	<5	*	7	30%	10	56%
Black (not Hispanic)	13	59%	8	47%	<5	*	16	70%	8	44%
Hispanic	<5	*	<5	*	0	*	<5	*	<5	*
Other/Unknown	<5	*	0	0%	0	0%	0	0%	0	0%
Total	22*	100%	17*	100%	5	100%	23*	100%	18*	100%
Camden										
White (not Hispanic)	9	19%	7	39%	<5	*	13	24%	7	11%
Black (not Hispanic)	31	66%	11	61%	10	45%	28	51%	35	56%
Hispanic	7	15%	<5	*	12	45%	14	25%	21	33%
Other/Unknown	<5	*	0	0%	<5	*	<5	*	0	0%
Total	47*	100%	18*	100%	22*	91%	55*	100%	63	100%
Gloucester										
White (not Hispanic)	5	*	<5	*	6	100%	<5	*	<5	*
Black (not Hispanic)	<5	*	<5	*	<5	*	5	100%	<5	*
Hispanic	<5	*	0	0%	0	0%	0	0%	<5	*
Other/Unknown	0	0%	0	0%	0	0%	0	0%	0	0%
Total	11	*	<5	*	6*	100%	5*	100%	8	*
Salem										
White (not Hispanic)	0	0%	<5	*	0	0%	0	0%	<5	*
Black (not Hispanic)	<5	100%	<5	*	<5	100%	<5	*	<5	*
Hispanic	0	0%	0	0%	0	0%	0	0%	0	0%
Other/Unknown	0	0%	0	0%	0	0%	0	0%	0	0%
Total	<5	100%	<5	*	<5	100%	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Here, we have provided new HIV cases by gender for the suburban New Jersey counties (see Table 3.50). Burlington, Camden, and Salem Counties had more cases among males than females in 2013. Gloucester had more cases among females in 2013 – this was the only instance of one of the four counties having more new HIV diagnoses among females than males from 2009 – 2013.

Table 3.50 NJ Counties New HIV Cases by Gender, 2009-2013

	2009		2010		2011		2012		2013	
Gender	n	%	n	%	n	%	n	%	n	%
Burlington										
Female	5	21%	<5	15%	<5	*	<5	*	5	23%
Male	19	79%	17	85%	<5	*	24	100%	17	77%
Total	24	100%	20	100%	5	*	24*	100%	22	100%
Camden										
Female	14	29%	8	38%	7	25%	17	29%	17	27%
Male	34	71%	13	62%	21	75%	41	71%	46	73%
Total	48	100%	21	100%	28	100%	58	100%	63	100%
Gloucester										
Female	<5	*	<5	*	<5	*	<5	*	5	100%
Male	8	100%	<5	*	7	100%	6	100%	<5	*
Total	8*	100%	<5	*	7*	100%	6*	100%	5*	100%
Salem										
Female	0	0%	0	0%	<5	*	0	0%	0	0%
Male	<5	100%	<5	*	<5	*	<5	*	<5	*
Total	<5	100%	<5	*	<5	*	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

The last table on new HIV diagnoses in the four New Jersey Counties displays cases by exposure category (see Table 3.51). For Burlington and Camden Counties, the largest exposure category in 2013 was heterosexual. This is a shift from 2012, where the largest exposure category in both categories was men who have sex with men. There were too few new HIV cases in Gloucester and Salem to determine the largest exposure category in either 2012 or 2013.

Table 3.51 NJ Counties New HIV Cases by Exposure Category, 2009-2013

	2009		2010		2011		2012		2013	
Exposure	n	%	n	%	n	%	n	%	n	%
Burlington										
MSM	6	25%	11	55%	<5	*	13	59%	<5	*
IDU	<5	*	<5	*	<5	*	0	0%	<5	*
MSM/IDU	<5	*	<5	*	0	0%	<5	*	0	0%
Heterosexual	12	50%	6	30%	<5	*	9	41%	8	57%
Other/Unknown	<5	*	<5	*	0	0%	<5	*	6	43%
Pediatric	0	0%	0	0%	0	0%	0	0%	0	0%
Total	24	75%	20	85%	5	*	22*	100%	14*	100%
Camden										
MSM	18	40%	<5	*	10	35%	24	49%	20	32%
IDU	<5	*	<5	*	<5	*	<5	*	<5	*
MSM/IDU	0	0%	0	0%	<5	*	0	0%	0	0%
Heterosexual	27	60%	12	57%	12	43%	17	35%	28	44%
Other/Unknown	0	0%	<5	*	<5	*	8	16%	10	16%
Pediatric	0	0%	0	0%	0	0%	<5	*	<5	*
Total	45*	100%	21	100%	28	78%	49*	100%	63	92%
Gloucester										
MSM	6	55%	<5	*	<5	*	<5	*	<5	*
IDU	0	0%	0	0%	0	0%	<5	*	0	0%
MSM/IDU	0	0%	0	0%	0	0%	0	0%	0	0%
Heterosexual	<5	*	0	0%	<5	*	<5	*	<5	*
Other/Unknown	<5	*	0	0%	<5	*	0	0%	<5	*
Pediatric	<5	*	<5	*	0	0%	0	0%	0	0%
Total	11	55%	<5	*	8	100%	8	*	8	100%
Salem										
MSM	0	0%	<5	*	0	0%	<5	*	<5	0%
IDU	0	0%	0	0%	0	0%	0	0%	0	0%
MSM/IDU	0	0%	0	0%	0	0%	0	0%	0	0%
Heterosexual	<5	*	<5	*	<5	100%	<5	*	<5	*
Other/Unknown	0	0%	0	0%	0	0%	0	0%	<5	0%
Pediatric	0	0%	0	0%	0	0%	0	0%	0	0%
Total	<5	*	<5	*	<5	100%	<5	*	<5	*

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Cumulative HIV/AIDS Cases in the New Jersey Counties

The first group of tables on HIV/AIDS in New Jersey describe cumulative HIV/AIDS cases through 2013 (see Tables 3.52 – 3.56). Of the four New Jersey counties, Camden County has had the most HIV/AIDS cases over time; with 3,280 cases, it has had more cases than the other three counties combined. The next-highest number of cases is found in Burlington County (1,332), followed by Gloucester County (687), and finally, Salem County (327).

First, we have provided cumulative HIV/AIDS cases by gender, exposure category, race/ethnicity, and age at diagnosis (see Table 3.52). In every county but Salem County, the largest exposure category was men who have sex with men, followed by heterosexual contact; in Salem County, this was reversed. In every county except Gloucester County, the largest race/ethnicity category was Blacks, followed by Whites and then Hispanics. In Gloucester County, the largest race/ethnicity category was Whites, followed by Blacks, then Hispanics. For all counties, 67 – 68% of cumulative HIV/AIDS cases have been diagnosed among 25 – 44 year olds.

The following three tables provide cumulative HIV/AIDS cases by age at diagnosis, race/ethnicity, and exposure category, all broken out by gender (see Tables 3.53 – 3.55). Distribution of age groups was similar between males and females (see Table 3.53). However, for all four counties, the percentage of cumulative HIV/AIDS cases among Blacks was much higher for females than males (see Table 3.54). For all counties except Gloucester County, the percentage of cases among Hispanics was higher for females than males; in Gloucester County, the percentage was the same for both males and females. For all counties, heterosexual contact was the most common exposure category among women, followed by injection drug use (see Table 3.55). Among males, male-to-male sexual contact was the most common exposure category. The second-highest category among males was injection drug use in Camden and Salem Counties, and heterosexual contact in Burlington and Gloucester Counties.

Table 3.52 NJ Counties Cumulative Reported HIV/AIDS Cases by Gender, Exposure Category, Race/Ethnicity and Age at Diagnosis, 2013

	Burlington		Camden		Gloucester		Salem	
	n	%	n	%	n	%	n	%
Total	1,332	100%	3,280	100%	687	100%	327	100%
Gender								
Male	1,033	78%	2,402	73%	543	79%	208	64%
Female	299	22%	878	27%	144	21%	119	36%
Total	1,332	100%	3,280	100%	687	100%	327	100%
Exposure Category								
MSM	494	37%	1,126	34%	295	43%	79	24%
IDU	277	21%	836	25%	104	15%	91	28%
MSM/IDU	47	4%	114	3%	30	4%	7	2%
Heterosexual	416	31%	1,009	31%	209	30%	125	38%
Unknown/Other	83	6%	146	4%	41	6%	19	6%
Pediatric	15	1%	49	1%	8	1%	6	2%
Total	1,332	100%	3,280	100%	687	100%	327	100%
Race/Ethnicity								
White (non-Hispanic)	544	41%	963	29%	403	59%	116	36%
Black (non-Hispanic)	637	48%	1,473	45%	213	31%	173	54%
Hispanic	135	10%	818	25%	63	9%	35	11%
Other	16	1%	26	1%	8	1%	<5	*
Total	1,332	100%	3,280	100%	687	100%	322*	100%
Age								
0 - 12	15	1%	49	1%	8	1%	5	2%
13 - 24	137	10%	316	10%	56	8%	23	7%
25 - 34	439	33%	1,114	34%	227	33%	113	35%
35 - 44	463	35%	1,109	34%	236	34%	108	33%
45 - 54	192	14%	491	15%	109	16%	51	16%
55 - 64	65	5%	159	5%	40	6%	23	7%
65+	21	2%	42	1%	11	2%	<5	*
Total	1,332	100%	3,280	100%	687	100%	323	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.53 NJ Counties Cumulative Reported HIV/AIDS Cases by Age and Gender at Diagnosis, 2013

	Male		Female		Total	
Burlington	n	%	n	%	n	%
Age						
0 - 12	9	1%	6	2%	15	1%
13 - 24	111	11%	26	9%	137	10%
25 - 34	345	33%	94	31%	439	33%
35 - 44	348	34%	115	38%	463	35%
45 - 54	157	15%	35	12%	192	14%
55 - 64	48	5%	17	6%	65	5%
65+	15	1%	6	2%	21	2%
Total	1,033	100%	299	100%	1,332	100%
Camden						
Age						
0 - 12	24	1%	25	3%	49	1%
13 - 24	215	9%	101	12%	316	10%
25 - 34	807	34%	307	35%	1,114	34%
35 - 44	839	35%	270	31%	1,109	34%
45 - 54	369	15%	122	14%	491	15%
55 - 64	122	5%	37	4%	159	5%
65+	26	1%	16	2%	42	1%
Total	2,402	100%	878	100%	3,280	100%
Gloucester						
Age						
0 - 12	<5	*	5	4%	5*	1%
13 - 24	36	7%	20	14%	56	8%
25 - 34	180	33%	47	33%	227	33%
35 - 44	192	36%	44	31%	236	35%
45 - 54	92	17%	17	12%	109	16%
55 - 64	31	6%	9	6%	40	6%
65+	9	2%	<5	*	9*	1%
Total	540*	100%	142*	100%	682*	100%
Salem						
Age						
0 - 12	<5	*	<5	*	5	2%
13 - 24	11	5%	12	10%	23	7%
25 - 34	57	28%	56	48%	113	35%
35 - 44	79	39%	29	25%	108	33%
45 - 54	38	19%	13	11%	51	16%
55 - 64	17	8%	6	5%	23	7%
65+	<5	*	<5	*	<5	*
Total	202*	100%	116*	100%	323*	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.54 NJ Counties Cumulative Reported HIV/AIDS Cases by Race/Ethnicity and Gender at Diagnosis, 2013

	Male		Female		Total	
Burlington	n	%	n	%	n	%
Race/Ethnicity						
White (non-Hispanic)	472	46%	72	24%	544	41%
Black (non-Hispanic)	448	43%	189	63%	637	48%
Hispanic	103	10%	32	11%	135	10%
Other/Unknown	10	1%	6	2%	16	1%
Total	1,033	100%	299	100%	1,332	100%
Camden						
Race/Ethnicity						
White (non-Hispanic)	817	34%	146	17%	963	29%
Black (non-Hispanic)	1,027	43%	446	51%	1,473	45%
Hispanic	535	22%	283	32%	818	25%
Other/Unknown	23	1%	<5	*	23*	1%
Total	2,402	100%	875*	100%	3,277*	100%
Gloucester						
Race/Ethnicity						
White (non-Hispanic)	336	62%	67	47%	403	59%
Black (non-Hispanic)	151	28%	62	44%	213	31%
Hispanic	50	9%	13	9%	63	9%
Other/Unknown	6	1%	<5	*	6*	1%
Total	543	100%	142*	100%	685*	100%
Salem						
Race/Ethnicity						
White (non-Hispanic)	90	44%	26	22%	116	36%
Black (non-Hispanic)	96	47%	77	65%	173	53%
Hispanic	20	10%	15	13%	35	11%
Other/Unknown	<5	*	<5	*	<5	*
Total	206*	100%	118*	100%	324*	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.55 NJ Counties Cumulative Reported HIV/AIDS Cases by Exposure and Gender at Diagnosis, 2013

	Male		Female		Total	
Burlington	n	%	n	%	n	%
Exposure Category						
MSM	494	48%	0	0%	494	37%
IDU	194	19%	83	28%	277	21%
MSM/IDU	47	5%	0	0%	47	4%
Heterosexual	222	21%	194	65%	416	31%
Unknown/Other	67	6%	16	5%	83	6%
Pediatric	9	1%	6	2%	15	1%
Total	1,033	100%	299	100%	1,332	100%
Camden						
Exposure Category						
MSM	1,126	47%	0	0%	1,126	34%
IDU	579	24%	257	29%	836	25%
MSM/IDU	114	5%	0	0%	114	3%
Heterosexual	458	19%	551	63%	1,009	31%
Unknown/Other	101	4%	45	5%	146	4%
Pediatric	24	1%	25	3%	49	1%
Total	2,402	100%	878	100%	3,280	100%
Gloucester						
Exposure Category						
MSM	295	55%	0	0%	295	43%
IDU	74	14%	30	21%	104	15%
MSM/IDU	30	6%	0	0%	30	4%
Heterosexual	111	21%	98	68%	209	31%
Unknown/Other	30	6%	11	8%	41	6%
Pediatric	<5	*	5	3%	5*	1%
Total	540*	100%	144	100%	684*	100%
Salem						
Exposure Category						
MSM	79	38%	0	0%	79	25%
IDU	58	28%	33	29%	91	28%
MSM/IDU	7	3%	0	0%	7	2%
Heterosexual	44	21%	81	71%	125	39%
Unknown/Other	15	7%	<5	*	15*	5%
Pediatric	5	2%	<5	*	5*	2%
Total	208	100%	114*	100%	322*	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Below, we have provided data on cumulative HIV and AIDS cases as well as cumulative deaths among people with HIV and AIDS in the New Jersey counties (see Table 3.56). As seen in the table, there has been a higher proportion of deaths among people with AIDS than HIV when compared to the proportion of total people diagnosed with AIDS as opposed to HIV.

Table 3.56 NJ Counties Cumulative Reported HIV/AIDS Cases and Deaths by Status and Gender, 2013

	Male		Female		Total	
Burlington	n	%	n	%	n	%
Diagnosis						
HIV	328	32%	108	36%	436	33%
AIDS	705	68%	191	64%	896	67%
Total	1,033	100%	299	100%	1,332	100%
HIV Deaths	59	12%	21	17%	80	13%
AIDS Deaths	431	88%	101	83%	532	87%
Total	490	100%	122	100%	612	100%
Camden						
Diagnosis						
HIV	769	32%	318	36%	1,087	33%
AIDS	1,633	68%	560	64%	2,193	67%
Total	2,402	100%	878	100%	3,280	100%
HIV Deaths	173	14%	62	17%	235	15%
AIDS Deaths	1,025	86%	296	83%	1,321	85%
Total	1,198	100%	358	100%	1,556	100%
Gloucester						
Diagnosis						
HIV	157	29%	65	45%	222	32%
AIDS	386	71%	79	55%	465	68%
Total	543	100%	144	100%	687	100%
HIV Deaths	29	11%	14	26%	43	13%
AIDS Deaths	237	89%	40	74%	277	87%
Total	266	100%	54	100%	320	100%
Salem						
Diagnosis						
HIV	58	28%	42	35%	100	31%
AIDS	150	72%	77	65%	227	69%
Total	208	100%	119	100%	327	100%
HIV Deaths	15	12%	14	25%	29	64%
AIDS Deaths	108	88%	42	75%	16	36%
Total	123	100%	56	100%	45	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

The next four tables describe people living with HIV/AIDS in the four New Jersey counties by age group, race/ethnicity, exposure category, and gender over time. In all four counties, at least two-thirds of people living with HIV/AIDS were 45 years old and up in 2013 (see Table 3.57). In Camden, Gloucester, and Salem Counties, men living with HIV/AIDS overall tended to be slightly older than women; in Burlington County, the proportion of women who were 45 and older was slightly higher than the proportion of men 45 and older.

Table 3.57 NJ Counties Persons Living with HIV/AIDS by Age and Gender, 2011-2013

	2011				2012					2013			
	Male		Female		Male		Female			Male		Female	
Age	n	%	n	%	n	%	n	%	Age	n	%	n	%
Burlington									Burlington				
0-24	34	6%	8	4%	30	5%	10	4%	<13	<5	*	<5	*
25-34	178	33%	80	37%	90	16%	20	9%	13-24	25	4%	9	4%
35-44	311	57%	119	55%	99	18%	56	25%	25-44	194	33%	72	31%
45+	18	3%	8	4%	336	61%	137	61%	45+	377	63%	152	65%
Total	541	100%	215	100%	555	100%	223	100%	Total	596*	100%	233*	100%
Camden									Camden				
0-24	43	4%	23	4%	38	3%	22	4%	<13	<5	*	5	1%
25-34	403	33%	194	36%	151	12%	52	10%	13-24	38	3%	13	2%
35-44	712	59%	300	55%	249	20%	128	23%	25-44	404	31%	189	33%
45+	46	4%	25	5%	794	64%	345	63%	45+	879	67%	372	64%
Total	1,204	100%	542	100%	1,232	100%	547	100%	Total	1,321*	100%	579	100%
Gloucester									Gloucester				
0-24	16	5%	<5	*	12	4%	<5	*	<13	0	0%	<5	*
25-34	86	29%	33	37%	31	10%	18	18%	13-24	<5	*	<5	*
35-44	187	62%	47	53%	56	17%	21	21%	25-44	87	29%	40	38%
45+	11	4%	9	10%	224	69%	61	61%	45+	218	71%	61	58%
Total	300	100%	89*	100%	323	100%	100*	100%	Total	305*	100%	105	96%
Salem									Salem				
0-24	5	5%	0	0%	<5	*	<5	1%	<13	0	0%	0	0%
25-34	28	31%	34	52%	7	8%	<5	4%	13-24	<5	*	<5	*
35-44	51	56%	31	48%	11	12%	26	38%	25-44	24	24%	26	38%
45+	7	8%	<5	*	74	80%	38	56%	45+	75	76%	42	62%
Total	91	100%	65*	100%	92*	100%	68	100%	Total	99*	100%	68*	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons
Age categories shifted to comply with the Integrated Guidance for Developing Epidemiologic Profiles released in August 2014

The following table describes race/ethnicity for people living with HIV/AIDS in the four New Jersey Counties (see Table 3.58). In every county, the proportion of people living with HIV/AIDS who were White was higher among males than females, and the proportion of females who were Black was higher than the proportion of males who were Black. In Burlington, Camden, and Salem Counties, the largest racial/ethnic group of people living with HIV/AIDS was Blacks; in Gloucester County, the largest group was Whites.

Table 3.58 NJ Counties Persons Living with HIV/AIDS by Race/Ethnicity and Gender, 2011-2013

	2011				2012				2013			
	Male		Female		Male		Female		Male		Female	
	n	%	n	%	n	%	n	%	n	%	n	%
Race/Ethnicity												
Burlington												
White	231	43%	48	22%	231	42%	42	19%	243	41%	42	18%
Black	249	46%	148	69%	260	47%	157	70%	272	45%	158	67%
Hispanic	47	9%	13	6%	53	10%	18	8%	72	12%	30	13%
Other/ Unknown	14	3%	6	3%	11	2%	6	3%	11	2%	5	2%
Total	541	100%	215	100%	555	100%	223	100%	598	100%	235	100%
Camden												
White	395	33%	96	18%	382	31%	92	17%	397	30%	92	16%
Black	561	47%	287	53%	585	47%	303	55%	599	45%	306	53%
Hispanic	227	19%	154	28%	242	20%	146	27%	304	23%	176	30%
Other/ Unknown	21	2%	5	1%	23	2%	6	1%	24	2%	5	1%
Total	1,204	100%	542	100%	1,232	100%	547	100%	1,324	100%	579	100%
Gloucester												
White	170	57%	40	43%	178	55%	45	45%	167	54%	43	41%
Black	94	31%	45	49%	102	32%	51	50%	92	30%	53	51%
Hispanic	30	10%	<5	*	37	11%	5	5%	45	15%	8	8%
Other/ Unknown	6	2%	<5	*	6	2%	<5	*	5	2%	<5	*
Total	300	100%	92	92%	323	100%	101*	100%	309	100%	104*	100%
Salem												
White	36	40%	19	29%	38	41%	18	27%	38	38%	20	29%
Black	39	44%	38	58%	41	45%	39	59%	44	44%	36	52%
Hispanic	14	16%	8	12%	13	14%	9	14%	18	18%	13	19%
Other/ Unknown	<5	*	<5	*	<5	*	<5	*	<5	*	<5	*
Total	89*	100%	65*	100%	92*	100%	66*	100%	100*	100%	69*	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Next, we have described people living with HIV/AIDS by exposure category over time (see Table 3.59). For each county, the majority (70% - 81%) of cases among women were attributed to heterosexual contact. For males, the largest exposure category in each county was men who have sex with men.

Table 3.59 NJ Counties Persons Living with HIV/AIDS by Exposure Category and Gender, 2011-2013

	2011				2012				2013			
	Male		Female		Male		Female		Male		Female	
	n	%	n	%	n	%	n	%	n	%	n	%
Exposure												
Burlington												
Heterosexual	43	8%	155	72%	150	27%	167	75%	159	27%	169	72%
IDU	77	14%	37	17%	70	13%	30	13%	72	12%	41	17%
MSM	246	45%	0	0%	266	48%	0	0%	286	48%	0	0%
MSM/IDU	20	6%	0	0%	22	4%	0	0%	29	5%	0	0%
Risk Unknown	48	15%	23	11%	47	8%	26	12%	43	7%	16	7%
Pediatric									9	2%	9	4%
Total	541	100%	215	100%	555	100%	223	100%	598	100%	235	100%
Camden												
Heterosexual	320	27%	373	69%	335	27%	385	70%	322	24%	404	70%
IDU	195	16%	116	21%	185	15%	109	20%	191	14%	132	23%
MSM	574	48%	0	0%	586	48%	0	0%	674	51%	0	0%
MSM/IDU	43	4%	0	0%	49	4%	0	0%	70	5%	0	0%
Risk Unknown	72	6%	53	10%	77	6%	53	10%	57	4%	25	4%
Pediatric									10	1%	18	3%
Total	1,204	100%	542	100%	1,232	100%	547	100%	1,324	100%	579	100%
Gloucester												
Heterosexual	77	26%	65	71%	85	26%	74	72%	71	23%	82	80%
IDU	39	13%	16	17%	41	13%	18	17%	42	14%	13	13%
MSM	146	49%	0	0%	159	49%	0	0%	171	56%	0	0%
MSM/IDU	10	3%	0	0%	9	3%	0	0%	11	4%	0	0%
Risk Unknown	28	9%	11	12%	29	9%	11	11%	12	4%	7	7%
Pediatric									<5	*	<5	*
Total	300	100%	92	100%	323	100%	103	100%	307*	100%	102*	100%
Salem												
Heterosexual	24	27%	53	84%	26	28%	53	78%	27	28%	52	81%
IDU	22	24%	10	16%	23	24%	10	15%	23	24%	12	19%
MSM	29	32%	0	0%	33	35%	0	0%	36	38%	0	0%
MSM/IDU	<5	*	0	0%	<5	*	0	0%	<5	*	0	0%
Risk Unknown	15	17%	<5	*	12	13%	5	7%	9	9%	<5	*
Pediatric									<5	*	<5	*
Total	90*	100%	63*	100%	94*	100%	68	100%	95*	100%	64	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

The last table on HIV/AIDS prevalence in the New Jersey Counties describes males and females by diagnosis status (see Table 3.60). In Burlington and Camden Counties, the proportion of males and females with AIDS (as opposed to HIV) was very similar in 2013. In Gloucester and Salem Counties, the proportion of males with AIDS was higher than the proportion of females with AIDS.

Table 3.60 NJ Counties Persons Living with HIV and AIDS by Gender, 2013

	Male		Female		Total	
	n	%	n	%	n	%
Burlington County						
Diagnosis Status						
HIV	291	49%	112	48%	403	48%
AIDS	307	51%	123	52%	430	52%
Total	598	100%	235	100%	833	100%
Camden County						
Diagnosis Status						
HIV	634	48%	284	49%	918	48%
AIDS	690	52%	295	51%	985	52%
Total	1,324	100%	579	100%	1,903	100%
Gloucester County						
Diagnosis Status						
HIV	131	42%	61	58%	192	46%
AIDS	178	58%	44	42%	222	54%
Total	309	100%	105	100%	414	100%
Salem County						
Diagnosis Status						
HIV	46	45%	36	51%	82	47%
AIDS	57	55%	34	49%	91	53%
Total	103	100%	70	100%	173	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

HIV/AIDS in Prisons and Jails

The next several tables describe HIV/AIDS in prisons and jails. As with other HIV/AIDS data, availability varies by jurisdiction. Information for Pennsylvania is more limited. The first table describes HIV/AIDS prevalence for current prisoners in New Jersey in 2013 (see Table 3.61).

Table 3.61 New Jersey Statewide Living HIV and AIDS Prison Cases by Gender, 2013

	New Jersey					
	Male		Female		Total	
	n	%	n	%	n	%
Prisoner Diagnosis Status						
HIV	768	47%	144	53%	912	48%
AIDS	853	53%	129	47%	982	52%
Total	1,621	100%	273	100%	1,894	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Table 3.62 New Jersey Cumulative Reported Prisoner HIV/AIDS Cases by Exposure, Race/Ethnicity, Age and Gender, 2013

	Male		Female		Total	
	n	%	n	%	n	%
Exposure Category						
MSM	215	6%	0	0%	215	5%
IDU	2,105	62%	372	67%	2,477	63%
MSM/IDU	174	5%	0	0%	174	4%
Heterosexual	634	19%	138	25%	772	20%
Risk Unknown/Other	269	8%	44	8%	313	8%
Total	3,397	100%	554	100%	3,951	100%
Race/Ethnicity						
White (not Hispanic)	418	12%	84	15%	502	13%
Black (not Hispanic)	2,191	64%	387	70%	2,578	65%
Hispanic	772	23%	81	15%	853	22%
Other	16	0%	<5	*	16	0%
Total	3,397	100%	552	100%	3,949*	100%
Age at Diagnosis						
0 - 12	0	0%	<5	*	<5	*
13 - 24	58	11%	221	7%	279	7%
25 - 34	264	48%	1,260	37%	1,524	39%
35 - 44	184	33%	1,379	41%	1,563	40%
45-54	44	8%	463	14%	507	13%
55+	<5	*	72	2%	72*	2%
Total	550	100%	3,395	100%	3,945*	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

The table above describes cumulative HIV/AIDS cases in New Jersey jails and prisons, which includes all cases ever diagnosed in prison. As seen in Table 3.62, the majority of cases were attributed to injection drug use, and the majority of cases were among Blacks. The table below describes prisoners living with HIV/AIDS at the end of 2013 (see Table 3.63). The largest number of cases were among injection drug users, but the proportion was smaller than that of the cumulative HIV/AIDS cases. The next-largest exposure category was heterosexuals. The majority of prisoners with HIV/AIDS were Black, followed by Hispanics and Whites. The largest age category was 45 – 54 year olds.

Table 3.63 New Jersey Statewide Reported Prisoner Cases Living with HIV/AIDS by Exposure, Race/Ethnicity, Age and Gender, 2013

	Male		Female		Total	
	n	%	n	%	n	%
Exposure Category						
MSM	167	10%	0	0%	167	9%
IDU	654	40%	159	58%	813	43%
MSM/IDU	75	5%	0	0%	75	4%
Heterosexual	480	30%	84	31%	564	30%
Risk Unknown/Other	245	15%	30	11%	275	15%
Total	1,621	100%	273	100%	1,894	100%
Race/Ethnicity						
White (non-Hispanic)	179	11%	51	19%	230	12%
Black (non-Hispanic)	993	61%	182	67%	1175	62%
Hispanic	437	27%	40	15%	477	25%
Other	12	1%	0	0%	12	1%
Total	1,621	100%	273	100%	1,894	100%
Age						
13-24	16	1%	<5	*	16*	*
25-34	145	9%	17	6%	162	9%
35-44	326	20%	63	23%	389	21%
45-54	666	41%	130	48%	796	42%
55+	468	29%	60	22%	528	28%
Total	1,621	100%	270	100%	1,891*	99%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 4/24/2015)
Values and indicators for cells with cases fewer than five have been removed for confidentiality reasons

Next, we have displayed mortality data for New Jersey and Pennsylvania local jails and state prisons. As seen below, the mortality rate for local jail inmates in Pennsylvania and New Jersey was higher than the national rate in 2012 (see Table 3.64). In 2013, the mortality rate in local jails in both states had dropped; New Jersey's was still slightly higher than the national rate, while Pennsylvania's was lower. New Jersey's mortality rate for state prisoners was slightly higher than the federal prison rate in 2012, while Pennsylvania's was significantly higher. In 2013, the mortality rate in New Jersey prisons was lower than the rate in federal prisons; Pennsylvania prisons' mortality rate was still significantly higher than either.

Table 3.64 New Jersey, Pennsylvania Estimated Number of Local Jail and State/Federal Prison Deaths and Mortality Rates, 2012-2013

	Estimated # of Local Jail Inmate Deaths			
	2012		2013	
	Number of Jail Deaths	Mortality Rate per 100,000 Inmates	Number of Jail Deaths	Mortality Rate per 100,000 Inmates
	n	n	n	n
Total	958	128	967	135
New Jersey	25	154	23	140
Pennsylvania	58	155	41	110

	Estimated # of State and Federal Prison Inmate Deaths			
	2012		2013	
	Number of State/ Federal Deaths	Mortality Rate per 100,000 State/ Federal Prisoners	Number of State/ Federal Deaths	Mortality Rate per 100,000 State/ Federal Prisoners
	n	n	n	n
Federal	350	198	400	230
New Jersey	48	208	46	207
Pennsylvania	157	313	157	312

Bureau of Justice Statistics, August 2015 (accessed 08/10/2015)

Below, we have provided data on total AIDS-related deaths in state prisons from 2001 – 2013 (see Table 3.65). Pennsylvania's AIDS-related mortality rate was lower than the federal mortality rate. New Jersey's AIDS-related mortality rate was much higher.

Table 3.65 New Jersey, Pennsylvania Estimated Number of AIDS-Related State Prison Deaths, 2001-2013

	# of AIDS-Related State and Federal Prison Inmate Deaths 2001-2013	
	AIDS-Related	Average Mortality Rate per 100,000 Inmates
	n	n
Federal	159	8
New Jersey	81	25
Pennsylvania	32	5

Bureau of Justice Statistics, August 2015 (accessed 08/10/2015)

The final table on HIV/AIDS in prisons and jails provides cumulative HIV/AIDS cases diagnosed in jails and prisons in New Jersey, as well as cumulative deaths among prisoners with HIV/AIDS in New Jersey. (Note: these are total cumulative deaths among prisoners who had been diagnosed with HIV/AIDS, and are not only AIDS-related deaths.)

Table 3.66 New Jersey Statewide Cumulative HIV and AIDS Prison Cases and Cumulative HIV and AIDS Deaths by Gender, 2013

	New Jersey					
	Male		Female		Total	
	n	%	n	%	n	%
Prisoner Diagnosis Status						
HIV	955	28%	192	35%	1,147	29%
AIDS	2,442	72%	362	65%	2,804	71%
Total	3,397	100%	554	100%	3,951	100%
HIV Deaths	192	11%	29	13%	221	11%
AIDS Deaths	1,558	89%	202	87%	1,760	89%
Total	1,750	100%	231	100%	1,981	100%

New Jersey Department of Health, Epidemiologic Services Unit (data provided upon request on 6/04/2015)

Forecasting Future Cases

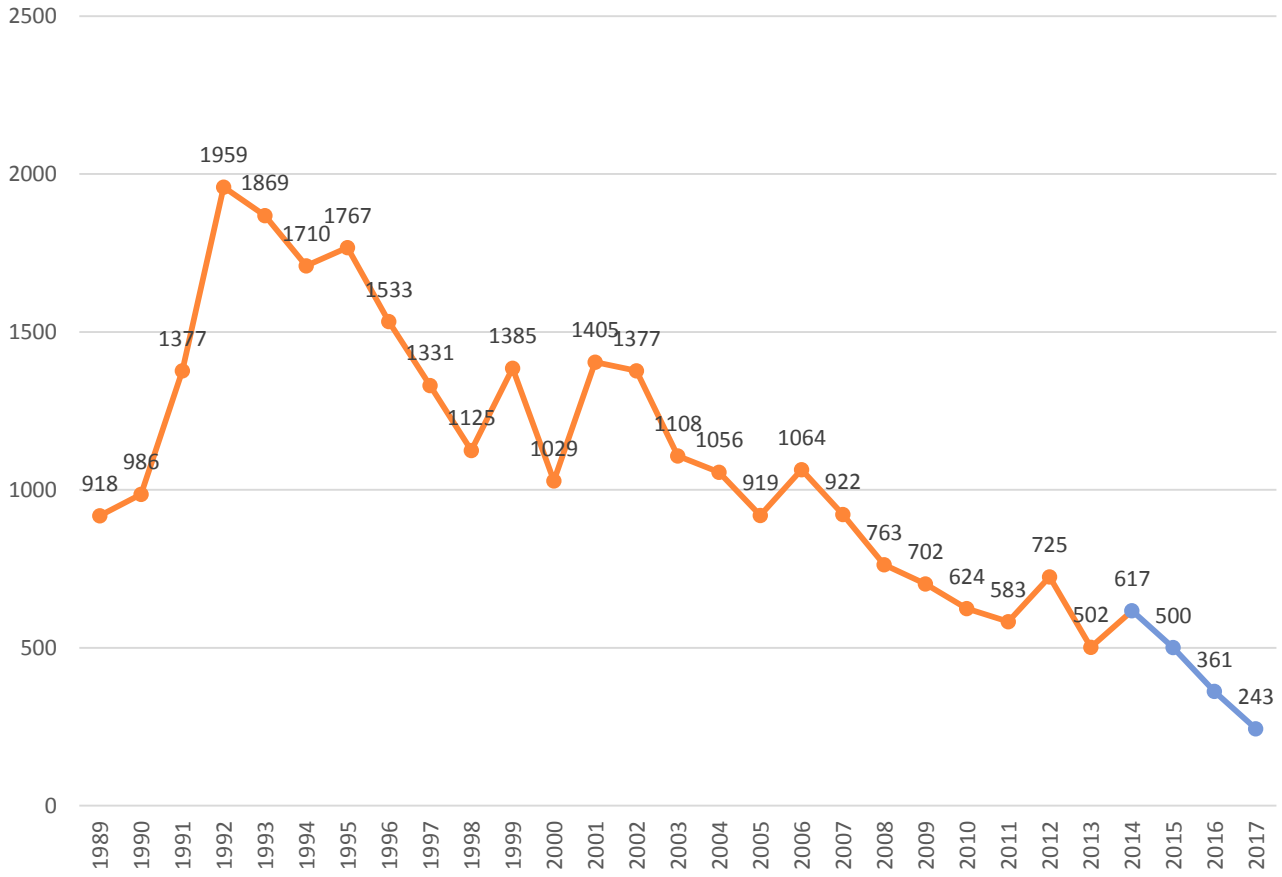
To close this section, we have provided a forecast of future AIDS cases for the Philadelphia Eligible Metropolitan Area, for 2014 through 2017. In the early years of this forecast, we completed the analysis using the national AIDS Public Information Data Set. Since 2001, we have used data from the Philadelphia Department of Public Health, the Pennsylvania Department of Health, and the New Jersey Department of Health and Human Services.

We used the forecasting function in Microsoft Excel to create Figure 3.7, using cases from 1989 through 2013. Forecasting predicts future values based on existing values, and the predicted value is a y-value for a given x-value. Existing x-values and y-values serve as the known values. The new value is predicted with linear regression. The equation for the forecast is a = bx, where:

$$\alpha = Y - bX \text{ and } b = \frac{n\sum xy - (\sum x)(\sum y)}{n\sum x^2 - (\sum x)^2}$$

In the last edition of the epidemiologic profile, we forecasted 686 new AIDS cases for 2013. The actual figure was 502 cases (see Table 3.1). This illustrates the importance of remembering that forecasts are only our best estimates based on past data. These estimates should be used with caution.

