



Protecting the Health of Latino Communities

COMBATING HIV/AIDS

Centers for Disease Control and Prevention
National Center for HIV, STD and TB Prevention
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“HIV prevention in Latino communities will take the combined efforts of public health agencies, community organizations, churches, schools, leaders, neighbors, and friends.”

—DR. HELENE GAYLE, DIRECTOR, NATIONAL CENTER FOR HIV, STD AND TB PREVENTION, CDC

Protecting the Health of Latino Communities

COMBATING HIV/AIDS

Latino communities face a health crisis that threatens to imperil their future health, prosperity and human potential. That threat is HIV/AIDS.

The U.S. HIV epidemic has expanded from one which primarily impacted white gay men in the late 1980's, to an epidemic which, in 2000, affects a more diverse population than ever before. HIV prevention efforts must aggressively target a wide range of communities, from new populations of white gay men, who remain at high risk, to gay men of color, African-American and Latino women at risk, injection drug users of all races, and adolescents as they come of age.

While African Americans face the greatest HIV and AIDS burden in the United States—accounting for an estimated 55% of new infections—the toll of the epidemic among Latinos cannot be ignored. Latinos in some areas of the country, primarily the Northeast, Puerto Rico, and Florida, are among the populations now at greatest risk of infection. Overall, Latinos represent an estimated 20% of new HIV infections.

The breadth of the health crisis has prompted Latinos to respond to HIV/AIDS with a growing sense of urgency. According to the Henry J. Kaiser

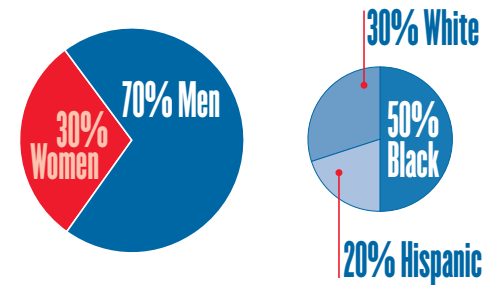
Family Foundation, 50% of Latinos surveyed in late 1997 said AIDS was the country's most serious health problem, and two-thirds of Latinos believe AIDS is more urgent now than it was a few years ago.

The same survey found that Latinos are twice as likely as other Americans to agree that AIDS is a problem for people they know. Ninety-four percent support government-sponsored HIV education and prevention, and three out of four Latino adults say they need help in learning how to discuss AIDS with young people.

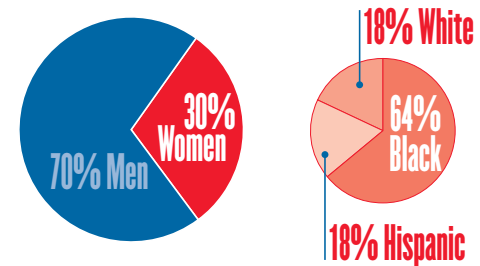
There are important issues that make addressing HIV/AIDS among Latinos particularly challenging, most importantly the tremendous diversity within Latino communities. The many countries that Latinos emigrate from reflect a variety of cultures, attitudes and HIV risk factors. Because attitudes, knowledge, and risk behaviors vary significantly depending on country of origin, HIV prevention services need to be finely tailored to each culture to be most effective.

CDC, the nation's disease prevention agency, undertakes a broad array of programs to help

Estimates of New Infections Occurring Among Men, By Race and Risk, 1999



Estimates of New Infections Occurring Among Women, By Race and Risk, 1999



communities fight HIV and AIDS. Through community funding for HIV prevention, research, and the transfer of vital information and know-how, CDC forms partnerships with communities affected by the epidemic to produce the most effective response possible. In its public health partnership with Latino communities, as with other groups, CDC operates in three distinct areas:

Tracking the Epidemic: CDC carefully monitors the status of HIV/AIDS by racial/ethnic group, exposure category, gender, place of birth, and other variables, enabling communities to base public health strategies on the best possible understanding of the epidemic.

