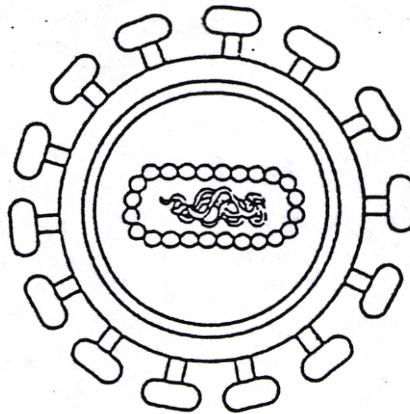


CALIFORNIA DEPARTMENT OF HEALTH SERVICES



**AIDS-RELATED
KNOWLEDGE, ATTITUDES,
BELIEFS, AND BEHAVIORS (KABB)
AMONG AFRICAN AMERICANS
AND LATINOS**

MARCH 1992

A REPORT ON:
AIDS-RELATED KNOWLEDGE, ATTITUDES, BELIEFS AND BEHAVIORS
AMONG BLACKS AND LATINOS IN CALIFORNIA

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Copies of this report and the data set used in generating the report can be obtained from the California Department of Health Services, Office of AIDS, P.O. Box 942732, Sacramento, CA 94234-7320. (916) 327-7922.

EXECUTIVE SUMMARY

Background

As of the fourth quarter of 1990, about 30,000 cases of acquired immune deficiency syndrome (AIDS) had been reported in California. In addition, an estimated 146,000 Californians are believed to be infected with the human immune deficiency virus (HIV), the virus that causes AIDS. AIDS has exerted an immense toll among California minorities (especially blacks and Latinos); rates of prevalent HIV infections in these populations are higher than among whites. Although the transmission of HIV depends heavily on behavioral risk factors, little is known about the prevalence of behaviors associated with HIV transmission in the general population. Even less is known about the determinants of risky behaviors for HIV infection among California's black and Latino populations.

In an effort to gain useful information about AIDS-related knowledge, attitudes, beliefs and behaviors (KABB) among blacks and Latinos, the Office of AIDS contracted with the NSI Research Group to conduct a statewide telephone survey of these populations. The principal aim was to obtain population-based data for planning and modeling appropriate HIV/AIDS prevention programs among blacks and Latinos. The study had the following objectives:

- Assess the level of knowledge of HIV transmission modes, preventive precautions, symptomatology and disease progression among blacks and Latinos.
- Determine the prevalence of behaviors associated with HIV transmission such as intravenous/recreational drug use and unprotected sexual intercourse among California black and Latino populations.
- Ascertain the demographic and socioeconomic characteristics of the risk groups among blacks and Latinos in order to develop effective risk reduction strategies.
- Ascertain the acceptance of risk reduction messages and the perceived credibility and persuasiveness of AIDS information channels.
- Determine the communication channels appropriate to educate at-risk groups about HIV/AIDS prevention
- Develop information which will be useful in the design, implementation, and evaluation of statewide AIDS prevention programs targeted towards minority communities in the state.
- Assess the respondents attitudes toward willingness to disclose or discuss personal or embarrassing topics.
- Collect information on utilization of the health care delivery system among blacks and Latinos.

California Minority AIDS-Related KABB Survey

To meet these objectives, the NSI Research team conducted telephone interviews of 2,768 black and Latino adults between Summer and Fall of 1990. Most of the interviews were conducted in English; bilingual interviewers administered the instrument in Spanish to monolingual Latinos.

Based on responses to the screening questions, respondents were classified into one or more of the three (3) AIDS high-risk groups: high-risk heterosexuals, recreational drug users, or gay/bisexual males. Respondents grouped into any of these high-risk categories were asked additional questions.

MAJOR FINDINGS

The survey yielded a wealth of data on AIDS-related knowledge, attitudes, beliefs, and behaviors among blacks and Latinos in California. The following are some of the important findings.

Prevalence of High-Risk Behavior

- A significantly higher proportion of Latinos (21%) than blacks (15%) aged 18 years and older can be considered as high-risk heterosexuals for HIV. If these proportions were extrapolated to the general population of blacks and Latinos in California, it means that at least 1,000,000 Latino and 200,000 black adults engage in activities which put them at risk of acquiring the AIDS virus via heterosexual transmission.

- More adult heterosexual males than females engage in behaviors considered as high-risk for HIV. For instance, 28% of Latino men (or estimated 737,500), and 21% of black men (or estimated 162,000) compared to 12% of Latinas (or estimated 291,000) and 9% of black women (or estimated 73,000) are high-risk heterosexuals.

- Sexual contacts with multiple partners in the most recent month before the survey was reported by 35% of black and 23% of Latino high-risk heterosexuals. This translates to 5% of the black and Latino adult populations. Approximately 6% of blacks and 5% of Latinos in the high-risk heterosexual group reported unprotected vaginal intercourse with persons other than their primary relationship in the 30 days before the survey.

- Compared to the proportions who reportedly engaged in unprotected vaginal sex, the prevalence of unprotected anal intercourse is even larger, 22% for black and 17% for Latino high-risk heterosexuals. This means that 3.3% of black and 3.5% of Latino heterosexuals have engaged in unprotected anal intercourse with persons other than their primary relationships during the 30 days before the interview.

Among the high-risk heterosexuals, 40% of Latino (or estimated 400,000) and 23% of black men (or estimated 50,000) had sexual contact with prostitutes at least once in the past 10 years. More black females (30%) than Latinas (19%) in this group reported that, their primary sexual partners have had sexual liaisons with prostitutes within this time frame.

- About 15% of Latino (156,000) and 6% of black (14,000) high-risk heterosexuals believe they may have been exposed to the AIDS virus through sexual contact.

California Minority AIDS-Related KABB Survey

- An estimated 77,000 blacks (or 5%) and 99,000 Latinos (or 2%) in California reported they had used "crack", "rock", or "ice" at some point in their lives [These estimates are deemed to be low. Since the computation relied on self-report of behavior judged as illegal or socially undesirable, the validity of the estimates may be doubtful]. A significantly higher proportion of black women (3%) than Latinas (1%) reported the use of at least one of these drugs in the past 10 years. Less than 1% of blacks (0.8%) and Latinos (0.5%) said they had used needles to inject drugs for non-medical purposes in the past 10 years. This means that an estimated 12,500 and 25,000 blacks and Latinos respectively used needles at least once in the past 10 years. Although 5% of blacks and 2% of Latinos had reportedly used "crack", "rock", or "ice", less than 1% of these populations said they had received treatment for drug abuse in the past year.

- Notwithstanding the low proportion of self-reported recreational drug use, alcohol abuse is prevalent in black and Latino populations. Within the past 10 years, 7% of blacks and 13% of Latinos said they used alcohol to the point that they could not remember what they had done. Moreover, the use of alcohol to enhance sexual enjoyment was reported by 38% of blacks and 21% of Latinos who were high-risk heterosexuals.

Sources of AIDS Information

To prevent HIV infection, people must know how the virus is transmitted. This survey gathered information on the proportion of Latinos and blacks who received information on HIV/AIDS from the different media and how much confidence they had in the information they received.

- In decreasing magnitude, the most frequently mentioned sources of HIV/AIDS information among Latinos and blacks are television news, brochures/flyers/pamphlets, and "other" television programs*. About a third of all respondents mentioned at least one of these channels. Other sources of AIDS information mentioned are newspapers, magazines, television commercials, friends, schools, physicians/HMOs, and hospitals. Significantly higher proportions of those who obtained information from physicians/HMOs, brochures/pamphlets/flyers, and newspapers are blacks.
- Younger blacks and Latinos (under 21 years) are more likely to have obtained information from relatives and schools. Significantly higher proportions of respondents whose household incomes are above \$15,000 per year received AIDS information from medical journals, newspapers, and magazines, while higher proportions of those with lower incomes obtain information watching soap opera on television.
- Latinos are significantly more likely than blacks to rate as very reliable the information on HIV/AIDS that they receive from physicians/HMOs, schools, newspapers, and television. On the other hand, blacks are about twice as likely as Latinos to rate as very reliable the information they receive from friends.
- Women are more likely than men to rate the information obtained through television news and hospitals as being very reliable, while males are more likely to believe information in newspaper as being very reliable.

* Other television programs exclude television news, television commercials, television soaps/novellas. Television documentaries fall into this group.

AIDS-Related Knowledge and Attitudes

Many surveys have reported high degrees of knowledge among respondents regarding the specific modes of transmission of the AIDS virus. The results from this survey conform with that observation. In addition, we also observed that ignorance about casual spread of the AIDS virus is high.

- Latinos have less informed about AIDS than blacks. Black women are more knowledgeable about transmission of the AIDS virus than black men and Latinas. But among Latinos, men are better informed than women, and those who are more fluent in Spanish are less well informed about HIV transmission. For example, less than 40% of Latinos (37.5%) compared to 72% of blacks know that a person with AIDS may look and feel healthy. Younger Latinos (those under 21) are more likely to know that an AIDS patient may look and feel healthy.
- More than three-quarters of blacks (86%) and Latinos (78%) believe that condoms are efficacious in preventing HIV infection during sexual intercourse.
- Latinos (33%) are more likely than blacks (24%) to think the virus of AIDS can be transmitted by mosquitos and other insects. A larger proportion of blacks (56%) and Latinos (60%) said that the AIDS virus can be transmitted during blood donation.
- About a third (34%) of Latinos and quarter (25%) of blacks do not know where to go for HIV antibody testing if they needed to. Younger blacks (under 21 years) are significantly less likely to know where to go for testing.

- A similar proportion (59%) of Latinos and blacks would not eat at a restaurant if they knew a cook with AIDS works there, but 77% of blacks and 54% of Latinos would be willing to work with a person who has AIDS. Respondents who know at least one person who is sick or has died of AIDS are two (2) times more likely to be willing to work with an AIDS patient than those who have no personal knowledge of a person with AIDS.

Perceived Personal Risk

- Similar proportions (6%) of Latinos and blacks perceived that their chances of getting AIDS is greater than most other people. The proportions (3%) who feel they are immune to the AIDS virus are also similar for the two racial/ethnic groups.
- The more educated respondents (i.e., those with at least some college) tend to believe their chances of contracting the AIDS virus is the same or less than that for most other people.
- Blacks are significantly more likely than Latinos to feel that their chances of contracting the AIDS virus is about the same or less than that for most other people.
- Younger blacks (under 21) are two times more likely to perceive their risk of contracting the AIDS virus as being greater than that for most other people; this difference is statistically significant.

Prevalence of HIV Testing

- Thirty-eight percent of all respondents claimed they have taken the HIV antibody test. Higher proportions of males (42%) than females (33%) had taken the HIV test. Older Latinos (21 and over) and more educated blacks are significantly more likely to have taken the test.
- The most favored test sites by Latinos are public health clinics (55%), health management organizations (HMOs)/physicians (21%), and private testing laboratories (19%). Private doctors/HMOs are more important test sites to Latinos; 60% of all Latinos who tested at that site are females. Also, Latinos with higher education were more likely to report testing at private doctors/HMOs and blood donor centers.
- Private doctors/HMOs (49.5%), public health clinics (26%) and private testing laboratories (16%) are important test sites for blacks. Blacks (7%) are twice as likely as Latinos (3%) to have sought testing at blood donor centers.
- About 3% of Latinos and 2% of blacks reported they were tested for HIV at designated HIV alternative test site (ATS) in the past year. Black males are seven (7) times more likely than black females to report being tested at the HIV ATS in the most recent 12 months.
- The prevalence of repeat testing appears to be low. Among those who had taken the HIV antibody test, only about 1% said they had tested twice or more, within one year.
- While more than 80% of blacks and Latinos would be willing to take the HIV antibody test if it were free or if the results were kept confidential;

about 15% of Latinos and 12% of blacks would not take the test under either condition. Less than five percent of Latinos (3%) and blacks (2%) would not take the HIV test because they do not want to know their HIV antibody status.