Figure 3.7 Philadelphia EMA New AIDS Cases Forecast 2014 - 2017



Office of HIV Planning, June 2015

This page was intentionally left blank

Section IV: HIV/AIDS Service Utilization Patterns In the Philadelphia Eligible Metropolitan Area

This page was intentionally left blank

Section IV: HIV/AIDS Service Utilization Patterns in the Philadelphia Eligible Metropolitan Area

The following section provides detailed information on the way that high-risk populations and people living with HIV/AIDS in the nine-county Philadelphia Eligible Metropolitan Area access services. As with other sections, the availability of data varies by geographic area. We have included information related to HIV testing behaviors, publicly-funded HIV tests, concurrent HIV/AIDS diagnoses, local needs assessments, service rankings, service utilization, client data, engagement in care, and service cost.

Summary

HIV Counseling and Testing Information

While it is impossible to know how many people are getting tested for HIV, we have included both individual survey data and publicly-funded testing data to provide a more complete picture. First, we have provided responses to questions about HIV testing from the Public Health Management Corporation (PHMC) Southeastern Pennsylvania Household Health Survey. Within the region, it was much more common for White respondents to have never had an HIV test than Black respondents. Younger people were more likely to have had an HIV test, as were people who identified as a sexual orientation other than heterosexual. We also included self-reported data on whether or not respondents had ever been told by a doctor that they have HIV.

Next, we included counseling and testing data from local and state sources. The total number of tests done in Camden County decreased from 2012 to 2013, while the total number of positive tests stayed the same. Both total tests and positive tests decreased in Burlington County. In Gloucester and Salem Counties, total HIV tests increased, while the total number of positive tests remained under 5. In Philadelphia, the total number of positive tests more than doubled from 2011 to 2013. In the suburban Pennsylvania counties, Bucks County and Delaware County have seen a decrease in total positive tests, while Chester and Montgomery Counties have seen increases since 2011.

HIV Testing Delays

Here, we provided demographic information for people who were diagnosed with HIV and then diagnosed with AIDS within 31 days, referred to as concurrent infection. Since it usually takes several years for HIV infection to progress to an AIDS diagnosis, this helps us to estimate the number of people who have had significant delays in HIV testing since they became HIV-positive. Within the nine-county area, concurrent diagnosis was more likely among people outside Philadelphia, people over 45 years of age, women, Whites, and people who cited heterosexual contact or injection drug use as their transmission risk category.

Office of HIV Planning Needs Assessment Activities

We have included descriptions and selected data for three needs assessments conducted by the Office of HIV Planning in conjunction with the Ryan White Part A Planning Council (RWPC) and the HIV Prevention Planning Group (HPG). These needs assessments include a series of focus groups on access to healthcare for populations that are at risk for HIV, a consumer survey among people living with HIV/AIDS in the nine-county Philadelphia region, and a series of consumer forums regarding HIV testing, linkage to HIV care, and maintenance in HIV care. This section includes self-reported service utilization information, regardless of the source of funding for the service.

Service Utilization Data

In this part, we have included the number of clients who accessed each service category as funded by Ryan White Part A. The greatest number of clients were served by ambulatory/outpatient medical care, followed by case management, food bank/home-delivered meals, and oral health care. We also included a forecast for future years, based on data from previous years.

AIDS Drug Assistance Program (ADAP)

These tables display demographic information for AIDS Drug Assistance Program (ADAP) clients at both the state and county level for Pennsylvania and New Jersey, as well as expenditures. In the New Jersey counties within the Philadelphia area, over one-third of clients were at least 50 years old. In the Pennsylvania counties, over half were above the age of 45. Demographic distribution varied by county. Over half of SPBP (ADAP) clients in the southeastern Pennsylvania counties lived at or below 138% of the federal poverty level.

Comparison of Part A Clients with Persons Living with HIV/AIDS

We have provided a side-by-side comparison of Philadelphia EMA Ryan White Part A clients with all people who are living with HIV/AIDS in the Philadelphia EMA, to provide additional context for the people who are accessing Part A services and highlight any underserved communities. Notably, youth, minorities, females, and heterosexuals are somewhat overrepresented in the Philadelphia EMA's Part A system.

Expenditures for Women, Infants, Children, and Youth

This section includes a comparison of the percentage of women, infants, children, and youth among people with HIV/AIDS in the area and the expenditures on those populations. The Philadelphia EMA's Ryan White Part A program has routinely exceeded its required expenditures for women, infants, children, and youth.

Other Health Statistics

These selected statistics provide contextual information about the general healthcare capacity of the southeastern Pennsylvania area. At the time these health statistics were published, there were 208 drug and alcohol treatment facilities and 61 hospitals in the area. There were 192 nursing homes, and 443 home health agencies that served the five southeastern counties of Pennsylvania.

National HIV Behavioral Surveillance

We have included selected data from Philadelphia's National HIV Behavioral Surveillance (NHBS) among specific risk groups in selected jurisdictions. The NHBS is conducted in cycles with different groups, including men who have sex with men (MSM), injection drug users (IDU), and high-risk heterosexuals (HET).

Engagement in Care

This section provides estimates on engagement in care in Philadelphia. In 2013, 45% of people who had been diagnosed with HIV were in care, and 45% were virally suppressed. The target population most likely to be virally suppressed were heterosexual females, while the group least likely to be virally suppressed were males who inject drugs.

Forecasted Cost Service Estimates

The final table in this section provides data on past service cost, and forecasts for future numbers of clients and units. These are mathematical projections based on past usage, and do not account for changes in needs.

HIV Counseling and Testing Information

The beginning of this section is dedicated to counseling and testing data. We do not have a way to determine the total number of HIV tests administered in the nine-county Philadelphia metropolitan area, but we have provided as much information as possible. The first data source is a survey, in which participants were asked if they had ever had an HIV test, and how long it had been since they had an HIV test. The remaining tables describe publicly-funded HIV tests provided within the region during 2013.

Southeastern Pennsylvania Household Health Survey, 2012

The Public Health Management Corporation (PHMC) Community Health Data Base (CHDB)'s Southeastern Pennsylvania Household Health Survey is a comprehensive survey on the region's health. This telephone-based survey asks questions on health status, healthcare access, and personal health status. The survey area includes Bucks, Chester, Delaware, Montgomery, and Philadelphia counties, and participants are selected through a computerized random-digit dialing method. Cell phones are included in the sample, and represented 20% of interviews in 2012. Interviews are conducted in English and Spanish.

We have included information specifically related to HIV testing and status, broken out by gender, age group, race/ethnicity, and sexual orientation. We hope that these tables, when combined with publicly-funded testing data, can provide a more complete picture of HIV testing patterns within the area.

The 2012 survey included a total of 10,018 households in southeastern Pennsylvania. The majority of respondents (63.1%) were female, and people 60 years and older were oversampled. Of participants, 70.2% were White, 20.8% were Black, 4.6% were Latino, 2.0% were Asian, 1.8% identified as Biracial, 0.4% were Native American and 0.2% identified as another race/ethnicity. When compared to the general population, Whites were oversampled while Latinos and Asians were undersampled (see Tables 1.1 – 1.2). The vast majority (97.1%) of respondents identified as heterosexual, while 1.5% identified as gay/lesbian, 0.7% identified as bisexual, and 0.7% identified as "something else". For county of residence, 14.7% of respondents were in Bucks, 15.8% were in Chester, 16.1% were in Delaware, 16.7% were in Montgomery, and 36.7% were in Philadelphia; therefore, the suburban counties were oversampled (see Tables 1.1 – 1.2).

The first table from the Household Health Survey provides information on the time since the respondents' last HIV test, broken out by gender and race/ethnicity (see Table 4.1). For White respondents, 54% of males and 59% of females had never had an HIV test. This is markedly different from Black respondents; only 22% of Black males and 33% of Black females had never had an HIV test. Meanwhile, 43% of Black males and 34% of Black females had been tested within the past year.

Table 4.1 Time Since Last HIV Test by Sex and Race, Southeast Pennsylvania, 2012 (N=9,496)

		Time Since Last HIV Test				
		<=1 Year	>1 Year, <=2 Years	> 2 Years	Never	Total
Male						
White (Non-Latino)	n	421	180	578	1,372	2,551
	%	17%	7%	23%	54%	100%
Black (Non-Latino)	n	257	78	128	134	597
	%	43%	13%	21%	22%	100%
Latino (total)	n	61	13	33	58	165
	%	37%	8%	20%	35%	100%
Asian (Non-Latino)	n	9	7	29	49	94
	%	10%	7%	31%	52%	100%
Native American (Non-Latino)	n	1	1	3	7	12
	%	8%	8%	25%	58%	100%
Biracial/Multi (Non-Latino)	n	21	6	18	19	64
	%	33%	9%	28%	30%	100%
Other	n	3	0	0	2	5
	%	60%	0%	0%	40%	100%
Total	n	773	285	789	1,641	3,488
	%	22%	8%	23%	47%	100%
Female						
White (Non-Latino)	n	396	218	1,068	2,394	4,076
	%	10%	5%	26%	59%	100%
Black (Non-Latino)	n	473	163	314	459	1,409
	%	34%	12%	22%	33%	100%
Latino (total)	n	106	34	53	85	278
	%	38%	12%	19%	31%	100%
Asian (Non-Latino)	n	19	3	24	50	96
	%	20%	3%	25%	52%	100%
Native American (Non-Latino)	n	9	2	7	8	26
	%	35%	8%	27%	31%	100%
Biracial/Multi (Non-Latino)	n	39	5	33	35	112
	%	35%	4%	29%	31%	100%
Other	n	2	1	1	7	11
	%	18%	9%	9%	64%	100%
Total	n	1,044	426	1,500	3,038	6,008
	%	17%	7%	25%	51%	100%

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey (accessed 2013)

Next, we have included the time since the respondents' last HIV test by gender and age group (see Table 4.2). The largest group of males who said they had never been tested for HIV were 75 or older – 73% reported never being tested. Likewise, 84% of females 75 and older had never been tested for HIV. For both males and females, 18 – 39 year olds were the most likely to have had an HIV test in the past year.

Table 4.2 Time Since Last HIV Test by Sex and Age, Southeast Pennsylvania, 2012 (N=9,337)

		Time Since Last HIV Test				
		<=1 Year	>1 Year, <=2 Years	> 2 Years	Never	Total
Male						
18-39	n	228	87	179	304	798
	%	29%	11%	22%	38%	100%
40-49	n	162	73	213	210	658
	%	25%	11%	32%	32%	100%
50-59	n	196	78	236	460	970
	%	20%	8%	24%	47%	100%
60-74	n	136	34	127	423	720
	%	19%	5%	18%	59%	100%
75+	n	49	15	27	240	331
	%	15%	5%	8%	73%	100%
Total	n	771	287	782	1,637	3,477
	%	22%	8%	22%	47%	100%
Female						
18-39	n	432	138	303	264	1,137
	%	38%	12%	27%	23%	100%
40-49	n	202	101	483	393	1,179
	%	17%	9%	41%	33%	100%
50-59	n	237	110	456	926	1,729
	%	14%	6%	26%	54%	100%
60-74	n	115	52	171	824	1,162
	%	10%	4%	15%	71%	100%
75+	n	40	22	40	551	653
	%	6%	3%	6%	84%	100%
Total	n	1,026	423	1453	2,958	5,860
	%	18%	7%	25%	50%	100%

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey (accessed 2013)

The last table on the time since the respondents' last HIV test is broken out by gender and sexual orientation (see Table 4.3). As seen below, heterosexual males and females were the groups most likely to have never gotten an HIV test.

Table 4.3 Time Since Last HIV Test by Sex and Sexual Orientation, Southeast Pennsylvania, 2012 (N=9,359)

		Time Since Last HIV Test				
		<=1 Year	>1 Year, <=2 Years	> 2 Years	Never	Total
Male						
Heterosexual/Straight	n	714	277	750	1,580	3,321
	%	21%	8%	23%	48%	100%
Homosexual/Gay/Lesbian	n	29	5	25	17	76
	%	38%	7%	33%	22%	100%
Bisexual	n	7	4	8	5	24
	%	29%	17%	33%	21%	100%
Something else	n	10	1	3	6	20
	%	50%	5%	15%	30%	100%
Total	n	760	287	786	1,608	3,441
	%	22%	8%	23%	47%	100%
Female						
Heterosexual/Straight	n	984	413	1,444	2,922	5,763
	%	17%	7%	25%	51%	100%
Homosexual/Gay/Lesbian	n	14	9	21	27	71
	%	20%	13%	30%	38%	100%
Bisexual	n	16	5	8	14	43
	%	37%	12%	19%	33%	100%
Something else	n	7	1	14	19	41
	%	17%	2%	34%	46%	100%
Total	n	10,21	428	1,487	2,982	5,918
	%	17%	7%	25%	50%	100%

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey (accessed 2013)

The next series of tables provides a demographic breakdown of responses to the question, "Has a doctor ever told you that you have HIV?" First, Table 4.4 provides responses by gender and race/ethnicity. Overall, 26 males and 26 females reported that a doctor had told them that they had HIV.

Table 4.4 "Has a Doctor Ever Told You That You Have HIV?" by Sex and Race, Southeast Pennsylvania, 2012 (N=4,808)

		Doctor Told You Have HIV?		
		Yes	No	Total
Male				
White (Non-Latino)	n	13	1,163	1,176
	%	1%	99%	100%
Black (Non-Latino)	n	10	453	463
	%	2%	98%	100%
Latino (total)	n	1	106	107
	%	1%	99%	100%
Asian (Non-Latino)	n	1	44	45
	%	2%	98%	100%
Native American (Non-Latino)	n	0	5	5
	%	0%	100%	100%
Biracial/Multi (Non-Latino)	n	1	44	45
	%	2%	98%	100%
Other	n	0	3	3
	%	0%	100%	100%
Total	n	26	1,818	1,844
	%	1%	99%	100%
Female				
White (Non-Latino)	n	10	1,669	1,679
	%	1%	99%	100%
Black (Non-Latino)	n	12	936	948
	%	1%	99%	100%
Latino (total)	n	1	191	192
	%	1%	99%	100%
Asian (Non-Latino)	n	0	46	46
	%	0%	100%	100%
Native American (Non-Latino)	n	0	18	18
	%	0%	100%	100%
Biracial/Multi (Non-Latino)	n	0	77	77
	%	0%	100%	100%
Other	n	0	4	4
	%	0%	100%	100%
Total	n	23	2,941	2,964
	%	1%	99%	100%

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey (accessed 2013)

Next, Table 4.5 breaks these responses out by gender and age group. As seen below, most respondents who reported that a doctor had told them that they had HIV were between the ages of 50 and 59. This was true for both males and females.

Table 4.5 "Has a Doctor Ever Told You That You Have HIV?" by Sex and Age, Southeast Pennsylvania, 2012 (N=4,731)

		Doctor Told You Have HIV?		
		Yes	No	Total
Male				
18-39	n	6	488	494
	%	1%	99%	100%
40-49	n	3	443	446
	%	1%	99%	100%
50-59	n	9	500	509
	%	2%	98%	100%
60-74	n	7	289	296
	%	2%	98%	100%
75+	n	1	90	91
	%	1%	99%	100%
Total	n	26	1,810	1,836
	%	1%	99%	100%
Female				
18-39	n	1	871	872
	%	0%	99%	100%
40-49	n	6	780	786
	%	1%	99%	100%
50-59	n	14	787	801
	%	2%	98%	100%
60-74	n	3	333	336
	%	1%	99%	100%
75+	n	0	100	100
	%	0%	100%	100%
Total	n	24	2,871	2,895
	%	1%	99%	100%

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey (accessed 2013)

The final table from the Household Health Survey, Table 4.6, displays this information by gender and sexual orientation.

Table 4.6 "Has a Doctor Ever Told You That You Have HIV?" by Sex and Sexual Orientation, Southeast Pennsylvania, 2012 (N=4,760)

		Doctor Told You Have HIV?		
		Yes	No	Total
Male				
Heterosexual/Straight	n	11	1,730	1,741
	%	1%	99%	100%
Homosexual/Gay/Lesbian	n	10	48	58
	%	17%	83%	100%
Bisexual	n	4	14	18
	%	22%	78%	100%
Something else	n	1	13	14
	%	7%	93%	100%
Total	n	26	1,805	1,831
	%	1%	99%	100%
Female				
Heterosexual/Straight	n	23	2,811	2,834
	%	1%	99%	100%
Homosexual/Gay/Lesbian	n	1	43	44
	%	2%	98%	100%
Bisexual	n	0	29	29
	%	0%	100%	100%
Something else	n	0	22	22
	%	0%	100%	100%
Total	n	24	2,905	2,929
	%	1%	99%	100%

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey (accessed 2013)

State and Local HIV Counseling and Testing Numbers

The following series of tables is dedicated to data on publicly-funded state and local HIV testing. The first, Table 4.7, provides information on the total number of HIV tests and the total number of positive HIV tests by county over time in the New Jersey region of the nine-county Philadelphia area. As seen below, the total number of tests done in Camden County decreased from 2012 to 2013, while the total number of positive tests stayed the same. Both total tests and positive tests decreased in Burlington County. In Gloucester and Salem Counties, total HIV tests increased, while the total number of positive tests remained under 5.

Table 4.7 Total HIV Tests and Total Positive Tests in Four NJ Counties, 2009-2013

	2009		2010		2011		2012		2013	
	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive	Tested	Positive
	n	n	n	n	n	n	n	n	n	n
County										
Burlington	2,755	5	3,050	14	2,254	8	3,450	13	2,703	8
Camden	7,681	25	7,420	17	7,351	31	6,966	43	4,142	43
Gloucester	1,468	<5	1,416	<5	1,496	5	1,072	<5	1,806	<5
Salem	170	<5	146	0	85	<5	109	<5	122	<5
Total	12,074	30*	12,032	31*	11,186	44*	11,597	56*	8,773	51*

New Jersey Department of Health, Public Health Services Branch, Division of HIV, STD and TB Services (provided upon request on 5/14/2015)

Then, Table 4.8 provides a demographic breakdown of publicly-funded HIV tests by county by age group, race/ethnicity, and gender. For each county, the largest number of HIV tests were conducted among 20 – 29 year olds, for both males and females. For Camden and Burlington Counties, the majority of tests were done among males; for Gloucester and Salem Counties, most were done among females. For Burlington and Camden Counties, the largest racial/ethnic group was non-Hispanic Blacks; for Gloucester County, the largest racial/ethnic group was non-Hispanic Whites; for Salem County, the number of tests conducted among Hispanics and non-Hispanic Blacks was very close (18 and 17).

Table 4.8 Total Number of HIV Tests in Four NJ Counties by Sex, Race/Ethnicity, and Age, 2013

	Burlington		Camden		Gloucester		Salem	
	Male	Female	Male	Female	Male	Female	Male	Female
	n	n	n	n	n	n	n	n
Race/Ethnicity								
White (non-Hispanic)	698	263	520	499	385	485	0	0
Black (non-Hispanic)	940	415	1,016	866	250	339	9	8
Hispanic	182	114	611	501	80	135	13	5
Asian (non-Hispanic)	16	11	18	20	6	17	0	0
American Indian/Alaska Native (non-Hispanic)	<5	<5	5	7	<5	<5	0	0
Native Hawaiian/Pacific Islander (non-Hispanic)	6	5	<5	<5	<5	10	<5	8
Multiracial	22	19	11	6	6	<5	0	0
Unknown	<5	6	33	17	44	34	29	49
Total	1,864*	833*	2,214*	1,916*	771*	1,020*	51*	70
Age								
Under 20	202	110	146	123	45	98	6	6
20 to 29	735	332	868	775	362	409	21	33
30 to 39	431	181	546	511	141	188	12	18
40 to 49	291	123	337	321	91	147	6	8
50 and Over	208	86	311	181	132	183	6	5
Uncoded	<5	<5	<5	<5	5	<5	<5	0
Total	1,867*	832*	2,208*	1,911*	776	1,025*	51*	70

New Jersey Department of Health, Public Health Services Branch, Division of HIV, STD and TB Services (provided upon request on 5/14/2015)

The next several tables describe publicly-funded HIV testing in the Pennsylvania counties. The first table describes the number of HIV tests by county over time (see Table 4.9). The largest number of tests, by a very large margin, were conducted in Philadelphia. In 2013, over 80% of HIV tests in the southeastern Pennsylvania area were conducted in Philadelphia. The number of tests increased from 2012 to 2013 in Bucks, Chester, and Philadelphia Counties, but decreased in Delaware and Montgomery Counties.

Table 4.9 Number of HIV Counseling and Testing Visits in 5 Pennsylvania Counties 2007-2013

	2007	2008	2009	2010	2011	2012	2013	Total
	n	n	n	n	n	n	n	n
County								
Bucks	2,570	2,641	1,818	4,991	4,505	3,188	4,598	24,311
Chester	1,370	1,137	851	1,544	1,755	1,962	2,127	10,746
Delaware	2,419	3,944	2,146	7,052	6,293	3,158	2,768	27,780
Montgomery	1,859	2,013	1,768	2,546	2,226	3,631	3,037	17,080
Philadelphia	45,605	-	-	81,930	98,669	116,078	119,387	226,204
Total	53,823	9,735	6,583	98,063	113,448	128,017	168,204	281,652

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS (provided upon request on 01/09/2015)

We have also provided demographic breakdowns for publicly-funded HIV testing by county, including gender, race, ethnicity, age group, risk category, and test results. Across counties, the largest age group was 20 – 29 year olds. In Bucks County, the majority of HIV tests in 2013 were conducted among males, and the largest group was Whites (see Table 4.10). Just over 4% of tests were done among Hispanics, and 99.5% of HIV tests were negative. In Chester County, most tests were done among females and Whites (see Table 4.11). Nearly 36% of tests were done among Hispanics. The largest risk category was low-risk heterosexual contact, and 99.6% of tests were negative. In Delaware County, over 70% of tests were done among males, and the largest race group was Whites, although there were also a significant number of tests done among Blacks (see Table 4.12). The largest risk category was low-risk heterosexual contact, followed by injection drug use, and 99.4% of tests were negative. In Montgomery County, the majority of tests were done among males, and the largest race group was Whites, again closely followed by Blacks (see Table 4.13). The largest risk category was low-risk heterosexual contact, and 8% of tests were conducted among Hispanics. Of the total tests, 99.3% were negative.

Table 4.10 HIV Tests in Bucks County by Demographics, 2013

	Bucks County	
	Tests	
	n	
Test Totals		4,598
Sex		
Male		3,493
Female		1,097
Transgender (Male To Female)		0
Transgender (Female to Male)		0
Declined		7
Missing		1
Race		
American Indian/Alaskan Native		0
Asian		35
Black/African-American		446
White		2,042
Native Hawaiian/Pacific Islander		8
More Than One Race		4
Declined		21
Unknown		2,042
Ethnicity		
Hispanic or Latino		203
Not Hispanic or Latino		3,860
Declined		59
Unknown		476
Age		
<13		12
13-19		100
20-29		2,002
30-39		1,196
40-49		715
50-59		450
60+		122
Unknown		1
Risk Category		
High-Risk Heterosexual Contact		2
High-Risk Sex with Trans* or Female-to-Female Contact		0
Low-Risk Heterosexual Contact		89
IDU		1
MSM		26
MSM/IDU		1
MTFSM		0
Low-Risk Sex with Trans* or Female-to-Female Contact		3
Unknown		4,476
Test Results	Tests	
Newly Identified Positive Tests	19	0.4%
Previously Identified Positive Tests	4	0.1%
Negative Tests	4,575	99.5%
Total	4,598	100.0%

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS (provided upon request on 01/09/2015)

Table 4.11 HIV Tests in Chester County by Demographics, 2013

	Chester County	
	Tests	
	n	
Test Totals		2,127
Sex		
Male		971
Female		1,114
Transgender (Male To Female)		1
Transgender (Female To Male)		0
Declined		38
Unknown		3
Race		
American Indian/Alaskan Native		6
Asian		68
Black/African-American		374
White		1,326
Native Hawaiian/Pacific Islander		1
More Than One Race		7
Declined		22
Unknown		323
Ethnicity		
Hispanic or Latino		761
Not Hispanic or Latino		1,280
Declined		2
Unknown		84
Age		
<13		2
13-19		158
20-29		965
30-39		435
40-49		283
50-59		177
60+		91
Unknown		16
Risk Category		
High-Risk Heterosexual Contact		14
High-Risk Sex with Trans* or Female-to-Female Contact		0
Low-Risk Heterosexual Contact		692
IDU		30
MSM		86
MSM/IDU		2
MTFSM		1
Low-Risk Sex with Trans* or Female-to-Female Contact		0
Unknown		1,296
Test Results	Tests	
Newly Identified Positive Tests	7	0.3%
Previously Identified Positive Tests	1	0.0%
Negative Tests	2,119	99.6%
Total	2,127	100.0%

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS (provided upon request on 01/09/2015)

Table 4.12 HIV Tests in Delaware County by Demographics, 2013

	Delaware County	
	Tests	
	n	
Test Totals	2,768	
Sex		
Male	1,960	
Female	790	
Transgender (Male To Female)	1	
Transgender (Female To Male)	1	
Declined	2	
Unknown	14	
Race		
American Indian/Alaskan Native	3	
Asian	17	
Black/African-American	1,001	
White	1,362	
Native Hawaiian/Pacific Islander	23	
More Than One Race	8	
Declined	56	
Unknown	298	
Ethnicity		
Hispanic or Latino	263	
Not Hispanic or Latino	2,287	
Declined	0	
Unknown	218	
Age		
<13	14	
13-19	141	
20-29	1,053	
30-39	722	
40-49	450	
50-59	305	
60+	64	
Unknown	19	
Risk Category		
High-Risk Heterosexual Contact	140	
High-Risk Sex with Trans* or Female-to-Female Contact	2	
Low-Risk Heterosexual Contact	957	
IDU	390	
MSM	63	
MSM/IDU	17	
MTFSM	0	
Low-Risk Sex with Trans* or Female-to-Female Contact	18	
Unknown	1,181	
Test Results	Tests	
Newly Identified Positive Tests	11	0.4%
Previously Identified Positive Tests	5	0.2%
Negative Tests	2,752	99.4%
Total	2,768	100.0%

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS (provided upon request on 01/09/2015)

Table 4.13 HIV Tests in Montgomery County by Demographics, 2013

	Montgomery County	
	Tests	
	n	
Test Totals		3,037
Sex		
Male		2,182
Female		838
Transgender (Male To Female)		1
Transgender (Female To Male)		6
Declined		1
Unknown		9
Race		
American Indian/Alaskan Native		9
Asian		70
Black/African-American		1,386
White		1,483
Native Hawaiian/Pacific Islander		0
More Than One Race		33
Declined		1
Unknown		51
Ethnicity		
Hispanic or Latino		253
Not Hispanic or Latino		2,742
Declined		1
Unknown		41
Age		
<13		50
13-19		210
20-29		1,242
30-39		729
40-49		450
50-59		253
60+		82
Unknown		21
Risk Category		
High-Risk Heterosexual Contact		20
High-Risk Sex with Trans* or Female-to-Female Contact		0
Low-Risk Heterosexual Contact		984
IDU		21
MSM		143
MSM/IDU		3
MTFSM		1
Low-Risk Sex with Trans* or Female-to-Female Contact		15
Unknown		1,850
Test Results	Tests	
Newly Identified Positive Tests	20	0.7%
Previously Identified Positive Tests	1	0.0%
Negative Tests	3,015	99.3%
Total	3,036	100.0%

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS (provided upon request on 01/09/2015)

Below, we have included demographic characteristics for publicly-funded HIV tests in Philadelphia (see Table 4.14). The greatest number of tests were performed among heterosexuals, but the number of positive tests was greater among men who have sex with men. Most tests were done among males, and the largest racial/ethnic group was Blacks.

Table 4.14 Number and Rate of Counseling, Testing & Referral Tests in Philadelphia County by Demographics, 2013

	Philadelphia County		
	Tests	Positive Tests	Rate
	n	n	
Test Totals	119,387	935	0.78
Sex			
Male	60,694	641	1.06
Female	47,874	149	0.31
Transgender (Male To Female)	377	31	8.22
Transgender (Female To Male)	199	<5	N/A
Transgender (Unspecified)	8	0	0.00
Declined	56	0	0.00
Unknown	10,179	113	1.11
Race/Ethnicity			
Hispanic	17,375	147	0.85
American Indian/Alaskan Native	125	<5	N/A
Asian	2,120	8	0.38
Black/African-American	79,084	682	0.86
White	16,751	85	0.51
Native Hawaiian/Pacific Islander	157	0	0.00
More Than One Race	563	<5	N/A
Declined	430	<5	N/A
Unknown	2,782	7	0.25
Age			
0-12	412	<5	N/A
13-19	15,838	35	0.22
20-29	46,621	313	0.67
30-39	24,760	197	0.80
40-49	16,660	196	1.18
50-59	11,608	161	1.39
60 and over	3,484	32	0.92
Missing	4	0	0.00
Risk Category			
MSM	8,570	376	4.39
Heterosexual	49,104	265	0.54
IDU	2,493	67	2.69
Other/Unknown	59,220	227	0.38

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 12/19/2014)

Next, we have provided demographics for total and positive HIV tests in Philadelphia, split into clinical and non-clinical settings (see Table 4.15). There were over three times as many tests performed in clinical settings as non-clinical settings. There were 528 positive tests in clinical settings, and 407 positive tests in non-clinical settings in 2013.

Table 4.15 Number of HIV Tests & Confirmed Positives by Setting Type in Philadelphia, 2013

	Clinical Setting				Non-Clinical Setting			
	Tests	Rapid Only Positive	Confirmed Positive	Total Positive	Tests	Rapid Only Positive	Confirmed Positive	Total Positive
	n	n	n	n	n	n	n	n
Sex								
Male	45,605	123	189	312	15,089	40	289	329
Female	39,684	36	52	88	8,190	14	47	61
Transgender (Male To Female)	216	*	10	**	161	*	15	**
Transgender (Female To Male)	119	0	*	**	80	0	0	0
Transgender (Unspecified)	5	0	0	0	*	0	0	0
Declined	23	0	0	0	33	0	0	0
Unknown	10,165	25	88	113	14	0	0	0
Race/Ethnicity								
Hispanic	13,336	28	48	76	4,039	7	64	71
American Indian/Alaskan Native	66	*	0	**	59	0	*	**
Asian	1,652	0	*	**	468	0	5	5
Black/African-American	65,959	146	257	403	13,125	44	235	279
White	11,465	10	26	36	5,286	*	45	**
Native Hawaiian/Pacific Islander	93	0	0	0	64	0	0	0
More Than One Race	284	0	*	**	279	0	0	0
Declined	286	0	0	0	144	*	*	**
Unknown	2,676	*	*	**	106	0	0	0
Age								
0-12	405	0	*	**	7	0	0	0
13-19	14,127	*	21	**	1,711	0	10	10
20-29	37,611	52	132	184	9,010	17	112	129
30-39	19,749	44	69	113	5,011	9	75	84
40-49	12,858	51	63	114	3,802	11	71	82
50-59	8,487	31	47	78	3,121	15	68	83
60 and over	2,580	6	7	13	904	4	15	19
Missing	0	0	0	0	*	0	0	0
Risk Category								
MSM	3,142	30	128	158	5,428	20	198	218
Heterosexual	35,588	56	96	152	13,516	23	90	113
IDU	637	5	8	13	1,856	6	48	54
Other/Unknown	56,450	97	108	205	2,770	7	15	22

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 12/19/2014)

The last table on HIV testing in southeastern Pennsylvania provides the total number of tests and the number of positive tests by county in 2013 (see Table 4.16). The number of positive tests in Philadelphia increased significantly in 2013; in 2011, Philadelphia saw 458 positive tests out of a total of 98,669 tests.

Table 4.16 Number of HIV Tests and Number of Positives by County, 2013

County	Number of Tests	Number of Positives
	n	n
Bucks	4,598	23
Chester	2,127	8
Delaware	2,768	16
Montgomery	3,036	21
Philadelphia	119,387	935

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS (provided upon request on 01/09/2015); Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 12/19/2014)

HIV Testing Delays

The following table provides demographic information for people who were diagnosed with HIV and then diagnosed with AIDS within 31 days, referred to as concurrent infection (see Table 4.17). Since it usually takes several years for HIV infection to progress to an AIDS diagnosis, this helps us to estimate the number of people who have had significant delays in HIV testing since they became HIV-positive. Within the nine-county area, concurrent diagnosis was more likely among people outside Philadelphia, people over 45 years of age, women, Whites, and people who cited heterosexual contact or injection drug use as their transmission risk category.

Table 4.17 Concurrent* HIV/AIDS**, Demographics and Transmission Risk Among Incident HIV Diagnoses, Philadelphia EMA, 2013

	Non-Concurrent		Concurrent HIV/AIDS		Total	
	n	Row %	n	Row %	n	Row %
Total	736	72.9%	269	26.6%	1,010	100.0%
Sex						
Male	585	68.6%	199	25.5%	781	77.2%
Female	157	74.9%	70	30.6%	229	22.7%
Race/Ethnicity						
Black	501	76.5%	152	23.2%	655	64.9%
Hispanic	95	75.4%	30	23.8%	126	12.5%
White	114	60.6%	72	38.3%	188	18.6%
Other	26	63.4%	15	36.6%	41	4.1%
Age Group at HIV Diagnosis						
0-12	*	100.0%	0	0.0%	*	**
13-24	201	87.0%	30	13.0%	231	22.9%
25-44	329	72.5%	123	27.1%	454	45.0%
45+	210	65.0%	116	35.9%	323	32.0%
Transmission Risk						
Men who have sex with men	366	78.5%	100	21.5%	466	46.1%
Injection Drug Use	32	68.1%	15	31.9%	47	4.7%
Heterosexual	287	68.5%	134	32.0%	419	41.5%
Pediatric	*	100.0%	0	0.0%	*	**
Unknown	43	68.3%	19	30.2%	63	6.2%
MSM/IDU	11	**	*	**	**	**
Geographic Area						
Philadelphia	514	76.4%	159	23.6%	673	66.6%
PA Counties	132	66.8%	68	33.2%	205	20.3%
NJ Counties	90	68.2%	42	31.8%	132	13.1%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/13/2015)
*Diagnosis of AIDS within 31 days of initial diagnosis of HIV
**CD4 <200 cells µL3 (or <14% of total lymphocytes) and/or a CDC-defined opportunistic illness

Office of HIV Planning Needs Assessment Activities

When existing resources are unable to provide enough information on the populations served by the Ryan White Part A Planning Council (RWPC) and the HIV Prevention Planning Group (HPG), the Office of HIV Planning often conducts original research in partnership with these groups. These needs assessments vary based on the questions at hand. We have described several of these needs assessments in the following pages.

Focus Groups on Access to Care (Ongoing)

The Philadelphia HIV Prevention Planning Group (HPG), in accordance with the HIV Planning Guidance, has been tasked with engaging those populations that are at highest risk for HIV in the area. Given the increased emphasis on routine HIV testing and other HIV testing in clinical settings, the HPG wanted to investigate how, if, and when various target populations accessed medical care in Philadelphia.

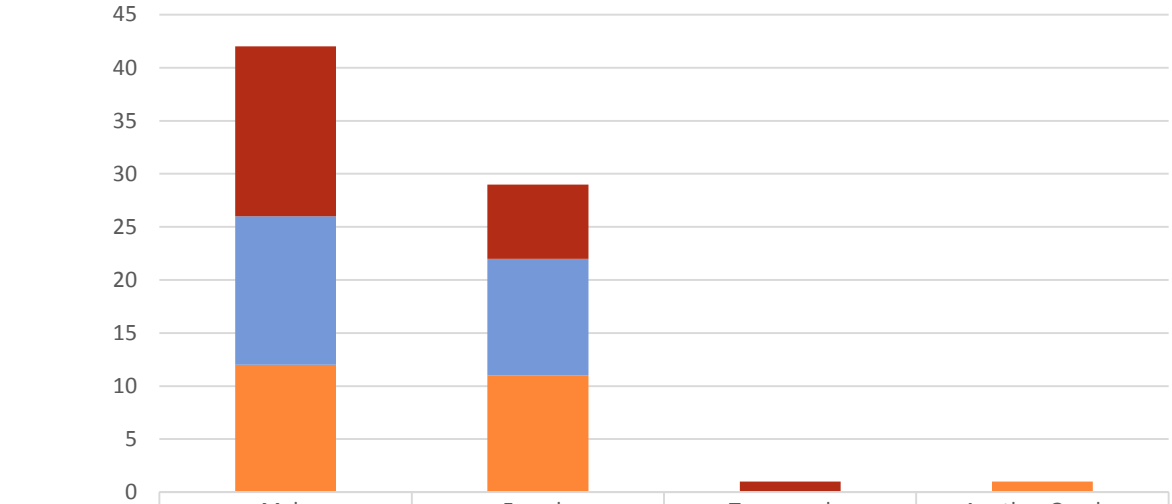
The HPG selected young men who have sex with men (YMSM) as the first target population in 2014, to be followed by high-risk heterosexuals of low socioeconomic status, Black and Latino men who have sex with men, and people who inject drugs. At the writing of this report, the focus groups with YMSM and the subsequent analysis had been completed. The focus groups with high-risk heterosexuals of low socioeconomic status had also been completed, and analysis was in progress. We have not included extensive information on the focus groups as a part of this epidemiologic profile, since current information is limited to a single population and therefore is limited in its utility for profiling at-risk populations at large. However, we have included the full report on the first series of focus groups with young men who have sex with men in the appendices.