Researching Prevention: CDC conducts extensive biomedical and behavioral research to identify and evaluate methods and approaches to prevent HIV among groups at greatest risk.

Helping Communities: CDC provides more than \$450 million annually to help communities build and sustain scientifically sound, innovative HIV prevention programs. CDC also provides funding and support to enable communities to deliver STD prevention and treatment programs, which reduce vulnerability to HIV infection.

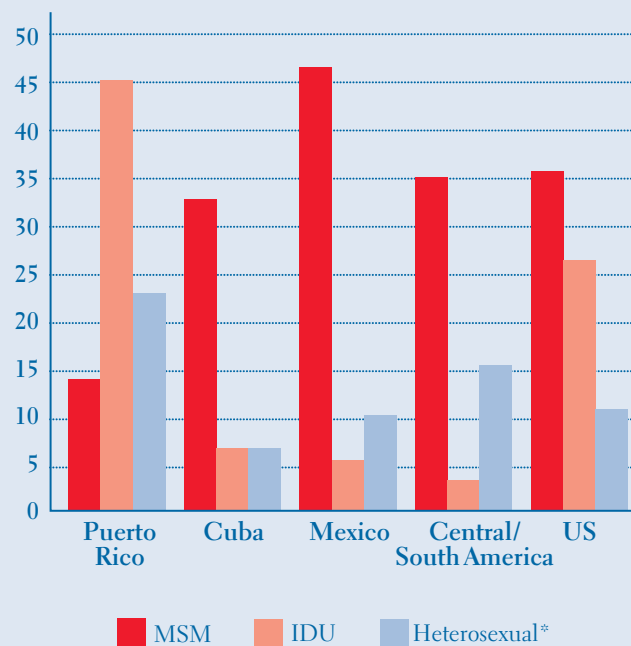
This three-pronged approach focuses on the communities hardest hit by HIV/AIDS. As Latinos have been increasingly impacted by the HIV epidemic,

a growing proportion of CDC's prevention efforts in all three areas have focused on reaching Latinos at risk. At the same time, more Latino communities throughout the U.S. are mobilizing to respond to HIV and AIDS.

Yet, much more must be done. HIV prevention resources must be expanded to help Latino and other communities at risk mount proven prevention initiatives; additional sectors of Latino communities must join in the fight against HIV and AIDS; and the partnership between Latino communities and public health officials must be strengthened and sustained.

This report outlines CDC's efforts to work in partnership with Latino communities to prevent further HIV transmission. These important programs should be regarded as the building blocks for the long-term response that will be needed to turn the tide against the epidemic in Latino communities across the U.S.

U.S. Adult Hispanics with AIDS, by Mode of Exposure and Place of Birth, 1998



*Most heterosexual cases are among women who have sex with IDUs, HIV+ men and bisexual men.