Health Care Resources Utilization

- Almost 80% of the survey respondents saw a physician in the past 12 months, but females (87%) are more likely to have seen a doctor than males (74%). More blacks (91%) than Latinos (75%) reportedly saw a doctor in the 12 months before the survey.
- Three percent of blacks and 2% of Latinos saw an M.D. in the 12 months before the survey to receive treatment for sexually transmitted diseases (STD) such as gonorrhea or syphilis. Black males are about three times more likely than black females or Latino males to have seen an M.D. for such treatment.
- Blacks (2%) are more likely than Latinos (1%) to have been treated at a venereal disease (VD) or STD clinic. Black males were three times more likely than black females and two times more likely than Latino males to have received treatment at VD/STD clinic in the past year. Latino males are three times more likely than Latinas to have received treatment for VD/STD within the same time frame.

Perceived Credibility of Health Experts

The public's perception of doctors and other health experts involved in AIDS research will invariably affect the manner in which the AIDS message is assimilated. Thus, it is useful to know and remove the barriers

California Minority AIDS-Related KABB Survey

which may be blocking the public from taking full advantage of health education and prevention programs.

- More than half (55%) of all respondents said they have confidence in what doctors and health experts tell the public about preventing AIDS. Blacks (59%) are significantly more likely than Latinos (41%) to doubt what doctors and health experts say about AIDS prevention. Younger Latinos, those with less fluency in Spanish, or those with higher education are more likely to express doubts about the prevention message provided by doctors and health experts.
- Among those who doubt the prevention message of doctors and health experts, more than half (55%) of blacks and Latinos said their perception is that experts do not know how the AIDS virus is spread. Sixty percent of Latinos and 53% of blacks who have doubts believe that experts explain things in confusing ways. By far the largest proportion of blacks (68%) who have doubts think experts do not know the real cause of AIDS; only 53% of Latinos think this way. The least common reason provided by blacks (25%) and Latinos (33%), who doubt the prevention message, is that experts are exaggerating the AIDS problem.

TABLE OF CONTENTS

Executive Summary	i
Introduction	1
Methods	5

SECTION:

I:	Household characteristics	11
II:	Sources of AIDS information	17
III:	Perceived reliability of source of AIDS information	21
IV:	Knowledge about AIDS	23
V:	Perceived knowledge of AIDS prevention	25
VI:	Perceived credibility of doctors and health experts	27
VII:	Prevalence of HIV testing	29
VIII:	Attitudes toward people with HIV/AIDS	31
IX:	Perceived personal risk of contracting the AIDS virus	33
X:	Utilization of health care resources	35
XI:	Behavior:	
	Alcohol and drug use behaviors	37
	High risk sexual behavior	39
	Sexual behavior among high risk heterosexuals	42
	Among gay/bisexual males	47
XII:	Attitudes and beliefs about condom use among high risk heterosexuals	49
XIII:	High risk recreational drug users	51
XIV:	Conclusions	53
XV:	Appendix A: Tables of Core Questions	61
XVI:	Appendix B: Questionnaire Layout	87

LIST OF TABLES

Table A:	Comparison of key demographic variables with Census Data Items	9
Table B:	Profile of risk factors among high-risk heterosexuals ...	41
TABLE 1	Number of persons in the household	63
TABLE 2.	Number of adults in the household	63
TABLE 3.	Number of temporary residents in household	64
TABLE 4.	Age of respondent	64
TABLE 5.	Number of teens in the household	64
TABLE 6.	Number of births in household in past three years	65
TABLE 7.	Number pregnant in household	65
TABLE 8.	Education	66
TABLE 9.	Student status	66
TABLE 10.	Employment status	67
TABLE 11.	Total household income	67
TABLE 12.	Spanish fluency	68
TABLE 13.	Spanish language usage	68
TABLE 14	County of residence	69
TABLE 15.	Perceived reliability of source of AIDS information	70
TABLE 16.	Knowledge of aids symptoms	71
TABLE 17.	Knowledge of chemical prophylaxis for AIDS	71
TABLE 18.	Knowledge of AIDS transmission through blood donation	72
TABLE 19.	Knowledge of casual transmission of AIDS	72
TABLE 20.	Perceived efficacy of condom use	73
TABLE 21.	Knowledge of HIV test site	73
TABLE 22.	Perceived knowledge of AIDS prevention	74
TABLE 23.	Confidence in experts' prevention message	74
TABLE 24.	Cause of AIDS unknown	75
TABLE 25.	Confusing explanations	75
TABLE 26.	Experts are uncertain about aids transmission	76

California Minority AIDS-Related KABB Survey

TABLE 27.	AIDS problem exaggerated by experts	76
TABLE 28.	Received HIV test	77
TABLE 30.	Attitude toward dinning in restaurant where AIDS cook works	78
TABLE 31.	Attitude toward working with a person with AIDS	78
TABLE 32.	Willingness to be tested for AIDS for free	79
TABLE 33.	Willingness for confidential aids test	79
TABLE 34.	Unwillingness for AIDS test due to non-exposure	80
TABLE 35.	Unwillingness for AIDS test due to reluctance to know HIV antibody status	80
TABLE 36.	Allow children study with HIV-infected children	81
TABLE 37.	Allow children to get AIDS education	81
TABLE 38.	Visited a doctor in the past year	82
TABLE 39.	Treated for sexually transmitted disease in the past year	82
TABLE 40.	Treated at family planning clinic in the past year	83
TABLE 41.	Treated at maternity/infant care clinic in the past year	83
TABLE 42.	Treated at alcohol treatment program in the past year .	84
TABLE 43.	Treated at venereal disease clinic in the past year	84
TABLE 44.	Seriously drunk in past ten years	85
TABLE 45.	Ever used crack, ice or rock?	85
TABLE 46.	Ever used injection needles?	86
TABLE 47.	Ever tried heroin?	86

INTRODUCTION

Background and Objectives

HIV/AIDS surveillance activities in California have yielded detailed information on demographic, geographic, and behavioral exposure groups of persons with HIV/AIDS. In numerous epidemiologic studies, the risk of HIV infection has been associated with intravenous drug use and unprotected sexual intercourse with infected partners. Surveillance data also indicate that blacks and Latinos are more deeply affected by the HIV/AIDS epidemic than other racial/ethnic groups. The rates at which new infections are being acquired in these populations are higher than among whites. However, there is a dearth of reliable information on the prevalence, patterns, and predictors of HIV risk-related activities among blacks and Latinos in the state.

From previous general population KABB surveys conducted by the Office of AIDS, it was observed that AIDS-related attitudes, behavior change strategies, communication channels and sources, and intervention messages relevant to blacks and Latinos are somewhat different from whites. Thus, the Office of AIDS perceived an urgent need for population-based information on AIDS-related attitudes, risk behaviors, and health beliefs among blacks and Latinos. Such information is critical to developing effective, culturally-sensitive education and prevention programs for these populations. To achieve the aim of the study, the office of AIDS contracted with NSI Research Group to conduct a telephone survey of adult blacks and Latinos in California.

The minority AIDS-related KABB survey described here is the first statewide household survey targeted toward blacks and Latinos in California. It is based on the information obtained from 2,768 persons interviewed by NSI research team between Summer and Fall of 1990. The major purpose of the survey was to obtain reliable data for planning and measuring the effectiveness of HIV/AIDS intervention in black and Latino communities. The survey was designed to meet the following objectives:

- Assess the level of knowledge of HIV transmission modes, preventive precautions, symptomatology and disease progression among blacks and Latinos.
- Determine the prevalence of behaviors associated with HIV transmission such as intravenous/recreational drug use and unprotected sexual intercourse among California black and Latino populations.
- Ascertain the demographic and socioeconomic characteristics of the risk groups among blacks and Latinos in order to develop effective risk reduction strategies.
- Ascertain the acceptance of risk reduction messages and the perceived credibility and persuasiveness of AIDS information channels.

California Minority AIDS-Related KABB Survey

- Determine the communication channels appropriate to educate at-risk groups about HIV/AIDS prevention
- Develop information useful in the design, implementation, and evaluation of statewide AIDS prevention programs targeted towards minority communities in the state.

METHODS

Sampling Method:

The sample was limited to black and Latino adults age 18 or over. To ensure equal likelihood of being selected for participation in the survey, a random-digit telephone dialling system was used. The rationale for sampling strategy was designed by NuStat in consultation with the Office of AIDS, is explained below.

Rather than attempt independent sampling of black and Latino populations, joint sampling of these populations was performed. This approach is attractive because of its efficiency, given the overlapping residential pattern of black and Latino households in California.

The sampling frame was limited to zip codes in which at least 10 percent of the households are black or Latino and which have at least 200 such households. About 90 percent of California's blacks and Latinos live in 621 zip codes. Sampling from these areas provides 95 percent coverage of blacks and 89 percent of Latinos statewide.

The 621 zip codes were then cross linked with telephone exchanges serving those geographic regions. In some instances, multiple exchanges serve a single zip code while in others, a single exchange serves a zip code exclusively. The sampling strategy also permitted us to sample blacks and Latinos who reside in less concentrated (non-minority) communities, i.e., outside of the 621 zip codes mentioned above.

Respondent Selection in Household

Each screening involved the interviewer asking for the ages of all ethnically qualifying adults in the household. In addition, a randomization process devised for respondent selection within the household was employed. This is based on the last digit of the respondent's telephone number.

Because previous surveys suggested that HIV risk behaviors are relatively rare among Californians over 45 years, it was decided to undersample this age group in the survey. One out of every four questionnaires had the 45+ box^{**} checked in advance of respondents' screening. If the respondent selected in the household was over 45 years old, and the over 45 box on the survey form was checked, then the interview was continued with that person. If the box was not checked and the household member was older than 45, then a younger (at least 18 years old) member of the household was selected. If all members of the household were over 45 and the box was not checked, no one in that household was interviewed.

When the selected respondent was not available, an appointment date and time was set up. A same-gender (and possibly same-ethnicity) interviewer attempted to contact the respondent a minimum of five (5) times in order to complete the survey. If the selected respondent declined to be interviewed, then no further effort was made in that household.

^{**} The 45+ box is on the questionnaire.

California Minority AIDS-Related KABB Survey

Response rates

Each sample piece was called up to four (4) times [at varied times of the day] until the phone number was determined to be residential or a target household. Households that had no Latino or black residing in them were defined as non-target. No further attempts were made to interview those non-target households. A refusal was defined as any human contact where there was no progress made. A refusal was considered initial until a refusal conversion specialist had attempted to an interview with the respondent. If the conversion attempt was unsuccessful, then the refusal became final. Refusal conversion was actively pursued in cases where the household ethnic composition has not been determined or the ethnicity of the respondent was thought to be black or Latino. .

The completion rate for the survey is 64 percent. This is impressive for this type of study. The response rate was calculated by dividing the number of completed interviews by that same number plus the number of refusals and terminations. Upon persuasion, two-thirds of initial refusals agreed to participate in the study. The high conversion rate reflects the quality of training provided to the interviewers.

Pretest

The questionnaire was tested among a small number of public respondents and state employees under standard pretest conditions. During this period, the intention was to evaluate the flow of the instrument, the comprehensibility of the questions and the acceptability of the informed consent and disclosure texts.

Data Collection

Data collection began in late June 1990. The average length of each interview was 20.2 minutes and the mode was 15 minutes. By late October 1990, data collection had been successfully completed. A total of 2,768 persons (blacks and Latinos) were interviewed between late June and October 1990.

Data Weights

To correct for potential bias and increase the accuracy of the estimates from this survey, sample data were weighted using the 1990 US Bureau of the Census data for blacks and Latinos. Weights were appropriately applied by race, age, and gender (Table A). At the time this report was being prepared, the 1990 census county-level data was not yet available, therefore, weighing by county population was not performed. The lack of county-level adjustment will have no significant impact on the estimates provided in this report, since county-level estimates have not been derived [those who are interested in obtaining county or city-wide parameter estimates are encouraged to consider applying related weights].

Data Analysis

Frequency tabulations of all variables were prepared for the entire sample and selected sub-samples. The sub-samples include high-risk heterosexuals, recreational drug users, and gay/bisexual males. The high-risk youth sub-sample was not analyzed because few were identified.