2012 Consumer Forums

In 2012, the Office of HIV Planning held a series of three consumer forums in partnership with the Needs Assessment Committee of the Ryan White Part A Planning Council. These forums centered on HIV testing, linkage to care, and retention in care, in alignment with the National HIV/AIDS Strategy. Each forum focused on a single topic: in Delaware County, the group discussed why they got tested for HIV; in Philadelphia County, the group talked about linkage to HIV care; and finally, in New Jersey, the group shared insights on retention in HIV care.

There was a total of 76 participants between the three forums. The following set of figures displays the demographic composition of consumer forum participants in each region. There were more males than females in every region (see Figure 4.1). Each of the forums was predominately Black/African-American, with Whites/Caucasians as the next-largest racial/ethnic group (see Figure 4.2). The majority of participants were between the ages of 45 and 54, followed by 54 – 65 year olds (see Figure 4.3). Between the three forums, there were only 8 participants under the age of 45.

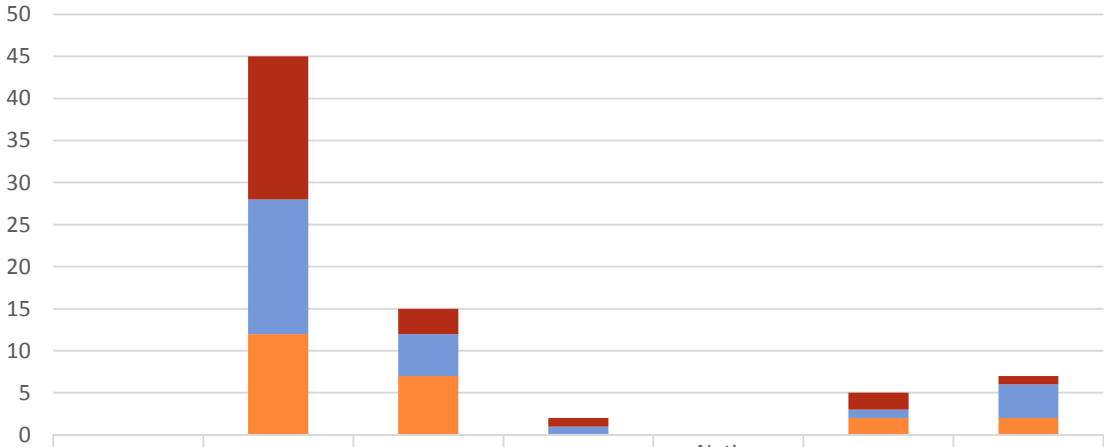
Figure 4.1 Gender of Consumer Forum Participants by Region, 2012 (N = 73)



	Male	Female	Transgender	Another Gender
Philadelphia	16	7	1	0
PA Counties	14	11	0	0
New Jersey	12	11	0	1

Office of HIV Planning, 2012

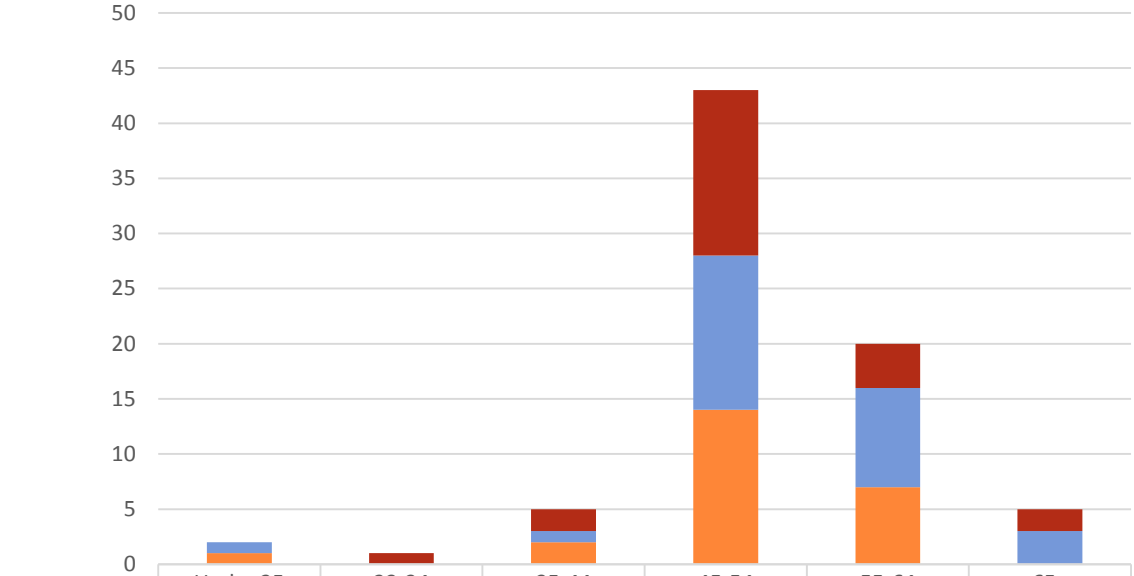
Figure 4.2 Race of Consumer Forum Participants by Region, 2012 (N = 74)



	Asian	African-American	Caucasian	Native American	Native Hawaiian/ Pacific Islander	Biracial/ Multiracial	Another Race
Philadelphia	0	17	3	1	0	2	1
PA Counties	0	16	5	1	0	1	4
New Jersey	0	12	7	0	0	2	2

Office of HIV Planning, 2012

Figure 4.3 Age of Consumer Forum Participants by Region, 2012 (N = 76)

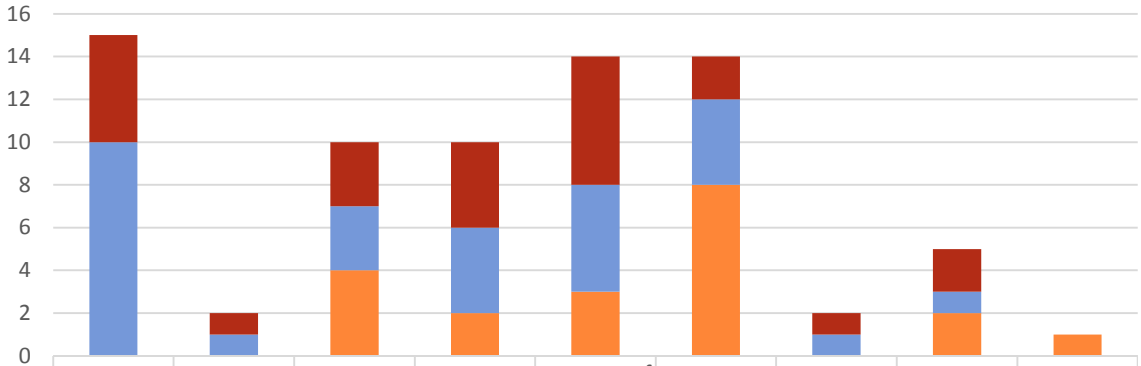


	Under 25	23-34	35-44	45-54	55-64	65+
Philadelphia	0	1	2	15	4	2
PA Counties	1	0	1	14	9	3
New Jersey	1	0	2	14	7	0

Office of HIV Planning, 2012

The next two figures outline why participants were tested for HIV, and how quickly they linked to HIV care. The most common reason for testing was perception of risk, followed by routine testing and feeling sick (see Figure 4.4). The majority of respondents (40) reported linking to HIV right after receiving their diagnosis (see Figure 4.5).

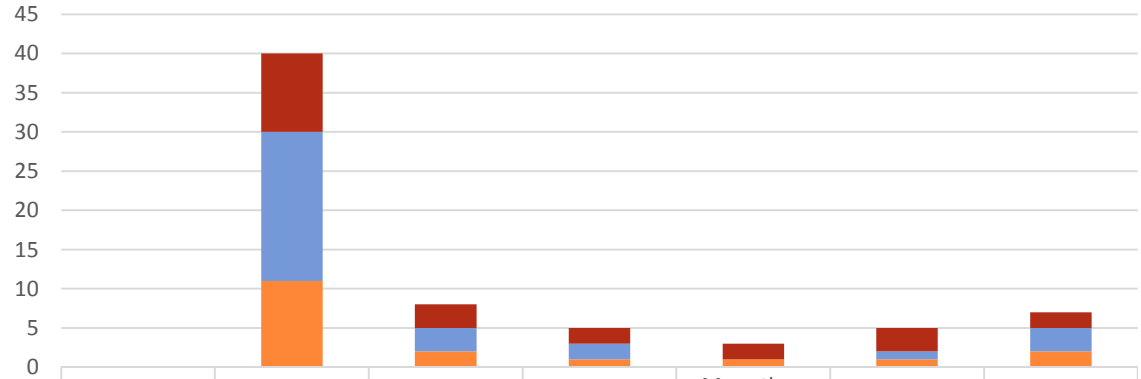
Figure 4.4 Main Reason for HIV Test, Consumer Forum Participants, 2012 (N = 73)



	I was at risk for HIV	Partner suggested it	Doctor suggested it	Just to find out if I was infected	As a part of routine medical check-up	Because I felt sick	Because I was pregnant	To support a friend	Unsure
Philadelphia	5	1	3	4	6	2	1	2	0
PA Counties	10	1	3	4	5	4	1	1	0
New Jersey	0	0	4	2	3	8	0	2	1

Office of HIV Planning, 2012

Figure 4.5 Time Frame for Seeking Care After HIV or AIDS Diagnosis, Consumer Forum Participants, 2012 (N = 68)



	Have not had care yet	Right away	Within 6 months of learning my diagnosis	Within 1 year of diagnosis	More than one year after learning my diagnosis	When I got sick	Another time frame
Philadelphia	0	10	3	2	2	3	2
PA Counties	0	19	3	2	0	1	3
New Jersey	0	11	2	1	1	1	2

Office of HIV Planning, 2012

Office of HIV Planning Consumer Survey 2012-2013

In partnership with the Needs Assessment Committee of the Ryan White Part A Planning Council, the Office of HIV Planning conducted a survey with people living with HIV/AIDS in the Philadelphia Eligible Metropolitan Area (EMA). All participants had accessed Ryan White services within the EMA at some point, but they were not necessarily current clients. Surveys were distributed through Ryan White providers. We asked providers to select a random sample, and to include clients who were not currently in care. Since this needs assessment was a survey, all of the information was self-reported, and may be subject to participant bias.

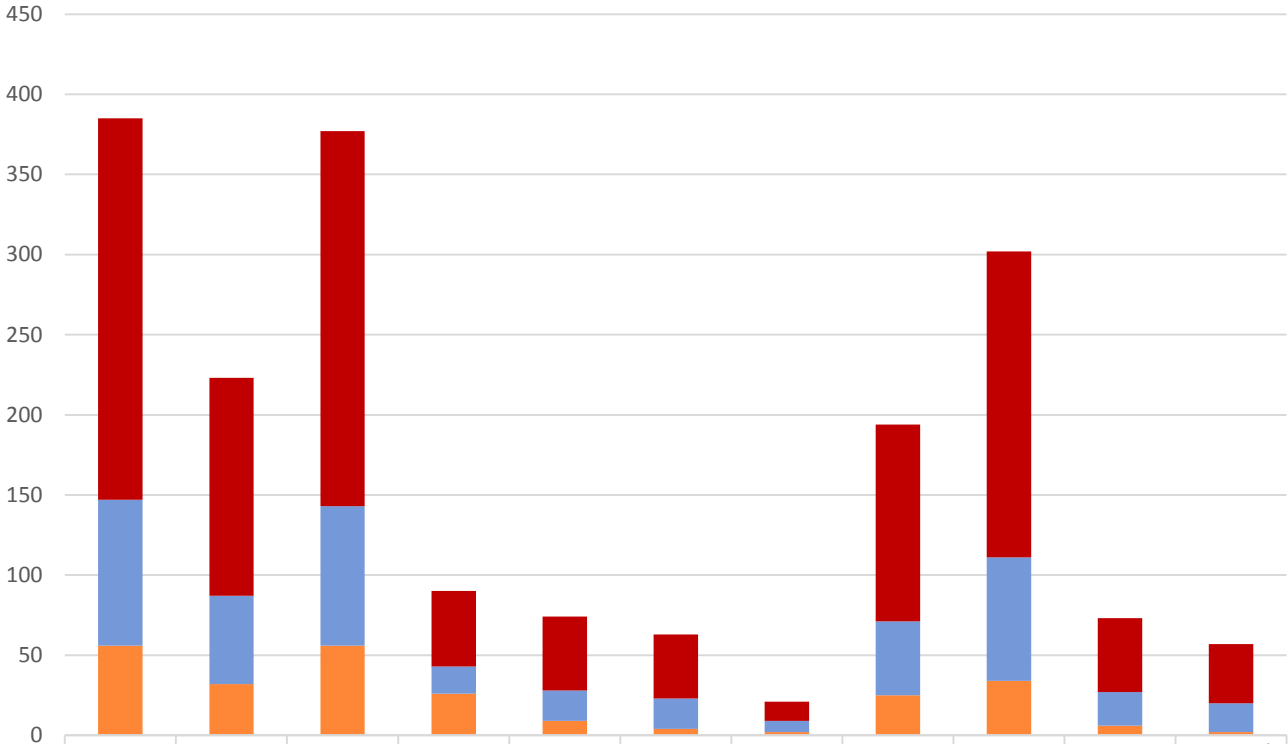
In total, we received 700 responses to the survey. Overall, 66.2% of respondents were from Philadelphia County, 13.3% were from the four New Jersey counties, and 20.5% were from the four Pennsylvania suburban counties. This represented an oversampling of the suburban counties (see Table 3.5). When broken out by race/ethnicity, 60.4% were Black/African-American, 17.7% were White/Caucasian, and 13.5% were Hispanic. Although Whites were slightly undersampled, this was generally consistent with the demographics of people with HIV/AIDS in the EMA (see Table 3.6). Respondents were 63.7% male and 35.3% female, with 1% identifying as transgender. The largest single age group was 40 to 54 year olds, which represented 41.2% of total responses. Most respondents rented or owned their own home (55.7%), while 10.5% were staying with family or friends, and 10.4% lived in Section 8 housing or had housing assistance. The majority (54.7%) of respondents had an annual income lower than $10,000. Most respondents (52.7%) identified as heterosexual, followed by men who have sex with men (30.7%), bisexuals (9.3%), and lesbians (1.5%).

In the following figures, we have provided breakdowns of the services that participants reported using over the previous twelve months. These figures are separated into core and supportive services, as designated by the Health Resources and Services Administration (HRSA). In addition to questions about general access to services, we asked respondents how many times they had seen a doctor or nurse practitioner for HIV care in the previous twelve months. Eighty-one percent replied that they had seen a medical practitioner at least three times, and 11.7% replied that they had seen a doctor twice.

We also asked respondents which services they had used in the past year, followed by a question on how they would rank all service categories, in order of importance. We have broken these figures out by region of residence. It is important to note that participants were asked which services they accessed *regardless of how these services were funded*; therefore, while we included all Ryan White-fundable service categories in these questions, these services were not necessarily funded through Ryan White Part A (or any other Ryan White Part).

As seen below, fewer respondents reported using medical care than the previous question would indicate (see Figure 4.6). We believe this was related to confusion by the term used in the survey; in the survey, we used the HRSA term “ambulatory care”, which is a term that may have been unfamiliar for participants. The most-utilized core service was still ambulatory/medical care, followed by dental care, medical case management, AIDS pharmaceutical assistance, and mental health services. This was fairly consistent across regions.

Figure 4.6 Participant Core Service Utilization by Region of Residence, Consumer Survey, 2012 (N =385)

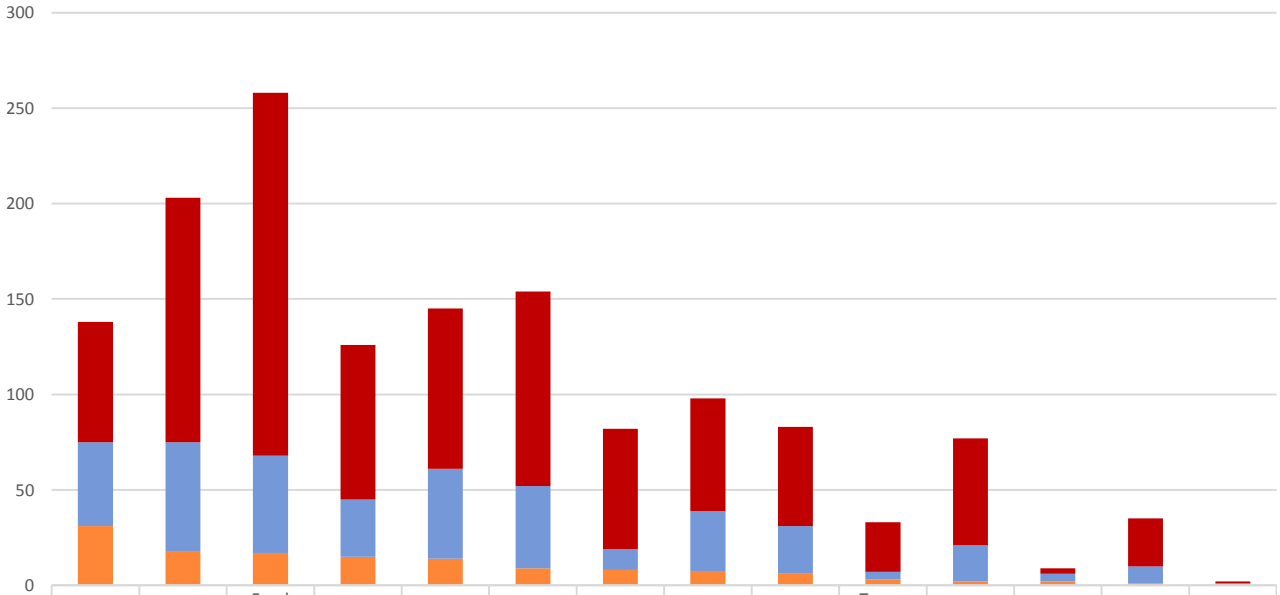


	Medical Care	AIDS Pharma-ceutical Assistance	Dental Care	Early Intervention Services	Health Insurance Premium/ Cost-Sharing	Home Health Care	Hospice Services	Mental Health Therapy/ Counseling	Medical Case Management	Substance Abuse Treatment Counseling	Home and Community-Based Health Services
Philadelphia	238	136	234	47	46	40	12	123	191	46	37
PA Counties	91	55	87	17	19	19	7	46	77	21	18
NJ Counties	56	32	56	26	9	4	2	25	34	6	2

Office of HIV Planning 2012

Next, we have provided a breakdown of supportive service utilization (see Figure 4.7). The most-utilized supportive service across the nine-county region was food bank/home-delivered meals, followed by housing assistance, medical nutrition services, health education/risk reduction, and medical transportation. Unlike core services, there was significant variation across regions. For example, medical transportation services was the most-used supportive service category in the New Jersey counties, but it was third in the suburban PA counties, and it was tied for sixth in Philadelphia. Food bank/home-delivered meals was the most-utilized supportive service in Philadelphia, the second-most utilized in the suburban PA counties, and the third-most utilized in the New Jersey counties. The most-utilized service in the suburban PA counties was housing assistance, which was the second-most utilized in both Philadelphia and the New Jersey counties.

Figure 4.7 Participant Supportive Service Utilization by Region of Residence, Consumer Survey, 2012 (N = 258)



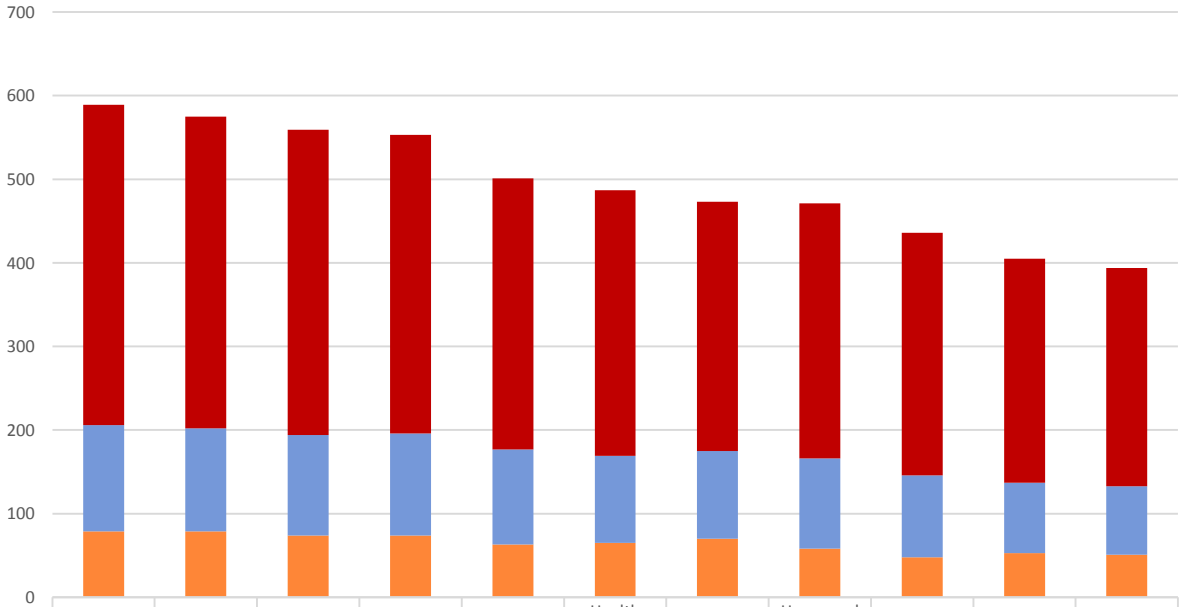
	Medical Transport-ation Services	Housing Assistance	Food Bank/ Home-Delivered Meals	Legal Services	Health Education/ Risk Reduction	Medical Nutrition Services	Outreach Services	Psycho-social Support Services	Treatment Adherence	Trans-lation and Interpretation Services	DEFA	Child Care	Rehab-ilitation Services	Respite Services
Philadelphia	63	128	190	81	84	102	63	59	52	26	56	3	25	1
PA Counties	44	57	51	30	47	43	11	32	25	4	19	4	9	1
NJ Counties	31	18	17	15	14	9	8	7	6	3	2	2	1	0

Office of HIV Planning, 2012

The next two figures display respondents' rankings of both core and supportive services. We asked participants to indicate whether each service was "very important", "somewhat important", "not important", or "not sure". For these figures, we ranked the service categories based on the respondent's indication that a service was either very important or somewhat important.

First, Figure 4.8 displays core service rankings. For the nine-county area, dental care was ranked highest, followed by ambulatory medical care, medical case management, AIDS pharmaceutical assistance, and mental health therapy. This is consistent with core service utilization seen in Figure 4.6. These rankings are consistent across the three regions within the nine-county area.

Figure 4.8 Consumer Survey Core Service Ranking by Region of Residence, 2012 (N = 587)

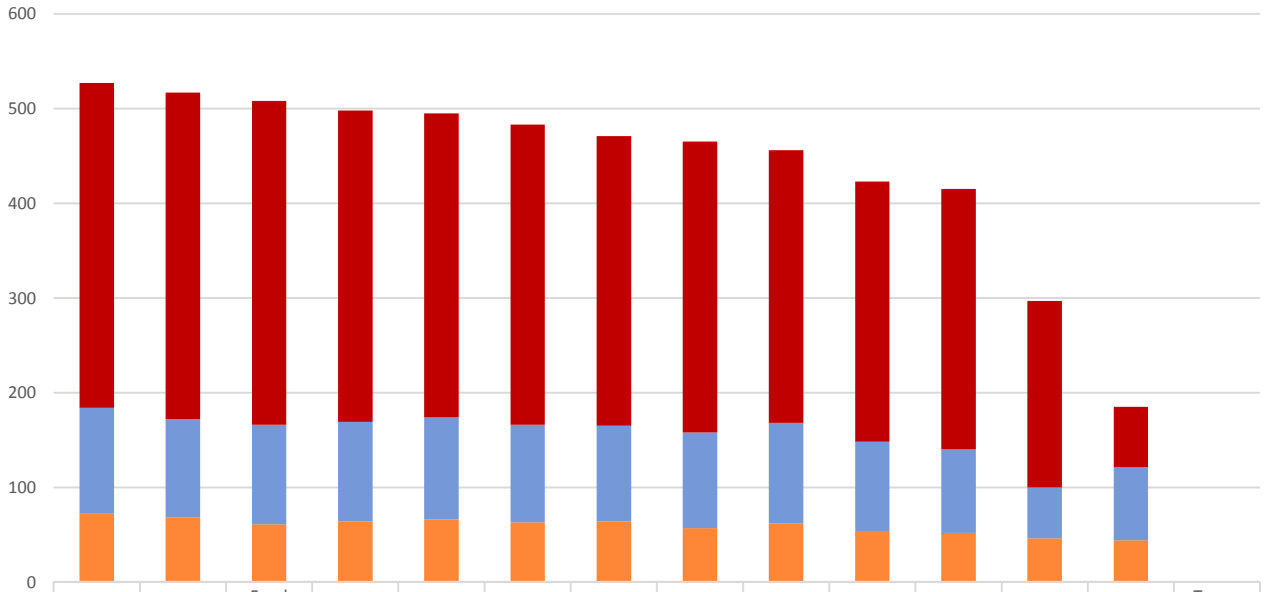


	Dental Care	Medical Care	Medical Case Management	AIDS Pharma-ceutical Assistance	Mental Health Therapy/ Counseling	Health Insurance Premium/ Cost-Sharing	Early Intervention Services	Home and Community-Based Health Services	Home Health Care	Substance Abuse Treatment Counseling	Hospice Services
Philadelphia	383	373	365	357	324	318	298	305	290	268	261
PA Counties	127	123	120	122	114	104	105	108	98	84	82
NJ Counties	79	79	74	74	63	65	70	58	48	53	51

Office of HIV Planning 2013

The final figure on the consumer survey displays rankings for the supportive service categories (see Figure 4.9). The highest-ranked supportive service in the nine-county Philadelphia area was medical nutrition services, followed by housing assistance, food bank/home-delivered meals, legal services, health education/risk reduction, and medical transportation services. This had some slight variation across regions within the nine-county area, and unlike the core services, departs somewhat from the supportive service utilization (see Figure 4.7). For example, medical nutrition services was the highest-ranked supportive service category EMA-wide, but it was the third-most used service.

Figure 4.9 Consumer Survey Supportive Service Ranking by Region of Residence, 2012 (N = 527)



	Medical Nutrition Services	Housing Assistance	Food Bank/ Home-Delivered Meals	Legal Services	Health Education/ Risk Reduction	Medical Transport-ation Services	DEFA	Outreach Services	Psycho-social Support Services	Treatment Adherence	Rehab-ilitation Services	Child Care	Respite Services	Trans-lation and Interpret-ation Services
Philadelphia	343	345	342	329	321	317	306	307	288	275	275	197	64	
PA Counties	112	104	105	105	108	103	101	101	106	94	88	54	77	
NJ Counties	72	68	61	64	66	63	64	57	62	54	52	46	44	

Office of HIV Planning 2013

Service Utilization Data

The previous figures showed self-reported service utilization figures from our consumer survey, regardless of the funding stream for those services. The next two tables display the number of clients who accessed each service category as funded by Ryan White Part A. The first table provides only the number of clients served by each service category per year (see Table 4.18). As seen below, the greatest number of clients were served by ambulatory/outpatient medical care, followed by case management, food bank/home-delivered meals, and oral health care.

Table 4.18 Service Utilization by Service Type, Philadelphia EMA, 2009-2013

Service Category	Number of People Served in 2009	Number of People Served in 2010	Number of People Served in 2011	Number of People Served in 2012	Number of People Served in 2013
Ambulatory/Outpatient Medical Care*	8,740	11,234	9,872	8,894	8,564
Medications	1,050	1,105	1,168	1,215	998
Case Management (Medical and Non-Medical)	7,470	7,913	6,942	7,573	7,112
Substance Abuse (Outpatient)	310	231	223	244	385
Mental Health Therapy/Counseling	469	551	633	874	1,025
Early Intervention Services	3,688	6,171	-	-	877
Oral Health Care	1,663	1,754	1,975	1,643	1,614
Outreach Services	2,183	1,730	-	-	492
Food Bank/Home-Delivered Meals	3819	2,087	3,341	2,445	2,545
Direct Emergency Financial Assistance	58	50	48	38	58
Housing Assistance	762	657	612	582	603
Legal Services	1,266	1,381	1,673	944	849
Transportation	1,236	2,796	1,746	1,736	1,424
Nutritional Counseling	0	64	199	238	267

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)
*Unit of measure is a medical visit, which may include in-home medical visits

The next table takes the historical number of clients provided above and projects the number of clients for each service into the future (see Table 4.19). Please note that the forecasted clients are mathematical projections based on past data, and does not take other emerging issues into account.

Table 4.19 Ryan White Part A Clients by Currently Funded Service 2008 through 2013 with Forecasted Clients 2014 to 2016

	2008	2009	2010	2011	2012	2013	**2014**	**2015**	**2016**
Service	n	n	n	n	n	n	n	n	n
Ambulatory/ Outpatient Medical Care*	9,186	8,740	11,234	9,872	8,894	8,564	9,014	8,899	8,785
Medications	1,675	1,050	1,105	1,168	1,215	998	919	838	758
Case Management (Medical and Non-Medical)	8,020	7,470	7,913	6,942	7,573	7,112	6,985	6,836	6,688
Substance Abuse (Outpatient)	331	310	231	223	244	385	294	296	297
Mental Health Therapy/ Counseling	500	469	551	633	874	1,025	1,068	1,180	1,292
Early Intervention Services**	85	3,688	6,171	*	*	877	-	-	-
Oral Health Care	2,384	1,663	1,754	1,975	1,643	1,614	1,470	1,365	1,259
Outreach Services**	1,377	2,183	1,730	*	*	492	-	-	-
Food Bank/Home-Delivered Meals	3,335	3,819	2,087	3,341	2,445	2,545	2,247	2,052	1,857
Direct Emergency Financial Assistance	45	58	50	48	38	58	50	50	50
Housing Assistance	705	762	657	612	582	603	544	513	481
Legal Services	1,136	1,266	1,381	1,673	944	849	997	937	877
Transportation	1,330	1,236	2,796	1,746	1,736	1,424	1,803	1,830	1,856
Nutritional Counseling	-	-	64	199	238	267	354	419	484

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request in 06/2015); Office of HIV Planning
*Data not available for these years
**Funding for these services ceased partway through 2013; projections not provided

AIDS Drug Assistance Program

The following tables provide information related to the AIDS Drug Assistance Program (ADAP), referred to as the Special Pharmaceutical Benefits Program (SPBP) in Pennsylvania and the AIDS Drug Distribution Program (ADDP) in New Jersey. These programs provide HIV-related drugs to people with HIV/AIDS who are underinsured, uninsured, or uninsurable. In the Philadelphia EMA, these programs are funded through a combination of state dollars and Ryan White Part B funding; Ryan White Part A does not currently fund ADAP in the area. (Note: according to the National ADAP Monitoring Project, neither New Jersey nor Pennsylvania had a waiting list for their ADAPs.)

The first table in this section displays statewide demographic information for clients accessing ADAP programs, and consequently includes clients outside the nine-county Philadelphia Eligible Metropolitan Area (see Table 4.20). This provides information on those clients served (and expenditures made) by ADAP programs statewide for the month of June 2013. The largest racial/ethnic group for both states was non-Hispanic Blacks, followed by Hispanics in New Jersey and non-Hispanic Whites in Pennsylvania. The largest age group in both states was 45 – 64 year olds, followed by 25 – 44 year olds. The majority of clients in both states was male, although this majority was larger in Pennsylvania. Pennsylvania did not have a breakout of HIV and AIDS status for statewide clients; in New Jersey, the majority of clients (58%) were HIV-positive with no AIDS diagnosis.

Table 4.20 Demographic Characteristics of Total ADAP Clients Served in Pennsylvania and New Jersey, June 2013

	Total ADAP Clients Served June 2013	
	Pennsylvania	New Jersey
Gender		
Male	77%	64%
Female	23%	31%
Transgender	0.5%	0.06%
Unknown	0.0%	5%
Race/Ethnicity		
Black (non-Hispanic)	45%	44%
White (non-Hispanic)	41%	19%
Hispanic	12%	29%
Asian	1%	1%
Native Hawaiian/ Pacific Islander	0.2%	0.5%
American Indian/ Alaskan Native	0.1%	0.1%
Multiracial	0%	0%
Other	1%	1%
Unknown	0%	5%
Age		
0-12	0.02%	0.1%
13-24	4%	5%
25-44	36%	35%
45-64	54%	53%
65+	6%	2%
Unknown	0%	5%
HIV Status		
HIV Positive, not AIDS	0%	58%
HIV Positive, AIDS Status Unknown	100%	0.02%
CDC-Defined AIDS	0%	37%
Unknown	0%	5%
Drug Expenditures	$7,405,292	$1,152,654
Total Clients Served	4653	5083

National ADAP Monitoring Project, Annual Report February 2014
*Insurance categories are not mutually exclusive

Next, we have provided AIDS Drug Distribution Program (ADDP) data by county over time for the four New Jersey counties in the Philadelphia Eligible Metropolitan Area (see Tables 4.21 – 4.24). The most recent information available was from 2012. The number of clients per county varied from 30 to 412, and annual expenditures by county ranged from $329,880 to $4,960,675 in 2012. In each county, most clients were male, and at least one-third of clients were 50 or older.