MSM = men who have sex with men

IDU = injection drug users

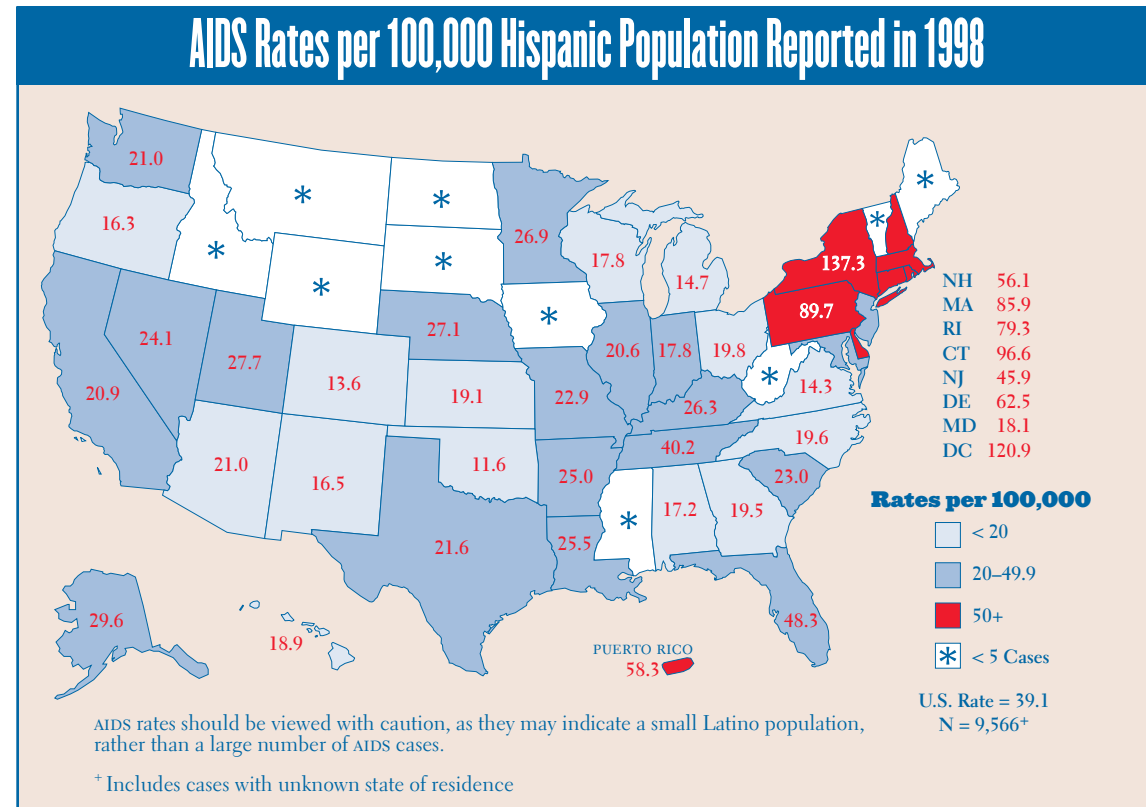


Tracking The Epidemic

Since the beginning of the epidemic, CDC has closely tracked the course of AIDS. The first cases of AIDS were identified in 1981. By 1983, 14% of AIDS cases were occurring among Hispanics. In addition to providing weekly reports on emerging trends in the epidemic, in 1986, CDC issued a special report on AIDS among blacks and Latinos. The report indicated that the cumulative AIDS rate among these groups was already more than three times the rate for whites. This report—and others that followed—alerted national and community leaders of the need for increased prevention services for Latino communities.

On a local level, data on the status of HIV and AIDS are even more critical to ensuring that resources are directed where they are most urgently needed. The importance of accurate local data is underscored by the diversity of the HIV epidemic among Latino communities.

Early in the epidemic, CDC researchers identified distinct differences in the scope and makeup of the AIDS epidemic among Latinos of different ethnic origins. A CDC study of AIDS cases reported between June 1981 and December 1988 demonstrated that while Mexican-born Latinos living in the Southern and Western United States were at similar risk of



developing AIDS as the white, non-Hispanic, population, Latinos of Puerto Rican descent were at several times greater risk than whites and other Latin-born individuals in each region of the country.¹ As shown in the accompanying tables, AIDS rates among Latinos continue to vary by state, and prevention needs vary dramatically depending on the country of birth. Additional CDC studies have confirmed that risk behaviors and influences on behavior differ for each culture, and so must

prevention efforts.^{2,3,4} While HIV-infected Latinos born in the U.S. or in Puerto Rico are most likely to have contracted the virus through injection drug use, those from Mexico, Cuba, and Central and South America most often become infected as a result of sex between men.⁵

In addition to analyses of data by place of birth, studies have demonstrated important differences in risk behaviors by ancestry. Because information on

THE IMPACT OF HIV/AIDS IN LATINO COMMUNITIES

1982 CDC reports that 23 of the earliest cases of AIDS-related pneumonia are among Hispanics

1983 CDC data reveal that Latinos' percentage of pediatric AIDS cases is several times higher than their share of the general population