California Minority AIDS-Related KABB Survey

**Table A: Comparison of Key Demographic
Variables With Census Data Items**

Demographic Variable	Population Proportion (18+)	Unweighted Sample	Weighted Sample
<u>Ethnicity</u>			
Hispanics	76.2%	62.6%	76.2%
Blacks	23.8	37.4	23.8
<u>Gender</u>			
Male	51.7	43.9	51.7
Female	48.3	56.1	48.3
<u>Age group</u>			
18-20	9.4	10.2	9.4
21-29	30.2	33.2	30.2
30-39	26.2	34.4	26.2
40-44	8.5	11.2	8.5
45 and over	25.8	10.9	25.8

Univariate and stratified analytic methods were employed to develop the findings in this report. Associations between categorical variables and demographic variables such as race/ethnicity, gender, age, fluency in Spanish, and education were determined from sets of two-way contingency tables. Significance testing was performed using the chi-square test with $p < .05$.

CAUTION: The results presented for gay/bisexual males should be interpreted with extreme caution. This is necessary because of the small sample size who identified as gay/bisexual males. Consequently, the confidence intervals for their responses are quite large. Thus, although we are reporting some findings, we strongly urge that they be seen as tentative.

The proportion of respondents who identified as drug users in this survey, is similar to what had been reported for other household surveys. Clearly, most household telephone surveys will underestimate the prevalence of illegal or socially undesirable behaviors such as drug use. Because our estimates in these populations is much below the prevalence estimated through nominative techniques and other non-household surveys, we urge that the reader cautiously interpret both the estimates and the proportions generated from responses in this sub-sample.

HOUSEHOLD CHARACTERISTICS

■ HOUSEHOLD SIZE

The average number of people living in the households surveyed is 3.9. Overall, a larger number of people live in Latino households (mean=4.2) than in black households (mean=2.9). Eighty-nine percent (89%) of Latino respondents claim that two or more adults live in their household, compared to 65% in blacks. In addition, 9% of Latino respondents and 7% of blacks said that other persons sometimes stayed in their houses. (Tables 1-3)

About a fifth (22%; 143/658) of black respondents live alone compared to only 7% among Latinos (139/2110). Black females are four times more likely than Latinas, and black males three times more likely than Latino males to live alone in the household. These differences are statistically significant.

■ AGE GROUP OF RESPONDENTS

Most of the respondents are between ages 21-29 (30%) and 30-39 (26.2%). The median age of all respondents surveyed is 31 years. The average age of Latinos is 35.5 years compared to 39.2 years for blacks. A significantly larger proportion of respondents who are younger than 40 years of age are Latinos. Among Latinos 40 years or older, the proportion of females is significantly higher. No significant gender-specific age differences are seen among blacks.

■ TEENAGERS IN HOUSEHOLDS

There is at least one teenager in 29% (742/2110) of Latino households compared to 20% (129/658) in black households. Latinos account for 86% (245/284) of respondents who have two (2) or more teenagers in their households. Furthermore, in Latino households that have teenagers, 40% (248/613) have two (2) or more teens, compared to 28% (36/129) in black households. The mean age of teenagers is 15.8 years; this is similar for both black and Latino households (Table 5).

The relationship between the teenagers and the respondent's households are as follows; parent/guardian (96.5%), relative (2.4%), live-in boy/girl friend or spouse (0.7%), and friend (0.4%). The mean length of stay of teenagers not residing with their parents/guardians is 21 months, for Latino and black households.

■ PREGNANCIES/DELIVERIES IN HOUSEHOLDS

Approximately 29% (603/2110) of Latinos and 18% (117/658) of blacks said someone in their household is either currently pregnant or gave birth to a newborn in the past three years. The average number of births in the past three years is 1.1. Although this figure is similar for both Latino and black households, Latinos are 1.6 times more likely than blacks to have had a newborn in their household in the past three years. In addition, Latinos are 2.2 times more likely than blacks to have a pregnant woman in their household at the time of the survey (Tables 6-7).

■ EDUCATIONAL BACKGROUND

Forty-eight percent (1330/2768) of survey respondents dropped out of high school, 23% are high school graduates, 20% have some college education, while only 9.3% had either a college or post graduate degree (Table 8). Of the 476 respondents who are currently enrolled as students, 38% (180/476) are studying full-time while the rest are part-time. Seventeen percent (17%; 476/2768) of all respondents are either full-time or part-time students (Table 9). Generally, Latinos surveyed are less educated than blacks. Latino respondents are 4.3 times more likely than blacks to drop out of high school, and 7.8 times less likely than blacks to be college graduates. Though a higher proportion of black females (22%) have either college or post graduate degree than black males (18%), no substantial difference exists in the overall educational accomplishments of black females compared to black males. No significant difference exists in the proportion of Latino(17%) and black (18%) respondents who are either full-time or part-time students.

■ EMPLOYMENT STATUS

Overall, 55.6% of all participants are employed full-time; 12.3% part-time; 24.7% unemployed, and 6.9% retired. Regardless of the racial/ethnic group, a significantly higher proportion of females than males are unemployed; about two-thirds (66%) of the 683 unemployed respondents are females. Latinas and black females are respectively four (4) and two (2) times more likely than males to be unemployed. Of the 439 unemployed Latinas, 24% (107/439) said they have never worked. Similarly, 19%(15/79) of unemployed black females have never been employed (Table 10).

■ HOUSEHOLD INCOME

A quarter (25%; 684/2768) of all respondents claim their total household income is less than \$10,000 annually; about 38% earn between \$10,000 and \$25,000, another 18% earn between \$25,000 and \$50,000 annually. Only 7% earn \$50,000 and more. Twelve percent did not disclose their income. Black households tend to earn more than Latinos. Blacks (42%) have a significantly higher proportion of respondents whose household income is more than \$25,000 per year compared to Latinos (20%). A significantly higher proportion of black males earn more money than females; 49% (158/322) of black males earn at least \$25,000 annually, compared to 35% (117/335) of females (Table 11).

FLUENCY IN SPANISH

Among Latinos, 72% (1514/2110) claimed they speak Spanish very fluently, 18% somewhat well, 6.4% a little, while 4% claim they do not speak Spanish at all (Table 12). The older the respondent, the higher the likelihood of speaking Spanish fluently; 61% of those under 21 claim they speak Spanish very well, compared to the respective proportions of 70.5%, 72%, and 79% among those 21-39, 40-44, and 45 years and over. Although there is no significant gender difference between those who speak Spanish very fluently or somewhat well, a higher proportion (68%) of those who do not speak Spanish at all, are females.

California Minority AIDS-Related KABB Survey

With respect to the county of residence, 90% or more of Latinos living in Contra Costa, Imperial, Los Angeles, Monterey, Orange, San Diego, San Francisco, Tulare, Santa Cruz, Kings, Stanislaus, or Yolo county speak Spanish very well or somewhat well. By contrast, at least 25% of those who live in Sacramento, San Bernardino, or Santa Clara, County claim they speak little or no Spanish at all.

Fluency in Spanish is inversely related to the level of education, and household income. Fluent Spanish speakers are twice as likely to have no college education. Those fluent in Spanish also are three times as likely to have a household income less than \$25,000 per year. These differences are statistically significant.

Spanish is the **only** language used in this population by (a) 54%, when talking with family members at home, (b) 38%, when talking with close friends, (c) 35%, when reading newspaper, (d) 28%, when listening to the radio, and (e) 17%, when watching television. By comparison, English is the **only** language used in the Latino population surveyed by (a) 24%, when reading the newspapers, (b) 16%, when listening to the radio, (c) 19%, when watching television, (d) 13.5%, when speaking with close friends, (e) 12%, when talking with family members at home (Tables 13 a-e)

COUNTY OF RESIDENCE

Survey participants were drawn from 28 out of the 58 California counties. The majority (60.3%) of respondents reside in Los Angeles county (Table 14). The proportion from other counties include: Alameda (6.8%), San Diego (5%), San Bernardino (3.4%), Santa Clara (3%), Fresno (3%), San Francisco (2.7%), Orange (2.5%), Contra Costa (1.7%), Monterey (1.7%), Riverside (1.5%), and Ventura (1.5%). The remaining 16 counties account for 6.9% of survey participants. Latinos were more widely distributed than blacks. Approximately 95% of black respondents were from six (6) of the 28 counties: Los Angeles (65.6%), Alameda (16.5%), San Diego (4.2%), San Francisco (2.5%) and San Bernardino (1.5%); compared to 14 counties among Latinos: Los Angeles (58.6%), San Diego (5.3%), San Bernardino (4%), Alameda (3.8%), Santa Clara (3.8%), Fresno (3.5%), Orange (3.1%), San Francisco (2.8%), Monterey (2.1%), Ventura (1.9%), Riverside (1.9%), Imperial (1.5%), San Joaquin (1.3%) and Santa Barbara (1.1%).

SOURCES OF AIDS INFORMATION

Respondents were asked to name up to five (5) sources of AIDS information (Tables 15 a-e). The leading sources were television news (38%), brochures/flyers/pamphlets (29%), and "other" television programs (29%)^{***}. About a third of all respondents mentioned at least one of these channels as their source of AIDS information. Other sources of AIDS information mentioned are newspapers (23%), magazines (20%), television commercials (18%), friends (14%), schools (11%), M.D.s/HMOs (9%), and hospitals (7%).

There are no significant differences between Latinos and blacks who say they obtained their information from television news, television advertisements, magazines, schools, friends, and other television programs. However, significantly higher proportions of those who received AIDS information from brochures/pamphlets/flyers, MDs/HMOs, hospitals, and newspapers are blacks. Blacks are more likely than Latinos to report that they obtained AIDS information from MDs/HMOs (RR=2.2), hospitals (RR=1.5), brochures/pamphlets/flyers (RR=1.5), and newspapers (RR=1.4). Although AIDS information disseminated through the radio (radio news, radio advertisements, and other radio programs) is not among the leading sources of information mentioned by respondents, significantly larger proportion of Latinos claim they received information from radio news, radio commercials, and other radio programs (radio soaps/novellas not included)

^{***} Other television programs exclude television news, television commercials, television soaps/novellas. Television documentaries fall into this group.

Respondents less than 21 years old are significantly more likely to have obtained AIDS information from relatives and schools. Those 21 years old or older, are significantly more likely to have obtained information from (a) hospitals, (b) magazines, (c) newspapers, (d) television news, and (e) other television programs. Reliance on friends, brochures, MDs/HMOs and television commercials for information did not differ significantly by age group.

Females are four (4) times more likely than males to receive AIDS information from watching soap operas on television. Females also rely more frequently on county clinics. On the other hand, significantly higher proportion of male respondents received AIDS information from newspapers, magazines, television news, television commercials, and friends. There is no statistically significant difference between males and females who said they obtained AIDS information from brochures, MDs/HMOs, hospitals, and "other" television programs.

Respondents with household incomes of \$15,000 are significantly more likely to report receiving AIDS information from medical journals (RR=3.2), newspapers (RR=2.0), and magazines (RR=1.7) than those who earn less than \$15,000 per year. By contrast, those with household income less than \$15,000 per annum have significantly higher proportion of respondents who received AIDS information from watching soap operas on television.

California Minority AIDS-Related KABB Survey

Clearly, respondents who have higher education (i.e., some college or post graduate degree) are more apt to report a wider variety of information sources than those with lesser education. The proportions of those who claim they received AIDS information from brochures/pamphlets/flyers, MDs/HMOs, hospitals, magazines, newspapers, schools, television news, and other television programs are significantly higher among respondents with higher education (i.e, some college, college graduate and post graduate) than high school graduate or high school drop-out. For instance, those with higher education are about two (2) times more likely to say they received AIDS information from magazines, schools, and newspapers, and 1.6 times more likely to claim they obtained the information from brochures/pamphlets/flyers, MDs/HMOs, and hospitals than those with lesser education. In contrast, those with less education are significantly more likely to get their information about AIDS from television commercials.

Although higher proportions of Latinos who are less fluent in Spanish claim they received AIDS information from friends, hospitals, magazines, "other" television programs, and brochures/pamphlets/flyers, the difference is not statistically significant. However, less fluent Spanish speakers are 1.7, 1.6, and 1.2, times more likely than higher fluency speakers to say they received AIDS information from schools, newspapers, and television news. Those with higher fluency in Spanish on the other hand, are 1.7 times more likely to say they received AIDS information from television commercials.