Table 4.21 AIDS Drug Distribution Program Client Demographics and Total Expenditures for Burlington County, 2009-2012

	Burlington County							
	2009		2010		2011		2012	
Client Demographics	n	%	n	%	n	%	n	%
Gender								
Male	93	65.0	105	66.4	102	65.8	101	66.9
Female	51	35.0	53	33.5	53	34.2	50	33.1
Trans (Male to Female)	NA	-	NA	-	NA	-	0	0.0
Trans (Female to Male)	NA	-	NA	-	NA	-	0	0.0
Age								
<5	0	0.0	0	0.0	0	0.0	0	0.0
5-12	0	0.0	0	0.0	0	0.0	0	0.0
13-19	0	0.0	0	0.0	0	0.0	1	0.7
20-29	23	16.0	30	18.9	26	16.8	24	15.9
30-39	30	21.0	30	18.9	26	16.8	26	17.2
40-49	46	32.0	46	29.1	46	29.7	42	27.8
>49	45	31.0	52	32.9	57	36.8	58	38.4
Race								
White	48	33.0	55	34.8	51	32.9	49	32.5
Black	80	56.0	89	56.3	85	54.8	82	54.3
Hispanic	9	6.0	8	0.1	12	7.7	16	10.6
Asian	<5	3.0	<5	0.0	1	0.6	0	0.0
Pacific Islander	NA	-	NA	-	NA	-	0	0.0
American Indian/Alaska Native	NA	-	NA	-	NA	-	3	2.0
Unknown	<5	2.0	<5	0.0	6	3.9	1	0.7
Total	144	100.0	158	100.0	155	100.0	151	100.0
Total Expenditures	$950,000		$1,415,775		$1,664,494		$1,732,969	

New Jersey Department of Health and Senior Services (provided upon request on 06/10/2015)

Table 4.22 AIDS Drug Distribution Program Client Demographics and Total Expenditures for Camden County, 2009-2012

	Camden County							
	2009		2010		2011		2012	
Client Demographics	n	%	n	%	n	%	n	%
Gender								
Male	294	75.0	304	75.4	297	74.8	312	75.7
Female	97	25.0	99	24.6	100	25.2	100	24.3
Trans (Male to Female)	NA	-	NA		NA	-	0	0.0
Trans (Female to Male)	NA	-	NA		NA	-	0	0.0
Age								
<5	0	0.0	0	0.0	0	0.0	0	0.0
5-12	2	1.0	0	1.0	0	1.0	0	0.0
13-19	3	1.0	<5	0.1	0	0.0	0	0.0
20-29	44	11.0	47	11.7	51	12.8	45	10.9
30-39	69	18.0	73	18.1	85	21.4	92	22.3
40-49	159	41.0	155	38.5	130	32.7	128	31.1
>49	114	29.0	126	31.3	131	33.0	147	35.7
Race								
White	110	28.0	105	26.1	99	24.9	105	25.5
Black	189	48.0	201	49.9	189	47.6	204	49.5
Hispanic	79	20.0	81	20.1	92	23.2	91	22.1
Asian	<5	1.0	4	1.0	4	1.0	0	0.0
Pacific Islander	NA	-	NA		NA	-	3	0.7
American Indian/Alaska Native	NA	-	NA		NA	-	4	1.0
Unknown	9	2.0	12	3.0	13	3.3	5	1.2
Total	391	100.0	403	100.0	397	100.0	412	100.0
Total Expenditures	$3,777,431		$4,394,056		$4,404,191		$4,960,675	

New Jersey Department of Health and Senior Services (provided upon request on 06/10/2015)

Table 4.23 AIDS Drug Distribution Program Client Demographics and Total Expenditures for Gloucester County, 2009-2012

	Gloucester County							
	2009		2010		2011		2012	
Client Demographics	n	%	n	%	n	%	n	%
Gender								
Male	88	85.0	95	84.8	94	82.5	90	83.3
Female	16	15.0	17	15.2	20	17.5	18	16.7
Trans (Male to Female)	NA	-	NA	-	NA	-	0	0.0
Trans (Female to Male)	NA	-	NA	-	NA	-	0	0.0
Age								
<5	0	0.0	0	0.0	0	0.0	0	0.0
5-12	0	0.0	0	0.0	1	0.9	0	0.0
13-19	<5	1.0	0	0.0	0	0.0	0	0.0
20-29	6	6.0	11	9.8	12	10.5	17	15.7
30-39	14	13.0	19	17.0	17	14.9	10	9.3
40-49	49	47.0	47	42.0	44	38.6	41	38.0
>49	34	33.0	35	31.3	40	35.1	40	37.0
Race								
White	65	63.0	68	60.7	66	57.9	62	57.4
Black	30	29.0	34	30.4	32	28.1	33	30.6
Hispanic	8	8.0	8	0.1	12	10.5	10	9.3
Asian	<5	1.0	0	1.0	1	0.9	0	0.0
Pacific Islander	NA	-	NA	-	NA	-	1	0.9
American Indian/Alaska Native	NA	-	NA	-	NA	-	1	0.9
Unknown	0	0.0	<5	0.0	3	2.6	1	0.9
Total	104	100.0	112	100.0	114	100.0	108	100.0
Total Expenditures	$917,380		$1,037,961		$1,240,940		$1,194,721	

New Jersey Department of Health and Senior Services (provided upon request on 06/10/2015)

Table 4.24 AIDS Drug Distribution Program Client Demographics and Total Expenditures for Salem County, 2009-2012

	Salem County							
	2009		2010		2011		2012	
Client Demographics	n	%	n	%	n	%	n	%
Gender								
Male	21	62.0	15	51.7	17	63.0	20	66.7
Female	13	38.0	14	48.3	10	37.0	10	33.3
Trans (Male to Female)	NA	-	NA	-	NA	-	0	0.0
Trans (Female to Male)	NA	-	NA	-	NA	-	1	3.3
Age								
<5	0	0.0	0	0.0	0	0.0	0	0.0
5-12	0	0.0	0	0.0	0	0.0	0	0.0
13-19	1	3.0	0	3.0	0	0.0	2	6.7
20-29	<5	6.0	0	0.0	0	0.0	0	0.0
30-39	7	21.0	5	17.2	4	14.8	4	13.3
40-49	12	35.0	11	37.9	11	40.7	11	36.7
>49	12	35.0	13	44.8	12	44.4	14	46.7
Race								
White	19	56.0	15	51.7	15	55.6	16	53.3
Black	11	32.0	10	34.5	9	33.3	10	33.3
Hispanic	<5	6.0	3	10.3	2	7.4	4	13.3
Asian	<5	6.0	1	3.4	1	3.7	0	0.0
Pacific Islander	NA	-	NA	-	NA	-	0	0.0
American Indian/Alaska Native	NA	-	NA	-	NA	-	0	0.0
Unknown	0	0.0	0	0.0	0	0.0	1	3.3
Total	32	100.0	29	100.0	27	100.0	30	100.0
Total Expenditures	$336,046		$225,145		$255,207		$329,880	

New Jersey Department of Health and Senior Services (provided upon request on 06/10/2015)

The final table on ADAP clients provides a demographic breakdown for Special Pharmaceutical Benefits Program (SPBP) clients in the five Pennsylvania counties in 2013. As seen below, the majority of clients in each county were male (see Table 4.25). Race/ethnicity varied by county, which is consistent with the population in those counties. The largest age group in each county was 45 – 64 year olds. Over half (53%) of clients made 138% of the federal poverty level or less, which provides some indication of the number of clients who would be eligible for Medicaid under Medicaid expansion as part of the Patient Protection and Affordable Care Act (often referred to as the ACA).

Table 4.25 SPBP Participants in Pennsylvania by County of Residence, Gender, Age, and Race, 2013

	Bucks County	Chester County	Delaware County	Montgomery County	Philadelphia County
	n	n	n	n	n
Gender					
Female	42	43	141	59	815
Male	167	93	339	206	2,510
Transgender	<5	<5	5	<5	30
Race					
Black	49	48	349	103	2,337
White	131	67	98	123	534
American Indian/ Alaskan Native	0	0	<5	0	8
Native Hawaiian/ Pacific Islander	0	0	0	0	5
Asian	<5	0	<5	7	41
Hispanic	17	18	32	23	395
Other	9	<5	<5	10	35
Age					
0-12	0	<5	0	0	<5
13-24	6	<5	30	13	235
25-44	76	45	197	107	1,376
45-64	121	79	233	134	1,592
65+	7	8	25	14	151
Federal Poverty Level					
0-138%	93	55	259	123	1,830
139%-400%	104	71	201	130	1,416
400%+	13	11	25	14	109

Pennsylvania Department of Health, Bureau of Communicable Diseases, Division of HIV/AIDS, Special Pharmaceutical Benefits Program (data provided upon request on 12/17/2014)

Housing Opportunities for Persons with AIDS (HOPWA)

Housing Opportunities for Persons with AIDS (HOPWA) is the only federally-funded housing program specifically for people with AIDS. The Department of Housing and Urban Development (HUD) distributes grants to metropolitan areas, as well as to states (to cover those areas that do not fall within a metropolitan area).

The Philadelphia metropolitan area has historically included all five counties in Southeastern Pennsylvania. However, in 2014, HOPWA's boundaries for the Philadelphia metropolitan area shifted to include only Philadelphia and Delaware Counties. A second metropolitan area of Bensalem Township was added in 2014, and includes Bucks, Chester, and Montgomery Counties.

In 2014, the Philadelphia metropolitan area (Philadelphia and Delaware Counties) received $9,469,519 in HOPWA funding. Bensalem Township (Bucks, Chester, and Montgomery Counties) received $511,545 in funding.

Camden, New Jersey received $708,380 in HOPWA funding in 2014. This represented an increase from 2013, but was still a smaller award than Camden received in 2012.

Demographic Comparison of Part A Clients with People with HIV/AIDS

Below, we have include a comparison of all people with HIV/AIDS in the Philadelphia EMA with Ryan White Part A clients. As seen in Table 4.26, youth, minorities, females, and heterosexuals were somewhat overrepresented in the Part A system. Over 60% of Part A clients had either Medicaid or Medicare in 2013.

Table 4.26 Part A Clients and PLWHA in Philadelphia EMA, 2013

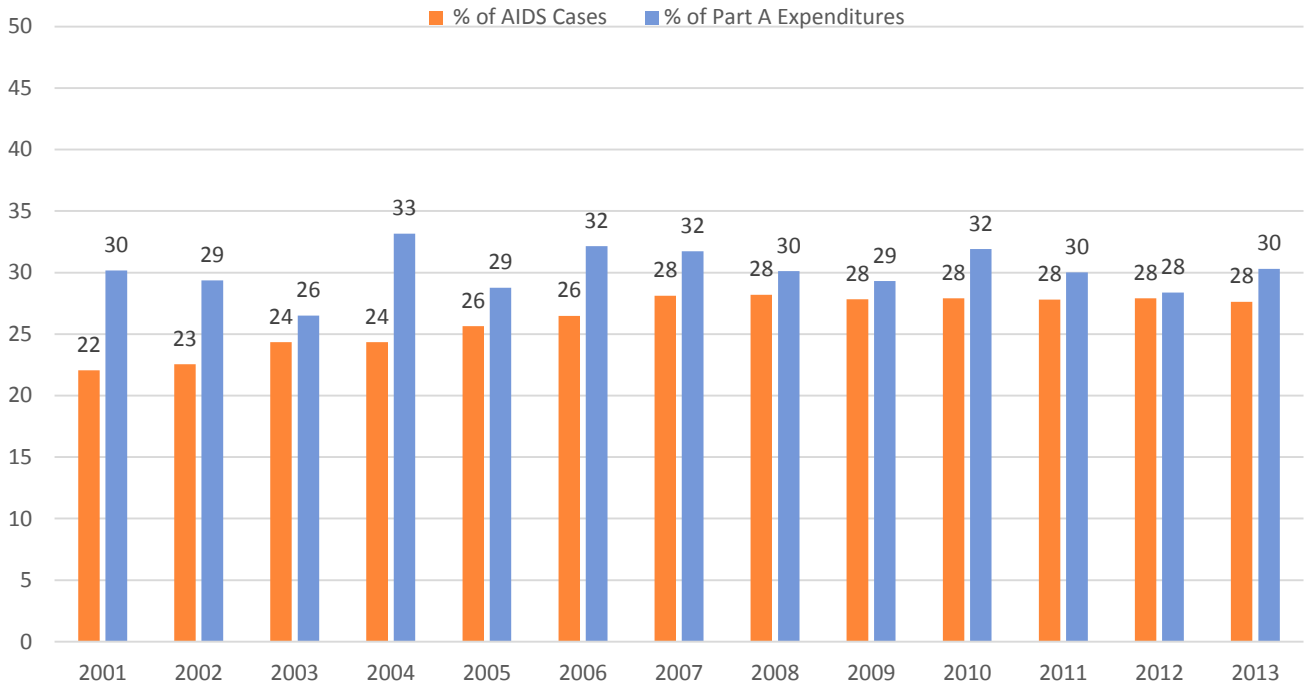
	Living with HIV/AIDS in the Philadelphia EMA	Philadelphia Ryan White Medical Clients CAREWare Data Report
Demographic Group/Exposure Category	n=29,154	n=13,891
Race/Ethnicity		
White (non-Hispanic)	25.1%	17.9%
Black	56.8%	64.2%
Hispanic	14.8%	14.3%
Asian/Pacific Islander	0.7%	0.2%
Multiracial	2.4%	2.7%
Other/Unknown	0.3%	0.7%
Gender		
Male	72.3%	65.5%
Female	27.7%	33.2%
Transgender	NA	1.3%
Current Age		
<13	0.2%	1.6%
13 - 24	3.7%	5.7%
25 - 34	12.8%	15.1%
35 - 44	18.0%	19.1%
45 - 54	32.7%	33.3%
55 - 64	19.2%	17.7%
65+	5.5%	3.9%
Missing	7.9%	3.5%
Exposure Category		
Men who have Sex with Men	35.0%	34.6%
Injection Drug Users	22.7%	12.5%
Men who have Sex with Men and Inject Drugs	3.1%	1.7%
Heterosexuals	34.0%	46.4%
Other/Hemophilia/Blood Transfusion	5.1%	3.7%
Risk Not Reported or Identified	NA	1.1%
Insurance Status		
Private	NA	17.9%
Medicare	NA	11.9%
Medicaid	NA	50.8%
Other Public	NA	0.3%
Other	NA	0.5%
None or Unknown	NA	18.5%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided on request 01/2015); Office of HIV Planning

Expenditures for Women, Infants, Children, and Youth

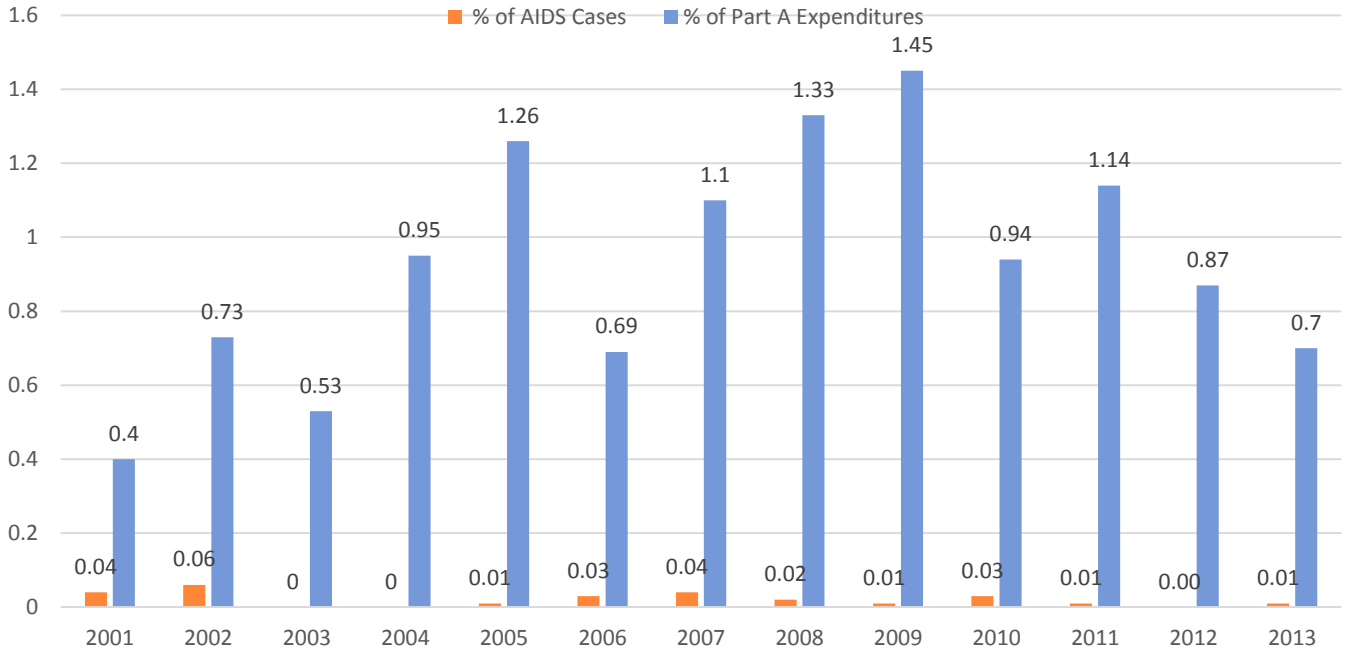
Ryan White Part A Eligible Metropolitan Areas are required to report expenditures for women (25 years and older), infants (0 – 2 years old), children (3 – 12 years old), and youth (13 – 24 years old). These expenditures must be equal to or greater than each group's percentage of total recent AIDS cases. The following four figures depict these expenditures for Women, Infants, Children, and Youth (WICY). The Philadelphia EMA program has expended funds exceeding the requirement in all years when WICY reporting was required.

Figure 4.10 Women Expenditures Compared to AIDS Cases, 2001-2013



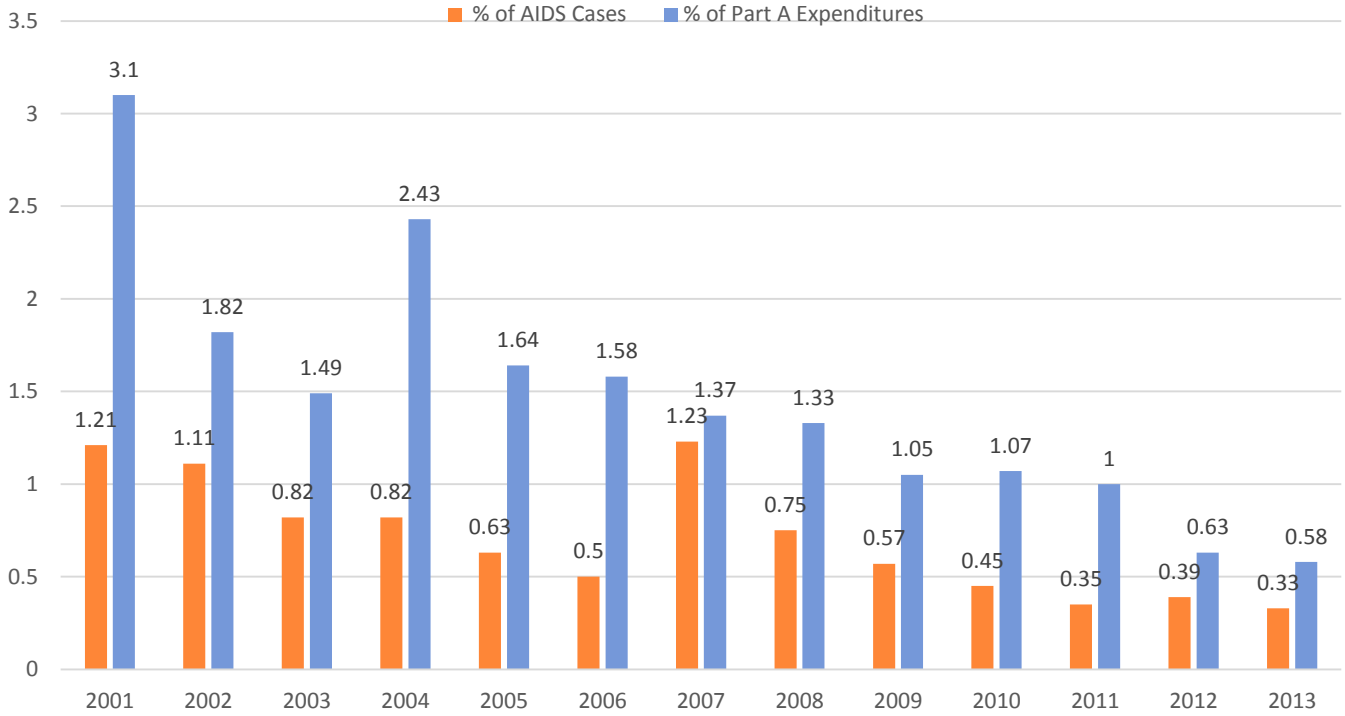
Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Figure 4.11 Infants Expenditures Compared to AIDS Cases, 2001-2013



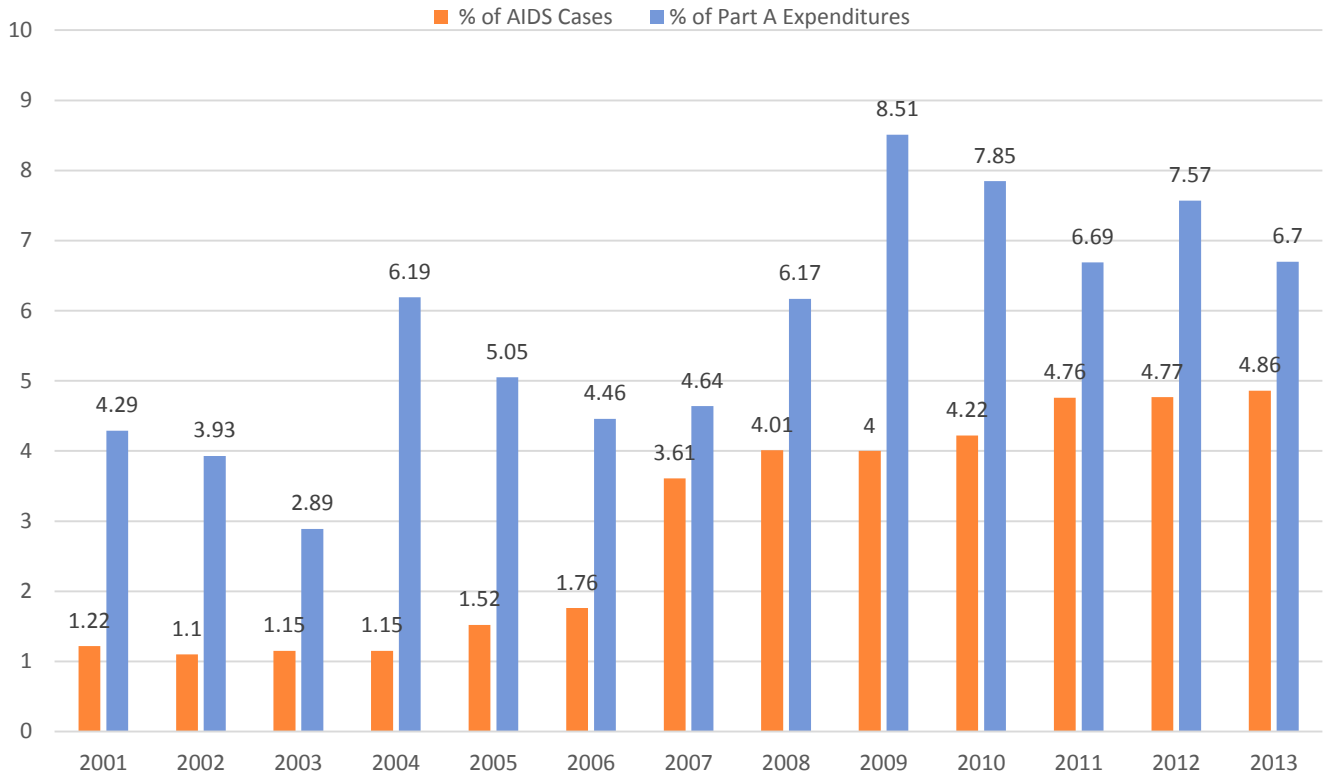
Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Figure 4.12 Children Expenditures Compared to AIDS Cases, 2001-2013



Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Figure 4.13 Youth Expenditures Compared to AIDS Cases, 2001-2013



Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Other Health Statistics

The next table provides information on health system capacity in Southeastern Pennsylvania, including licensed drug/alcohol treatment facilities, admission and discharge data at nursing homes and hospitals, and data related to home health care organizations (see Table 4.27).

Table 4.27 Various Health Profile Statistics by PA County, 2011-2012

Number of Drug and Alcohol Treatment Facilities by County, 1/11-12/11					
Type of Service Provided	Bucks	Chester	Delaware	Montgomery	Philadelphia
Inpatient Non-Hospital	7	5	3	6	38
Inpatient Hospital	0	0	0	2	4
Partial Hospital	9	3	2	3	9
Outpatient	20	16	18	23	72
All Licensed Facilities	26	20	20	30	112
Number of Hospitals by County, 7/11-6/12					
Type of Hospital	Bucks	Chester	Delaware	Montgomery	Philadelphia
General Acute Care	6	5	4	7	16
Psychiatric	1	3	0	4	4
Rehabilitation	0	1	0	0	1
Federal/State/Church	0	2	0	2	0
Other	1	1	1	3	4
Non-Profit	5	4	4	7	17
For-Profit	3	4	1	5	11
Number of Hospitals by County, 7/11-6/12					
General Information	Bucks	Chester	Delaware	Montgomery	Philadelphia
Beds set up & staffed	961	821	1,069	1,924	5,706
Admissions	55,859	46,571	54,234	102,237	282,406
Discharges	56,000	46,419	54,394	102,372	282,382
Licensed Beds	1,076	851	1,255	2,034	6,216
Avg. Length of Stay (# of days)	4.19	4.09	4.65	4.37	5.43
Occupancy Rate	66.4	61.5	64.6	62.9	73.8
Number of Nursing Homes by County, 2012					
Type of Nursing Home	Bucks	Chester	Delaware	Montgomery	Philadelphia
Nursing Homes Total	32	23	29	61	47
Licensed	3,668	2,529	4,373	7,164	7,601
Beds set up & staffed	3,583	2,519	4,291	7,122	7,537
Medicare Certified	3,668	2,325	4,186	6,768	6,833
Medicaid Certified	3,308	2,041	3,568	6,500	7,440
Number of Nursing Homes by County, 2012					
General Information	Bucks	Chester	Delaware	Montgomery	Philadelphia
Admissions	7,779	6,610	10,250	18,267	15,540
Discharges	6,486	5,803	8,806	15,829	13,287
Deaths	1,383	836	1,391	2,589	2,125
Avg. Length of Stay (# of days)	141.1	118.4	128.4	158.28	164.1
Number of Home Health Agencies by County, 2008					
Type of Home Health Agency	Bucks	Chester	Delaware	Montgomery	Philadelphia
Agencies Serving County	97	68	68	115	95
Agencies Located in County	19	9	20	43	29
Total Residents Served	24,534	15,284	16,203	25,210	54,874
Rate per 100	4	3.1	2.9	3.2	3.8

Bureau of Health Statistics & Research, PA Department of Health, 2013
Rates calculated using population from U.S. Census

National HIV Behavioral Surveillance

The CDC created the National HIV Behavioral Surveillance (NHBS) program to conduct surveillance among specific risk groups in selected jurisdictions. The NHBS is conducted in cycles, and focuses on three main populations: men who have sex with men (MSM), injection drug users (IDU), and high risk heterosexuals (HET). The NHBS includes a questionnaire followed by an offer for HIV testing. The anonymous questionnaire assesses risk behaviors, testing behaviors, and prevention service access. In the most recent MSM cycle, 673 MSM were tested for HIV, and 27.5% were HIV-positive. Just over two-thirds were Black, 15% were Hispanic, and 9% were White. 56.5% of MSM who tested HIV-positive lived above the poverty line. In the IDU cycle, 6.3% of 536 participants tested positive for HIV; 34% were White, 20% were Hispanic, and 40% were Black. In the HET cycle, 1.2% of participants tested positive for HIV; most were Black.

Table 4.28 National HIV Behavioral Surveillance, Men Who Have Sex with Men Demographics by Percent Tested Positive and New Positives, 2014

	MSM4 Total Tested	MSM4 % HIV Positive	MSM4 % New Positives
		27.50%	6.40%
Demographic Group	n=673	n=185	n=43
Race/Ethnicity			
Black	49.5%	67.0%	67.4%
White	25.3%	8.7%	6.9%
Hispanic	15.2%	15.1%	11.6%
Multirace	5.9%	5.9%	9.3%
Other	4.2%	3.2%	4.7%
Age			
18-24	33.4%	22.7%	16.3%
25-29	25.7%	22.7%	25.6%
30-39	21.6%	24.3%	27.9%
40-49	10.7%	18.4%	16.3%
50-59	7.3%	10.3%	11.6%
60+	1.3%	1.6%	2.3%
Geographic Area			
Center City	16.8%	14.1%	25.6%
West Philadelphia	11.1%	11.9%	9.3%
Southwest Philadelphia	5.2%	9.7%	0
South Philadelphia	20.5%	18.9%	16.3%
Roxborough/Manayunk	0.3%	0	0
North Philadelphia	16.3%	17.3%	20.9%
Germantown/Chestnut Hill	3.6%	4.9%	2.3%
Kensington	2.1%	2.2%	0
Northeast Philadelphia	6.1%	4.3%	6.9%
Greater Northeast Philadelphia	1.2%	0	0
Outside Philadelphia	16.8%	16.8%	18.6%
Poverty			
Deep Poverty	22.5%	28.8%	23.3%
Poverty	12.3%	14.7%	13.9%
Above Poverty	65.1%	56.5%	62.8%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/20/2015)

Table 4.29 National HIV Behavioral Surveillance Injection Drug User Demographics by Percent Tested Positive and New Positives, 2013

	IDU3 Total Tested	IDU3 % HIV- Positive	IDU3 % New Positives
		6.30%	3.90%
Demographic Group	n=536	n=35	n=22
Gender			
Male	71.8%	62.9%	50.0%
Female	27.9%	37.1%	50.0%
Other	<1%	0	0
Race/Ethnicity			
Black	34.5%	40.0%	45.5%
White	48.7%	34.3%	40.9%
Hispanic	14.9%	20.0%	13.6%
Multirace	1.6%	5.7%	0
Other	<1%	0	0
Age			
18-24	4.1%	2.9%	4.6%
25-29	12.4%	0	0
30-39	30.9%	31.4%	22.7%
40-49	23.5%	25.7%	27.3%
50-59	20.8%	34.3%	40.9%
60+	8.4%	5.7%	4.6%
Geographic Area			
Center City	2.7%	2.9%	0
West Philadelphia	7.5%	8.6%	9.1%
Southwest Philadelphia	3.6%	0	0
South Philadelphia	8.2%	5.7%	4.6%
Roxborough/Manayunk	<1%	0	0
North Philadelphia	25.9%	42.9%	40.9%
Germantown/Chestnut Hill	4.8%	11.4%	9.1%
Kensington	21.1%	11.4%	18.2%
Northeast Philadelphia	14.0%	5.7%	4.6%
Greater Northeast Philadelphia	2.7%	2.9%	4.6%
Outside Philadelphia	9.1%	8.6%	9.1%
Poverty			
Deep Poverty	31.0%	31.4%	27.3%
Poverty	18.5%	25.7%	27.3%
Above Poverty	50.5%	42.9%	45.5%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/20/2015)

Table 4.30 National HIV Behavioral Surveillance Heterosexual Demographics by Percent Tested Positive and New Positives, 2012

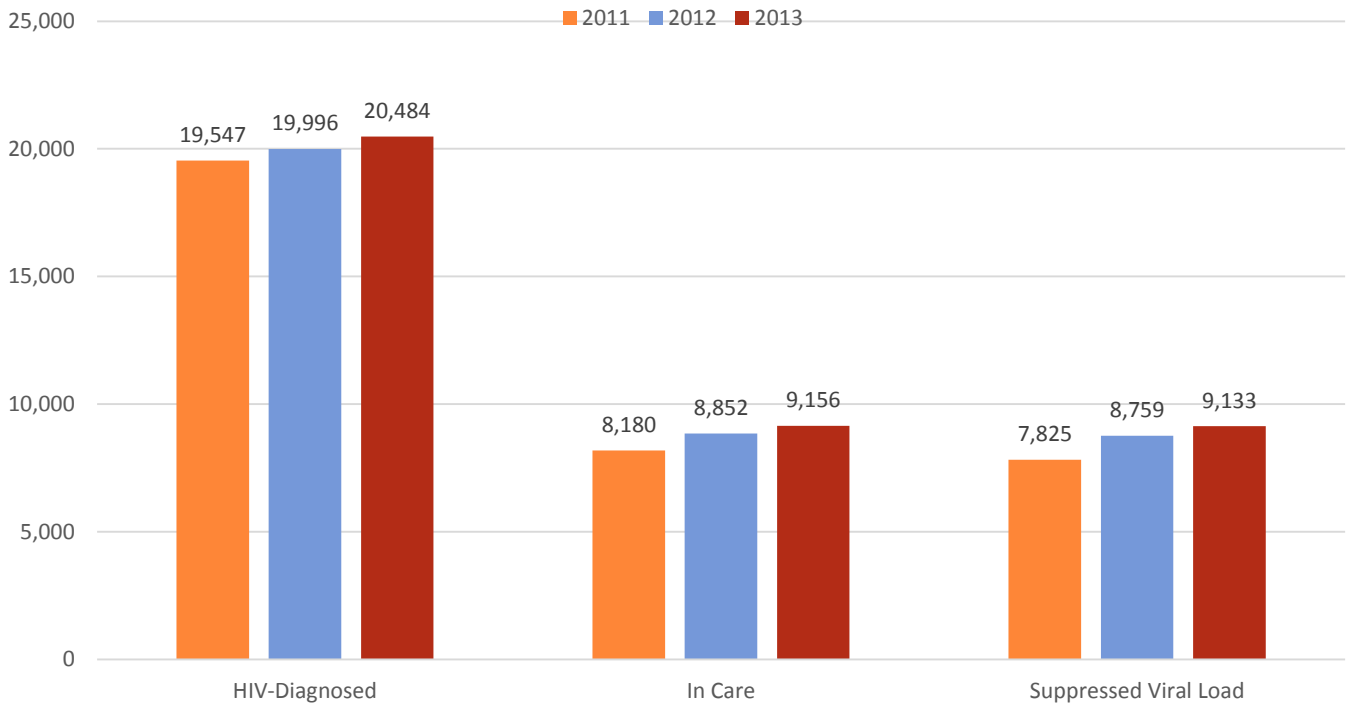
	HET3 Total Tested	HET3 % HIV Positive 1.2%	HET3 % New Positives 0.7%
Demographic Group	n=592	n = 7	n = 4
Gender			
Male	43.8%	71.4%	75.0%
Female	56.3%	28.6%	25.0%
Race/Ethnicity			
Black	86.8%	71.4%	75.0%
White	1.2%	0	0
Hispanic	8.6%	14.3%	25.0%
Multirace	2.9%	14.3%	0
Other	50.0%	0	0
Age			
18-24	23.5%	14.3%	25.0%
25-29	11.9%	0	0
30-39	18.6%	14.3%	25.0%
40-49	23.9%	0	0
50-59	20.6%	71.4%	50.0%
60+	1.4%	0	0
Geographic Area			
Center City	0.3%	0	0
West Philadelphia	26.7%	57.1%	50.0%
Southwest Philadelphia	14.9%	0	0
South Philadelphia	1.4%	0	0
Roxborough/Manayunk	0	0	0
North Philadelphia	46.5%	42.9%	50.0%
Germantown/Chestnut Hill	1.0%	0	0
Kensington	2.5%	0	0
Northeast Philadelphia	1.4%	0	0
Greater Northeast Philadelphia	0	0	0
Outside Philadelphia	5.4%	0	0
Poverty			
Deep Poverty	44.8%	42.9%	50.0%
Poverty	23.3%	14.3%	0
Above Poverty	31.9%	42.9%	50.0%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/20/2015)

Engagement in Care

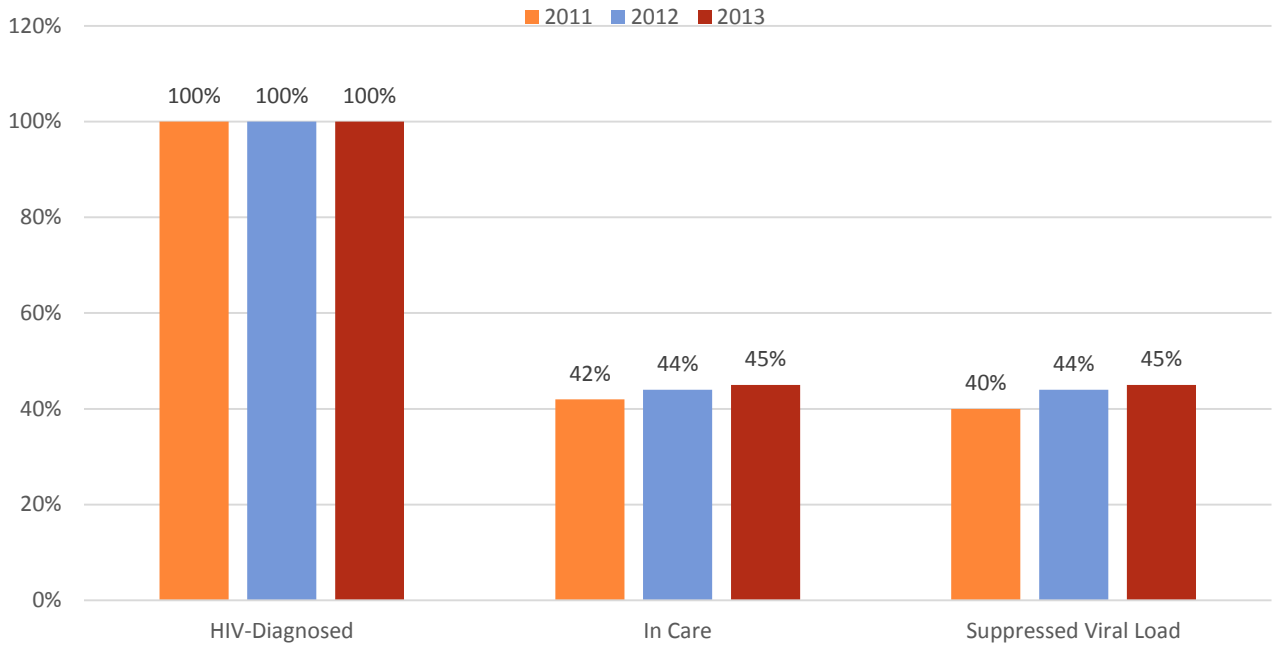
Below, we have provided three figures on engagement in care in Philadelphia. The first displays estimates of the total number of people who were diagnosed with HIV, the total number of people with HIV who were in care, and the total number of people with HIV who had suppressed viral loads (see Figure 4.14). The second displays this information as a percentage of the total number of people who were diagnosed with HIV – so, for example, in 2013, 45% of people who had been diagnosed with HIV were in care (see Figure 4.15). The final figure provides this information by selected population (see Figure 4.16). As seen below, the group most likely to be virally suppressed was heterosexual females, while the group least likely to be virally suppressed was males who inject drugs.

Figure 4.14 Philadelphia Engagement In Care by Numbers, 2011-2013



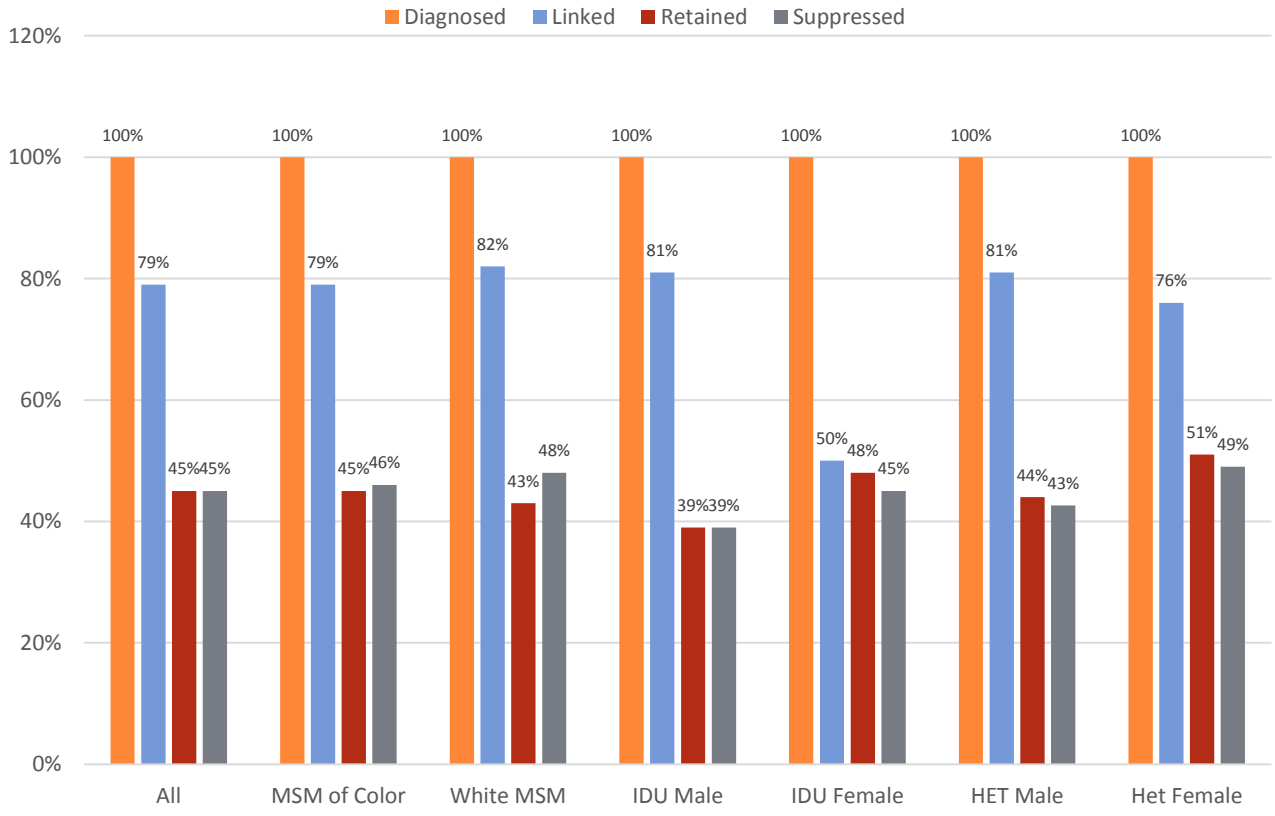
Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Figure 4.15 Philadelphia Engagement In Care by Percentage, 2011-2013



Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Figure 4.16 Philadelphia Engagement In Care by Population, 2013



Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015)

Forecasted Service Cost Estimates

The final table in this section provides data on past service cost, and forecasted estimates for future clients and units (see Table 4.31). It shows forecasted service estimates based on utilization data from 2009 – 2013.

The figures from 2009 through 2013 represent actual units, clients, and expenditures. Numbers for 2014 and later are forecasted figures based on past units and clients, and should be interpreted with caution. We would like to note in particular that this does not account for the increase in the total number of people living with HIV/AIDS over time as new cases are diagnosed and HIV-related deaths decrease. We projected service utilization for the following service categories: medical care, drug reimbursement, medical case management, substance abuse services, mental health services, oral health care, medical nutritional therapy, food/meals, emergency financial assistance, housing, transportation, and legal services.

Table 4.31 Forecasted Cost Service Estimates for the Philadelphia EMA, 2009-2014

	Actual Service by Funding Year End					Forecast		
Service Category	2009	2010	2011	2012	2013	2014	2015	2016
Medical Care Clients	8,740	11,234	9,872	8,894	8,554	10,636	10,985	11,333
Medical Care Units (doctor's visit)	48,052	54,673	44,745	39,103	34,257	49,342	50,871	52,399
Unit Cost Medical Care	$122.50	$116.56	$136.19	$157.23				
Drug Reimbursement Clients	1,050	1,105	1,168	1,215	975	1,139	1,138	1,137
Drug Reimbursement Units (30-day prescription)	4,468	4,546	3,208	1,925	3,028	2,711	2,391	2,419
Unit Cost Drug Reimbursement	$359.56	$352.95	$542.84	$1,054.23				
Case Management Clients	7,470	7,913	6,942	7,573	4,759	6,816	6,776	6,736
Case Management Units (15 minute)	433,581	398,170	461,676	451,357	343,076	452,965	452,036	469,813
Unit Cost Case Management	$13.38	$13.73	$11.51	$12.48				
Substance Abuse Clients	310	231	223	244	300	318	316	313
Substance Abuse Units (outpatient session)	2,766	2,456	3,728	4,512	7,160	5,064	5,242	5,421
Unit Cost Substance Abuse	$132.96	$111.84	$91.25	$76.16				
Mental Health Clients	469	551	633	874	770	721	745	769
Mental Health Units (session)	2,683	2,953	2,891	2,704	2,312	2,250	2,147	2,044
Unit Cost Mental Health	$89.56	$96.08	$93.48	$82.41				
Oral Health Clients	1,663	1,754	1,975	1,643	1,614	1,949	1,965	1,982
Oral Health Units (visit)	8,297	10,653	9,048	5,861	4,963	8,561	8,561	8,981
Unit Cost Oral Health	$80.03	$65.82	$77.31	$118.52				
Medical Nutritional Therapy Clients		64	199	238	267	354	419	484
Medical Nutritional Therapy Units		387	1,009	1,170	730	1,122	1,241	1,360
Medical Nutritional Therapy Clients		$124.03	$48.93	$44.00				
Food/Meals Clients	3,819	2,087	3,341	2,445	2,545	2,433	2,333	2,233
Food/Meals Units (meals)	783,788	803,879	578,894	536,680	82,435	626,176	677,156	728,136
Unit Cost Food/Meals	$0.80	$1.96	$1.65	$1.70				
Emergency Financial Assistance Clients	58	50	48	38	58	51	51	52
Emergency Financial Assistance Units (voucher distributed)	58	50	48	39	59	52	52	53
Unit Cost Emergency Financial Assistance	$939.59	$867.22	$601.25	$723.26				
Housing Assistance Clients	762	657	612	582	603	714	727	739
Housing Assistance Units (clients)	762	657	19,364	20,099	21,858	17,964	19,867	23,882
Unit Cost Housing Assistance	$698.52	$726.42	$24.62	$25.38				
Transportation Clients	1,236	2,796	1,746	1,736	1,424	942	724	505
Transportation Units (one-way trip)	13,379	19,942	24,092	17,150	15,646	7,611	4,934	2,256
Unit Cost Transportation	$36.30	$29.16	$26.30	$24.74				
Legal Clients	1,266	1,381	1,673	944	849	1,074	1,035	996
Legal Units (15 minutes)	27,285	24,994	31,421	17,893	13,607	22,241	22,088	21,934
Unit Cost Legal	$13.57	$12.27	$9.95	$19.99				

AIDS Activities Coordinating Office & Office of HIV Planning, 2014

Section V: Measuring Unmet Need In the Philadelphia Eligible Metropolitan Area

This page was intentionally left blank

Section V: Measuring Unmet Need in the Philadelphia Eligible Metropolitan Area

Summary

While it is impossible to truly assess the level of unmet needs for people living with HIV/AIDS, we have compiled as much information on the subject as possible from varied sources. We have included data from surveillance, surveys, and service intake questionnaires. Through these sources, we have provided estimates for unmet needs for medical care (19% in the Philadelphia EMA) as well as unmet needs for individual service categories. Furthermore, we have included information about people without health insurance in the region, including their demographics and reasons for not having health insurance. At the end of the section, we have included additional information on rising costs and the increasing number of people living with HIV/AIDS in the region, contrasted with the Ryan White Part A funding coming into the Philadelphia EMA.

Unmet Need in the Philadelphia EMA

The tables that follow outline unmet need in the Philadelphia Eligible Metropolitan Area, which is defined as people with HIV or AIDS who know their HIV status but are not in primary medical care. The unmet need framework in the following pages follows guidelines developed by the Health Resources and Services Administration (HRSA). For the purposes of this framework, a person living with HIV/AIDS has an unmet need for care when there is no evidence that s/he received any of the three components of HIV primary medical care during a 12-month time frame: viral load (VL) testing, CD4 count, and/or antiretroviral therapy (ART).

To determine unmet need, the unduplicated number of people with HIV/AIDS using Part A primary care services, Medicaid, VA, and other public care services is combined with an estimate of the number using private medical insurance. This number is then subtracted from the total of the local estimate of AIDS cases and the Centers for Disease Control and Prevention (CDC)'s estimate of the number of people in the EMA with HIV.

To develop the estimates below, the Philadelphia Department of Public Health, AIDS Activities Coordinating Office (AACO) used linked and unduplicated databases. These estimates include HIV/AIDS Reporting System (HARS) data, which provides information from laboratories. In Pennsylvania, laboratories are required to report CD4 counts below 200 and detectable viral loads. In Philadelphia, unduplicated and matched CD4 data from HARS was combined with ADAP and Medicaid claim data using unique client identifiers. Client-level data from the EMA Ryan White Part A/C client database, unduplicated across Parts, was also used. Therefore, the care pattern data included below includes unduplicated data from HARS, ADAP, Medicaid (both managed care and fee-for-service programs), and Ryan White Parts A and C for the City of Philadelphia. These data were then extrapolated to create estimates for the New Jersey and Pennsylvania counties. These extrapolations considered independent unmet need estimates performed by the states of New Jersey and Pennsylvania. (Note: Pennsylvania's methods used only Medicaid and ADAP data, and therefore were too dissimilar from Philadelphia and New Jersey methods to be combined.) Client-level data from the Department of Veterans Affairs (VA) was unavailable, so aggregate data provided on the VA website was used in its place.

As seen below, current estimates are that 19% of people living with HIV/AIDS in the Philadelphia EMA did not have an HIV medical visit in 2013 (see Table 5.1). The unmet need estimate is higher among people with HIV (non-AIDS). The next table provides further information about the data sources and their limitations (see Table 5.2).

Table 5.1 Framework for Estimated Unmet Need in the Philadelphia EMA, 2013

	Population Sizes	Value		Data Sources
Row A.	Number of persons living with AIDS (PLWA), for the period of 12/31/2013	15,526		Local eHARS Data
Row B.	Number of persons living with HIV (PLWH) non-AIDS/aware for the period of 12/31/2013	11,558		Local eHARS Data
Row C.	Total number of HIV+/aware for the period of 12/31/2013	27,084		Local eHARS Data
	Care Patterns	**Value**		**Data Sources**
Row D.	Number of PLWA who received the specified HIV primary medical care during the 12-month period of 2013	13,616		HIV/AIDS surveillance data, HIV/AIDS laboratory data and Part A CareWare unduplicated client data
Row E.	Number of the PLWH/non-AIDS/aware who received the specified HIV primary medical care during the 12-month period of 2013	8,380		HIV/AIDS surveillance data, HIV/AIDS laboratory data and Part A CareWare unduplicated client data
Row F.	Total number of HIV+/aware who received the specified HIV primary medical care during the 12-month period of 2013	21,996		
	Calculated Results	**Value**	**Percent**	**Calculation**
Row G.	Number of PLWA who did not receive the specified HIV primary medical care	1,910	12%	A-D
Row H.	Number of PLWH/non-AIDS/aware who did not receive the specified HIV primary medical care	3,178	28%	B-E
Row I.	Total HIV+/aware not receiving the specified HIV primary medical care (quantified estimate of unmet need)	5,088	19%	G+H

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/13/2015)

Table 5.2 Data Sources and Limitations of Estimating Unmet Need

Population/Care Pattern	Data Source	Limitations
A. Number of persons living with AIDS (PLWA)	The Center for Disease Control and Prevention (CDC)- Estimate adjusted for reporting delays	
B. Number of persons living with HIV (PLWH non-AIDS/aware)	Estimate provided by the CDC	May be an underestimate of number of persons living with HIV not AIDS in the EMA. Using a broad net (less specific) we identified over 25,000 persons with possible HIV or AIDS within the Medicaid claims for Philadelphia only.
C1. Percent of PLWA who use private care only in a 12-month period	The percent of PLWA who use private care only was estimated from Philadelphia HARS insurance data.	HARS data and the local sample are from Philadelphia only. Care patterns could differ between Philadelphia and the suburban counties.
C3. Number/percent of PLWA who received the specified primary medical care services in 12-month period	We used Medicaid, VA and Part A CareWare Client data for the City of Philadelphia only. We calculated the number of PLWA who received the specified primary medical care services for the City of Philadelphia. We extrapolated our estimate to the rest of the EMA based on the distribution of PLWA cases within the EMA.	Data sources are for Philadelphia only. Care patterns could differ between Philadelphia and the suburban counties.
D1. Percent of PLWH who use private care only in a 12-month period and have met need	The percent of PLWH who use private care only was estimated from Philadelphia EMA HCUP discharge data.	The local sample is from Philadelphia only. Care patterns could differ between Philadelphia and the suburban counties.
D3. Number/percent of PLWH (aware, non-AIDS) who received the specified primary medical care services in 12-month period.	We used Medicaid, VA and Part A CareWare Client data for the City of Philadelphia only. We calculated the number of PLWH who received the specified primary medical care services for the City of Philadelphia. We extrapolated our estimate to the rest of the EMA based on the distribution of PLWA cases within the EMA.	Data sources are for Philadelphia only. Care patterns could differ between Philadelphia and the suburban counties. Distribution of PLWH cases may differ from PLWA cases.

Philadelphia Department of Public Health, AIDS Activities Coordinating Office, 2013

Demographic Analysis for Unmet Need in Philadelphia

The Philadelphia Department of Public Health, AIDS Activities Coordinating Office (AACO) has also provided a demographic analysis of unmet need in Philadelphia, based on surveillance and Ryan White data (see Table 5.3). In 2013, AACO estimated that unmet need was higher than average among Hispanics, "other" race/ethnicity, people with no identified risk, heterosexuals, men who both have sex with men and use injection drugs, "other" risk exposures, people with no identified risks, males, people between the ages of 20 and 39, people without insurance, and people whose insurance status is unknown.

Table 5.3 Philadelphia Demographic Characteristics and Insurance Status of HIV-Positive People with Unmet Need, 2013

	% of People Living with HIV Not in Care
Demographic Group	%
Race/Ethnicity	
Black	18.4%
White	18.3%
Hispanic	19.8%
Multiracial	11.6%
Other	21.4%
Exposure Category	
MSM	17.3%
IDU	17.7%
Heterosexual	19.3%
MSM/IDU	22.0%
Other	23.5%
Perinatal	18.0%
No identified risk	26.1%
Sex	
Male	19.7%
Female	17.0%
Age	
13 - 19	16.1%
20 - 29	23.9%
30 - 39	22.0%
40 - 49	16.7%
50+	17.1%
Insurance Status	
Medicaid	15.1%
Medicare	15.6%
None	26.8%
Other/Unknown	31.6%
Private	14.0%
Missing	28.4%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/13/2015)

Unmet Need in Pennsylvania

Next, we have included Pennsylvania's statewide estimate for unmet need, which follows the same format used for the EMA as seen in Table 5.1 (see Table 5.4). This information was originally published in the 2012 – 2013 Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania. As seen below, the Pennsylvania Department of Health estimates that 29% of people with HIV/AIDS in Pennsylvania did not have at least one HIV medical appointment in the twelve-month period. Unmet need was slightly higher among people with AIDS than HIV (non-AIDS).

Table 5.4 Framework for Estimated Unmet Need in Pennsylvania, 2012-2013 (Total Publicly and Privately Insured)

	Population Sizes	Value		Data Sources
A.	Number of persons diagnosed and living with AIDS (PDLWA), recent time period	20,330		2012 eHARS Data on PDLWH/A
B.	Number of persons diagnosed and living with HIV (PDLWH) non-AIDS/aware, recent time period	14,844		2012 eHARS Data on PDLWH/A
A+B:	Total number of persons diagnosed and living with HIV/AIDS [PDLWA+PDLWH(non-AIDS/aware)]	35,174		2012 eHARS Data on PDLWH/A
	Care Patterns	**Value**		**Data Sources**
C.	Percent of PDLWA who received specified HIV primary medical care services in 12-month period	69%		PA Medicaid+ADAP & Part C Sentinel Site Data
D.	Percent of PDLWH (aware, non-AIDS) who received specified HIV primary medical care services in 12-month period	73%		PA Medicaid+ADAP & Part C Sentinel Site Data
	Calculated Results	**Value**	**Percent**	**Calculation**
E.	Number of PDLWA who did not receive primary medical services	6,302	31%	20,330 - (20,330 * 0.69)
F.	Number of PDLWH (non-AIDS, aware) who did not receive primary medical services	4,008	27%	14,844 - (14,844 * 0.73)
G.	Total HIV+/aware not receiving specified HIV primary medical care (quantified estimate of unmet need)	10,310	29%	10,310 out of 35,174

Pennsylvania Department of Health, Bureau of Epidemiology, HIV Investigations Section, Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania 2012 – 2013 (accessed 12/04/2014)

The Pennsylvania Department of Health also conducted a demographic analysis of unmet need, broken out by HIV/AIDS status (see Table 5.5). The largest numbers of people with unmet need were found among Blacks, males, people 40 – 49 years old, in urban areas, and in the southeast.

Table 5.5 Pennsylvania Demographic Characteristics of Persons with Unmet Need, 2012

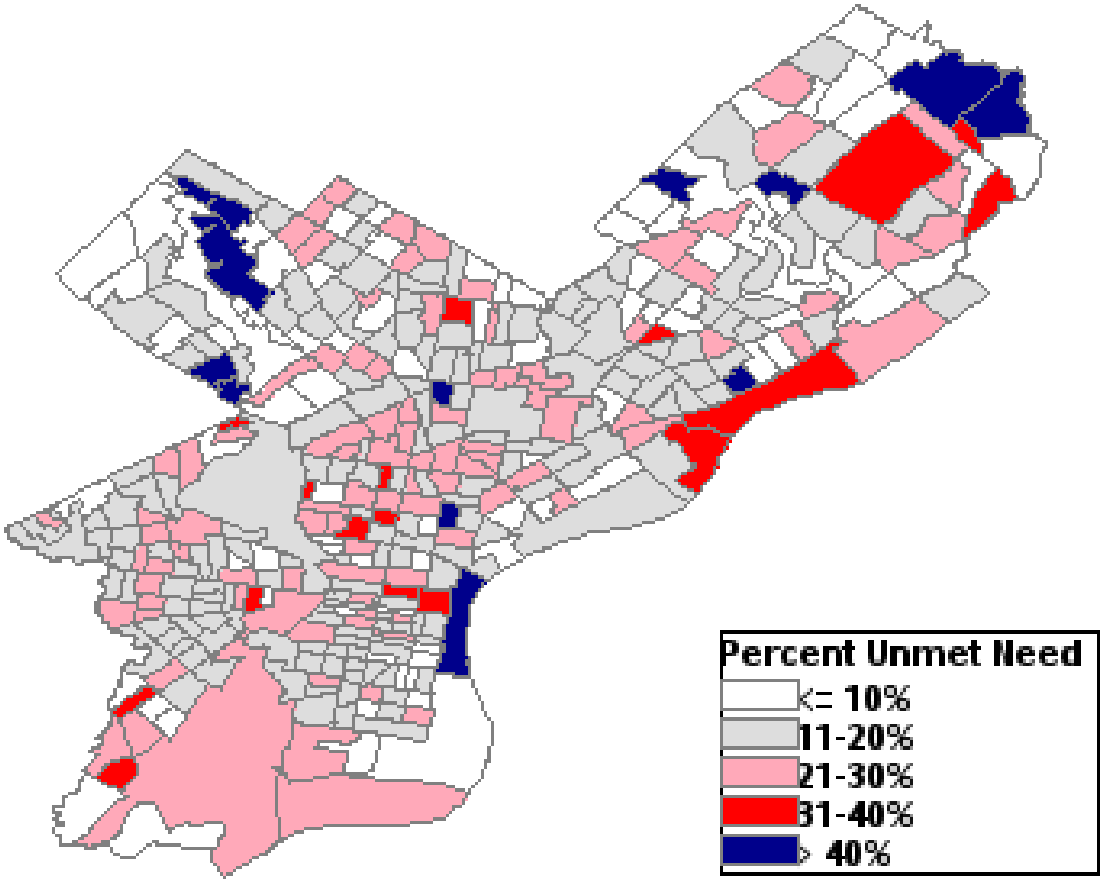
	Persons Living with AIDS (PLWA) with Unmet Needs	Persons Living with HIV (PLWH) with Unmet Needs	Total Persons Living with HIV/AIDS (PLWHA) with Unmet Needs
	n	n	n
Demographic Group			
Race/Ethnicity			
Black	3,855	1,717	5,572
White (non-Hispanic)	1,412	1,605	3,017
Hispanic	912	439	1,351
Asian/Pacific Islander (non-Hispanic)	67	26	93
Native American (non-Hispanic)	51	8	59
Multiracial/not specified	6	213	219
Sex			
Male	3,498	2,847	6,345
Female	2,800	1,161	3,961
Unknown	4	0	4
Age			
<13	147	65	212
13 - 19	214	78	292
20 - 24	253	200	453
25 - 29	410	249	659
30 - 39	2,018	1,320	3,338
40 - 49	2,202	1,475	3,677
50 - 59	845	494	1,339
60+	214	127	341
Service Area			
AACO	4,800	2,143	6,943
Southcentral	418	699	1,117
Southwest	427	522	949
Northwest	31	101	132
Northcentral	27	83	110
Northeast	33	117	150
AIDSNET	561	330	891
Unknown	4	13	17
Urban vs. Rural			
Urban	6,151	3,600	9,751
Rural	151	408	559
Total	6,302	4,008	10,310

Pennsylvania Department of Health, Bureau of Epidemiology, HIV Investigations Section, Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania 2012 – 2013 (accessed 12/04/2014)

Other Health Department Data on Unmet Need

The first figure in this section provides a visualization of unmet need in Philadelphia by census tract (see Figure 5.1). The map below indicates that there are pockets of high unmet need distributed throughout the city.

Figure 5.1 Unmet Need by Census Tract, Philadelphia, 2011



Philadelphia Department of Public Health, AIDS Activities Coordinating Office, 2013

Medical Monitoring Project (MMP) Data

The national Medical Monitoring Project (MMP) is a population-based surveillance system that assesses clinical outcomes, behaviors, and the quality of HIV care. The MMP provides insights into unmet needs among people who are accessing HIV care. The Ryan White Part A Planning Council uses MMP data in conjunction with other data sources to learn more about service-specific unmet needs. We have displayed MMP data alongside identified needs at intake (as identified by AACO's Client Services Unit) and the unmet needs identified in the OHP consumer survey.

As seen below, identified unmet needs varied greatly based on data source (see Table 5.6). This illustrates the importance of considering multiple sources when attempting to describe service gaps.

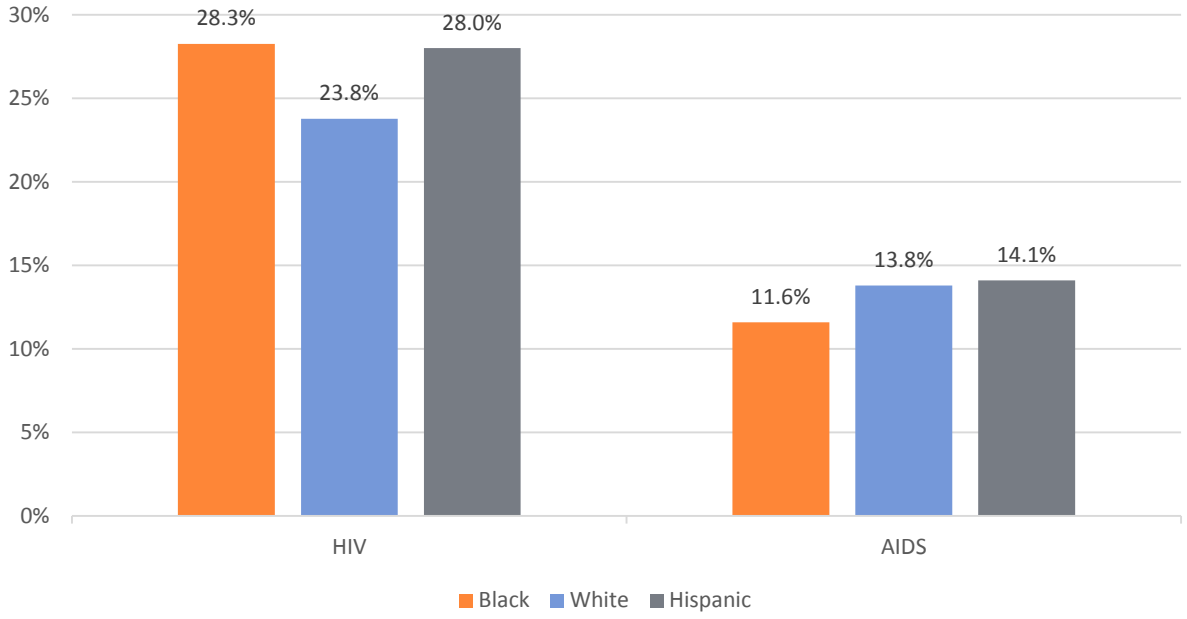
Table 5.6 Unmet Need Comparison from 2011 Medical Monitoring Project, 2012 Client Services Unit, and 2012 Consumer Survey

	2011 MMP Percent with a Need (uninsured)	2013 Client Services Unit - Need at Intake	2012 Consumer Survey Respondent Identified Need
Service	%	%	%
Dental	57.8	13.2	14
Benefits Assistance	8.3	51	2
Case Management	13.5	NA	3
Medications	3.4	19.6	3
Mental Health	5.6	27.3	11
Support groups/Peer Support	9.1	14	1
Transportation	10.2	25.6	5
Food	NA	19.4	7
Housing	10.8	55	27
Substance Abuse Treatment	NA	10.8	4
Medical Care	-	21.8	9

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 01/13/2015); Office of HIV Planning

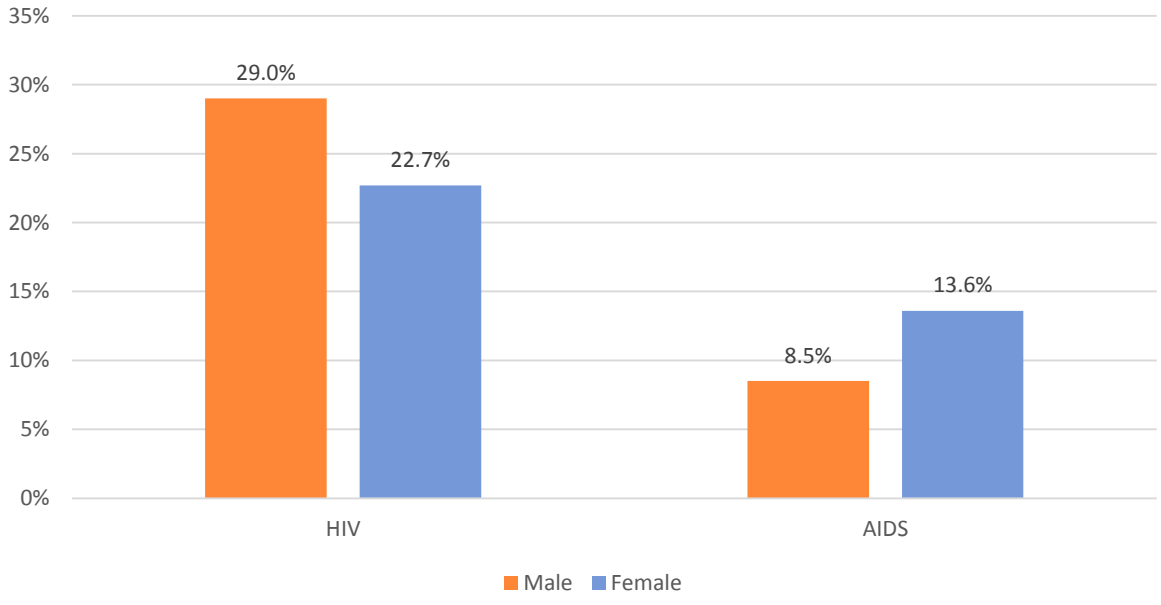
The following set of figures depicts unmet need for medical care by demographics in 2012, as determined by AACO. By race/ethnicity, Blacks and Hispanics with HIV (non-AIDS) had higher unmet need, while Whites and Hispanics with AIDS had higher unmet need (see Figure 5.2). By gender, males had higher unmet need if they had HIV (non-AIDS), and lower if they had AIDS (see Figure 5.3).

Figure 5.2 Philadelphia Unmet Need by Race/Ethnicity, 2012



Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/13/2015)

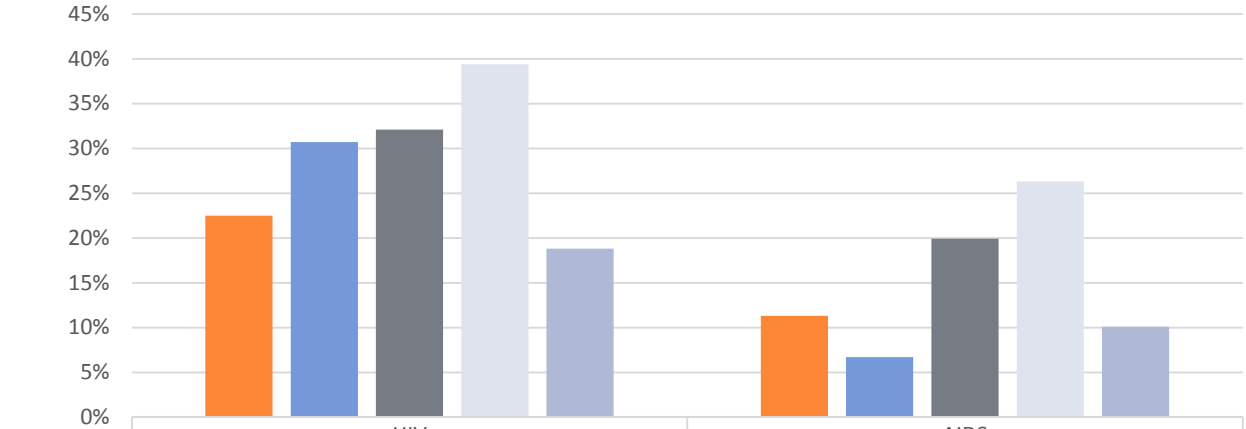
Figure 5.3 Philadelphia Unmet Need by Sex, 2012



Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/13/2015)

We have also included unmet need for medical care by insurance status. For both HIV (non-AIDS) and AIDS, people with "other" insurance are most likely to have unmet need, followed by people with no insurance.

Figure 5.4 Philadelphia Unmet Need by Insurance Status, 2012



	HIV	AIDS
Medicaid	22.5%	11.3%
Medicare	30.7%	6.7%
None	32.1%	19.9%
Other	39.4%	26.3%
Private	18.8%	10.1%

Philadelphia Department of Public Health, AIDS Activities Coordinating Office (provided upon request on 04/13/2015)

The next table is based on an epidemiological update provided to the Ryan White Part A Planning Council, and compares engagement along the care continuum in Philadelphia with the United States (see Table 5.7). In 2010, Philadelphia was performing better than the national average across the entire continuum.

Table 5.7 Number of PLWH in US and Philadelphia Aware and Linked to Care, 2010

	For every 100 people living with HIV:	
	Location	
	United States	Philadelphia
Who:	n	n
Are aware of their infection	100	100
Are linked to HIV care	80	82
Stay in HIV care	45	54
Get antiretroviral therapy	40	49
Have a very low amount of virus in their body	30	38

Philadelphia Department of Public Health, AIDS Activities Coordinating Office

Unmet Need Assessment Activities

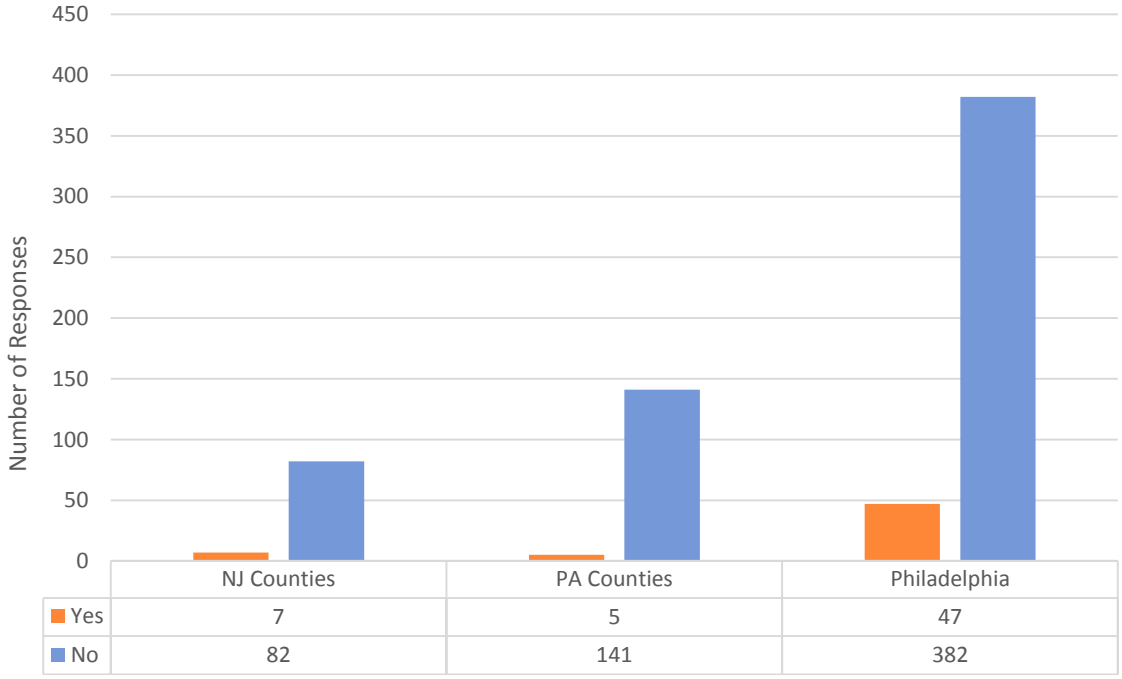
Office of HIV Planning Consumer Survey 2012 – 2013

In partnership with the Needs Assessment Committee of the Ryan White Part A Planning Council, the Office of HIV Planning conducted a survey with people living with HIV/AIDS in the Philadelphia Eligible Metropolitan Area (EMA). All participants had accessed Ryan White services within the EMA at some point, but they were not necessarily current clients. Surveys were distributed through Ryan White providers. We asked providers to select a random sample, and to include clients who were not currently in care. Since this needs assessment was a survey, all of the information was self-reported, and may be subject to participant bias.

In total, we received 700 responses to the survey. For the most part, the demographics were representative of people with HIV/AIDS within the EMA; however, people who had been recently diagnosed were undersampled. This is important consider when reviewing data related to unmet need. Furthermore, this survey was conducted only among people who had had contact with the Ryan White system at some point; therefore, it does not include anyone who has been completely outside that system.

Overall, 75.4% of respondents entered care "right away", and 7.9% entered care within six months of their HIV diagnosis. We also asked participants if they needed but did not get medical care within the last six months; 8.8% stated they needed but were not able to get medical care within the last six months (see Figure 5.5).

Figure 5.5 Consumer Survey Unable to Obtain Medical Care by Region of Residence (N=664)



Office of HIV Planning, 2013

We then asked survey participants for the main reason that they needed but did not obtain medical care. This was a multiple choice question. The most frequent reason EMA-wide was “couldn’t afford it”, followed by depression, lack of transportation, and inability to get an appointment (see Table 5.8).

Table 5.8 Selected Responses for the Inability to Obtain Medical Care by Region of Residence, 2012 (N=403)

	NJ Counties		PA Counties		Philadelphia		Total	
6 Month Care Response (N=403)	n	%	n	%	n	%	n	%
Couldn't afford it	15	29.4%	17	22.4%	48	17.4%	80	19.9%
Didn't know where to get care	•	2.0%	0	0.0%	8	2.9%	9	2.2%
Couldn't get an appointment	•	5.9%	5	6.6%	18	6.5%	26	6.5%
Didn't try to get care, though it seemed necessary	•	3.9%	•	5.3%	9	3.3%	15	3.7%
Had too many other things to worry about	•	5.9%	•	5.3%	14	5.1%	21	5.2%
Didn't like my medical provider	•	2.0%	•	2.6%	•	1.1%	6	1.5%
Was depressed	5	9.8%	9	11.8%	44	15.9%	58	14.4%
Was actively using a substance	0	0.0%	•	3.9%	•	1.4%	7	1.7%
Couldn't get off work	•	5.9%	•	2.6%	7	2.5%	12	3.0%
Was too sick to go	•	2.0%	•	1.3%	17	6.2%	19	4.7%
Had to take care of someone else or needed child care	0	0.0%	•	1.3%	•	0.7%	•	0.7%
Didn't know if they spoke my language	0	0.0%	•	2.6%	•	0.4%	•	0.7%
Did not have transportation	•	7.8%	•	2.6%	23	8.3%	29	7.2%
Another reason not listed above	13	25.5%	24	31.6%	78	28.3%	115	28.5%
Total	51	100.0%	76	100.0%	276	100.0%	403	100.0%

Office of HIV Planning, 2013; • less than 5 responses

The Public Health Management Corporation's 2012 Southeastern Pennsylvania Household Health Survey asked participants about their insurance status, reasons for being uninsured, the length of time the participant was uninsured, and whether the participant put off care due to cost. The responses are provided in the tables below. (Note: for more information about the survey and its limitations, please see Section III.)