**PERCEIVED RELIABILITY OF
SOURCE OF AIDS INFORMATION**

Participants were asked to assess the reliability of AIDS information obtained as either very reliable, somewhat reliable, not reliable, or unknown. Among respondents who received information from MDs/HMOs, 75% (187/249) believe the information is very reliable; this is the highest level of perceived reliability among the ten leading sources of information mentioned earlier. Other sources of AIDS information perceived as being very reliable by the participants are hospitals, 72% (140/196); schools, 68%; "other" television programs, 59% (471/803); brochures/pamphlets/flyers, 57% (461/803); television commercials, 56% (271/486); television news 52% (549/1065); magazines 48% (271/564); newspapers 37% (236/631); and friends 34.5% (129/376) (Tables 15 a-j).

Women are more likely than men to rate the information they obtained through television news and hospitals as very reliable. In contrast, males are about two (2) times more likely than females to believe AIDS information in newspapers is very reliable.

Blacks are 1.5 times more likely than Latinos to perceive AIDS information obtained from friends and other television programs as being very reliable. A significantly higher proportion of Latinos than blacks believe that information from MDs/HMOs, newspapers, schools, and television news is very reliable. Among Latinos, fluency in Spanish has no significant effect on the perceived reliability of the ten leading sources of AIDS information. Latinos and blacks did not differ significantly in their assessment of the reliability of the information they received from brochures/pamphlets/flyers, physicians/HMOs, newspapers, schools, television news, television commercials, magazines, and hospitals.

KNOWLEDGE ABOUT AIDS

Black respondents demonstrate a significantly higher knowledge of AIDS than Latinos, judging from responses provided to six (6) questions intended to assess the level of knowledge possessed by the participants.

Blacks (72%) are about two (2) times more likely than Latinos (37.5%) to know that an AIDS patient may look and feel healthy (Table 16). Significantly higher proportions of Latino males than Latinas correctly think that an AIDS patient may look and feel healthy. Younger Latinos (under 21) also are more likely to answer this question correctly. Latinos who are **less fluent** in Spanish are two (2) times more likely to have a correct response to this question than those with **higher fluency**; these differences are statistically significant.

Asked if there is a drug that can keep people from getting the AIDS infection, about 68% believe there is no such drug; a significantly higher proportion of blacks (78%) than Latinos (65%) responded correctly (Table 17). Again, the **less fluent** Spanish speakers are significantly more likely than those with **higher fluency** to believe that there is no drug that can keep people from getting the AIDS infection. It is noteworthy that 22.7% of Latinos and 16.5% of blacks held no opinion (i.e did not know), or refused to answer.

Two questions relating to the transmission of the AIDS virus were asked of respondents. A higher proportion of Latinos (65%) than blacks (59%) think the AIDS virus can be acquired through donation of blood (Table 18); but only 33% of Latinos and 24% of blacks feel that a person can get the virus from mosquitos or other insects (Table 19). These differences are statistically significant. A fifth (20%) of all respondents either claimed they do not know or refused to answer the question about whether a person can get the AIDS virus from mosquitos or other insects. Latinos, who are **more fluent** in Spanish are about two (2) times significantly more likely than those who are **less fluent** to believe that the AIDS virus can be transmitted by mosquitos/other insects.

On the efficacy of condom use as a protective barrier during sexual intercourse against HIV infection, 86% of blacks and 78% of Latinos believe condom use during sex with all partners is effective; this difference is statistically significant (Table 20). Significantly higher percentage of Latino males (87%) compared to females (74.8%) believe condoms are effective. Again, moderate but significantly higher proportion of Latinos who are **less fluent** in Spanish think condom use is efficacious in the prevention of AIDS virus compared to those who are **more fluent**.

If it became necessary to have an AIDS test, about a third (32%) of all respondents say they would **not** know where to go. About 35% of Latinos and 27% of blacks would **not** know where to take the HIV test. However, significantly higher proportion of black females (75%) than Latinas (62%) say they know where to go for testing. Younger blacks (under 21) are significantly less likely to know where to go for testing than older blacks (21 years and older) (Table 21).

PERCEIVED KNOWLEDGE OF AIDS PREVENTION

Respondents were asked how much they know about how to prevent themselves from getting AIDS. Five (5) options were allowed, ranging from a great deal to nothing at all. Eighteen percent (18%) of all participants claimed they know a great deal, 34.6%, a fair amount, and 42% know only a little or almost nothing; 5.4% said they know nothing about AIDS (Table 22).

In general, Latinos are significantly more likely than blacks to say that they know either almost nothing or nothing about AIDS. Significantly higher proportion (8%) of Latinas than Latino men (4.7%) admitted that they know nothing about AIDS. Latinos who have high fluency in Spanish are six (6) times more likely to express that they know nothing about AIDS prevention; this difference is statistically significant.

A high proportion (more than 85%) of respondents who said they either have a great deal or a fair amount of knowledge of AIDS prevention, correctly identified condom use during sex as being effective in reducing the chances of getting AIDS. No significant race/ethnicity difference was found.

Significantly higher proportions of blacks and Latinos who claimed they know either almost nothing or nothing about AIDS prevention, are less educated (HS drop-out or HS graduate). Respondents who have used heroin or needles at least once in the last ten years are more likely to say they either have a great deal or a fair amount of knowledge about AIDS prevention.

**PERCEIVED CREDIBILITY
OF DOCTORS AND HEALTH EXPERTS**

More than half (55%) of all participants claim they have complete confidence in what doctors and health experts tell the public about preventing AIDS. Blacks (59%) are significantly more likely than Latinos (40.5%) to doubt what doctors and health experts say about AIDS prevention (Table 23). Among Latinos, younger respondents (under 21), those with less fluency in Spanish, and those who have higher education (at least some college), are 1.4 times more likely than others to express doubts about the AIDS prevention information provided by doctors and health experts.

The reasons for doubting doctors and health experts were explored through four (4) questions posed to respondents who expressed doubts. The following are the reasons for doubt:

(a) Experts do not really know the cause of AIDS:

This reason was expressed by 67.5% of blacks and 53% of Latinos who expressed doubts. No significant difference in gender, age (under 21 vs. 21 and over), or educational achievement is seen for this reason (Table 24).

(b) Experts explain things in confusing ways:

About 60% of Latinos and 53% of blacks who have doubts gave this as their reason. Latinos who are more fluent in Spanish are equally as likely as those who are less fluent to claim that experts explain things in confusing ways. However, among Latinos and blacks, those who are high

school graduates or high school drop-outs are significantly more likely to believe experts explanations are confusing than are those who received higher education (Table 25).

(c) Experts do not really know how AIDS is spread:

A higher proportion of blacks (55%) than Latinos (51%) who doubt the experts' AIDS precaution message say they do so because they believe experts do not really know how AIDS is spread. Significantly higher (1.3 times) proportion of black females than black males express this view. Again, Latinos who are more fluent in Spanish are more likely than those less fluent to hold this view (Table 26).

(d) Experts are exaggerating the AIDS problem:

This is the least common reason given by respondents. A quarter of blacks (25%) and a third of Hispanics (33%) who expressed doubts do so because they believe that experts exaggerate the AIDS problem. Latinos and blacks with lower education (i.e. high school graduate and high school drop-outs) are respectively, 1.9 and 1.6 times more likely than those with higher education to perceive experts as exaggerating the AIDS problem. Also, Latinos with higher fluency in Spanish are almost two (2) times more likely than those with less fluency to perceive experts as exaggerating the AIDS problem. No significant age or gender differences is seen in either Latinos or blacks (Table 27).

PREVALENCE OF HIV TESTING

About four-tenths (38%; n = 1,048) of all respondents claimed they had taken the HIV antibody test (table 28). There was no significant difference between Latinos and blacks, but a significantly higher proportion of males (42%) than females (33%) had taken the HIV antibody test. Older Latinos (21 years or older) are 1.5 times more likely than those who are younger to seek HIV antibody testing; this difference is statistically significant. Among blacks, those who have higher education are significantly more likely (1.3 times) to seek the HIV antibody test than those who are less educated (high school drop-outs and high school graduates).

Most (48%; 502/1048) respondents who took the HIV test did so at public health clinics, more than a quarter (27%) at private doctors/MHOs, and 18% at private testing laboratories. Only 4% were tested while donating blood.

Three most favored test sites among all Latinos who received the HIV test (n = 809) are: public health clinics (54.5%), private doctor/HMO (21%), and private testing laboratory (19%). Private doctors/HMOs are important test sites for Latinos. Approximately 60% of all Latinos who tested at this type of site are females compared with 36% of all those who tested at public health clinics or at private testing laboratories. Also among all Latinos who have been tested, those with higher education (at least some college) are about two (2) and five (5) times more likely to have been tested at private doctors/HMO and blood donor centers respectively, than at other test sites; these differences are significant.

Of the 239 blacks who claimed to have had the HIV test, the most favored sites are private doctors/HMOs (49.5%), public health clinics (26%), and private testing laboratories (15.6%). Blacks with higher education (at least some college) are twice as likely as other blacks to have received the HIV test at private testing laboratories; again, this difference is statistically significant.

Blood donor centers are also important test sites, especially for blacks. A significantly larger proportion of blacks (7.3%) than Latinos (3.1%) had their HIV test done while donating blood.

Only 2.8% of Latinos and 2.3% of blacks reported being tested for HIV at designated HIV alternative test site (ATS) in the past year. Black males are seven times more likely than black females to report being tested at HIV antibody test site in the most recent 12 months. Among Latinos, a higher proportion of males than females claim they tested at designated HIV test sites in the past year; the difference is not significant.

The prevalence of repeat testing appears to be low. About 1% (8/809) of Latinos and (2/239) of blacks tested for HIV antibody two times or more in the past year.

ATTITUDES TOWARD PEOPLE WITH HIV/AIDS

Respondents were asked if they would go to a restaurant if they knew the cook had AIDS. Identical proportions (59%) of Latinos and blacks said they would **not** go to a restaurant where a cook with AIDS works (Table 30). Male respondents are equally as likely as females to respond this way. Latinos who are less educated (i.e HS drop-out and HS graduate), and those 21 years or older are significantly more likely to be unwilling to eat at a restaurant where a cook with AIDS works.

When asked if they are willing to work with a person who has AIDS, more blacks (77.2%) than Latinos (53.8%) expressed willingness (Table 31). The difference is statistically significant. More blacks (82%) and Latinos (67%) whose household income is \$15,000 or more per year will work with a person with AIDS compared to 68% and 47% respectively who earn less. A larger proportion of respondents with higher education (81%) are willing to work with person(s) with AIDS than those who are less educated (57.7%); this difference is statistically significant. Latinos who are **less** fluent (71.5%) in Spanish are more willing to work with someone with AIDS compared to those who are **more** fluent (52%). Younger Latinos (60%) are also more willing to work with AIDS patients than those 21 years of age or older (53%).

Knowing at least one person who is sick or has died of AIDS significantly affects the willingness to work with person(s) with AIDS. Respondents (blacks or Latinos) who know an AIDS patient (living or dead) are two (2) times more likely to express willingness to work with an AIDS patient than those who have no personal knowledge of a person with AIDS.

Regarding attitude toward HIV testing, respondents were asked if they would be willing to take the AIDS test if (a) they did not have to pay for it, and (b) nobody could find out the results. Two (2) questions explored the reason(s) why a respondent answered negatively to either of these questions.

High proportions of blacks (85%) and Latinos (83.7%) are willing to take the HIV test if it is free (Table 32). Equally large proportions are willing to take the test if the results are kept confidential (Table 33). No significant gender difference was observed. However, about 15% (312/2110) of Latinos and 12.3% (81/658) of blacks are unwilling to take the AIDS test under either condition. Approximately 11% (234/2110) of Latinos and 7% (50/658) of blacks are reluctant to take the test because they are absolutely certain they have not been exposed to HIV (Table 34). About 2.5% of Latinos and blacks will not take the HIV test because they do not want to know their HIV antibody status (Table 40).

Nearly 60% (1239/2110) of Latinos and 65% (430/658) of blacks say they do not have children less than 13 years old. Among them, 33% (404/1239) and 14% (58/430) respectively would not allow their children to be in the same class with a child who has AIDS (Table 36). These represent 19% of all Latinos and 9% of all blacks. Among those with children under 13 years of age, nearly all Latinos (94%) and blacks (96%) are willing to allow their children (less than 13 years old) to be in a class where AIDS education is provided (Table 37).