The next three tables display a demographic breakdown of the type of insurance carried by respondents (see Tables 5.9 – 5.11). By age, the highest percentage of respondents who were uninsured were between the ages of 18 and 39 years old, for both males and females (see Table 5.9).

Table 5.9 Insurance Type and Other Coverage of PHMC Survey Respondents by Sex and Age, 2012

	Type of Insurance							
	Work/ School/ Union	Self/ Family	Medicare A	Medicare B	Medicaid	CHAMPUS	Other	None
	n	n	n	n	n	n	n	n
Male								
18-39	514	233	85	101	83	17	117	147
40-49	496	188	78	79	71	8	115	59
50-59	689	307	142	123	106	23	209	86
60-74	375	299	432	397	112	46	203	24
75+	119	197	330	315	77	31	117	1
Female								
18-39	736	303	110	118	187	13	221	139
40-49	889	314	109	100	128	16	258	93
50-59	1,192	541	240	228	205	26	422	124
60-74	563	538	730	664	164	22	411	25
75+	207	443	639	609	138	20	222	2
Total*	5,781	3,363	2,896	2,734	1,271	222	2,296	701

*Total includes those whose identified their sex as other or refused to answer

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey

Next, we have provided insurance type by race/ethnicity. As seen below, insurance through work/school/union was the most common insurance type for every race/ethnicity category (see Table 5.10). Of people who were uninsured, 47.6% were White, 31.7% were Black, and 13% were Latino. We then provided insurance type by sexual orientation and gender (see Table 5.11).

Table 5.10 Insurance Type and Other Coverage of PHMC Survey Respondents by Sex and Race/Ethnicity, 2012

	Type of Insurance							
	Work/ School/ Union	Self/ Family	Medicare A	Medicare B	Medicaid	CHAMPUS	Other	None
	n	n	n	n	n	n	n	n
Male								
White	1,733	944	757	704	213	78	600	155
Black	292	183	225	226	177	36	117	95
Latino	71	41	38	42	36	6	24	39
Asian	72	32	14	12	10	1	11	13
Bi/Multiracial	29	20	23	23	10	4	16	11
Native American	8	7	6	4	1	2	2	0
Other	1	1	2	1	1	0	1	1
Female								
White	2,729	1,609	1,206	1,120	299	58	1,124	179
Black	701	457	546	515	407	33	351	127
Latino	102	67	73	76	93	3	43	52
Asian	71	29	10	12	10	0	18	11
Bi/Multiracial	59	42	36	34	24	2	31	10
Native American	12	3	12	12	8	1	6	5
Other	6	4	4	5	1	0	4	2
Total*	5,887	3,439	2,954	2,787	1,290	224	2,349	701

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

Table 5.11 Insurance Type and Other Coverage of PHMC Survey Respondents by Sex and Orientation, 2012

	Type of Insurance						
	Work/ School/ Union	Self/ Family	Medicare A	Medicare B	Medicaid	CHAMPUS	None
	n	n	n	n	n	n	n
Male							
Heterosexual or straight	2,123	1,174	995	941	419	122	293
Homosexual, gay, or lesbian	49	20	20	18	7	0	5
Bisexual	14	9	6	7	6	1	4
Something else	6	5	10	9	4	1	4
Female							
Heterosexual or straight	3,568	2,124	1,793	1,688	782	93	365
Homosexual, gay, or lesbian	50	14	15	12	10	0	2
Bisexual	16	18	10	10	11	2	4
Something else	19	15	15	15	10	0	3
Total*	5,846	3,379	2,866	2,701	1,249	219	681

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

The following tables provide reasons why respondents did not have insurance (see Tables 5.12 – 5.14). The top reason given for not having insurance for most age groups was that a "person in the family with health insurance lost their job or changed employers". The second most common reason for lack of insurance was because the "cost was too high".

Table 5.12 Reason for No Insurance by Sex and Age, Southeastern PA, 2012

	Why No Insurance in Past Year?				
	Person in family with health insurance lost job or changed employers	Got divorced or separated/death of spouse or parent	Became ineligible because of age/left school	Employer does not offer coverage/ not eligible for coverage	Cost is too high
	n	n	n	n	n
Male					
18-39	25	0	3	8	10
40-49	13	0	2	1	8
50-59	15	0	1	4	10
60-74	7	1	1	2	8
75+	1	0	0	0	0
Female					
18-39	40	0	10	11	21
40-49	20	0	2	7	8
50-59	31	5	2	10	28
60-74	12	0	0	1	13
75+	1	0	0	0	0
Total*	165	6	21	44	106

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

Table 5.12 Reason for No Insurance by Sex and Age, Southeastern PA, 2012 (Continued)

	Why No Insurance in Past Year?				
	Insurance company refused coverage	Medicaid/Medical plan stopped after pregnancy	Lost Medicaid/ Medical plan because of new job or increase income	Lost Medicaid (other)	Other
	n	n	n	n	n
Male					
18-39	1	-	1	0	12
40-49	0	-	0	2	7
50-59	0	-	0	3	5
60-74	1	-	0	0	9
75+	0	-	0	0	1
Female					
18-39	3	2	3	7	14
40-49	1	0	3	3	9
50-59	4	0	3	1	9
60-74	3	0	1	1	7
75+	3	0	0	1	1
Total*	16	2	11	18	74

*Total includes those whose identified their sex as other or refused to answer
Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey

Of uninsured survey participants, 65% were female. Of the total uninsured respondents, 50.1% were White, 34.9% were Black, and 8.6% were Latino. As was the case with the previous table, the majority of respondents cited "person in the family with health insurance lost their job or changed employers" as their reason for being uninsured (see Table 5.13). This was consistent for most race/ethnicity categories, although there was some deviation among racial/ethnic categories with a smaller number of participants in the survey.

Table 5.13 Reason for No Insurance by Sex and Race, Southeastern PA, 2012

	Why No Insurance in Past Year?				
	Person in family with health insurance lost job or changed employers	Got divorced or separated/death of spouse or parent	Became ineligible because of age/left school	Employer does not offer coverage/ not eligible for coverage	Cost is too high
	n	n	n	n	n
Male					
White	40	0	3	10	22
Black	14	1	3	4	9
Latino	5	0	0	0	2
Asian	0	0	1	0	2
Bi/Multiracial	1	0	0	0	0
Native American	0	0	0	0	1
Other	0	0	0	0	0
Female					
White	53	5	7	9	35
Black	38	0	5	15	28
Latino	8	1	2	4	2
Asian	2	0	0	0	3
Bi/Multiracial	2	0	0	2	5
Native American	0	0	0	0	0
Other	0	0	0	0	0
Total*	163	7	21	44	109

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

Table 5.13 Reason for No Insurance by Sex and Race, Southeastern PA, 2012 (Continued)

	Why No Insurance in Past Year?				
	Insurance company refused coverage	Medicaid/ Medical plan stopped after pregnancy	Lost Medicaid/ Medical plan because of new job or increase income	Lost Medicaid (other)	Other
	n	n	n	n	n
Male					
White	2	-	1	1	16
Black	0	-	0	4	11
Latino	0	-	0	0	5
Asian	0	-	0	0	1
Bi/Multiracial	0	-	0	0	0
Native American	0	-	0	0	0
Other	0	-	0	0	1
Female					
White	8	1	5	5	13
Black	3	1	5	6	16
Latino	3	0	0	0	8
Asian	0	0	0	0	0
Bi/Multiracial	0	0	0	1	2
Native American	0	0	0	0	0
Other	0	0	0	0	0
Total*	16	2	11	17	73

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

We then provided insurance type by sexual orientation and gender (see Table 5.14). As seen below, there were too few participants without insurance that did not identify as heterosexual to draw any strong conclusions.

Table 5.14 Reason for No Insurance by Sex and Orientation, Southeastern PA, 2012

	Why No Insurance in Past Year?				
	Person in family with health insurance lost job or changed employers	Got divorced or separated/death of spouse or parent	Became ineligible because of age/left school	Employer does not offer coverage/ not eligible for coverage	Cost is too high
	n	n	n	n	n
Male					
Heterosexual or straight	58	1	7	15	35
Homosexual, gay, or lesbian	0	0	0	0	0
Bisexual	0	0	0	0	0
Something else	1	0	0	0	1
Female					
Heterosexual or straight	99	6	13	27	68
Homosexual, gay, or lesbian	3	0	0	2	2
Bisexual	0	0	1	0	1
Something else	1	0	0	0	2
Total*	162	7	21	44	109

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

Table 5.14 Reason for No Insurance by Sex and Orientation, Southeastern PA, 2012 (Continued)

	Why No Insurance in Past Year?				
	Insurance company refused coverage	Medicaid/ Medical plan stopped after pregnancy	Lost Medicaid/ Medical plan because of new job or increase income	Lost Medicaid (other)	Other
	n	n	n	n	n
Male					
Heterosexual or straight	2	-	1	5	29
Homosexual, gay, or lesbian	0	-	0	0	2
Bisexual	0	-	0	0	1
Something else	0	-	0	0	1
Female					
Heterosexual or straight	13	2	10	11	37
Homosexual, gay, or lesbian	0	0	0	0	0
Bisexual	0	0	0	1	2
Something else	0	0	0	0	0
Total*	15	2	11	17	72

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

The remaining tables from the Southeastern Pennsylvania Household Health Survey show the length of time that the respondents were uninsured by their sex, age, race/ethnicity, and sexual orientation (see Tables 5.15 – 5.17). Among participants who were uninsured, slightly over half (51.6%) had been uninsured for over two years, while a quarter had been uninsured for one to two years. By age group, 40.4% were between the ages of 18 and 39, while 50 – 59 year olds represented 30.2%, 40 – 49 year olds made up 21.9%, and persons over 60 comprised 7.3%. By race/ethnicity, the largest group of uninsured respondents identified as White (47.3%), followed by Blacks (31.8%) and Latinos (12.9%). By sexual orientation, 96.6% of uninsured respondents identified as heterosexual.

5.15 Length of Time With No Insurance of PHMC Survey Respondents by Sex and Age, 2012

	How Long Uninsured?				
	Less than 6 months	6 months to 11 months	1 to 2 years	More than 2 years	Total
	n	n	n	n	n
Male					
18-39	14	15	39	76	144
40-49	9	5	11	34	59
50-59	8	8	12	58	86
60-74	7	0	1	16	24
75+	0	0	0	1	1
Female					
18-39	25	15	40	57	137
40-49	14	7	26	46	93
50-59	16	14	36	58	124
60-74	3	2	8	12	25
75+	0	0	0	1	1
Total*	97	66	173	359	695

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

5.16 Length of Time With No Insurance of PHMC Survey Respondents by Sex and Race/Ethnicity, 2012

	How Long Uninsured?				
	Less than 6 months	6 months to 11 months	1 to 2 years	More than 2 years	Total
	n	n	n	n	n
Male					
White	23	16	24	89	152
Black	12	8	29	46	95
Latino	3	1	5	30	39
Asian	1	2	3	7	13
Bi/Multiracial	0	1	3	7	11
Native American	0	0	0	0	0
Other	0	0	0	1	1
Female					
White	30	19	49	79	177
Black	15	13	41	57	126
Latino	9	4	13	25	51
Asian	1	0	2	8	11
Bi/Multiracial	2	2	4	2	10
Native American	0	1	2	2	5
Other	0	0	2	0	2
Total*	97	67	177	353	694

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

5.17 Length of Time With No Insurance of PHMC Survey Respondents by Sex and Orientation, 2013

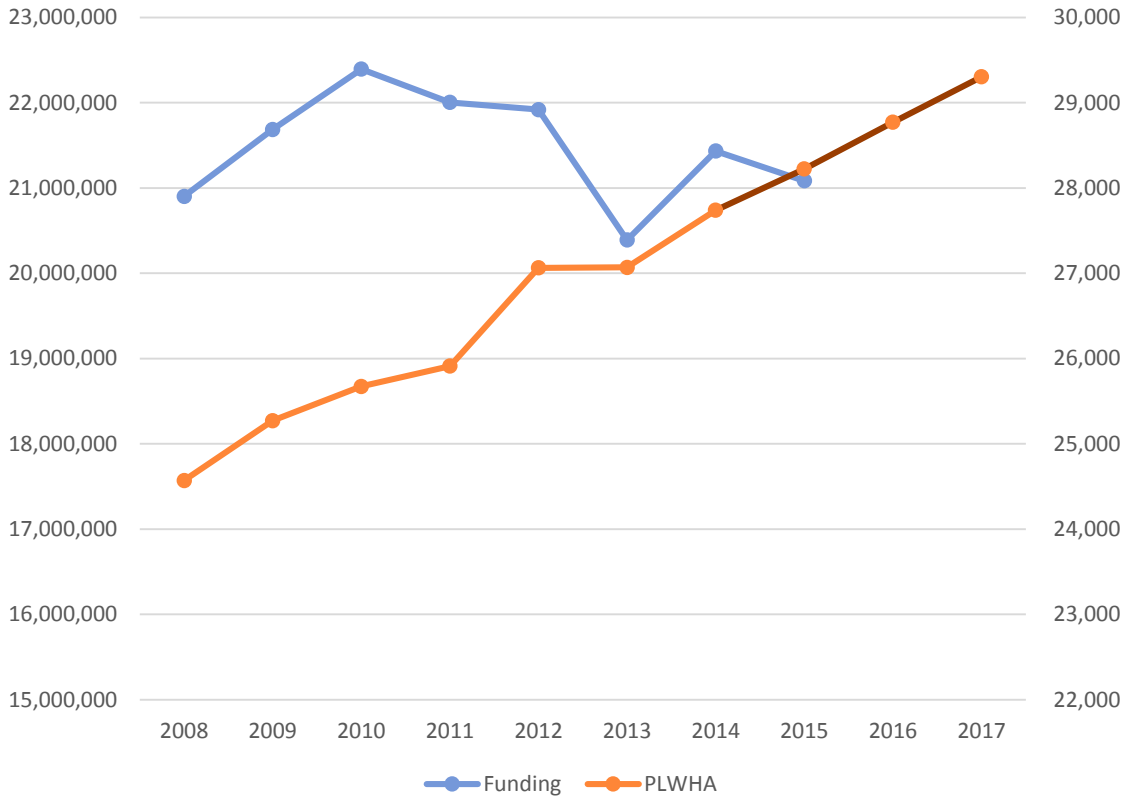
	How Long Uninsured?				
	Less than 6 months	6 months to 11 months	1 to 2 years	More than 2 years	Total
	n	n	n	n	n
Male					
Heterosexual or straight	36	27	62	165	290
Homosexual, gay, or lesbian	1	1	1	2	5
Bisexual	0	0	0	4	4
Something else	0	0	0	4	4
Female					
Heterosexual or straight	54	38	111	159	362
Homosexual, gay, or lesbian	1	0	1	0	2
Bisexual	0	1	1	2	4
Something else	1	0	0	2	3
Total*	94	67	176	338	675

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey
*Total includes those whose identified their sex as other or refused to answer

Forecasting Funding

The final two figures in this section illustrate historical funding and project future funding levels. The first figure provides Ryan White Part A funding within the Philadelphia EMA over time, as compared with the number of people living with HIV/AIDS in the area (see Figure 5.6). As seen below, current funding levels are comparable to funding levels in 2008; yet, the total number of people living with HIV/AIDS is steadily increasing over time. This indicates that the Part A funding available per person with HIV/AIDS will decrease over time if additional funding does not come into the region.

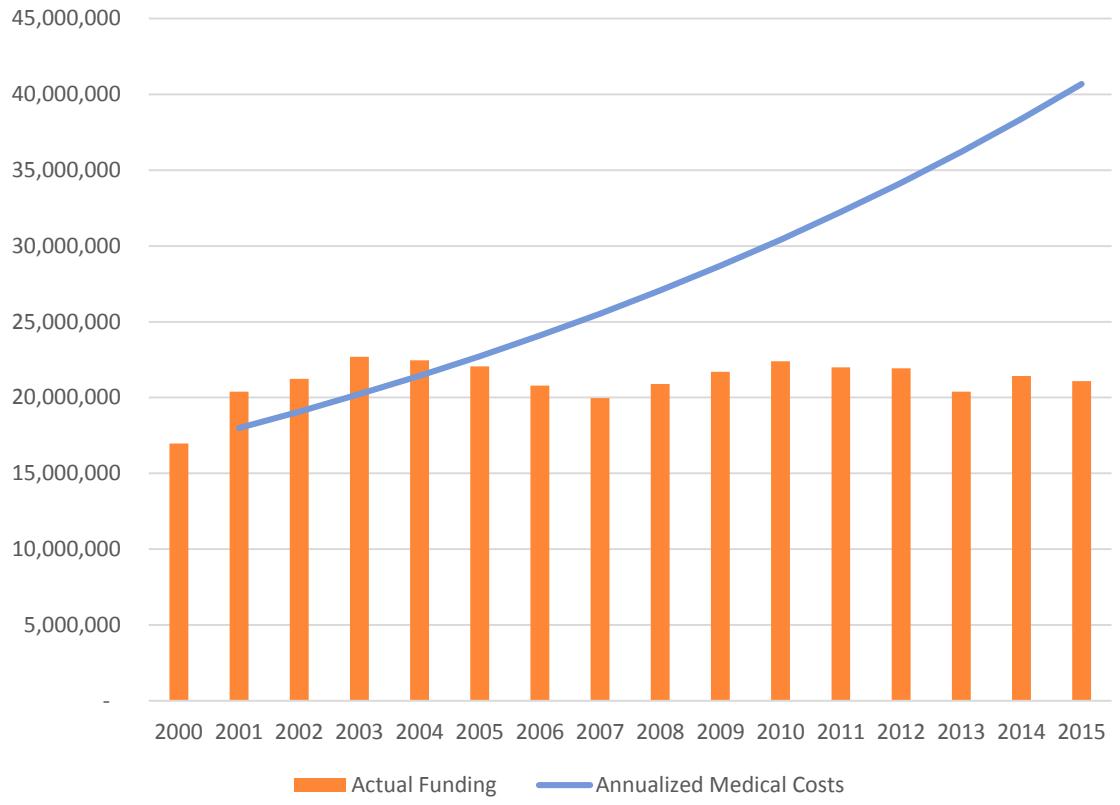
Figure 5.6 Ryan White Part A Funding Compared to Actual and Forecasted Living HIV/AIDS Cases, 2008-2017



Philadelphia Department of Public Health, AIDS Activities Coordinating Office; Office of HIV Planning

Our final figure displays an annualized medical cost increase compared to the actual Part A funding in the Philadelphia EMA (see Figure 5.7). This figure is based on the annualized cost increase contained in a Kaiser Family Foundation study on medical care conducted in May 2012. When combined with Figure 5.6 above, this demonstrates a further increasing divide between needs and Part A funding in the Philadelphia Eligible Metropolitan Area.

Figure 5.7 Title I/Part A and Annualized Increase Based 106%* Medical Costs Increases Tracked Over Time, 2000-2016



Health Care Cost: A Primer, Kaiser Family Foundation, May 2012 & Office of HIV Planning, 2013

Appendix A: Bibliography

This page was intentionally left blank

APPENDIX A: BIBLIOGRAPHY

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, Surveillance Unit. HIV/AIDS Epidemiological Reports (2012, 2013). http://www.phila.gov/health/aaco/AACODataResearch.html. Accessed December 2014.

City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office. Additional data on HIV/AIDS provided upon request. 2015.

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program. Additional data on chlamydia, gonorrhea, and syphilis provided upon request. March 2015.

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program. Reported Cases of Chlamydia, Rates per 100,000 Population, and Percent Change by Gender: Philadelphia, 1990 – 2013. https://hip.phila.gov/DataReports/Chlamydia. Accessed March 2015.

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program. Reported Cases of Gonorrhea, Rates per 100,000 Population, and Percent Change by Gender: Philadelphia, 1990 – 2013. https://hip.phila.gov/DataReports/Gonorrhea. Accessed March 2015.

City of Philadelphia, Department of Public Health, Division of Disease Control, Sexually Transmitted Disease Control Program. Reported Cases of Syphilis, Rates per 100,000 Population, and Percent Change by Gender: Philadelphia, 1990 – 2013. https://hip.phila.gov/DataReports/Syphilis. Accessed March 2015.

ESRI 2011. ArcGIS Desktop: Release 10. Redlands, CA: Environmental Systems Research Institute. Accessed June 2015.

Henry J. Kaiser Family Foundation. Health Care Costs: A Primer. http://kff.org/health-costs/issue-brief/health-care-costs-a-primer/. Accessed 2014.

Henry J. Kaiser Family Foundation. State Health Facts: Health Coverage & Uninsured. http://kff.org/state-category/health-coverage-uninsured/. Accessed March 2015.

Muthambi BRH, Geyer N, et al. (2012-13) Integrated Epidemiologic Profile of HIV/AIDS in Pennsylvania, HIV Investigations Section, Division of Infectious Disease Epidemiology, Bureau of Epidemiology, PA Department of Health. http://www.health.pa.gov/My%20Health/Diseases%20and%20Conditions/E-H/HIV%20And%20AIDS%20Epidemiology/Documents/Epi-Profile-of-HIV-in-PA-2012-2013-1stEd-F.pdf. Accessed January 2015.

National Alliance of State and Territorial AIDS Directors. National ADAP Monitoring Project Annual Report, February 2014. http://nastadqa.benfredaconsulting.com/sites/default/files/National-ADAP-Monitoring-Project-Report-February-2014.pdf. Accessed January 2015.

Office of HIV Planning. Experience in HIV testing and Healthcare in Philadelphia: Young Men Who Have Sex with Men. http://www.hivphilly.org/Reports/YMSM.pdf. Accessed June 2015.

Office of HIV Planning. Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning, Philadelphia Eligible Metropolitan Area, 2014. http://www.hivphilly.org/Documents/EpiProfile/2014Epi.pdf.

Pennsylvania Department of Health, Bureau of Epidemiology. Various data on HIV/AIDS provided upon request. January and May 2015.

Pennsylvania Department of Health, Bureau of Health Statistics, Epidemiologic Query Mapping System (EpiQMS). https://apps.health.pa.gov/EpiQMS/asp/ChooseDataset.asp. Accessed June 2015.

Pennsylvania Department of Health, Division of Health Statistics. Reported Pregnancies, 2012. http://www.statistics.health.pa.gov/MyHealthStatistics/VitalStatistics/PAVitalStatistics/Documents/PA_Vital_Statistics_Pregnancy_2012.pdf. Accessed June 2015.

Pennsylvania Department of Health, Division of Health Statistics. Resident Live Births by Age of Mother Counties and Pennsylvania, 2012. http://www.statistics.health.pa.gov/MyHealthStatistics/VitalStatistics/BirthStatistics/Documents/Birth_Age_Cnty_2012.pdf. Accessed June 2015.

Pennsylvania State Police. Pennsylvania Uniform Crime Reporting System. http://www.paucrs.pa.gov/UCR/Reporting/RptMain.asp. Accessed February 2015.

Public Health Management Corporation Community Health Data Base's (2012) Southeastern Pennsylvania Household Health Survey. Accessed 2013.

State of New Jersey, Department of Health, Center for Health Statistics. NJ Birth Data Query Outcome Measure Selection. https://www26.state.nj.us/doh-shad/query/selection/birth/BirthSelection.html. Accessed November 2014.

State of New Jersey, Department of Health, Center for Health Statistics. TB/HIV Co-Infection. http://www.state.nj.us/health/tb/documents/tbstats/hiv.pdf. Accessed December 2014.

State of New Jersey, Department of Health, Epidemiologic Services Unit. Additional data on HIV provided upon request. April 2015.

State of New Jersey, Department of Health, HIV, STD, and TB Services. County-level HIV reports. http://www.state.nj.us/health/aids/repa/aidsdata.shtml. Accessed March 2015.

State of New Jersey, Department of Health, Sexually Transmitted Disease Program. Statewide and county STD totals. http://www.state.nj.us/health/std/archive2012.shtml. Accessed March 2015.

United States Census Bureau, American Community Survey, 2013 American Community Survey 1-Year Estimates, Tables B02001, B03002, B01001, B01001A, B01001B, B01001C, B01001D, B01001I, B11009, B15001, S1501, S1701, B19055, B19056, B19057, B19058, B19059, S2701, B16002, S1810, S1301, B01003, B15001. Generated by Briana L. Morgan, using American FactFinder. http://factfinder2.census.gov. (October 2014).

United States Census Bureau; Census 1990, Summary File 1, Table P001. Generated by Briana L. Morgan, using American FactFinder. http://factfinder2.census.gov. (October 2014).

United States Census Bureau, Census 2000, Summary File 1, Table P001. Generated by Briana L. Morgan, using American FactFinder. http://factfinder2.census.gov. (October 2014).

United States Census Bureau, Census 2010, Summary File 1, Table P001. Generated by Briana L. Morgan, using American FactFinder. http://factfinder2.census.gov. (October 2014).

United States Department of Health and Human Services. Centers for Disease Control and Prevention and Health Resources and Services Administration. Integrated Guidance for Developing Epidemiologic Profiles: HIV Prevention and Ryan White HIV/AIDS Programs Planning, 2014. http://www.cdc.gov/hiv/pdf/guidelines_developing_epidemiologic_profiles.pdf. Accessed November 2014.

United States Department of Health and Human Services. Centers for Disease Control and Prevention. 2013 Youth Risk Behavior Survey. http://www.cdc.gov/yrbs. Accessed February 2015.

United States Department of Health and Human Services. Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data, 2010 and 2012. Accessed January 2015.

United States Department of Health and Human Services. Centers for Disease Control and Prevention (CDC). Glossary of HIV Prevention Terms. http://www.cdc.gov/hiv/pdf/funding/announcements/ps11-1113/cdc-hiv-ps11-1113-attachment1glossaryterms.pdf. Accessed September 2015.

United States Department of Health and Human Services. Centers for Disease Control and Prevention. HIV Planning Guidance. http://www.cdc.gov/hiv/pdf/policies_funding_ps12-1201_HIV_Planning_Guidance.pdf. Accessed September 2015.

United States Department of Health and Human Services. Centers for Disease Control and Prevention. Reported Tuberculosis in the United States, 2013. http://www.cdc.gov/tb/statistics/reports/2013/default.htm. Accessed December 2014.

United States Department of Health and Human Services. Health Resources and Services Administration. About the Ryan White HIV/AIDS Program: Glossary of Terms. http://hab.hrsa.gov/abouthab/glossaryterms.html. Accessed September 2015.

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set -- Admissions (TEDS-A), 2012. ICPSR35037-v1. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2014-05-07. http://doi.org/10.3886/ICPSR35037.v1. Accessed October 2014.

United States Department of Health and Human Services. Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health, 2012 and 2013. https://nsduhweb.rti.org/respweb/homepage.cfm. Accessed January 2015.

United States Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Mortality in Local Jails and State Prisons, 2000–2013 - Statistical Tables. http://www.bjs.gov/content/pub/pdf/mljsp0013st.pdf. Accessed August 2015.

This page was intentionally left blank

Appendix B: Glossary

This page was intentionally left blank

APPENDIX B: GLOSSARY

This glossary combines definitions of terms found in HRSA's glossary of terms for the Ryan White HIV/AIDS Program, the CDC's glossary of HIV prevention terms as associated with FOA PS11-1113, the CDC's glossary of terms as contained in the HIV Planning Guidance, and HRSA and CDC's list of terms in their integrated guidance for developing epidemiologic profiles.

A

Adjustments. Statistical calculations that allow the comparison of different groups (when the difference may affect what you are studying) as though they are alike. Differences in populations or subgroups make it difficult to make comparisons; adjustments remove the influence of a specific factor (e.g., age, gender, race, or disease status) from the analysis.

Aggregated data. Information, usually summary statistics, that is summed or presented together to prevent the identification of individuals.

AIDS Drug Assistance Program (ADAP). Administered by States and authorized under Part B of the Ryan White Treatment Modernization Act. Provides FDA-approved medications to low-income individuals with HIV disease who have limited or no coverage from private insurance or Medicaid. ADAP funds may also be used to purchase insurance for uninsured Ryan White HIV/AIDS Program clients as long as the insurance costs do not exceed the cost of drugs through ADAP and the drugs available through the insurance program at least match those offered through ADAP.

AIDS (Acquired Immunodeficiency Syndrome). A disease caused by the human immunodeficiency virus

AIDS Service Organization (ASO). An organization that provides primary medical care and/or support services to populations infected with and affected by HIV disease.

B

Bar graph (vertical). A type of figure in which categories of variables (displayed on a horizontal baseline) are compared by amount, frequency, or magnitude (labeled on a vertical axis). (Bar graphs may also be horizontal.)

Behavioral data. Information collected from studies that examine human behavior relevant to disease risk. For instance, relevant behavioral data for HIV risk may include sexual activity, substance use, condom use, etc.

Behavioral intervention. See "Intervention."

C

Capacity. Core competencies that substantially contribute to an organization's ability to deliver effective HIV/AIDS primary medical care and health-related support services. Capacity development activities should increase access to the HIV/AIDS service system and reduce disparities in care among underserved PLWH in the EMA.

Capacity building. Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention

CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act). Federal legislation created to address the unmet health care and service needs of people living with HIV Disease (PLWH) disease and their families. It was enacted in 1990 and reauthorized in 1996 and 2000. Reauthorized in 2006 as the Ryan White Treatment Modernization Act.

Case. A condition, such as HIV infection (e.g., an HIV case) diagnosed according to a standard case definition.

Case fatality. The number of deaths among persons with a diagnosis of the disease of interest. Usually expressed as a rate (number of deaths after disease onset or diagnosis divided by the number of persons with the disease); measures the effect of the disease on persons with a diagnosis.

Centers for Disease Control and Prevention (CDC). The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

Centers for Medicare and Medicaid Services (CMS). Federal agency within HHS that administers the Medicaid, Medicare, and the Children's Health Insurance Program (CHIP).

Collaboration. Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

Community-Based Organization (CBO). An organization that provides services to locally defined populations, which may or may not include populations infected with or affected by HIV disease.

Community forum or public meeting. A small-group method of collecting information from community members in which a community meeting is used to provide a directed but highly interactive discussion. Similar to but less formal than a focus group, it usually includes a larger group; participants are often self-selected (i.e., not randomly selected to attend).

Community members. 1) consumers/ members of the priority population that are receiving services, or 2) people who are not affiliated with organizations but are infected or affected by HIV and have a passion to address HIV.

Co-morbidity. A disease or condition, such as mental illness or substance abuse, co-existing with HIV disease.

Comprehensive planning. The process of determining the organization and delivery of HIV services. This strategy is used by planning bodies to improve decision-making about services and maintain a continuum of care for PLWH.

Confidence interval (CI). A range of values for a measure that is believed to contain the true value at a specified level of certainty (e.g., 95%).

Concurrence. Refers to the HPG's agreement that the HPG has reviewed the Jurisdictional HIV Prevention Plan that is to be submitted to CDC by the health department and concurs that the 54 Jurisdictional HIV Prevention Plan includes existing prevention programmatic resources to be allocated locally to the areas with the greatest HIV disease burden. Conflict of interest: Conflict between the private interests and public obligations of a person in an official position.

Confidentiality. The treatment of information that an individual or institution has disclosed in a relationship of trust, with the expectation that the information will not be divulged to others in ways that are inconsistent with the individual's or institution's understanding when the individual or institution provided the information. It encompasses access to, and disclosure of, information in accordance with requirements of state law or official policy. For HIV surveillance data, confidentiality refers to the protection of private information collected by the HIV surveillance system.

Continuous Quality Improvement (CQI). An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

Continuum of care. An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWHA.

Convenience sampling. A sampling technique that relies upon selecting people who are more easily accessible at the time (e.g., persons at a group meeting or in a clinic when a researcher happens to be there). The advantage of convenience sampling is that it is easy to carry out. The weakness is that the findings may not be representative of the entire community.

Coordination. Aligning processes, services, or systems, to achieve increased efficiencies, benefits, or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health departments or structuring prevention delivery systems to reduce duplication of effort

Core epidemiologic questions. The questions in an epidemiologic profile that must be answered by all prevention and care grantees, regardless of HIV morbidity in their areas.

Core services. Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).

Cost-effectiveness. The relative costs and effectiveness of proposed strategies and interventions, either demonstrated or probable

Counseling and testing. A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.

Cultural competence. The knowledge, understanding, and skills to work effectively with individuals from differing cultural backgrounds.

Culturally appropriate. Conforming to a culture's acceptable expressions and standards of behavior and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.

Cumulative cases. The total number of cases of a disease reported or diagnosed during a specified time regardless of current vital status. Cumulative cases therefore include cases in persons who have already died.

D

Demographics. Characteristics of human populations such as age, race, ethnicity, sex used to classify them for statistical purposes.

Diversity. Individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, health or disease status, or other ideologies. The concept of diversity encompasses acceptance, respect, and understanding that each individual is unique.

E

Early Intervention Services (EIS). Activities designed to identify individuals who are HIV-positive and get them into care as quickly as possible. As funded through Parts A and B of the Ryan White HIV/AIDS Program, includes outreach, counseling and testing, information and referral services. Under Part C Ryan White HIV/AIDS Program, also includes comprehensive primary medical care for individuals living with HIV/AIDS.

Effective. Demonstrating the desired effect when widely used in practice or under real-world conditions that are considerably less rigorous and controlled than environments testing efficacy but that are still designed to ensure the desired effect can be attributed to the intervention in question.

Eligible Metropolitan Area (EMA). Geographic areas highly-impacted by HIV/AIDS that are eligible to receive Ryan White HIV/AIDS Program Part A funds To be an eligible EMA, an area must have reported more than 2,000 AIDS cases in the most recent 5 years and have a population of at least 50,000.

Engagement process. A process used to identify strategies for increasing coordination between HIV programs of the state, jurisdiction, and tribal communities for the purpose of applying a collective vision for the benefit of the overall jurisdiction. Steps for engagement should include determining the activities of the Jurisdictional HIV Prevention Plan and whom to engage, developing engagement and retention strategies for previous partners, developing engagement strategies for new partnering agencies, prioritizing engagement activities, creating an implementation plan, monitoring progress, and maintaining the partner relationships.

Epidemic. The rapid spread, growth, or occurrence of cases of an illness, health-related behavior, or other health-related events in a community or region in excess of normal expectation

Epidemic curve. A type of line graph that shows the distribution of disease onset. Time is plotted on the horizontal (x) axis; the number of cases is plotted on the vertical (y) axis.

Epidemiological profile. A document that describes the HIV/AIDS epidemic within various populations and identifies characteristics of both HIV-infected and HIV-negative persons in defined geographic areas. It is composed of information gathered to describe the effect of HIV/AIDS on an area in terms of sociodemographic, geographic, behavioral, and clinical characteristics. The epidemiological profile 55 serves as the scientific basis of the identification and prioritization of HIV prevention and care needs in any given jurisdiction.

Epidemiology. The study of the causes, spread, control, and prevention of disease in human beings.

Estimate. In situations in which precise data are not available, an estimate may be made on the basis of available data and an understanding of how the data can be generalized to larger populations. In some instances, national or state data may be statistically adjusted to estimate local conditions. Good estimates are accompanied by statistical estimates of error (a confidence interval), which describe the limitations of the estimate.

Evidence-based. Behavioral, social, and structural interventions relevant to HIV risk reduction that has been tested using a methodologically rigorous design, and have been shown to be effective in a research setting. These evidence (or science-based interventions) have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and, produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

Exposure category. In describing HIV/AIDS cases, same as transmission categories; how an individual may have been exposed to HIV, such as injecting drug use, male-to-male sexual contact, and heterosexual contact.

Ethnicity. The cultural characteristics that connect a particular group or groups of people to each other, such as people of Hispanic or Latino origin

F

Family centered care. A model in which systems of care under Ryan White Part D are designed to address the needs of PLWHA and affected family members as a unit, providing or arranging for a full range of services. Family structures may range from the traditional, biological family unit to non-traditional family units with partners, significant others, and unrelated caregivers.

Food and Drug Administration (FDA). Federal agency within HHS responsible for ensuring the safety and effectiveness of drugs, biologics, vaccines, and medical devices used (among others) in the diagnosis, treatment, and prevention of HIV infection, AIDS, and AIDS-related opportunistic infections. The FDA also works with the blood banking industry to safeguard the nation's blood supply.

Funding Opportunity Announcement (FOA). A CDC announcement informing the public of the availability of funds to develop and implement programs that meet a public health goal; including a solicitation of applications for funding. The FOA describes required activities and asks the applicants to describe how they will carry out the required activities.

G

Grantee. The recipient of Ryan White HIV/AIDS Program funds responsible for administering the award.

H

Health centers. Community-based and patient-directed organizations that serve populations with limited access to health care. These include low income populations, the uninsured, those with limited English proficiency, migrant and seasonal farmworkers, individuals and families experiencing homelessness, and those living in public housing.

Health disparity. is a particular type of health difference that is closely linked with social or economic disadvantage based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion

Health Education/Risk Reduction (HE/RR). Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.

Health equity. A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.

Health Insurance Continuity Program (HICP). A program primarily under Part B of the Ryan White HIV/AIDS Program that makes premium payments, co-payments, deductibles, and/or risk pool payments on behalf of a client to purchase/maintain health insurance coverage.

Health Resources and Services Administration (HRSA). The agency of the U.S. Department of Health and Human Services that administers various primary care programs for the medically underserved, including the Ryan White HIV/AIDS Program.

High-risk individual. Someone who has recently engaged in HIV risk behaviors where there is a high probability of becoming infected with HIV (see HIV risk behaviors).

Highly Active Antiretroviral Therapy (HAART). HIV treatment using multiple antiretroviral drugs to reduce viral load to undetectable levels and maintain/increase CD4 levels.

HIV/AIDS Bureau (HAB). The bureau within the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) that is responsible for administering the Ryan White HIV/AIDS Program.

HIV disease. Any signs, symptoms, or other adverse health effects due to the human immunodeficiency virus.

HIV infection, stage 1. No AIDS-defining condition and either CD4 count of ≥500 cells/µL or CD4 percentage of total lymphocytes of ≥29.

HIV infection, stage 2. No AIDS-defining condition and either CD4 count of 200–499 cells/µL or CD4 percentage of total lymphocytes of 14–28.

HIV infection, stage 3. Documentation of an AIDS-defining condition or either CD4 count of <200 cells/µL or CD4 percentage of total lymphocytes of < 14. Documentation of an AIDS-defining condition supersedes a CD4 count or percentage that would not, by itself, be the basis for stage 3 (AIDS) classification.

HIV infection, stage unknown. No reported information on AIDS-defining conditions and no information available on CD4 count or percentage.

HIV medical care/evaluation/treatment. Medical services that address HIV infection including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

HIV planning group (HPG). The official HIV planning body that follows the HIV Planning Guidance to inform the development or update of the health department's jurisdictional HIV Prevention Plan that will contribute to the reduction of HIV infection in the jurisdiction.

HIV prevention counseling. An interactive process between client and counselor aimed at reducing risky sex and drug-injection behaviors related to HIV acquisition or transmission.

HIV risk behaviors. Persons likely to be at high risk for HIV include persons who have: had unprotected anal or vaginal sex with a person living with HIV, injected drugs with non-sterile, shared drug-injection equipment, had unprotected anal or vaginal sex in exchange for money or drugs, had unprotected anal or vaginal sex with more

than one sex partner since their most recent negative HIV test, been diagnosed with a sexually transmitted disease (STD), and persons who have had unprotected anal or vaginal sex with anyone who had any of these risks.

Home and community-based care. A category of eligible services that States may fund under Part B of the Ryan White HIV/AIDS Program.

Housing Opportunities for People With AIDS (HOPWA). A program administered by the U.S. Department of Housing and Urban Development (HUD) that provides funding to support housing for PLWHA and their families.

HUD (U.S. Department of Housing and Urban Development). The Federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for People with AIDS (HOPWA).

I

Incidence. The number of new cases of a disease that occur during a specified time period.

Incidence rate. The number of new cases of a disease or condition that occur in a defined population during a specified time period, often expressed per 100,000 persons. AIDS incidence rates are often expressed this way.

Inclusion. Meaningful involvement of members in the process with an active role in making decisions. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs. Indirect costs refer to general administrative costs associated with implementation of the program model. These are defined by CDC as allowable costs which cannot be readily identified with an individual project or program.

Injection Drug User (IDU). Someone who uses a needle to inject drugs into his or her body.

Interpretation. The explanation of the meaning of the data. For example, interpreting a trend in the number of HIV cases diagnosed during a 5-year period enables a planning group to assess whether the number of cases has increased or decreased. However, groups should use caution in interpreting trends that are based upon small increases or decreases.

Intervention. A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.

J

Jurisdiction. An area or region that is the responsibility of a particular governmental agency. This term usually refers to an area where a state or local health department monitors HIV prevention activities. (For example, Jonestown is within the jurisdiction of the Jones County Health Department.)

Jurisdictional HIV Prevention Plan. The health department, in collaboration with the HPG, will develop a Jurisdictional HIV Prevention Plan to include the collaboration and coordination of HIV prevention, care, and treatment. The plan should include: a description of existing resources, HIV prevention services and care and treatment; needs (e.g. resources, infrastructure, and service delivery); gaps to be addressed and rationale for selection; prevention activities or strategies being implemented within the jurisdiction; scalability of activities; responsible agency or group to carry out the activity (e.g., Prevention Unit, Ryan White-funded agencies and HOPWA); and relevant timelines.

L

Line graph. A type of figure used to display the changes in a particular variable over time. Values are recorded periodically as points on a graph and then connected as a line to show a trend.

Linkage. Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include: assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

Local Health Department. A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.

M

Mean. The sum of values for a variable, a group, or other category divided by the total number of values (e.g., in a data set). The mean is what many people refer to as an average.

Median. The middle value in a data set: approximately half the values will be higher and half will be lower. The median is useful when a data set contains a few unusually high or unusually low values, which can affect the mean. It is also useful when data are skewed, meaning that most of the values are at one extreme or the other.

Medium/Moderate Risk Individual. Have a low perception of HIV risk, and are likely to have some difficulties with initiating or sustaining practices that reduce or prevent HIV acquisition.

Men who have Sex with Men (MSM). Men who report sexual contact with other men (that is, homosexual contact) and men who report sexual contact with both men and women (that is, bisexual contact), whether or not they identify as “gay”.

Metro Statistical Area (MSA). A core area containing a large population nucleus together with adjacent communities having a high degree of economic and social integration with that core.

Met/Unmet need. A **met** need is a need within a specific target population for HIV prevention services that is currently being addressed through existing HIV prevention resources. These resources are available to, appropriate for, and accessible to that population. For example, a project area with an organization for African American gay, bisexual, lesbian, and transgender individuals may meet the HIV/AIDS education needs of African American men who have sex with men through its outreach, public information, and group counseling efforts. An **unmet** need is a requirement for HIV prevention services within a specific target population that is not being addressed through existing HIV prevention services and activities—either because no services are available or because available services are either inappropriate for, or inaccessible to, the target population. For example, a project area lacking Spanish-language HIV counseling and testing services will not meet the needs of Latinos with limited English proficiency.

Minority AIDS Initiative (MAI). A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people living with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

Morbidity. The presence of illness in the population.

Mortality. The total number of persons who have died of the disease of interest. Usually expressed as a rate, mortality (total number of deaths over the total population) measures the effect of the disease on the population as a whole.

MSM/IDU. Men who report both sexual contact with other men and injection drug use as risk factors for HIV infection.

N

National HIV/AIDS Strategy (NHAS). A comprehensive plan focused on: reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV related health disparities.

Needs assessment. A process of collecting information about the needs of PLWHA (both those receiving care and those not in care), identifying current resources (Ryan White HIV/AIDS Program and other) available to meet those needs, and determining what gaps in care exist.

No identified risk (NIR). Cases in which epidemiologic follow-up has been conducted, sources of data have been reviewed—which may include an interview with the patient or provider—and no mode of exposure has been identified. Any case that continues to have no reported risk 12 or more months after the report date is considered NIR.

O

Office of Management and Budget (OMB). The office within the executive branch of the Federal government that prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.

Opportunistic Infection (OI) or Opportunistic Condition. An infection or cancer that occurs in persons with weak immune systems due to HIV, cancer, or immunosuppressive drugs such as corticosteroids or chemotherapy. Examples include Kaposi's Sarcoma (KS); Pneumocystis jiroveci pneumonia (PCP); cryptosporidiosis; histoplasmosis; toxoplasmosis; other parasitic, viral, and fungal infections; and some types of cancers.

Outcome evaluation. Collection of data about outcomes before and after the intervention for clients as well as a similar group that did not participate in the intervention being evaluated (i.e., control group); determines if the intervention resulted in the expected outcomes.

Outcome monitoring. Involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes and behaviors or access to services; service delivery; community or structural factors) in order to determine the extent to which program goals and objectives are being met.

Outreach. A process of engaging face-to-face with high-risk individuals in their own neighborhoods or venues where they typically congregate to provide HIV testing or referrals for testing. Outreach is often conducted by per or paraprofessional educators.

P

Parity. The ability of HIV planning group members to equally participate and carry out planning tasks or duties in the planning process. To achieve parity, representatives should be provided with opportunities for orientation and skills-building to participate in the planning process and have an equal voice in voting and other decision-making activities.

Partner Services (PS). A systematic approach to notifying sex and needle-sharing partners of HIV-positive persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already infected, prevent transmission to others. PS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Part A. The part of the Ryan White HIV/AIDS Program (formerly, Title I) that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV/AIDS epidemic.

Part B. The part of the Ryan White HIV/AIDS Program (formerly, Title II) that provides funds to States and territories for primary health care (including HIV treatments through the AIDS Drug Assistance Program, ADAP) and support services that enhance access to care to PLWHA and their families.

Part C. The part of the Ryan White HIV/AIDS Program (formerly, Title III) that supports outpatient primary medical care and early intervention services to PLWHA through grants to public and private non-profit organizations. Part C also funds capacity development and planning grants to prepare programs to provide EIS services.

Part D. The part of the Ryan White HIV/AIDS Program (formerly, Title IV) that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

Part F (AETC) (AIDS Education and Training Center). Regional centers providing education and training for primary care professionals and other AIDS-related personnel. Part F (AETC)s are authorized under Part F of the Ryan White HIV/AIDS Program and administered by the HRSA HIV/AIDS Bureau's Division of Training and Technical Assistance (DTTA).

Part F (Community Based Dental Partnership Program). The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that delivers HIV/AIDS dental care while simultaneously training dental professionals in these areas in order to expand community capacity to deliver HIV oral health care.

Part F (HIV/AIDS Dental Reimbursement Program). The program within the HRSA HIV/AIDS Bureau's Division of Community Based Programs that assists with uncompensated costs incurred in providing oral health treatment to PLWHA.

Part F (SPNS) (Special Projects of National Significance). A health services demonstration, research, and evaluation program funded under Part F of the Ryan White HIV/AIDS Program to identify innovative models of HIV care. Part F (SPNS) projects are awarded competitively.

Percentage. A proportion of the whole, in which the whole is 100.

Performance indicator. A program performance indicator (or measure) is a piece of information, fact, or statistic that provides insight into the performance of a program. It helps us understand progress toward specified outcomes, a jurisdiction's capacity to carry out its work, the activities it performs in carrying out its work, and the HIV prevention outcomes it is trying to achieve.

Planning Council (PC). A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to assess needs, establish a plan for the delivery of HIV care in the EMA, and establish priorities for the use of Ryan White HIV/AIDS Program Part A funds.

Planning group. Refers to CDC- and HRSA-sponsored groups, such as HIV prevention planning groups (HPGs) and Ryan White HIV/AIDS planning councils and consortia.

Planning process. Steps taken and methods used to collect information, analyze and interpret it, set priorities, and prepare a plan for rational decision making.

PLWHA. A person or persons living with HIV or AIDS.

Prevalence. The total number of persons in a defined population living with a specific disease or condition at a given time (compared to incidence, which is the number of new cases).

Prevalence rate. The proportion of a population living at a given time with a condition or disease (compared to the incidence rate, which refers to new cases).

Prevention activity. Activity that focuses on behavioral interventions, structural interventions, capacity building, or information gathering.

Prevention program. An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, for example, to increase condom use with non-steady partners.

Prevention services. Interventions, strategies, programs, and structures designed to change behavior that may lead to HIV infection or other diseases. Examples of HIV prevention services include street outreach, educational sessions, condom distribution, and mentoring and counseling programs.

Priority population. A population identified through the epidemiologic profile and community services assessment that requires prevention efforts due to high rates of HIV infection and the presence of risky behavior.

Priority setting. The process used to establish priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

Probability sampling. A sampling technique that relies upon random selection to select persons from a defined population; all persons have a known chance of selection. Types of probability samples include simple random sample, systematic random sample, and stratified sample.

Probability (P) value. The probability that a statistical result (an observed difference or relationship) could have occurred by chance alone. Statistical results usually are regarded as significant if there is less than 5% probability that the observed difference or relationship was due to chance alone. In such situations, the P value is said to be less than .05 ($P < 0.05$).

Process monitoring. The routine documentation and review of program activities, populations served, and resources used in order to improve the program.

Process objectives. Key program activities or tasks required to achieving outcome(s), or the steps initiated or required to realize a desired result.

Program Services Collaboration Integration (PCSI). PCSI is a mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate a comprehensive delivery of services. It promotes the use of new and innovative ways to collaborate and use resources wisely and efficiently, taking advantage of multiple disciplines, shared knowledge, and holistic approaches to health protection.

Prophylaxis. Treatment to prevent the onset of a particular disease (primary prophylaxis) or recurrence of symptoms in an existing infection that has previously been brought under control (secondary prophylaxis).

Proportion. A portion of a population or a data set, usually expressed as a fraction or a percentage of the population or the data set.

Q

Qualitative data. Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, openended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.

Quality. The degree to which a health or social service meets or exceeds established professional standards and user expectations.

Quality of life. A subjective measure of the degree to which persons affected by a specific disease, injury, or form of treatment perceive themselves to be able to function physically, emotionally, and socially. Quality of life is useful for the planning of health services.

Quality Assurance (QA). The process of identifying problems in service delivery, designing activities to overcome these problems, and following up to ensure that no new problems have developed and that corrective actions have been effective. The emphasis is on meeting minimum standards of care.

Quality Improvement (QI). Also called Continuous Quality Improvement (CQI). An ongoing process of monitoring and evaluating activities and outcomes in order to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care.

Quantitative data. Numeric information -- such as numbers, rates, and percentages -- representing counts or measurements suitable for statistical analysis.

R

Race. A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Range. The smallest and the largest values in a series.

Rate. A measure of the frequency of an event compared with the number of persons at risk for the event. When rates are being calculated, it is usual for the denominator to be the general population rather than the population potentially exposed to HIV infection by various high-risk behaviors. The size of the general population is known from data from the U.S Census Bureau, whereas the size of a population at high risk is usually not known. For ease of comparison, the multiplier (100,000) is used to convert the resulting fraction to number of cases per 100,000 population. Although arbitrary, the choice of 100,000 is standard practice.

Ratio. A way of showing the relative size of 2 numbers. The first number is divided by the other number to derive the ratio. The ratio may be expressed as a fraction (e.g., 3/4), or the 2 numbers may be separated by a colon (e.g., 3:4).

Raw data. Data that are in their original form (i.e., not coded or analyzed).

Recruitment. The process by which individuals are identified and invited to become participants in an intervention or other HIV prevention service, such as counseling, testing, and referral.

Referral. Directing clients to a service in-person or through telephone, written or other form of communication, and is generally a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.

Referral follow-up. The method that will be used to verify that the client accessed the services to which he or she was referred. Referral Outcome: The current status of the referral based on activities to verify that the service was accessed.

Reflectiveness. The extent to which the demographics of the planning body's membership look like the demographics of the epidemic in the service area.

Reliability. The consistency of a measure or question in obtaining very similar or identical results when used repeatedly; for example, if you repeated a blood test three times on the same blood sample, it would be reliable if it generated the same results each time.

Reporting delay. Reporting delays (time between diagnosis or death and the reporting of diagnosis or death to state/local surveillance program) may differ among demographic and geographic categories; for some, delays in reporting have been as long as several years. representative. A sample that is similar to the population from which it is drawn and thus can be used to draw conclusions about the population.

Representative. Term used to indicate that a sample is similar to the population from which it was drawn, and therefore can be used to make inferences about that population.

Request for Proposals (RFP). An open and competitive process for selecting providers of services (sometimes called RFA or Request for Application).

Resource allocation. The Part A planning council responsibility to assign Ryan White HIV/AIDS Program amounts or percentages to established priorities across specific service categories, geographic areas, populations, or subpopulations.

Results-oriented. Developing strategies/activities that will move the group towards accomplishing the objectives set forth in guidance or FOA. A feedback loop or a review process of the strategies/activities should be completed to ensure the desired results were accomplished.

Risk behaviors. Behaviors that can directly expose individuals to HIV or transmit HIV, if virus is present (e.g., unprotected sex, sharing unclean needles). Risk behaviors are actual behaviors in which HIV can be transmitted. Risk behaviors are behaviors in which a single instance of the behavior can result in a transmission.

Risk factors. Factors based on observations of behaviors and contexts in which HIV is likely to be transmitted (e.g., lifetime number of sex partners, crack use, environmental factors like membership in a demographic group

highly impacted by HIV, using old expired-date condoms, internet use, etc.). Influencing factors of behavioral risk refers to associations with risk or risk correlates and risk contexts, not behavioral determinants.

Ryan White HIV/AIDS Program. The primary federal legislation created to address the needs for health and support services among persons living with HIV and their families in the United States; enacted in 1990 and reauthorized in 1996, 2000, 2006, and 2009.

Ryan White HIV/AIDS Program Services Report (RSR). Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

Ryan White HIV/AIDS Act of 2009 (Ryan White HIV/AIDS Program). Enacted in 2009, this legislation reauthorized the Ryan White Program, formerly called the Ryan White CARE Act and the Ryan White HIV/AIDS Treatment Modernization Act of 2006.

S

Sample. A group of people selected from a total population with the expectation that studying this group will provide important information about the total population.

Scalable. Interventions or combinations of interventions that can reach a significant portion of those in need, in a cost-efficient manner, and demonstrate population-level impact.

Statewide Coordinated Statement of Need (SCSN). A written statement of need for the entire State developed through a process designed to collaboratively identify significant HIV issues and maximize Ryan White HIV/AIDS Program coordination. The SCSN process is convened by the Part B grantee, with equal responsibility and input by all programs.

Science-based. See “Evidence-based.”

Section 340B Drug Discount Program. A program administered by the HRSA's Bureau of Primary Care, Office of Pharmacy Affairs established by Section 340B of the Veteran's Health Care Act of 1992, which limits the cost of drugs to Federal purchasers and to certain grantees of Federal agencies.

Seroconversion. The development of detectable antibodies to HIV in the blood as a result of infection. It normally takes several weeks to several months for antibodies to the virus to develop after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Service gaps. All the service needs of all PLWH except for the need for primary health care for individuals who know their status but are not in care. Service gaps include additional need for primary health care for those already receiving primary medical care ("in care").

Sexually Transmitted Disease (STD). Social determinants: are the economic and social conditions that influence the health of individuals, communities and jurisdictions and include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion.

Social network. A social network is a map of the relationships between individuals, indicating the ways in which they are connected through various social familiarities ranging from casual acquaintance to close familial bonds.

Social networking. A recruitment strategy in which a chain of referrals is based on high risk individuals using their personal influence to enlist their peers they believe to be high risk.

Sociodemographic factors. Background information about the population of interest (e.g., age, sex, race, educational status, income, geographic location). These factors are often thought of as explanatory because they help us to make sense of the results of our analyses.

Socioeconomic status (SES). A description of a person's societal status using factors or measurements such as income levels, relationship to the national poverty line, educational achievement, neighborhood of residence, or home ownership.

Special Projects of National Significance (SPNS). See "Part F".

Stakeholder. A person or representative who has personal or professional experience, skills, resources, or expertise in HIV.

Stratification. A technique for dividing data into homogenous groups (strata).

Substance Abuse and Mental Health Services Administration (SAMHSA). Federal agency within HHS that administers programs in substance abuse and mental health.

Substance abuse services. Services for the treatment and prevention of drug or alcohol use.

Support services. Grantee expenditures are limited to core medical services, support services, and administrative expenses. See Core Services and Support Services, which are also listed in the Ryan White legislation as follows: Part A (2604(c), Part B (2612(b), and Part C (2651(c).cases).

Surveillance. An ongoing, systematic process of collecting, analyzing and using data on specific health conditions and diseases (e.g., Centers for Disease Control and Prevention surveillance system for AIDS cases).

Surveillance report. A report providing information on the number of reported cases of a disease such as AIDS, nationally and for specific sub-populations.

Syndemics. Two or more afflictions, interacting synergistically, contributing to excess burden of disease in a population (e.g. STD, viral hepatitis, and substance use). Related concepts include linked 59 epidemics, interacting epidemics, connected epidemics, co-occurring epidemics, comorbidities, and clusters of health-related crises.

T

Target population. A population to be reached through some action or intervention; may refer to groups with specific demographic or geographic characteristics.

Technical Assistance (TA). The delivery of practical program and technical support to the CARE Act community. TA is to assist grantees, planning bodies, and affected communities in designing, implementing, and evaluating CARE Act-supported planning and primary care service delivery systems.

Transgender - Female to Male (FTM). An individual whose physical or birth sex is female but whose gender expression and/or gender identity is male.

Transgender - Male to Female (MTF). An individual whose physical or birth sex is male but whose gender expression and/or gender identity is female.

Transmission category. A grouping of disease exposure and infection routes; in relation to HIV disease, exposure groupings include, for example, men who have sex with men, injection drug use, heterosexual contact, and perinatal transmission.

Trend. A long-term movement or change in frequency, usually upward or downward; may be presented as a line graph.

Triangulation. Synthesis of data to compare and contrast the results of different kinds of research that address the same topic.

U

Unmet need. The unmet need for primary health services among individuals who know their HIV status but are not receiving primary health care.

V

Validity. The extent to which a measurement is appropriate for the question being addressed or measures what it is intended to measure (may be applied, for example, to an instrument for data collection or specific questions in a survey).

Viral load. In relation to HIV, the quantity of HIV RNA in the blood. Viral load is used as a predictor of disease progression. Viral load test results are expressed as the number of copies per milliliter of blood plasma.

Y

Year of diagnosis. The year in which a diagnosis of HIV infection was made.

Years of potential life lost (YPLL). The number of years that persons would have lived if they had not died of the disease of interest. Calculated by summing the years that persons would have lived had they attained normal life expectancy, YPLL measures the effect of mortality on the community.

Appendix C: Experiences in HIV Testing and Health Care in Philadelphia, Young Men Who Have Sex with Men

This page was intentionally left blank

Appendix C: Experiences in HIV testing and health care in Philadelphia, Young men who have sex with men

Introduction

In recent years, reversing the incidence of HIV among young men who have sex with men (YMSM) ages 13-24 has become a priority of the Centers for Disease Control and Prevention and local jurisdictions (Centers for Disease Control and Prevention, 2014). Black men who have sex with men (BMSM) bear a disproportionate burden of the HIV/AIDS epidemic in the U.S, particularly young BMSM. BMSM are the only group within the black community with increasing numbers of infections. Black gay men make up 0.2% of the U.S. population and make up approximately 25% of the new HIV infections each year (amfAR, 2015). According to the CDC, the number of new infections among YMSM (aged 13-24) increased 22 percent, from 7,200 infections in 2008 to 8,800 in 2010 (Centers for Disease Control and Prevention, 2012). Stall et al. estimate that the burden of disease for 20 year old YMSM will be 25.4% by the time they reach the age of 30, 41.4% at age 40, and 54% at age 50. For African American YMSM, the model predictions are even more dire: 59.3% BMSM will be HIV-positive by age 40 (Stall, et al., 2009).

As of 2012, Philadelphia had an HIV incidence rate three times the national estimated average. The majority of new infections are among men, non-Hispanic blacks, persons 25-44, and MSM. Youth aged 13-24 accounted for one-third of estimated new infections in 2012. This is a 69% increase in the number of estimated new infections among youth between 2006 and 2012, largely due to the new infections in young, black MSM. Based on the estimated size of at-risk populations, MSM in Philadelphia are acquiring HIV at a disturbingly high rate; an estimated 1.2% of MSM in Philadelphia acquired HIV in 2012. This increase is being driven by new infections in 13-24 year old African American MSM. As of December 31, 2013 there were 367 living AIDS cases and 876 living HIV cases among youth aged 13 to 24. Compared to Latino YMSM (5.2%) and white YMSM (1.1%), black YMSM have a significantly greater HIV prevalence of 12.5% (Philadelphia Dept. of Public Health/AIDS Activities Coordinating Office HIV Incidence Surveillance Program and Philadelphia eHARS data, 2014).

In addition to high prevalence rates among young people, Philadelphia is experiencing high rates of sexual risk among youth. According to the 2013 Youth Risk Behavior Survey (YRBS), 22% of sexually active students had sexual intercourse with 4 or more people in their lifetime. Forty-two percent of sexually active students did not use a condom at the time of last sexual intercourse. Eighteen percent report never having been taught about HIV/AIDS in school. Almost one-quarter of sexually active students reported using drugs or alcohol before the last sexual intercourse (Centers for Disease Control and Prevention, 2013). However, there are some indications that risk trends are improving, as STD cases in adolescents and young adults decreased between 2010 and 2013 (PDPH, 2014).

It is not because of risk behaviors alone that YMSM, particularly black YMSM, face high risk of acquiring HIV and other sexually transmitted infections. Rather, the high prevalence of HIV and other STDs within the YMSM,

youth, black and MSM populations and structural barriers like low income and lack of health insurance increase the chance that YMSM will engage in risk behaviors and be exposed to HIV at the time of those risk behaviors (Dorell, et al., 2011, Millet, Flores, Peterson, & Bakeman, 2007). HIV incidence in the YMSM and MSM populations, especially in the black and Latino populations is due in a large part to the high prevalence of HIV within these populations. Having condom-less anal sex within the context of high HIV and STD prevalence means a greater risk of coming in contact with and acquiring HIV. In fact, black MSM report less substance use and fewer sex partners than white MSM (Millet, Flores, Peterson, & Bakeman, 2007). And yet an estimated 32% of black gay men are HIV-positive (amfAR, 2015). BMSM are also more likely to report preventive behaviors than other MSM in the US. Black MSM have two-folds greater odds of low income, previous incarceration, and other structural barriers that increase their HIV risk than other MSM (Millet, et al., 2012).

Dorell et al. (2011) found that black YMSM were more likely to be HIV-positive if they lacked access to primary care, were uninsured, did not have counseling about HIV and sexually transmitted infections, and failed to disclose their sexuality to their healthcare provider. Of those factors, not having a primary care provider and not disclosing sexual identity to a health care provider were independent risk factors for HIV infection for black MSM (Dorell, et al., 2011). Engaging YMSM in primary care early, educating them on risk reduction strategies, and good sexual health practices are important steps towards reducing HIV incidence.

In order to best serve the needs of YMSM, the HIV prevention system must address their complex social needs and their experiences as young black gay and bisexual men, and the intersection and interactions of those identities and the structural barriers that increase their HIV risk (Millet, et al., 2012, Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011, Malebranche, Peterson, Fullilove, & Stackhouse, 2004).

Study Purpose

The Philadelphia HIV Prevention Planning Group (HPG) provides community feedback to the Philadelphia Department of Public Health's AIDS Activities Coordinating Office (AACO) HIV prevention policies and program/system planning. The HPG requested that the Office of HIV Planning conduct focus groups with YMSM (and other at-risk populations) in order to better target HIV testing and prevention services in culturally competent and accessible ways. Successful diagnosis and linkage to HIV care requires meeting the medical, emotional, and social needs of individuals. The purpose of this study is to assess the individual-level, provider-level and system-level barriers experienced by YMSM in order to better understand how these barriers affect at-risk YMSM's use of healthcare and HIV testing and prevention services. The study findings will inform the Philadelphia Department of Public Health's planning and delivery of HIV prevention, testing, and treatment services.

Methodology

The Office of HIV Planning (OHP) conducted three focus groups in June 2014 with young gay and bisexual men (and other men who have sex with men) at community-based organizations serving LGBTQ youth and young adults. OHP partnered with these organizations (Youth Health Empowerment Project, The Attic, and Mazzoni Center) to recruit participants for the focus groups to help facilitate trust between OHP and the young men. OHP worked with the CBOs to identify the best times to hold the focus groups on-site to maximize participation.

Inclusion criteria were: residency in Philadelphia, identifying as a man who has sex with men, English proficiency, and age over 18.

OHP staff developed the moderator's guide to focus on participants' experiences with health care, knowledge of HIV testing, and vision of ideal health care experiences. Questions about sexual behaviors, substance use, and other risk behaviors were purposely avoided. The investigators decided to focus on experiences in health care settings and with HIV testing, because the risk behaviors of YMSM are well documented. In addition, the purpose of this study is to inform the planning and provision of HIV testing and other prevention interventions for YMSM. Delivering these interventions where they will be most accessible and acceptable to YMSM is essential. The investigators designed the study to explore and identify the barriers and facilitators of health care access, in order to develop recommendations for the publicly funded HIV prevention system in Philadelphia.

All study materials and protocols were submitted to and approved by the Philadelphia Health Commissioners Review Committee.

CHARACTERISTICS AND DEMOGRAPHICS OF PARTICIPANTS

All participants were asked to fill out an 11 question survey at the conclusion of the focus group discussion. All participants completed a survey, but everyone did not answer all the questions. In total, 27 men participated in the three focus groups, ranging in age from 18 to 33 years old. The majority of participants were between 20 and 24 years old (17 participants). Twenty-two of the men identified as black/African American, four identified as bi- or multiracial and one as white. Three men were Hispanic. Educational attainment varied, with 10 participants finishing high school or acquiring a GED and another 10 completed some college courses. The other seven men had not completed high school (2), acquired a vocational or technical degree (2), or graduated college (3). One participant was staying at a shelter; all the others rented/owned their own apartment or house (16) or were staying with friends or family (8). The majority of participants (15) earned less than $10,000 a year. The rest earned between $10,000 and $39,999.

The participants represented a broad collection of zip codes; 17 zip codes in all. Most of the participants resided in high prevalence zip codes. 19142 (3), 19144 (3), 19102 (2), 19132 (2), and 19147 (2) were the five most frequent zip codes.

The survey included a question about who the men were sexually and romantically attracted to. All respondents to this question reported attraction to males. Some others also reported attraction to females (4), transgender individuals (1) and gender queer individuals (2). Respondents could choose as many responses as appropriate.

Of the 27 participants, 25 reported ever being tested for HIV. Two respondents did not answer the question. The most popular answer for why they were tested for HIV was "Just to find out" (6). Other answers selected were "As a part of a routine medical checkup" (5), "No reason" (4), "I was at risk" (2), and "Partner suggested it" (2). Three respondents gave other answers which included getting tested because of the incentives offered and to

acquire life insurance. Some of the participants disclosed their HIV-positive status within the discussions, but participants were not asked their HIV status by moderators or the survey.

Theoretical Framework

The investigators developed this analysis based on the socio-ecological model in order to best highlight and consider the multi-level factors of influence on YMSM health care access. Human behavior has a social context. Young urban minority men who have sex with men must negotiate a variety of barriers and influences/pressures when it comes to health care access and healthy sexual behaviors which include individual, interpersonal, community, institutional/health system, and structural factors. Any efforts to end the HIV epidemic must acknowledge and address the interaction and intersection of all of the levels of social, economic, political, interpersonal, and psychological factors impacting health behaviors of individuals (Kaufman, Cornish, Zimmerman, & Johnson, 2014). This study attempts to highlight some barriers and facilitators of healthcare access that YMSM experience in Philadelphia.

Themes

Participants shared a range of experiences, points of view and opinions during the discussions. Even with all the variation in experience, several key themes emerged. Four of the six themes concern interactions with health care providers or access to services. Health insurance problems and lack of sexual health and HIV education reflect larger systemic barriers related to health literacy and access to appropriate information.

Major themes:

- Interaction with front office staff
- Accessibility of services
- Health insurance problems
- Lack of sexual health and HIV education
- Confidentiality
- Impact of Stigma on healthcare access

Interaction with Front Office Staff

Several participants mentioned a negative experience with a front office staff member or a receptionist in a health care setting. Negative experiences included being ignored, shamed, and treated rudely. A few participants mentioned witnessing a receptionist or other staff member speak loudly about a patient's health status or insurance situation, including an incident at a community health center when a staff member chastised a young woman about her sexually transmitted infection in front of other patients. The young men did not think such behavior was respectful or professional. Almost universally, the young men shared that they had a good relationship

"A lot of places….they have issues in customer service. Where individuals who attend those locations are made to feel less than. They're not greeted professionally. It's usually based upon attitude. Even if a consumer is coming to them with attitude, they should be a little bit professional – to treat them as a client or consumer, as opposed to a buddy."

with their doctor or nurse practitioner, based on mutual respect and trust. The vast majority of negative experiences of shame or rudeness occurred outside the exam room.

Waiting for long periods of time before seeing a doctor was mentioned frequently, for both "walk-in" appointments and scheduled appointments. The participants understood that sometimes doctors are late or they cannot be seen at their appointment time for valid reasons. Their complaints were with the ways the delays and waits were handled by office staff. Often they would not be told how long their wait would be or why the delay was occurring. Some of the men perceived that people with insurance or "good insurance" got seen before they did, even when they had arrived before the other patients.

The thread that ran through all the conversations about the front of office staff was the need for common courtesy and proactive communication in all interactions with patients. The participants perceived discrimination and lack of courtesy in many of their interactions with medical institutions. Most of the other nuisances and inconveniences of accessing healthcare were considered understandable or bearable, but being treated disrespectfully was considered a barrier to care by all three focus groups. Participants also shared some positive experiences and suggestions of how they would like to be treated by office staff. Suggestions included welcoming patients as soon as possible and informing them on how long they are likely to wait before being seen. Anderson et al. found that having an outstanding office staff was one of the core domains of healthcare associated with patient's perception of high quality healthcare. Traits related to high quality office staff included professionalism, friendliness, and being helpful (Anderson, Barbara, & Feldman, 2007).

Accessibility of services

Among the concerns about accessibility were the distance traveled to health care providers, appointment times, appointment setting processes, walk-in hours and procedures, and the physical layout or design of the facility. Transportation and distance concerns were the most often mentioned problem with accessibility, with issues related to appointment times or operating hours closely following in frequency. Cheung, et al. (2012) found similar barriers among Medicaid beneficiaries who experienced more barriers to timely primary care and had higher utilization of emergency departments. The barrier of the office not being open when the patient is available/needs care reflects the Medicaid beneficiaries' and the YMSM's difficulty in requesting time off from work (Cheung, Wiler, Lowe, & Ginde, 2012).

Transportation concerns were most often mentioned in the context of having to travel far to receive services. For instance, a participant shared his experience of having to travel out to the suburbs to visit a particular specialist and then having to return for multiple visits. His challenge was not only the expense, but also the time it took to take public transportation to appointments. Other participants also talked about the burden of the time it takes to use public transportation to get to appointments. They may spend the better part of a day going to an appointment between travel time and the wait to see the provider. Primary care access is affected by limited transportation, reflecting the need for clinic locations in places YMSM can access easily.

"You know how you get certain hospitals that are in the ghetto. And you got certain departments or representatives that are ghetto-like?"

"Yeah like, 'You're in the ghetto. You don't count'".

Other participants were reluctant to receive services in their own communities and preferred to travel from their neighborhoods to Center City where they perceived more anonymity. Reasons mentioned for wanting to travel outside their neighborhoods included fear of a breach of confidentiality and the perception that care in their neighborhood was not high quality, or that it was "ghetto".

Participants made the distinction between "ghetto" providers (hospitals, clinics, etc.) and those that they felt had good reputations and offered quality care. The geographic location of the organization did not necessarily dictate if it was "ghetto", but attitude and professionalism of the staff surely did (see examples above). "Ghetto" providers included prominent institutions (including teaching hospitals) and small community-based organizations. The young men did not want to be associated with "ghetto" institutions.

Participants shared experiences of trying to attain services, including HIV testing, and being frustrated by the hours of operation or the process for making an appointment. These frustrations included having to arrive (or call) early in the morning to attain a "walk in" appointment. The frustration stemmed from the process of having to call or show up first thing in the morning, having to take off from school or work, and not having a promise of an appointment. Other frustrations included not having the current hours of operation listed on the organization's website. A participant shared an experience of being sick and getting up extra early to get to the health center first thing to secure a walk-in appointment, only to find out that the health center was closed mornings on that particular day. The current hours were not posted on the health center's website. When the participants were asked to brainstorm about their ideal health care provider, many included that the organization would have evening hours, even as late as midnight to accommodate people who don't work traditional 9-to-5 schedules.

"A lot of people don't have money for a co-pay in the way they expect for you to pay it upfront. Things like that. People don't have it. That's why people don't go to the doctor."

Health Insurance Challenges

Participants mentioned a variety of challenges in understanding and using their health insurance. Most, if not all of the men were insured, often through guardians or parents. There were many questions about what happens as they age: when do they need to have their own insurance, how to get insurance, what type of coverage do they need, how to afford the premiums and co-pays, etc. Co-pays were the most often mentioned barrier to accessing medications and health care. There was confusion about when co-pays apply and how much they would be.

Confusion about out of pocket costs and coverage may prevent a young man from accessing a needed service or medication. For instance, a participant described his experience of needing specialist care that was not covered by his health insurance. He explained that if the doctor's office had informed him of his co-pays and cost-

"The better your insurance, the better care you going to get"

sharing when he called to make the appointment he could have made a more informed decision about his care. Medication co-pays were often cited as barriers to medication adherence, not only for the participants, but friends and family members as well. Even "nominal" co-pays of $2 or $3 could be a barrier, especially if someone had to pay for several medications at one time.