**PERCEIVED PERSONAL RISK
OF CONTRACTING THE AIDS VIRUS**

Similar proportions of Latinos (120/2110) and blacks (37/658) perceived their chances of getting AIDS is greater than most other people. The proportion (3%) who feel they are immune among these two racial/ethnic groups also is similar. A significantly higher proportion of respondents with higher education (i.e. at least some college) believe their chances of contracting the AIDS virus is same or less than most other people.

Blacks are significantly more likely than Latinos to feel that their chances of contracting the AIDS virus is about the same or less than most other people. Although no gender difference is seen among blacks, twice as many Latino men (79/1110) as women (41/1001) believe their chances of getting the AIDS is greater than most other people. Among blacks, those younger than 21 years old are two times significantly more likely to perceive their risk of contracting the AIDS virus as being greater than most other people.

**UTILIZATION OF HEALTH CARE
RESOURCES IN THE PAST YEAR**

A sizeable proportion (78.5%) of participants claimed they saw an M.D. in the past 12 months (Table 38). Female respondents (87%) are more likely than males (74%) to report seeing a doctor in the past year while blacks (91%) are more likely than Latinos (74.6%). A significantly higher proportion of black females (96%) than Latinas (83%) reportedly saw an M.D. in the past year.

Among those who had seen an M.D. in the past year, 3% (19/599) of blacks and 2.5% (39/1574) of Latinos did so to get treatment for a sexually transmitted disease such as gonorrhea or syphilis (Table 39). This means that 2.9% of all blacks and 1.8% of all Latinos in the survey saw an M.D. in the last 12 months for the purpose of receiving treatment for a sexually transmitted disease. Black males (4.4%) are about three times more likely than black females (1.5%) or Latino males (1.5%) to have seen an M.D. in the past year because of an STD infection.

Also, in the most recent 12 months before the survey, 20% (119/1001) of Latinas, 15% (50/335) of black females, 7% (76/1109) of Latinos and 9% (29/322) of black males said they received treatment at least once at a family planning clinic (Table 40). Less educated Latinos (HS drop-out and HS graduate) are 1.5 times more likely than those with higher education (at least some college) to say they were treated at a family planning clinic in the last year.

Treatment at a maternity or infant-care clinic in the most recent 12 months before the survey was reported by 15% (153/1001) of Latinas and 10% (33/335) of black females. About 70% of Latinas (107/153) and black females (24/33) who received treatment at maternity clinics made repeated visits within the most recent 12-month period (Table 41). Although higher proportions of less educated Latino and black females said they were treated at maternity clinics in the past year than those with higher education, the difference is not significant.

In the most recent year, about 1% of Latinos (20/2110) and blacks (6/658) had been treated in an alcohol program (Table 42). Males (1.5%) were four times more likely than females (0.37%) to have been so treated. Less than 2% of Latino and black males had received treatment in the past year. By contrast, a lower proportion (0.7%) of Latinos and blacks reported being treated at a drug treatment program in the past year.

Blacks (14/658) were twice as likely as Latinos (22/2100) to have been treated at a clinic for venereal diseases (VD) or sexually transmitted disease (STD) in the past year (Table 43). Black males were three (3) and two (2) times more likely than black females and Latino males respectively to have been treated at a VD/STD clinic in the past year. These differences are statistically significant. Latino males were about three (3) times more likely than Latinas to have been treated in a VD/STD clinic in the year before the survey.

BEHAVIOR

■ ALCOHOL AND DRUG USE BEHAVIOR

Respondents were asked about alcohol or drug use in the last 10 years. Thirteen percent (271/2110) of Latinos and 7% of blacks (45/658) reported using alcohol to the point where they could not remember what they had done (Table 44). The difference between Latinos and blacks in this respect is significant. Male respondents are significantly more likely than females to have been this drunk; Latino males (20%) are about four (4) times more likely than Latinas while black males (10%) are three (3) times more likely than black females to have so abused alcohol. Younger blacks (under 21 years) are 2.5 times significantly more likely than those older to have used alcohol heavily in the past 10 years (Table 45). Latinos who have higher education and those less fluent in Spanish are two (2) and 2.5 times more likely to have abused alcohol in the past 10 years, respectively.

Asked if they have ever used "crack", "rock", or "ice", a significantly higher proportion (5%; 34/658) of blacks than Latinos (2%; 45/2110) used at least one of these three drugs in the past 10 years. Black males are about 2.5 times more likely than black females while Latino males are eight (8) times more likely than Latinas to have used one of these drugs in the past 10 years. The proportion of black females (3%) who had used at least one of these drugs, is significantly higher than the proportion of Latinas (1%).

A much smaller proportions of Latinos (0.5%) and blacks (0.8%) used needles to inject drugs for non-medical purposes in the past 10 years (Table 46). These proportions are similar to those who used heroin in a similar time period (table 47). Although higher proportion of blacks than Latinos had used a needle or heroin, the difference is not statistically significant.

HIGH RISK SEXUAL BEHAVIOR

Based on responses to about 20 screening questions relating to past and current relationship/sexual behavior history and alcohol/drug use, three (3) risk groups were formed viz: (1) low risk, (2) high risk heterosexuals and (3) gay/bisexual (see appendix B). Additional sexual behavior questions were given to individuals who were classified as high-risk heterosexual or as gay/bisexual.

About a fifth (21%; 438/2110) of Latinos and 15% (100/658) of blacks can be regarded as high-risk heterosexuals for infection with HIV. When stratified by race/ethnicity and gender, higher proportion of Latino males (28%; 314/1109) than females (12%; 124/1001), and black males (21%; 69/322) than females (9%; 31/335) belong to the high risk heterosexual group.

Latinos were (1.4) times significantly more likely than blacks to be grouped as high-risk heterosexuals. Although higher proportions of Latinas than black females are high-risk heterosexuals, the difference is not statistically significant. Latinos who have higher fluency in Spanish are equally as likely as those with less fluency to be high risk heterosexuals. Latinos who are more educated are significantly (1.3 times) more likely to be high risk heterosexuals than those who are less educated.

The leading reason for being classified as high risk heterosexual was heavy alcohol use in the past 10 years (Table B). About 60% (251/438) of Latino and 40% (38/100) of black high-risk heterosexuals said they used alcohol in the past 10 years to the point where they could not remember what they had done.

Less than a third (28% 28/100) of blacks and one-tenth (9%) of Latinos in the high-risk heterosexual category said they have used "crack", "rock", or "ice" at least once. More black women (32%) than Latinas (7%) are at high risk for the AIDS virus because they had used at least one of these drugs once in the past ten years (Table B).

About 40% (123/314) of Latino and 23% (16/69) of black high-risk heterosexual males have had sexual contact with prostitutes at least once in the past 10 years.

Higher proportion of Latinas (10%; 12/124) than Latino males (5%; 17/314) are grouped as high-risk heterosexuals because they had been treated for a sexually transmitted disease (STD) by a doctor in the most recent year before the survey. In contrast, the proportion of black males (17%; 12/69) treated for STD in the past year is similar to those of black females (16%; 5/31).

Considerably high proportions of females are classified as high risk heterosexuals because of their of past/current sexual relationships with high-risk heterosexual/bisexual men. For instance, about a third (29%) of black females and a fifth (19%) of Latinas in this group knew that their former sexual partners [within the past 10 years] had sexual intercourse with prostitutes.

California Minority AIDS-Related KABB Survey

**Table B: Profile of Risk Factors
Among High-Risk Heterosexuals**

	Latinos		Blacks	
	Male N= 314	Female N= 124	Male N= 69	Female N= 31
VISITED DOCTOR FOR VD TREATMENT IN PAST YEAR	5.4%	9.7%	17.4%	16.1%
TREATED FOR VD IN STD CLINIC IN PAST YEAR	3.5	2.4	11.7	6.5
TESTED FOR HIV AT HIV TEST IN PAST YEAR	8.3	19.4	16.0	6.5
USED CRACK, ROCK OR ICE	9.6	7.3	29.0	26.0
USED HEROIN IN PAST TEN YEARS	2.2	1.6	5.8	0.0
USED NEEDLES TO INJECT DRUGS IN PAST TEN YEARS	3.0	1.0	3.0	3.2
HAS LIVE-IN SEX PARTNER	8.3	13.0	7.2	9.7
CURRENT PARTNER INJECTED DRUGS IN PAST TEN YEARS	1.3	2.4	1.5	9.7
CURRENT PARTNER HIV+ IN PAST TEN YEARS	1.3	0.0	1.5	0.0
CURRENT PARTNER HAD SEX WITH PROSTITUTE IN PAST TEN YEARS	--	14.5	--	9.7
HAD BEEN DRUNK TO POINT OF NOT REMEMBERING IN PAST TEN YEARS	65.0	38.7	42.0	29.0
				(contd...)

■ SEXUAL BEHAVIOR AMONG HIGH RISK HETEROSEXUALS

Ninety percent (62/69) of black males and 85% of black females (27/31) compared to 74% (232/314) of Latino males and 60% (74/124) of Latinas who are in the high-risk group are currently having, or have had sexual contact with someone in the past year.

In the most recent month before the survey, 38% (38/100) of blacks and 21% (91/438) of Latinos used alcohol or drugs to increase sexual enjoyment with their primary relationships, while 22% (22/100) of blacks and 17% (73/428) of Latinos had anal intercourse without condoms. Also, multiple partner sex [among those who have primary relationships] is reported by 35% (35/100) of blacks and 23% (102/428) of Latinos in the most recent month; this represents 5% of all blacks or Latinos surveyed. Among high risk heterosexual Latinos, larger proportion (33%; 15/45) of those less fluent in Spanish compared to those with higher fluency (26%; 87/339) reported multiple sexual partners at least once in the last 30 days.

California Minority AIDS-Related KABB Survey

**Table B (...contd): Profile of Risk Factors
Among High-Risk Heterosexuals**

	Latinos		Blacks	
	Male N= 314	Female N= 124	Male N= 69	Female N= 31
CURRENT PARTNER HAD SEX WITH ANOTHER MAN IN PAST TEN YEARS	N/A	1.6%	N/A	0.0%
PAST PARTNER INJECTED DRUGS IN PAST TEN YEARS	1.0	3.2	0.0	0.0
PAST PARTNER HIV+ IN PAST TEN YEARS	1.0	0.0	0.0	0.0
PAST PARTNER HAD SEX WITH PROSTITUTE IN PAST TEN YEARS	N/A	2.2	N/A	3.2
PAST PARTNER HAD SEX WITH A MAN IN PAST TEN YEARS	N/A	1.6	N/A	0.0
PAST SEX PARTNER INJECTED DRUGS IN PAST TEN YEARS	6.7	11.3	11.6	16.1
PAST SEX PARTNER HIV+ IN PAST TEN YEARS	0.0	1.6	1.5	3.2
PAST SEX PARTNER HAD SEX WITH PROSTITUTE IN PAST TEN YEARS	N/A	18.6	N/A	29.0
PAST SEX PARTNER HAD SEX WITH A MAN IN PAST TEN YEARS	N/A	5.0	N/A	6.5
PAST SEX PARTNER HAD SEX WITH PROSTITUTE IN PAST TEN YEARS	N/A	36.3	N/A	21.7

N/A= Not applicable

Blacks are more likely than Latinos to report unprotected sexual contact outside of their primary relationships. Eight percent (8%; 8/100) of blacks and 4.6% (20/438) of Latinos, had sexual contact with at least one person who is not their primary partner in the most recent 30 days. In the most recent 30 days, 6% of blacks (6/100) and 3.2% (14/306) of Latinos had unprotected vaginal intercourse at least once with persons other than their primary partner.

The high-risk heterosexual respondents were asked if they think they have ever been exposed to the AIDS virus. About 15% (64/438) of Latinos and 6% (6/100) of blacks replied in the affirmative. Less than 2% (1/64) of Latinos and 16% (1/6) of blacks who think they have been exposed to the AIDS virus have been told they have AIDS or AIDS related complex (ARC) by a doctor or nurse.

Since learning about AIDS, 49% (215/438) of Latino and 56% (56/100) of black high-risk heterosexuals claimed they have made changes in their sexual behaviors. Black females are 1.4 times more likely than Latinas to say they made changes in their sexual behaviors since learning about AIDS, though this difference is not statistically significant.

Respondents who reported they made sexual behaviors changes were probed for at least three (3) responses about the nature of the changes they have made. Among blacks, the most frequently mentioned behavior change is increased condom use; 45% (25/56) of blacks who have made changes claim they now use condom always during sexual intercourse. Other frequently mentioned changes made by blacks are: reduced number of sexual partners (31%); monogamy (19%); avoidance of high risk partners (13%); and having sexual contact with only one other person who is not infected (5%).

For Latinos, reducing the number of sexual partners is the behavior change most frequently mentioned. Thirty-one percent (67/215) of high-risk heterosexual Latinos claimed they reduced the number of their sexual partners since hearing about AIDS. Significantly higher proportion of Latino males (37%; 60/165) than females (12%; 6/50) mentioned that they have decreased the number of sexual partners. Other behavior changes mentioned by Latinos are monogamy (26%); regular use of condom during sexual intercourse (25%); avoidance of high risk partners (22%) and having sexual contact with only one other person who is not infected (8%).

■ **AMONG GAY/BISEXUAL MALES**

Less than 2% of blacks (6/323) and Latinos (15/1109) are grouped as gay/bisexual. Among them, all the black males and 93% (14/15) of Latino males are currently sexually active or had sexual contact with someone within the last 12 months. One-half of black (50%; 3/6) and 36% (5/14) of Latino gay/bisexual males claimed such sexual contact was solely within their primary relationship. Since learning about AIDS, 64.3% of Latinos (9/14) and 50% (3/6) of blacks reported that they still engage in unprotected anal intercourse.

More than a quarter (26%; 4/15) of Latino gay/bisexual males think they may have been exposed to the AIDS virus, while none of the black gay/bisexual blacks feel this way. Of the four (4) Latinos who think they may have been exposed to the AIDS virus, one (1) was diagnosed with AIDS/ARC.

The proportions stated for this sub-sample should be interpreted with caution, given the small proportion of respondents who self-identified as gay/bisexual.

**ATTITUDES AND BELIEFS REGARDING CONDOM USE
AMONG HIGH RISK HETEROSEXUALS**

About a tenth of Latino (55/438) and black (10/100) high-risk heterosexuals reported they used condoms always in the past ten (10) years whenever they had sexual intercourse. With respondents who did not use condom always, the most frequently mentioned reason is that they do not enjoy sexual intercourse as much when a condom is used. Respectively, 44% (27/62) and 38% (102/272) of black and Latino males do not always use condoms because of the reason mentioned above. Twenty percent (20%) of black females and 14% of Latinas also stated this as their reason for not using condoms at all times during sexual intercourse.

A high proportion of sexually active females infrequently use condom during sexual intercourse because their partners do not want to use condoms. Specifically, a quarter of Latinas (27%; 30/109) and about a fifth (21%; 6/28) of black high risk heterosexual females engaged in unprotected sexual intercourse because their partners do not want to use condoms.

Few males mentioned that their reason for not using condoms at all times in the past 10 years is that it is embarrassing to buy them or put them on. Latino males (5.5%; 15/272) are more likely than blacks (1.4%; 1/69) to avoid the use of condom because of those reasons.

Seven percent (7%; 31/438) of Latinos and 5%(5/100) of blacks who are high-risk heterosexuals do not use condoms because they think they are not at risk of AIDS.

Black females (93%; 29/31) are significantly more likely than Latinas (56%; 68/121) to indicate familiarity with the term "safe sex". When asked to define what safe sex is, the most frequently mentioned definition by black (23%; 7/31) and Latino(16%; 16/121) females is the use of condoms.

HIGH RISK RECREATIONAL DRUG USERS

A relatively small proportion of respondents are grouped as high risk drug users based on answers to the core questions on past or present drug use behavior. Supplementary drug use questions were then asked from those in this group.

Blacks (5%; 33/658) are two (2) times significantly more likely than Latinos (2.4%; 51/2110) to be at high risk for contracting HIV/AIDS through their drug use behaviors. Seven percent (7%; 24/323) of black and 3.8% (42/1109) of Latino males are high risk drug users: Black females (2.7%; 9/335) are three times more likely than Latinas (0.9%; 9/1101) to be at high risk drug users. Latinos who are less fluent (12/219) in Spanish are twice as likely as fluent speakers (39/1891) to be high risk drug users.

More than half of Latinos (57%; 29/51) and two-thirds of blacks (67%; 22/33) in this group said they have made changes in their drug use activities since learning about AIDS.

CONCLUSIONS

This report has summarized the result of our preliminary analysis of the AIDS-related KABB survey of blacks and Latinos in California . Our effort is by no means complete, additional analyses are needed. Nonetheless, the findings from our initial analysis can be put in context, and their implications for program emphasis and future research discussed. The study yields the following main findings:

- Blacks have a higher knowledge level of AIDS than Latinos. However, both blacks and Latinos have inadequate knowledge of how the AIDS virus is (or is not) transmitted. Among Latinos, those who have higher fluency in Spanish know even less about AIDS.
- Television news is the most frequently mentioned source of AIDS information but physicians/HMOs are more frequently perceived as being more reliable than any other source.
- Blacks and Latinos underestimate their risk of contracting HIV. This is partly evident from the high (19%) proportion who were grouped as high-risk heterosexuals compared to the low (5.7%) percentage who perceived their risk of contracting HIV to be greater than others.
- A high proportion of black and Latino women are at high risk of contracting the AIDS virus because their past and/or current primary partners have had sexual encounters with men, prostitutes, or injection drug users. Furthermore, most high-risk heterosexual women infrequently use condoms because of their partners' objection to condom use.

- Alcohol and non-injection drug [especially "crack"] abuse among California's black and Latino populations may pose higher risk of contracting HIV than non-prescription injection drug [e.g. heroin] use.

Most household surveys of the general population in California have reported high awareness and knowledge levels of HIV/AIDS. Our study reveals that blacks and Latinos in the state are not as knowledgeable about HIV/AIDS as they may have been perceived from the previous general population surveys.

Although blacks have higher knowledge of HIV/AIDS than Latinos, the depth of their understanding is doubtful. Inability by a considerable proportion of these populations (especially Latinos) to recognize that a person who has HIV/AIDS may look and feel healthy is disquieting, more so when these populations infrequently use condoms and underestimate their risk. Further, blacks are more likely than Latinos to doubt what doctors and health experts tell the public about HIV/AIDS prevention. This is confirmed by the fact that significantly higher proportion of Latinos than blacks perceived doctors as very reliable source of AIDS information. In addition, black females are more likely to believe that experts do not really know how the AIDS virus is spread. Latinos on the other hand are more likely to doubt public health experts because they found their prevention message confusing.

This study also documents pervasive misperceptions about the risk of casual transmission of the AIDS virus. For instance, respondents failed to make the critical distinction between donating blood and receiving blood. These misperceptions are bound to generate phobias and other socially undesirable consequences. Respondents who (a) perceived casual transmission as being possible, (b) who are less educated, or (c) who do not know someone who has or died of AIDS, expressed less willingness to work with people with AIDS.

These issues unequivocally indicate a need to provide well conceived, innovative, and culturally appropriate educational campaigns to increase the level of knowledge and counter negative attitudes among blacks and Latinos. Outreach workers in the black community have a challenging task of changing the current attitudes of suspicion and doubt of public health experts. These results further signify the need for research on appropriate approaches that may be adopted to relate medical facts to minority communities.

We propose that education and prevention programs should give high priority to Latinos who are very fluent in Spanish and the less educated members of the minority communities. These sub-populations are more likely to be poor, have low knowledge level of AIDS, have narrower range of sources of AIDS information, be less likely to think condom use is efficacious, and hold discriminatory attitudes toward HIV/AIDS patients.

Several studies have reported negative attitudes expressed toward persons with HIV/AIDS. These attitudes are equally rampant in minority communities. Discriminatory attitudes against persons with HIV/AIDS have far reaching research and policy implications. Although homophobia and the fear of contracting AIDS had been mentioned as the reasons for such attitudes, it is unclear if there are other factors involved. Whatever those reasons may be, given the widespread anti-HIV/AIDS attitudes, the time may be right to further protect the civil rights of persons with HIV/AIDS through anti-discrimination legislation. In addition, continuing education efforts should be directed at changing discriminatory attitudes against HIV/AIDS patients.

Our findings on the perceived reliability of source of AIDS information offer distinct opportunity for a shift in program emphasis. Television [news] is the most frequently mentioned source of AIDS information but only about one-half of those respondents think it is a very reliable source. From public health education perspective, it is doubtful that television news alone will achieve the goal of providing sound AIDS information. Part of the problem is that information provided by television news have different focus; they tend to contain more news than educational instructions. Our data suggest that MDs/HMOs, hospitals, and schools should be given more prominent roles in educating the public about AIDS prevention since these sources are perceived as more reliable than most others.

The result on HIV antibody testing within these populations indicate that testing has not been limited to those at high risk. There is, however, a distinct difference in the preference of test sites in both populations. Latinos sought testing at public health clinics while blacks seemed to prefer private doctors/HMOs. Those with higher education (at least some college) were more likely to have been tested. This information offers program planners the unique benefit of purposively aiming their prevention and counseling messages at these populations.

The scantiness of our data on intravenous drug users and men who have sex with men, should not be misconstrued to mean that these behaviors are relatively uncommon among blacks and Latinos. Rather, it underscores the difficulty involved in obtaining sensitive information through telephone surveys. Socio-behavioral researchers should be encouraged to design surveys that can accurately obtain sensitive information through representative sampling from these populations.

California Minority AIDS-Related KABB Survey

It is obvious from our results that the efficacy of condom use in preventing AIDS is well known in these communities. It is, however, doubtful if this knowledge has impacted behaviors, judging from the continued increase in STD rates, especially among blacks. Further research on condom use attitudes in the minority communities would be relevant. Such surveys must seek to obtain representative data on how condom use is negotiated between males and females, and circumstances or belief systems surrounding failure to use condoms during sexual intercourse.

One of the more striking findings from our study is that black and Latino women carry a heavy burden of risk from their associations with high-risk heterosexual/bisexual men. High-risk heterosexual blacks and Latino women were more likely to have been treated for STDs in the past year. High proportions of these women infrequently use condoms because such decision is made for them by their male partners. It is unlikely that these women are completely ignorant or irrational. They may be taking such sexual risks because of the lack of decision-making power, lack of alternative choices, or the fear of being perceived as promiscuous by their partners. In the light of all these, there is a critical need to develop innovative and culturally appropriate educational models for black and Latino women. We urge that such models emphasize social self-empowerment and negotiating skills training.

How to Request for the Minority AIDS-Related KABB Data Set

The data used to generate this report is available for public use. Universities, public health departments, and other parties who are interested in pursuing further analysis on this data are encouraged to contact:

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APPENDIX A

California Minority AIDS-Related KABB Survey

TABLE 1. NUMBER OF PERSONS IN THE HOUSEHOLD

INCLUDING YOURSELF AND ALL OTHERS, HOW MANY PERSONS LIVE IN YOUR HOUSEHOLD?

	ALL RESPONDENTS	LATINOS	BLACKS
ONE	10.2%	6.6%	21.7%
TWO	17.5	14.9	26.0
THREE	17.1	15.8	21.0
FOUR-FIVE	37.8	41.8	25.1
MORE THAN FIVE	17.4	21.0	6.2
	N=2768	N=2110	N=658

TABLE 2. NUMBER OF ADULTS IN THE HOUSEHOLD

TOTAL NUMBER OF ADULTS IN THE HOUSEHOLD?

	ALL RESPONDENTS	LATINOS	BLACKS
ONE	16.8%	11.2%	34.6%
TWO	45.5	47.0	41.0
THREE	18.4	19.0	16.7
FOUR OR MORE	19.3	22.9	7.6
	N=2768	N=2110	N= 658

California Minority AIDS-Related KABB Survey

TABLE 6. NUMBER OF BIRTHS IN HOUSEHOLD IN PAST THREE YEARS

HOW MANY BIRTHS HAVE THERE BEEN IN YOUR HOUSEHOLD DURING THE PAST THREE YEARS?