These focus groups occurred in June 2014, after the implementation of the Patient Protection and Affordable Care Act (2010). The participants mentioned "Obamacare" several times, and each time the comment was about how Obamacare didn't work for them or their family. Participants shared experiences of friends and family members who had problems signing up for insurance on healthcare.gov and the confusion caused by the lack of information on plans and out of pocket costs. Participants also believed that Obamacare didn't address the needs of poor people who couldn't afford the premiums and cost-sharing. These conversations happened before Pennsylvania expanded Medicaid eligibility to low income adults.

Sexual Health Education

Most of the participants talked about a lack of sexual health education in their high schools. The few who received sexual health education described what was presented as either misinformation or information that did not meet their needs. Some stated that the "sex ed" given was focused on pregnancy prevention, and so had little useful information to offer young gay and bisexual men. Some participants had positive experiences in school, usually because a school-based Gay Straight Alliance (GSA) invited speakers or the school hosted afterschool activities that offered the opportunity to learn about sexual health issues. One participant said that his Catholic high school offered comprehensive sexual health information, including information on prevention of sexually transmitted infections. The experiences varied, but the majority of participants were not satisfied with the information presented at school.

YMSM who do not receive relevant sexual health information may have limited understanding of how anal sex and other sexual behaviors affect their risk of HIV or other STIs. In the absence of health education young men may rely on older partners, information gained from the internet, and pornography for information related to risk (Kubicek, Beyer, Weiss, Iverson, & Kipke, 2010). Young men who are exposed to HIV-related information are more likely to have positive beliefs about HIV testing and the perceived behavioral control to get tested. Knowledge about HIV does not correlate to intentions to get an HIV test; however, exposure to HIV-related information is directly associated with testing intentions (Meadowbrooke, Velnot, Loveluck, Hickok, & Bauermeister, 2014). YMSM who are exposed to HIV-related information, whether they are knowledgeable about HIV or not, are more likely to get an HIV test.

The participants agreed that the information and services they received from LGBTQ-serving organizations, especially youth-focused organizations, met their current health information needs. They trusted the information they received and the people who advised them. The men were most trusting of medical professionals for sexual health information, especially about HIV and STIs.

During the discussion in one focus group, misunderstandings about HIV transmission came up. A participant believed that HIV could be transmitted by mosquitos, after another participant was sharing his previous beliefs

"They pulled a lot of programs out of schools; especially in Philadelphia….They cut the sex education programs and also health classes. And the nurses, the real nurses in Philadelphia schools got cut as well. So that's probably why a lot of teens don't know about where to get healthcare or get tested because there is like no outlet for them to get that information. A lot of parents are kind of scared to let them know, or don't want to tell them about sex education or where to get tested, because then they feel like that's a pass to do these things; but it's really making sure your child is aware of the situation. I believe teens will do it anyway, have sex anyway, but you just want to let them know that you can be protected while doing it. A lot of parents are scared to even have that conversation with their kids."

about HIV transmission. The other participants were well informed and explained why that was not true. The moderator allowed the group to correct misinformation, and then shared relevant clarifying information. Another misunderstanding concerned the scope of the HIV epidemic in Philadelphia: a participant thought 25% of the population was infected. Once it was apparent the others were not sure of the statistics, the moderator clarified that about 1% of Philadelphians were HIV-positive. So even though these young men are connected to organizations with HIV prevention and health education programs, there is still some misunderstanding and confusion among them about HIV transmission and their risk of infection.

Overall, the participants were well informed about how and where to get HIV testing and other sexual health information and services. The participants had either sought out this information or had received it through participation in a group or program. Some participants used Google to find information on sexual health and healthcare services. This highlights the need to make sure that relevant healthcare and social services information is easily accessible to YMSM (and others) who feel most comfortable going online to find information. Having information online may also benefit YMSM who do not live in places where there are youth and LQBTQ-friendly providers, as well as those young people who are uncomfortable being associated with a "gay" program or service.

Impact of Stigma on Access to Care

Participants stressed the importance of healthcare providers treating them with care, courtesy and respect. Most of the young men felt that they received respectful care from their primary care providers, but a few shared experiences of being shamed or treated rudely. Participants felt differently about these experiences than those with front office staff. The participants expect their doctors and nurse practitioners to treat them respectfully and professionally. When they are not treated respectfully, they are unwilling to return to that individual provider for care, and feel shamed and stigmatized. From comments made about these different experiences, it's clear that professional behavior is desired from all members of an organization's staff, but rudeness is more generally expected (and tolerated) from front office staff.

Participants did not share much about their particular experiences as minority gay and bi men. One participant shared an experience with a female doctor (at a city health center) who did not appear to be comfortable talking

about his sexual behaviors or his sexuality in general. He did not feel that this doctor gave him high quality care or treated him respectfully, because she could not comfortably address his concerns and questions. Participants' racial and ethnic identities were only mentioned or referred to a few times. The issues of pride and denial were mentioned when the conversation turned to why others might not access healthcare. The community norms that teach men, particularly black and Muslim men, that seeking healthcare is undesired or not a masculine behavior were mentioned a few times. The comments about these norms indicated seeking healthcare isn't desirable because it may indicate a lack of strength or ability to take care of oneself, and because seeking healthcare often means going outside the trusted community, in terms of race/ethnicity, geography, and culture. The participants were more likely to mention the healthcare experiences of their mothers, grandmothers and sisters than the male members of their families.

The experiences and beliefs about healthcare and discrimination toward minority MSM have been explored in more depth in other qualitative and quantitative studies (Eaton, et al., 2015, Irvin, et al., 2014, Tri vedi & Ayanian, 2006, Malebranche, Peterson, Fullilove, & Stackhouse, 2004, Meyer, 2003,). Experiencing stigma from healthcare providers is associated with longer time lapses for last examination for both HIV-negative and HIV-positive MSM. However, it may be possible that having a trusting relationship with an individual healthcare provider may negate the impact of prior negative experiences with health care (Eaton, et al., 2015). As mentioned by this study's participants, individuals may perceive discrimination based on characteristics outside of sexuality, gender or race/ethnicity. Income and insurance type are other reasons individuals give for perceived discrimination, however perception of discrimination is unlikely to account for the observed disparities in healthcare access and receipt of preventive health services (Irvin, et al., 2014, Trivedi & Ayanian, 2006).

"I think one thing is particular to African American men in general….African American men are not encouraged to seek healthcare. I can understand it, because my family –I have traces to the Tuskegee experiments. So going to the doctor was very looked down upon….And on the flip side of it, unfortunately, is a lot of the healthcare providers don't really attend to the needs of the particular experiences that African American men go through."

Confidentiality

Participants often brought up a lack of privacy or confidentiality when speaking about healthcare organizations that they found undesirable or unprofessional. A few examples of front office staff speaking about individual patient's information too loudly or in public spaces were shared, but the participants did not share any personal experiences with breaches in confidentiality or privacy. Even without personal experience, confidentiality concerns are central for YMSM thinking about HIV or STD testing and healthcare services. Some organizations have a reputation among Philadelphia YMSM as not respecting patients' personal information or protecting their privacy. A couple of organizations were mentioned in all three groups as undesirable because of the

"I can only imagine how a person would feel if you're trying to open yourself up to be that vulnerable, and someone just blatantly disrespects everything that you are, and everything that you just came for them to talk about."

perceived lack of professionalism of the staff. Even in the age of HIPAA, which the young men demonstrated an understanding of; there is still enough fear of stigma and general embarrassment about sexually transmitted diseases that the young men didn't want to take any chance that their personal business would be public, either through their peer networks or through family or neighborhood channels.

Young men were concerned that having peers test them, or even just work at organizations where they received HIV testing and prevention services, could leave them vulnerable to having their HIV status or other health information get out into the community. This fear of having a peer tell their social network about their HIV status or health information was a strong theme whenever the discussion turned to unacceptable HIV testing providers or bad experiences in healthcare settings. The group discussions made it clear that the YMSM understood how HIV stigma worked within their communities and that it acts as a barrier to testing and HIV care services for many people, including their peers. They understood the purpose of having other young gay and bi men provide HIV outreach, education, and testing services but did not trust their peers to follow the rules. Medical professionals, especially primary care doctors, were mentioned as trusted sources of HIV testing services, sexual health information and STD screening.

HIV Testing

"….nowadays, a lot of our peers are testing us. Somebody that I know tested me, and I'm like, 'What if I test positive and then he'll know, because he knows basically everyone that I chill with and talk to.' People can't keep quiet…"

PDPH estimates that there are approximately 6,000 HIV-positive individuals who are unaware of their HIV status in Philadelphia. According to recent research, undiagnosed individuals were responsible for 30.2% of the estimated 45,000 HIV transmissions in the U.S. in 2009 (Skarbinski, et al., 2015). Early diagnosis is essential to the goal of the National HIV/AIDS Strategy to reduce new HIV infections (U.S. Department of Health and Human Services, Dieffenbach & Fauci, 2009).

Early diagnosis of individuals reduces the number of new HIV infections in two ways: diagnosed MSM are likely to reduce their sexual risk behaviors through condom use, sero-sorting, strategic positioning and other harm reduction methods (Crepaz, et al., 2009, Marks, Crepaz, Senterfitt, & Janssen, 2005) and diagnosed individuals can begin HAART and reduce their viral load to undetectable levels (if adherent). Transmission of HIV among MSM is significantly associated with recent infection, sexually transmitted diseases, and higher viral load (Fisher, et al., 2010). Thus, with routine HIV and STI testing and efficient linkage to care of newly-diagnosed MSM, there is likely to be a reduction in new infections. However, testing and diagnosis alone will not reduce the incidence of HIV in Philadelphia (Gardner, McLees, Steiner, del Rio, & Burman, 2011).

HIV testing is the core of the current HIV prevention system in Philadelphia. HIV testing occurs in a variety of settings, including primary care, emergency departments, community-based organizations, AIDS service organizations, city health centers and community venues like health fairs. The mix of clinical and community-

based testing allows for YMSM and others to choose the testing option that feels most comfortable and accessible. This study examined HIV testing knowledge and preferences of YMSM in the context of the larger healthcare system to better understand where and how YMSM prefer to be tested. This information will help community-based and clinical care providers better target HIV and STI testing programs for YMSM and provide the support and integration of services necessary to link, engage and retain YMSM in HIV care and treatment.

The participants were knowledgeable about where to get an HIV test. In all three groups, they quickly named many options for places to go for a test, including hospitals, community-based organizations, mobile units, AIDS service organizations, emergency departments, LGBTQ organizations, and primary care providers. It should be noted that all of the young men had some affiliation with LGTBQ organizations in Philadelphia, attending support groups, receiving medical care or other services at these places (they were recruited from these sites). They appeared to be comfortable talking about HIV testing in general, and about their specific experiences. No one shared negative experiences with HIV testing in the groups, but they offered negative opinions and perceptions about some HIV testing providers.

"For me, the reason why I go to Health Center 1 or something like that is because….they do multiple things. They test for syphilis, gonorrhea, and all that when you go in. Whereas, when you go somewhere that might just do HIV testing, you could be missing a whole lot of things."

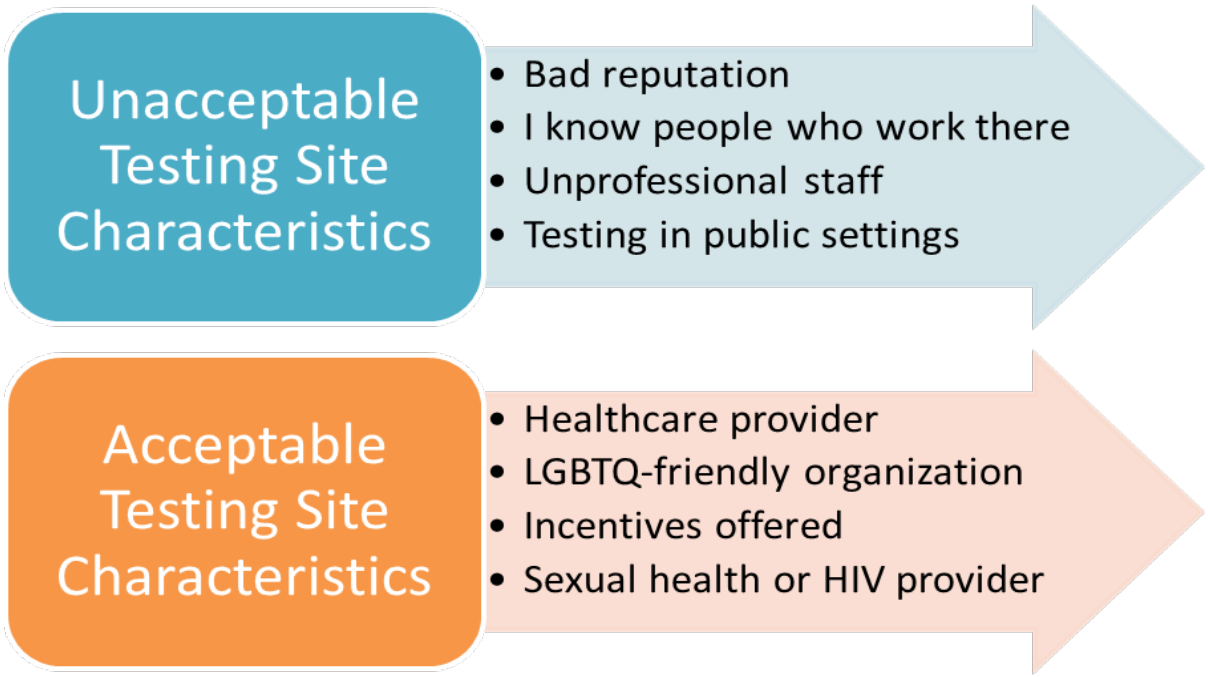
From the group discussions, getting tested regularly was a common occurrence and expectation for their peer group. Of course, it is impossible to know how often the young men were tested because the survey only asked if they had ever tested and why. Furthermore, any young man who did not test regularly would be under a tremendous amount of social pressure to either report he did or keep quiet. Two participants did not answer the survey question about whether they had ever received a HIV test.

After the groups listed HIV testing providers, they were asked where they would and would not go to get an HIV test. The groups were consistent about where they would and wouldn't go and why. The two most popular reasons for not wanting to go to a particular testing site were lack of professionalism and concern about confidentiality. Trusted HIV testing sites were LGBTQ organizations and/or healthcare providers (including hospitals, clinics and primary care providers).

Participants held differing views about whether peers doing the outreach and/or testing was a barrier. As mentioned previously, some participants worried that a peer would be tempted to tell others about the testing results or even just tell others that they had visited a testing site. Other participants did not share the fear of a breach of confidentiality, and explained why having peers work in outreach and testing was a successful strategy to get young men to test. When the moderator pressed for examples of any experiences of breached confidentiality, no one gave a personal example. However, several of the men expressed that they were unwilling to take the chance that their testing experience would become fodder for gossip.

Surprisingly, one of the groups discussed how incentives are seen positively, not necessarily because of the actual incentive's value, but because the incentive offered a "cover" to those seeking HIV or STI testing. For example, one participant explained he would say he was going to the mobile testing site to get a slice of pizza or some tokens, if questioned by a friend or neighbor. The use of incentives as an excuse or "cover" for seeking HIV

testing and other services is a rational response to the HIV-stigma and social norms the YMSM find themselves navigating.



Ideal Healthcare Setting

The moderators asked participants to describe their ideal healthcare setting including who would work there, what it would look like, where it would be, etc. Many of the participants offered detailed descriptions and thoughtful reasons why their clinic would have certain features. The most frequently mentioned characteristics of the ideal healthcare setting were diversity of staff, highly-qualified providers, and a feeling of acceptance and inclusion.

Other characteristics mentioned more than once included:

- Free food and snacks
- Highly-trained professional staff
- Help with transportation
- Diverse staff
- Evening and weekend hours
- On-site access to medications
- Accessible location
- Friendly and polite staff
- Multiple services in one location

"It would be convenient location. It would be super clean. It'll be a fast-paced environment and it'll be diverse in sexual orientation and ethnicity. I also feel like, it'll be very polite, because nowadays people need that, especially sick people. They just need someone to be polite to them."

These characteristics are in keeping with the concerns and preferences of many patients of primary care. A positive interaction (partnership-building, facilitating rather than directing, friendly) with a doctor often leads to

high patient satisfaction. The more patient-centered the facility and provider are the more positive the patient experience (Williams & Williams, 1998).

The YMSM were sure to include spaces for other members of the community in their ideal settings, including childcare centers so parents and caregivers can receive healthcare services. Many of the young men also mentioned accompanying their grandparents to hospitals and clinics, and so also considered the needs of older people in the designs of their imaginary healthcare setting, like snacks and on-site access to medications. There was a general emphasis that any healthcare setting should be accommodating to everyone and serve all with respect and care.

Discussion

This study indicates that the barriers to care experienced by YMSM in Philadelphia vary from the systemic and structural to the interpersonal. YMSM, especially minority YMSM, face a society that discriminates against them because of their race, age, sexual orientation and/or gender idenity. Perceived stigma due to one's sexual orientation (or other characteristics) involves heightened sensitivity to rejection that is marked by expectation of being treated as unequal (Meyer, 2003). This phenomenon can be seen in some of the experiences and opinions shared by the participants, especially when considering their stories of disrespect from providers.

Black MSM experience stigma and discrimination on many levels due to social prejudices against black people, especially black men, and their sexual minority status. Black and other minority YMSM must navigate the healthcare system with all the other barriers experienced by the general population: lack of insurance or being underinsured, health illiteracy, transportation challenges, competing needs, other responsibilities, and any number of other barriers (Cheung, Wiler, Lowe, & Ginde, 2012). Anticipated or perceived discrimination adds another layer of stress, which may also prevent the individual from seeking or accessing care (Meyer, 2003). The internalization of these negative experiences impedes engagement in healthcare, HIV testing, and treatment adherence (Irvin, et al., 2014, Malebranche, Peterson, Fullilove, & Stackhouse, 2004). When providing services to YMSM and other minority populations, one must be aware of the previous experiences of stigma and actively work to make individuals feel accepted and welcome; to see the person beyond the labels society has stuck to them (Hussen, et al., 2013, Malebranche, Peterson, Fullilove, & Stackhouse, 2004).

Public health programs often view individuals as a member of a "target population", rather than the individual themselves. As one young man described, some safer sex messages feel stigmatizing to YMSM because they see their heterosexual peers engaging in unprotected sex and other risk behaviors, but they don't receive the same messages. YMSM may perceive that their healthcare providers expect certain behaviors from them, regardless of what the individual men actually do. These expectations may feel stigmatizing; even if the providers intend to be inclusive and accepting.

> *"I personally have a problem with the expectation that people have, that people or LGB people are supposed to be doing more than straight people are doing. And it's very frustrating, because I think it's counterproductive….Because it makes people feel like they're singled out. It makes them feel like, 'I don't see this pregnant chick down at-- or this young mother, making all these kids-- Nobody's telling them or harassing them about their condoms use'. They might be, but you don't get the impression that that they're being harassed about it. When there's also consequences for their actions….But in regard to that environment, I don't think I've experienced that directly. But other than that sensation that you're talking to me a certain way, and I'm not sure that you talk to your heterosexual patients the same way. It may not be explicitly said, but you give that impression maybe. I don't think you give them the same hassle. Even when they come in here with a STD or if they're coming here with-- if they're young and pregnant or whatever, I don't think you give them that same way."*

Providing a safe space for young men to discuss their sexuality and well-being is essential to providing effective HIV prevention services to YMSM. Healthcare providers need to be prepared to have these conversations with YMSM, to assess their true risk for HIV and other STIs and then provide comprehensive care to meet those

medical and social needs (Hussen, et al., 2013, Mustanski, Newcomb, Du Bois, Garcia, & Grov, 2011). Exactly how to create those safe spaces will vary depending on the individual healthcare provider and the context in which care is provided. Some YMSM prefer to talk to peers, whether that is other YMSM or a healthcare provider of their racial/ethnic group, or a provider who identifies as gay or bisexual.

The atmosphere and culture of the clinic, hospital or practice impacts the comfort level of YMSM. As the participants shared, they will not go where they do not feel welcome. Creating a comfortable place may include: snacks, comfortable waiting areas, easy procedures for setting appointments, expanded office hours in the evening or on weekends, and open communication between office staff and patients on expected wait times and other matters that affect the patient experience (Cheung, Wiler, Lowe, & Ginde, 2012, Anderson, Barbara, & Feldman, 2007).

A study of BMSM's access to HIV testing and prevention services found that inadequate access to culturally competent services, stigma and discrimination, and limited services in the areas BMSM live acted as structural barriers to these services (Levy, et al., 2014). The participants discussed the location of services and the prevalence of discrimination and stigma in the community as barriers for care for them and their friends and family. Structural interventions like locating services within minority communities and helping BMSM build the navigation skills necessary to access healthcare and social services would serve to mitigate these barriers.

Individuals come to HIV testing with their own beliefs, perception, attitudes and experiences. There is no one "right" way to offer HIV testing, as demonstrated by the variety of preferences shared by participants. Some participants want to be tested by a doctor as a part of routine medical care. Others like to be able to walk in and receive a test in a community setting whenever they feel like it is necessary or desired. Hussen, et al. (2013) developed a typology of HIV testing behaviors of BMSM that provides context to this study's findings. In the typology there are four types of HIV testers: Maintenance, Risk-Based, Convenience, and Test Avoiders (Hussen, et al.,2013). This typology provides insight into how BMSM perceive and prioritize HIV testing.

Most of the participants in the focus groups fit the description of Maintenance Testers, with others falling under the other three types. Maintenance Testers see themselves as advocates for their health and HIV testing as a part of routine health care. These men regularly access care, are open about their sexuality, and have internalized public health messages about HIV testing (Hussen, et al., 2013).

Hussen, et al. (2013) found that the younger men were more likely to be Maintenance Testers and Test Avoiders. Test Avoiders are also openly gay or bisexual; however they cite more experiences of bullying than the Maintenance Testers. Avoiders have a high perception of HIV risk, however their fear of the results and HIV stigma impede their engagement with healthcare and HIV testing.

Stigma experienced by sexual minorities impacts the HIV testing access of the remaining two types Risk-Based Testers and Convenience Testers. Hussen, et al. (2013) observed that these types generally describe their appearances as masculine, and they tend to endorse more traditional masculinity social norms and beliefs. Risk-Based Testers and Convenience Testers advocated for prevention strategies that focused on black men, not black gay men, highlighting black brotherhood as central to their identity.

This typology offers a way to conceptualize the heterogeneity of the BMSM and YMSM populations' experiences with HIV testing and HIV prevention messaging. Some men view HIV testing as possibly "outing" their sexuality. Public health messages about HIV testing often focus on gay men. The targeting of these messages may reinforce perceptions that HIV testing is something only "gay" men do. The YMSM participants offered evidence supporting this concept in their discussions of the incentives for HIV testing; that incentives act as a "cover" for them so they can seek HIV testing while reporting to others that they were only going to receive the incentive. Relatedly, another participant explained he would pretend to be accompanying a female friend to Planned Parenthood in order to get services without risking exposing himself to possible ridicule or stigma. These beliefs about HIV testing emphasize the importance of access to and engagement in primary care for YMSM.

If YMSM are actively engaged in primary care and routine HIV and STD testing, they do not have to negotiate how stigma impacts their seeking HIV testing and prevention services. HIV prevention messages should promote HIV testing as a standard part of routine medical care, in order to normalize HIV testing and destigmatize HIV testing as something only "gay" people do (Parent, Torrey, & Michaels, 2012). Disclosing same-sex attraction to a healthcare provider is a difficult act for some MSM because of fear of discrimination and internalized stigma. In a study of MSM in New York City, 39% of MSM did not disclose their same-sex attraction to their health care providers and none of the bisexual men disclosed (Bernstein, et al., 2008). An online survey of MSM found that, of the 4620 MSM who reported visiting a health care provider in the last year, only 30% were offered an HIV test. The men who disclosed sex with men were more likely to be offered a test (Wall, Khosropour, & Sullivan, 2010).

According to the CDC's revised recommendations for HIV testing of adults, adolescents, and pregnant women in health-care settings (2006), all MSM should be offered a HIV test at least annually. For these recommendations to be successful in routinizing HIV testing for MSM and all Americans, healthcare providers must offer HIV testing and discuss their patients' sexual behaviors to recommend other appropriate screenings and prevention interventions. This is especially important for MSM populations, considering the prevalence of HIV within MSM and YMSM communities. Healthcare providers cannot assume that men will always disclose their same-sex attraction or their sexual behaviors. For this reason, providers must be willing and able to have open dialogue with their patients about their sexual history and behaviors on an ongoing basis, in addition to offering annual HIV tests.

LIMITATIONS

The analysis of these groups cannot be generalized to reflect the experiences, needs or barriers of all YMSM. As mentioned previously, all the participants were recruited through LGBTQ and/or youth serving organizations with HIV prevention and testing programs. All of these young men had participated in at least one program or activity at these organizations. Due to this limitation, the results of these discussions cannot be applied generally to all YMSM in Philadelphia. YMSM who do not identify as gay or bisexual, or otherwise do not identify as part of the local "gay culture", may have different opinions and experiences. The young men in this study also reported regular engagement with healthcare; this may not be true for their peers. Identifying as a member of the "gay" community is associated with more HIV information seeking, more HIV knowledge and seeing the HIV information relevant to one's experiences (Veinot, Meadowbrooke, Loveluck, Hickock, & Bauermeister, 2013).

Participants were aware that the purpose of the study was to inform the planning of HIV prevention services in Philadelphia, and so may have given responses in support of organizations they frequented in order to protect the funding or reputations of those organizations. The participants also may have given socially acceptable answers in order to gain the respect and admiration of the moderators and/or their peers. The moderators were clear to emphasize that there were no correct answers or opinions.

Overall, caution should be exercised when applying the results of this study. This analysis is offered as insight into how YMSM view healthcare and the local HIV testing and prevention system, to be used alongside other data for policy and program planning.

Conclusions and Recommendations

In order to address the healthcare and HIV prevention needs of Philadelphia's YMSM, a combination of strategies, policies and programs are necessary.

Increasing access to and engagement with primary care for YMSM and MSM is crucial to increasing the number of MSM who receive regular (at least annual) HIV tests. Engagement in primary care is an especially important tool in the HIV prevention "toolbox" in this age of biomedical interventions like pre-exposure prophylaxis and "treatment as prevention". HIV-negative YMSM can be linked to appropriate interventions and have regular sexual health screenings. YMSM who are regularly tested and engaged in healthcare will have a better chance of being linked to HIV care and treatment, should they acquire HIV. Programs that engage YMSM in healthcare should address their complex needs, including mental health, substance use, chronic health conditions, and social needs, in developmentally appropriate ways.

Considering the barriers to healthcare and HIV testing experienced by YMSM in Philadelphia, routine testing in primary care settings is necessary. Risk-based testing may miss high-risk individuals who are reluctant to disclose same-sex attraction and/or their sexual behaviors or substance use) ((Eaton, et al., 2015, Levy, et al., 2014, Hussen, et al., 2013, Bernstein, et al., 2008).

Young men should have sexual health education that promotes not only their health but well-being. Comprehensive evidence-based sexual health education that meets the needs of all high school students, inclusive of all gender identities and sexual orientations, is needed in the Philadelphia school district.

HIV testing protocols should address concerns about confidentiality. HIV testing organizations ought to consider who provides the counselling and testing, where testing occurs, and how to address concerns about confidentiality and privacy. It may be beneficial to include information about privacy protections and confidential testing protocols in outreach and marketing materials, in order to address those concerns before they can become barriers to testing.

Healthcare organizations and all HIV testing programs need to prioritize the barriers, challenges and concerns of YMSM. Special attention should be paid to creating welcoming and accepting organizational cultures. YMSM want to go to providers who can relate to their experiences and accept them as they are.

Relevant information about local services, sexual health, and HIV/STD testing needs to be where YMSM are likely to find it: online. Reliable online content will help many YMSM, especially those who are reluctant or unable to access services in the “gay” community. More local research is needed to do this effectively in order to better understand how Philadelphia’s youth access online health information.

Community level efforts are needed to address HIV stigma and discrimination of LGBTQ individuals, which persist and act as a barrier to open communication about the sexual health needs of YMSM.

As the participants described, YMSM want services to be respectful, confidential, accessible, inclusive of all types of people, and affordable/free. These are likely the desires of all healthcare consumers and hardly unique to the experiences of YMSM. However, considering the disproportionate impact of HIV/AIDS on YMSM, every effort should be made to address these concerns. Public health programs and healthcare organizations need to remain sensitive to the effect of stigma and discrimination on YMSM; especially minority YMSM who face not only stigma because of their sexuality and or gender expression, but live in a society with pervasive structural racism.

References

amfAR. (2015, February). HIV and the black community: Do #Black(Gay)lives matter? *Issue Brief*, 1-11.

Anderson, R., Barbara, A., & Feldman, S. (2007). What patients want: A content ananlysis of key qualities that influence patient satisfaction. *Medical Practice Management*, 255-261.

Bernstein, K., Liu, K., Begier, E., Koblin, B., Karpati, A., & Murrill, C. (2008). Same-sex attraction disclosure to health care providers among New York City men who have sex with men: implications for HIV testing approaches. *Archives of Internal Medicine*, 1458-64.

Centers for Disease Control and Prevention. (2012, December). *CDC Fact Sheet: New HIV Infections in the United States.* Retrieved March 3, 2015, from Centers for Disease Control and Prevention: http://www.cdc.gov/nchhstp/newsroom/docs/2012/HIV-Infections-2007-2010.pdf

Centers for Disease Control and Prevention. (2013, November 29). HIV testing and risk behaviors among gay, bisexual, and other men who have sex with men - United States. *Morbidity and Mortality Weekly Report*, pp. 958-962.

Centers for Disease Control and Prevention. (2013). *HIV, Other STD, and Teen Pregnancy Prevention and Philadelphia Schools.* Retrieved March 4, 2015, from Centers for Disease Control and Prevention: http://www.cdc.gov/healthyyouth/yrbs/pdf/hiv/philadelphia_hiv_combo.pdf

Centers for Disease Control and Prevention. (2014, July). *HIV and Young Men Who Have Sex with Men .* Retrieved March 3, 2015, from Centers of Disease Control and Prevention: http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hiv_factsheet_ymsm.pdf

Cheung, P. T., Wiler, J. L., Lowe, R. A., & Ginde, A. A. (2012). National study of barriers to timely primary care and emergency department utilization among Medicaid beneficiaries. *Annals of Emergency Medicine*, 4-10. Retrieved from SAMSHA: http://www.integration.samhsa.gov/financing/2012_Barriers_to_Mcaid_Pt__Cheung.pdf

Crepaz, N., Marks, G., Liau, G., Mullins, M. M., Aupont, L. W., Marshall, K. J., . . . Wolitski, R. J. (2009). Prevalence of unprotected anal intercourse among HIV-diagnosed MSM in the United States: a meta-analysis. *AIDS*, 1617-1629.

Dieffenbach, C. W., & Fauci, A. S. (2009). Universal voluntary testing and treatment for prevention of HIV transmission. *Journal of the American Medication Association*, 2380-2382.

Dorell, C., Sutton, M., Oster, A., Hardnett, F., Thomas, P., Gaul, Z., . . . Heffelfinger, J. (2011). Missed opportunities for HIV testing in health care settings among young African American men who have sex with men: implications for the HIV epidemic. *AIDS Patient Care and STDs*, 657-64.

Eaton, L. A., Driffin, D. D., Kegler, C., Smith, H., Conway-Washington, C., White, D., & Cherry, C. (2015, February). The role of stigma and medical mistrust in the routine health care engagement of black men who have sex with men. *American Journal of Public Health*, e75-e82.

Fisher, M., Pao, D., Brown, A. E., Sudarshi, D., Gill, O., Cane, P., . . . Pillay, D. (2010). Determinants of HIV-1 transmission in men who have sex with men: a combined clinical, epidemiological and phylogenetic approach. *AIDS*, 1739-1747.

Gardner, E. M., McLees, M. P., Steiner, J. F., del Rio, C., & Burman, W. J. (2011). The spectrum of engagementin HIV care and its relevenace to test-and-treat strategies for prevention of HIV infection. *Clinical Infectious Disease*, 793-800.

Hussen, S. A., Stephenson, R., Carlos, d., Leo, W., Jermel, W., & Darrell, W. (2013). HIV testing patterns among black men who have sex with men: A qualitative typology. *PLos ONE, 8*(9), e75382. doi:10.137/journal.pone.0075382

Irvin, R., Wilton, L., Scott, H., Beauchamp, G., Wang, L., Betancourt, J., . . . Buchbinder, S. (2014). A study of perceived racial discrimination in black men who have sex with men (MSM) and its association with healthcare utilization and HIV testing. *AIDS Behavior*, 1272-1278.

Kaufman, M. R., Cornish, F., Zimmerman, R. S., & Johnson, B. T. (August 15, 2014). Health behavior change models for HIV prevention and AIDS care: Practicial recommendations for a multi-level approach. *Journal of Acquired Immune Deficiency Syndromes*, S250-@258.

Kubicek, K., Beyer, W., Weiss, G., Iverson, E., & Kipke, M. (2010, April). In the dark: Young men's stories of sexual initiation in the absence of relevant sexual health information. *Health Education Behavior*, 243-263.

Levy, M., Wilton, L., Phillips, G., Glick, S., Kuo, I., Brewer, R., . . . Magnus, M. (2014). Understanding structural barriers to accessing HIV testing and prevention services among black men who have sex with men (BMSM) in the United States. *AIDS Behavior*, 972-96.

Malebranche, D. J., Peterson, J. L., Fullilove, R. E., & Stackhouse, R. W. (2004, January). Race and sexual identity: Perceptions about medical culture and healthcare among black men who have sex with men. *Journal of the Medical Association*, 97-107.

Marks, G., Crepaz, N., Senterfitt, J., & Janssen, R. S. (2005). Meta-analysis of high-risk sexual behavior in persons aware and unaware they are infected with HIV in the United States. *Journal of Acquired Immune Deficiency Syndrome*, 446-453.

Meadowbrooke, C. C., Velnot, T. C., Loveluck, J., Hickok, A., & Bauermeister, J. A. (2014). Information behavior and HIV testing intentions among young men at risk for HIV/AIDS. *Journal of the Association for Information Science and Technology*, 609-620.

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 674-697.

Millet, G., Flores, S., Peterson, J., & Bakeman, R. (2007). Explaining disparities in HIV infection among black and white men who have sex with men: a meta-analysis of HIV risk behaviors. *AIDS*, 2083-91.

Millet, G., Peterson, J., Flores, S., Hart, T., Jeffries, W., Wilson, P., . . . Remis, R. (2012). Comparisons of disparities and risks of HIV infection in black and other men who have sex with men in Canada, UK, and USA: a meta-analysis. *Lancet*, 341-8.

Mustanski, B. S., Newcomb, M. E., Du Bois, S. N., Garcia, S. C., & Grov, C. (2011, March). HIV in young men who have sex with men: A review of epidemiology, risk, and protector factors, and interventions. *Journal of Sex Research*, 218-253.

Parent, M., Torrey, C., & Michaels, M. (2012). "HIV testing is so gay": the role of masculine gender role conformity in HIV testing among men who have sex with men. *Journal of Counseling Psychology*, 465-470.

Skarbinski, J., Rosenberg, E., Paz-Bailey, G., Hall, H., Rose, C. E., Viall, A., . . . Mermin, J. (2015, February 23). *Human Immunodeficiency Virus Transmission at Each Step of the Care Continuum in the United States.* Retrieved from JAMA Internal Medicine: http://archinte.jamanetwork.com/article.aspx?articleid=2130723

Stall, R., Duran, L., Wisniewski, S. R., Friedman, M. S., Marshal, M. P., McFarland, W., . . . Mills, T. C. (2009). Running in place: Implications of HIV incidence estimates among urban men who have sex with men in the United States and other industrialized countries. *AIDS Behavior*, 615-629.

Trivedi, A. N., & Ayanian, J. Z. (2006). Perceived discrimination and use of preventive health services. *Journal of General Internal Medicine*, 553-558.

U.S. Department of Health and Human Services. (n.d.). *National HIV/AIDS Strategy Fact Sheet.* Retrieved March 16, 2015, from AIDS.gov: https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-fact-sheet.pdf

Veinot, T. C., Meadowbrooke, C. C., Loveluck, J., Hickock, A., & Bauermeister, J. A. (2013). How "community" matters for how people interact with information: mixed methods study of young men who have sex with other men. *Journal of Medical Internet Research, 15*(2), e33.

Wall, K., Khosropour, C., & Sullivan, P. (2010). Offering of HIV screening to men who have sex with men by their health care providers and associated factors. *Journal of the International Association of Physcicians in AIDS Care*, 284-8.

Williams, W. S., & Williams, D. J. (1998). Doctor-patient communication and patient satisfaction: a review. *Family Practice*, 480-492.