	ALL RESPONDENTS	LATINOS	BLACKS
NONE	12.7%	12.9%	11.6%
ONE	69.0	68.5	71.7
TWO OR MORE	18.3	18.6	16.7
	N=720	N=603	N=117

TABLE 7. NUMBER PREGNANT IN HOUSEHOLD

HOW MANY WOMEN IN YOUR HOUSEHOLD ARE CURRENTLY PREGNANT?

	ALL RESPONDENTS	LATINOS	BLACKS
NONE	76.9%	75.8%	82.4%
ONE OR MORE	23.1	6.9	3.2
	N=2768	N=2110	N= 658

TABLE 3. NUMBER OF TEMPORARY RESIDENTS IN HOUSEHOLD

ARE THERE ANY PERSONS WHO SOMETIMES STAY THERE THAT YOU DID NOT INCLUDE AMONG THE PERSONS YOU JUST MENTIONED ?

	ALL RESPONDENTS	LATINOS	BLACKS
NONE	91.3%	90.8%	93.0%
ONE	5.9	5.9	5.6
TWO OR MORE	2.8	3.2	1.4
	N=2768	N=2110	N= 658

TABLE 4. AGE OF RESPONDENT

AND YOUR AGE IS . . . ?

	ALL RESPONDENTS	LATINOS	BLACKS
< 21	9.4%	10.0%	7.5%
21 - 29	30.2	31.7	25.1
30 - 39	26.2	26.2	26.0
40 - 44	8.5	8.3	9.3
45 OR MORE	25.8	23.8	32.1
	N=2768	N=2110	N= 658

TABLE 5. NUMBER OF TEENS IN THE HOUSEHOLD

HOW MANY TEENS, AGES 13 TO 18 LIVE IN YOUR HOUSEHOLD ?

	ALL RESPONDENTS	LATINOS	BLACKS
NONE	73.2%	70.9%	80.4%
ONE	16.5	17.3	14.1
TWO OR MORE	10.3	11.8	5.6
	N=2768	N=2110	N= 658

TABLE 10.

EMPLOYMENT STATUS

ARE YOU EMPLOYED FULL-TIME, PART-TIME, NOT EMPLOYED FOR PAY OR ARE YOU RETIRED?

	ALL RESPONDENTS	LATINOS	BLACKS
FULL-TIME	55.6%	55.3%	56.2%
PART-TIME	12.3	12.1	12.9
UNEMPLOYED	24.7	26.6	18.7
RETIRED	6.9	5.5	11.6
REFUSED	0.5	0.5	0.6
	N=2768	N=2110	N= 658

TABLE 11.

TOTAL HOUSEHOLD INCOME

WHICH OF THE FOLLOWING CATEGORIES BEST REPRESENTS YOUR TOTAL HOUSEHOLD INCOME BEFORE TAXES?

	ALL RESPONDENTS	LATINOS	BLACKS
< \$10,000	24.7%	26.8%	18.0
\$ 10,000-15,000	19.5	21.8	12.0
\$ 15,000-25000	18.5	18.8	17.6
\$ 25,000-50,000	18.4	15.3	28.3
\$ 50,000-75,000	4.3	3.2	7.8
> \$ 75,000	2.6	1.7	5.7
REFUSED	12.1	12.6	10.7
	N=2768	N=2110	N= 658

TABLE 8.**EDUCATION****IN SCHOOL, WHAT IS THE HIGHEST GRADE YOU EVER COMPLETED ?**

	ALL RESPONDENTS	LATINOS	BLACKS
LESS THAN HS GRAD	48.1%	58.3%	13.6%
HS GRAD	22.9	20.4	30.9
SOME COLLEGE	19.6	14.6	35.6
COLLEGE GRAD	7.6	5.4	14.8
POST GRAD	1.7	0.7	5.1
DON'T KNOW	0.2	0.2	0.0
	N=2768	N=2110	N= 658

TABLE 9.**STUDENT STATUS****ARE YOU CURRENTLY A FULL-TIME OR PART-TIME STUDENT ?**

	ALL RESPONDENTS	LATINOS	BLACKS
FULL-TIME	6.5%	6.0%	8.0%
PART-TIME	10.7	10.8	10.4
NOT A STUDENT	82.3	82.9	80.3
REFUSED	0.5	0.3	1.3
	N=2768	N=2110	N= 658

California Minority AIDS-Related KABB Survey

TABLE 14. COUNTY OF RESIDENCE

WHAT COUNTY DO YOU LIVE IN ?

	ALL RESPONDENTS	LATINOS	BLACKS
ALAMEDA	6.8%	3.8%	16.5%
CONTRA COSTA	1.7	1.0	4.1
FRESNO	3.0	3.5	1.4
IMPERIAL	1.1	1.5	0.0
KERN	0.5	0.7	0.2
LOS ANGELES	60.3	58.6	65.6
MONTEREY	1.7	2.1	0.5
ORANGE	2.5	3.1	0.3
RIVERSIDE	1.5	1.9	0.2
SAN BERNARDINO	3.4	4.0	1.5
SAN DIEGO	5.0	5.3	4.2
SAN FRANCISCO	2.7	2.8	2.6
SAN JOAQUIN	1.0	1.3	0.0
SAN MATEO	0.5	0.6	0.4
SANTA BARBARA	0.9	1.1	0.2
SANTA CLARA	3.0	3.8	0.3
TULARE	0.8	1.0	0.0
VENTURA	1.5	1.9	0.3
SOLANO	0.4	0.3	0.6
MADERA	0.3	0.4	0.0
MERCED	0.2	0.2	0.0
SAN BENITO	0.2	0.3	0.0
SANTA CRUZ	0.1	0.1	0.0
KINGS	0.0	0.0	0.1
STANISLAUS	0.0	0.1	0.0
YOLO	0.0	0.0	0.0
GLENN	0.0	0.0	0.0
	N=2768	N=2110	N=658

TABLE 12.

SPANISH FLUENCY

HOW WELL DO YOU SPEAK SPANISH ?

[FOR LATINO RESPONDENTS ONLY]

VERY WELL	71.7%
SOMEWHAT WELL	17.9
LITTLE	6.4
NONE	4.0

N=2110

TABLE 13.

SPANISH LANGUAGE USAGE

[FOR LATINO RESPONDENTS ONLY]
 I'D LIKE TO ASK ABOUT YOUR USE OF LANGUAGE. WHEN YOU _____ IS IT ONLY
 IN ENGLISH, MORE ENGLISH THAN SPANISH, MORE SPANISH THAN ENGLISH,
 OR SPANISH ONLY? [THE "BOTH EQUAL" CATEGORY WAS NOT READ TO
 RESPONDENTS]

	ENGLISH ONLY	MORE ENGLISH	BOTH EQUAL	MORE SPANISH	SPANISH ONLY	DK/ RF
TALK WITH FAMILY	11.8%	8.0%	10.5%	15.8%	53.5%	0.3%
TALK WITH CLOSE FRIENDS	13.5	11.6	15.5	20.6	38.4	0.5
READ MAGAZINES, PAPERS, BOOKS	23.7	15.8	11.7	11.7	34.8	2.3
LISTEN TO RADIO	19.7	15.5	18.7	16.1	28.2	17.1
WATCH TELEVISION	19.3	22.2	25.6	15.1	17.1	0.7

California Minority AIDS-Related KABB Survey

TABLE 16. KNOWLEDGE OF AIDS SYMPTOMS

DO YOU THINK A PERSON WHO HAS AN AIDS INFECTION CAN LOOK AND FEEL HEALTHY ?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	45.7%	37.6%	71.7%
NO	43.7	51.8	18.0
DON'T KNOW/ REFUSED	10.5	10.6	10.2
	N=2768	N=2110	N= 658

TABLE 17. KNOWLEDGE OF CHEMICAL PROPHYLAXIS FOR AIDS

IS THERE ANY DRUG THAT CAN KEEP PEOPLE FROM GETTING THE AIDS INFECTION ?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	11.0%	12.3%	5.2%
NO	67.8	64.5	17.4
DON'T KNOW/ REFUSED	21.3	22.8	16.5
	N=2768	N=2110	N= 658

TABLE 15a.

PERCEIVED RELIABILITY OF
SOURCE OF AIDS INFORMATIONHOW RELIABLE DO YOU THINK THE INFORMATION
YOU'VE GOTTEN FROM _____ IS ?

	UNRELIABLE		SOMEWHAT RELIABLE		VERY RELIABLE		NO. OF PERSONS	
	LATINOS	BLACKS	LATINOS	BLACKS	LATINOS	BLACKS	LATINOS	BLACKS
OTHER TV	2.4%	1.4%	37.0%	39.0%	58.9%	57.9%	599	204
TV ADS	5.2	1.3	37.9	36.1	55.3	58.0	387	99
TV NEWS	3.2	2.7	40.8	52.0	54.1	43.8	802	263
MAGAZINES	4.0	2.2	46.4	48.7	48.0	48.3	421	143
FRIENDS	16.5	10.4	51.0	40.0	31.2	45.7	292	84
HOSPITAL	2.2	3.2	26.1	22.1	71.0	72.7	134	62
SCHOOLS	1.4	1.0	28.2	34.6	70.1	63.6	232	82
FLYERS/ BROCHURES	2.3	1.1	39.9	38.6	56.7	58.9	548	255
NEWS- PAPERS	6.1	3.1	52.8	63.3	39.5	31.3	460	171
DOCTORS/ HMOs	0.7	0.9	22.3	24.2	75.9	73.4	148	101

TABLE 20. PERCEIVED EFFICACY OF CONDOM USE

IS THE USE OF CONDOMS OR RUBBERS DURING SEX WITH ALL PARTNERS AN EFFECTIVE WAY TO REDUCE CHANCES OF GETTING AIDS

	ALL RESPONDENTS	LATINOS	BLACKS
YES	79.7%	77.8%	85.9%
NO	12.8	14.3	8.1
DON'T KNOW/ REFUSED	7.5	7.9	6.1
	N=2768	N=2110	N= 658

TABLE 21. KNOWLEDGE OF HIV TEST SITE

IF, FOR SOME REASON, IT WERE NECESSARY TO GET AN AIDS TEST WOULD YOU KNOW WHERE TO GO FOR TESTING ?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	65.7%	63.8%	72.2%
NO	32.4	34.2	26.7
DON'T KNOW/ REFUSED	1.9	2.1	1.2
	N=2768	N=2110	N= 658

TABLE 18.

KNOWLEDGE OF AIDS TRANSMISSION
THROUGH BLOOD DONATION

DO YOU THINK A PERSON CAN GET THE AIDS VIRUS FROM GIVING BLOOD ?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	59.1%	59.9	56.3
NO	34.0	32.7	38.1
DON'T KNOW/ REFUSED	6.9 N=2768	7.4 N=2110	5.6 N= 658

TABLE 19.

KNOWLEDGE OF CASUAL TRANSMISSION OF AIDS

DO YOU THINK A PERSON CAN GET THE AIDS VIRUS FROM MOSQUITOES OR
OTHER INSECTS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	30.8%	32.9%	24.0%
NO	48.3	47.0	52.6
DON'T KNOW/ REFUSED	20.9 N= 2768	20.1 N=2110	23.3 N= 658

TABLE 24. CAUSE OF AIDS UNKNOWN

DO YOU THINK A REASON FOR HAVING DOUBTS IS THAT THE EXPERTS DON'T REALLY KNOW THE CAUSE OF AIDS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	57.4%	52.8%	67.4%
NO	32.2	35.3	25.4
DON'T KNOW/ REFUSED	10.4	11.9	7.2
	N=1245	N=855	N=390

TABLE 25. CONFUSING EXPLANATIONS

DO YOU THINK A REASON FOR HAVING DOUBTS IS THAT THE EXPERTS EXPLAIN THINGS IN CONFUSING WAY?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	57.6%	59.6%	53.1%
NO	36.8	34.3	42.4
DON'T KNOW/ REFUSED	5.6	6.1	4.5
	N=1245	N=855	N=390

TABLE 22. PERCEIVED KNOWLEDGE OF AIDS PREVENTION

GENERALLY SPEAKING, HOW MUCH DO YOU KNOW ABOUT HOW TO PREVENT AIDS?

	ALL RESPONDENTS	LATINOS	BLACKS
MUCH	17.8%	14.1%	29.6%
FAIR	34.6	31.0	46.0
FEW	32.2	36.4	18.8
LITTLE	9.8	11.8	3.1
NONE	5.4	6.3	2.5
REFUSED	0.2	0.3	0.0
	N=2768	N=2110	N= 658

TABLE 23. CONFIDENCE IN EXPERTS PREVENTION MESSAGE

DOCTORS AND HEALTH EXPERTS TELL THE PUBLIC THAT BASIC PRECAUTIONS CAN PREVENT GETTING AIDS. DO YOU HAVE COMPLETE CONFIDENCE IN WHAT DOCTORS AND HEALTH EXPERTS SAY OR DO YOU HAVE SOME DOUBTS ABOUT WHAT THEY SAY?

	ALL RESPONDENTS	LATINOS	BLACKS
COMPLETE CONFIDENCE	55.0%	59.5%	40.7%
SOME DOUBT/ DON'T KNOW	45.0	40.5	59.3
	N=2768	N=2110	N= 658

TABLE 28

RECEIVED HIV TEST

HAS YOUR BLOOD EVER BEEN TESTED FOR THE AIDS VIRUS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	37.8%	38.3%	36.3%
NO	59.5	59.1	60.7
DON'T KNOW/ REFUSED	2.6	2.5	3.0
	N=2768	N= 2110	N= 1035

TABLE 29.

SITE OF HIV TEST

(IF BLOOD HAS BEEN TESTED FOR AIDS VIRUS) WAS YOUR AIDS VIRUS TEST DONE AT A PUBLIC HEALTH CLINIC, BY A PRIVATE DOCTOR OR HMO, AT A PRIVATE TESTING LABORATORY, OR WHILE DONATING BLOOD?

	ALL RESPONDENTS	LATINOS	BLACKS
PUBLIC HEALTH CLINIC	47.9%	54.5%	25.7%
MEDICAL DOCTOR	27.4	20.8	49.5
PRIVATE LAB	18.3	19.1	15.6
BLOOD BANK	4.0	3.1	7.3
MILITARY HOSPITAL	0.7	0.5	1.5
DON'T KNOW	1.4	1.7	0.4
REFUSED	0.3	0.4	0.2
	N=1048	N=809	N=239

TABLE 26. EXPERTS ARE UNCERTAIN ABOUT AIDS TRANSMISSION

DO YOU THINK A REASON FOR HAVING DOUBTS IS THAT THE EXPERTS DON'T REALLY KNOW HOW AIDS IS SPREAD?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	52.2%	50.9%	55.0%
NO	38.7	38.8	38.5
DON'T KNOW/ REFUSED	9.0	10.2	6.4
	N=1245	N=855	N=390

TABLE 27. AIDS PROBLEM EXAGGERATED BY EXPERTS

DO YOU THINK A REASON FOR HAVING DOUBTS IS THAT THE EXPERTS ARE EXAGGERATING THE AIDS PROBLEM?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	30.8%	33.3%	25.2%
NO	61.4	58.0	68.8
DON'T KNOW/ REFUSED	7.9	8.7	6.1
	N=1245	N=855	N=390

California Minority AIDS-Related KABB Survey

TABLE 32. WILLINGNESS TO BE TESTED FOR AIDS FOR FREE

WOULD YOU BE WILLING TO HAVE AN AIDS TEST IF YOU DIDN'T HAVE TO PAY FOR IT?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	84.0%	83.7%	85.1%
NO	12.1	12.7	10.2
DON'T KNOW/ REFUSED	3.8	3.6	4.7
	N=2768	N=2110	N= 658

TABLE 33. WILLINGNESS FOR CONFIDENTIAL AIDS TEST

WOULD YOU BE WILLING TO HAVE AN AIDS TEST IF NOBODY BUT YOU COULD FIND OUT THE RESULTS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	83.4%	83.0%	84.7%
NO	12.5	12.9	11.1
DON'T KNOW/ REFUSED	4.1	4.1	4.2
	N=2768	N=2110	N= 658

**TABLE 30. ATTITUDE TOWARD DINNING IN RESTAURANT
WHERE AIDS COOK WORKS**

WOULD YOU GO TO A RESTAURANT IF YOU KNEW THE COOK HAD AIDS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	29.1%	29.3%	28.5%
NO	59.2	59.3	59.2
DON'T KNOW/ REFUSED	11.7	11.5	12.3
	N=2768	N=2110	N= 658

**TABLE 31. ATTITUDE TOWARD WORKING WITH
A PERSON WITH AIDS**

WOULD YOU WORK WITH A PERSON WHO HAS AIDS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	59.3%	53.3%	77.2%
NO	32.6	38.7	13.0
DON'T KNOW/ REFUSED	8.1	7.6	9.8
	N=2768	N=2110	N= 658

TABLE 34.**UNWILLINGNESS FOR AIDS TEST DUE TO NON-EXPOSURE**

IS NO POSSIBILITY OF EXPOSURE A PRIMARY REASON WHY YOU CHOOSE NOT TO HAVE AN AIDS TEST?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	72.0%	74.9%	61.0%
NO	20.6	18.9	27.0
DON'T KNOW/ REFUSED	7.4	6.2	12.0
	N=393	N=312	N=81

TABLE 35.**UNWILLINGNESS FOR AIDS TEST DUE TO
RELUCTANCE TO KNOW HIV ANTIBODY STATUS**

IS NOT WANTING TO KNOW IF YOU HAVE AIDS A PRIMARY REASON WHY YOU CHOOSE NOT TO HAVE AN AIDS TEST?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	21.5%	22.1%	19.5%
NO	71.7	72.5	68.8
DON'T KNOW/ REFUSED	6.8	5.5	11.8
	N=393	N=312	N=81

California Minority AIDS-Related KABB Survey

TABLE 36. ALLOW CHILDREN STUDY WITH HIV-INFECTED CHILDREN

IF YOU DID HAVE A CHILD, WOULD YOU ALLOW THEM TO BE IN A CLASS WITH A CHILD WHO HAS THE AIDS VIRUS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	55.8%	50.9%	70.2%
NO	27.7	32.6	13.5
DON'T KNOW/ REFUSED	16.5	16.6	16.3
	N= 1669	N=1239	N=430

TABLE 37. ALLOW CHILDREN TO GET AIDS EDUCATION

WOULD YOU ALLOW YOUR CHILDREN UNDER AGE 13 TO BE IN A CLASS WHERE AIDS EDUCATION IS TAUGHT?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	94.3%	93.8%	96.2%
NO	3.7	4.2	2.3
DON'T KNOW/ REFUSED	1.9	2.1	1.5
	N=2768	N=2110	N= 658

TABLE 38**VISITED A DOCTOR IN THE PAST YEAR**

IN THE PAST YEAR, HAVE YOU BEEN TO A DOCTOR?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	88.5%	74.6	91.1%
NO	21.4	25.3	8.3
DON'T KNOW/ REFUSED	0.1	0.1	0.1
	N=2768	N=2110	N= 658

TABLE 39. **TREATED FOR SEXUALLY TRANSMITTED DISEASE
IN THE PAST YEAR**

(IF INTERVIEWEE HAD BEEN TO A DOCTOR IN THE PAST YEAR), WAS YOUR DOCTOR'S VISIT FOR THE TREATMENT OF A SEXUALLY TRANSMITTED DISEASE SUCH AS GONORRHEA, CLAP OR SYPHILIS?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	2.7%	2.5%	3.2%
NO	96.9	97.0	96.7
DON'T KNOW/ REFUSED	0.4	0.6	0.1
	N=2173	N= 1574	N= 599

California Minority AIDS-Related KABB Survey

TABLE 40.

**TREATED AT FAMILY PLANNING CLINIC
IN THE PAST YEAR**

IN THE PAST 12 MONTHS, HAVE YOU BEEN TREATED AT A FAMILY PLANNING CLINIC? AND IF SO, HOW MANY TIMES IN THE PAST TWELVE MONTHS?

	ALL RESPONDENTS	LATINOS	BLACKS
NEVER	87.1%	86.8%	87.9%
1X	5.5	5.5	5.5
2X	3.0	3.0	2.9
3X	1.3	1.4	1.1
> 3X	3.0	3.1	2.6
DON'T KNOW/ REFUSED	0.1	0.1	0.1
	N=2768	N=2110	N= 658

TABLE 41.

**TREATED AT MATERNITY/INFANT CARE
CLINIC IN THE PAST YEAR**

(ASKED OF WOMEN ONLY) IN THE PAST 12 MONTHS, HAVE YOU BEEN TREATED AT A MATERNITY/ INFANT CARE CLINIC? AND IF SO, HOW MANY TIMES IN THE PAST TWELVE MONTHS?

	ALL RESPONDENTS	LATINOS	BLACKS
NEVER	85.7%	84.4%	89.4%
1X	4.2	4.6	3.0
2X	1.7	1.8	1.5
3X	0.8	0.9	0.5
> 3X	7.2	8.0	5.1
DON'T KNOW/ REFUSED	0.4	0.3	0.6
	N=1336	N=1001	N= 335

TABLE 42.**TREATED AT ALCOHOL TREATMENT
PROGRAM IN THE PAST YEAR**

IN THE PAST 12 MONTHS, HAVE YOU BEEN TREATED AT AN ALCOHOL TREATMENT PROGRAM? AND IF SO, HOW MANY TIMES IN THE PAST TWELVE MONTHS?

	ALL RESPONDENTS	LATINOS	BLACKS
NEVER	98.8%	98.7%	98.9%
1X	0.4	0.4	0.5
2X	0.1	0.1	0.0
3X	0.0	0.0	0.0
> 3X	0.4	0.4	0.4
DON'T KNOW/ REFUSED	0.3	0.3	0.2
	N=2768	N=2110	N= 658

TABLE 43.**TREATED AT VENEREAL DISEASE CLINIC
IN THE PAST YEAR**

IN THE PAST 12 MONTHS, HAVE YOU BEEN TREATED AT A CLINIC FOR VD OR SEXUALLY TRANSMITTED DISEASES? AND IF SO, HOW MANY TIMES IN THE PAST TWELVE MONTHS?

	ALL RESPONDENTS	LATINOS	BLACKS
NEVER	98.7%	99.0%	97.9%
1X	0.8	0.7	1.5
2X	0.3	0.3	0.5
3X	0.0	0.0	0.0
> 3X	0.1	0.0	0.2
DON'T KNOW/ REFUSED	0.0	0.0	0.0
	N=2768	N=2110	N= 658

TABLE 44. SERIOUSLY DRUNK IN PAST TEN YEARS

IN THE PAST TEN YEARS, HAVE YOU USED ALCOHOL TO THE POINT WHERE YOU DID NOT REMEMBER WHAT YOU DID?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	11.5%	12.9%	6.9%
NO	87.9	86.4	92.7
DON'T KNOW/ REFUSED	0.7	0.7	0.5
	N=2768	N=2110	N= 658

TABLE 45. EVER USED CRACK, ICE OR ROCK?

HAVE YOU EVER USED CRACK, ROCK OR ICE?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	2.8%	2.1%	5.1%
NO	96.8	97.6	94.3
DON'T KNOW/ REFUSED	0.4	0.3	0.6
	N=2768	N=2110	N= 658

TABLE 46.**EVER USED INJECTION NEEDLES?**

HAVE YOU EVER USED A NEEDLE TO INJECT ANY DRUG FOR NON-MEDICAL PURPOSES?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	0.6%	0.5%	0.8%
NO	99.1	99.3	98.7
DON'T KNOW/ REFUSED	0.3	0.2	0.6
	N=2768	N=2110	N= 658

TABLE 47.**EVER TRIED HEROIN?**

HAVE YOU EVER TRIED HEROIN?

	ALL RESPONDENTS	LATINOS	BLACKS
YES	0.7%	0.6%	0.8%
NO	99.1	99.2	98.5
DON'T KNOW/ REFUSED	0.3	0.2	0.6
	N=2768	N=2110	N= 658

DIAGRAMMATIC ILLUSTRATION OF QUESTIONNAIRE LAYOUT