1986 In a special report on AIDS among African Americans and Latinos, CDC reports that Latinas make up more than 1 in 5 cases among women

1987 CDC reports that the AIDS case rate for Latinos is 2.6 times higher than for whites

CDC begins working with faith communities to help deliver HIV prevention messages

1988 CDC first funds a network of national and regional minority organizations—including numerous Latino groups—to provide technical assistance to local community-based prevention service providers

1989 CDC reports that injection drug users make up 55.7% of all Latino AIDS cases reported up to that time

1990 Surveillance data indicate that although black and Latina women constitute 19% of all U.S. women, they represent 72% of all U.S. women diagnosed with AIDS

1991 CDC reports that AIDS deaths rates are more than twice as high for Latinos than for whites

1992 While AIDS cases decreased slightly for whites in 1991, they increased by 11.5% among Latinos

1993 CDC begins requiring state and local health departments to convene representative community planning councils to establish priorities for prevention funding provided by CDC

1994 Researchers demonstrate the effectiveness of AZT in sharply reducing the risk of mother-to-child transmission

1995 AIDS case rates are found to be seven times higher for Latina women than for whites

1997 In an effort to further enhance the prevention infrastructure in minority communities, CDC directly awards \$18.6 million in prevention funding to 94 community-based organizations, 39% of which directly target Latinos

1998 Due primarily to widespread adoption of CDC-recommended guidelines for voluntary counseling and testing in prenatal settings, rates of pediatric AIDS cases decline by 73% compared with 1992

1999 Latinos are estimated to account for 20% of new HIV infections

Latino-specific programs account for approximately 20% of health education/risk reduction and counseling and testing community planning funding from 1997-1999

Congressional minority AIDS initiative enables CDC to create special funding for community-based HIV prevention services for gay men of color

2000 CDC reports that black and Latino AIDS cases among men who have sex with men now exceed the number of cases among white gay men, while a separate CDC study of young gay and bisexual men (ages 15-22) in 6 urban areas finds that Latino men were more than twice as likely to be infected (7%) than their white counterparts

More than 20% of CDC's funding to develop capacity in minority communities targets Latinos

Nearly 35% of direct CDC funding of community-based HIV prevention programs reach Latinos

ancestry and social, economic, and cultural influences on risk is not routinely available, CDC conducts multi-state studies to supplement national HIV and AIDS surveillance and recommends that states with large Latino populations routinely collect data on ancestry. These data have proven invaluable in identifying and addressing unique prevention challenges:

- In the twelve-state, CDC Supplement to HIV and AIDS Surveillance (SHAS) study, CDC is able to look more closely at factors influencing HIV and AIDS among individuals recently diagnosed with infection or disease. Researchers have found that behaviors such as the number of sex partners, the use of crack, and the exchange of sex for drugs vary by ancestry. While Puerto Rican men have risk behaviors that differ from other Latino men, Mexican and Puerto Rican women have similar risk behaviors. The spoken language also varies significantly. While Latinos of Central American descent speak mostly Spanish, many other Latinos speak fluent English.⁶ Understanding these factors is critical to reaching each population with culturally relevant prevention programs.
- California and Illinois collect data on ancestry for Latinos born in the U.S. for AIDS diagnoses. Looking at data on the Latino epidemic in Chicago clearly demonstrates the importance of this approach. While the rate of AIDS cases among Latinos overall is significantly lower than

LATINOS AT HEIGHTENED RISK

While Latinos make up 13% of the U.S. population, they account for:

- 18% of all AIDS cases ever reported
- 17% of all AIDS deaths (more than 72,000) ever reported
- 19% of all AIDS cases reported in 1999
- 20% of all new HIV infections estimated to occur among men
- 18% of all new HIV infections estimated to occur among women
- It is estimated that 110,000–170,000 Latinos are infected with HIV, and more than 58,000 of these individuals are currently living with AIDS

that among African Americans in the city, a closer look at subgroups has revealed that Puerto Ricans are the ethnic group in Chicago with the highest AIDS case rate. Their cumulative AIDS rate is 51 per 100,000, which is 21% higher than that of blacks, 46% higher than whites, and almost four times higher than for those of Mexican descent.⁷

Other ongoing CDC studies to monitor the course of HIV and AIDS among Latinos and others at high risk include multi-state studies of perinatal HIV transmission, the factors influencing the progression of HIV disease, and the level of HIV infection among young gay men and clients of inner-city STD clinics.



Future Directions: A Focus on HIV Surveillance

In addition to the need to expand these studies, it will become increasingly important to collect data on cases of HIV, in addition to AIDS. Current estimates of new HIV infections are rough, and are based on data from the specific studies mentioned above, combined with data from states that track HIV infection as well as AIDS cases. Prior to recent treatment advances, AIDS cases were generally accurate indicators of HIV infection, because HIV progressed to AIDS at predictable intervals prior to 1996. AIDS cases today, however, primarily represent people tested late in the course of disease, those who have not received needed care, or patients for whom combination therapy is not effective.

To monitor the actual course of the epidemic in the treatment era, it is necessary to track HIV infection itself, rather than cases of full-blown AIDS. Although CDC has called for one, there is currently no national system that tracks new HIV infections the same way that AIDS cases are monitored. Although roughly one-half of states have historically maintained HIV reporting systems, they include few of the states with especially large Hispanic populations, such as New York, Florida, Texas, California, or Illinois (although New York, Florida, and Texas have recently begun to implement such a reporting system). As additional states begin to collect data on HIV cases, a clearer picture of the epidemic among Latinos will emerge.

HIV Prevention Research

Just as CDC's efforts to track the epidemic enable prevention programs to be targeted to those who need them the most, CDC-sponsored research ensures that these targeted programs are based on sound, scientific evidence of what works to prevent transmission. CDC develops and evaluates both biomedical and behavioral approaches to HIV prevention.

Behavioral research focuses on identifying the factors that influence risky behavior and transmission in different communities and evaluating approaches to reducing risk.

Biomedical research focuses on evaluating medical approaches (testing and treatment) to preventing HIV transmission. Effective risk reduction strategies, combined with new treatments for HIV and other sexually transmitted diseases, offer more hope than ever for reducing the spread of HIV.

Behavioral Research

Behavioral research to date in Latino communities has led to a number of findings important to the design of effective prevention programs, including:

- Past surveys have found that misperceptions about HIV transmission are more common among Latinos of Mexican ancestry than those of other Hispanic origins. Latinos of Mexican ancestry were more likely to believe HIV can be transmitted through casual contact and were more likely to be skeptical of government information about AIDS. They were also less likely to have heard of an HIV antibody test and to believe in the effectiveness of condoms.⁸ This research reveals the critical need to address trust and knowledge when designing prevention programs for this population.
- In a large 1999 CDC study of individuals recently diagnosed with HIV and AIDS, 15% of Latino men who have sex with men,



compared to 6% of whites, identified themselves as heterosexual, not gay or bisexual. By not identifying themselves as gay or bisexual, these men may not even perceive themselves at risk for HIV and, therefore, may be less likely to protect themselves and their partners. And by having sex with both men and women, they may also be inadvertently helping to fuel the spread of the disease to women. A number of factors, including the stigma associated with homosexuality in many communities, may be contributing to this trend. Strategies must be developed to reach men who may not respond to messages and programs targeted to the gay community. It will also be critical to combat stigma and create an environment where all men can access the HIV testing, treatment, and prevention services they need without the fear of alienation.

- Some Hispanic women, particularly those who have not yet assimilated into U.S. culture, have difficulty negotiating condom use. This is likely due in part to the power imbalance between men and women. Insisting on condom use in some cultures may place women at risk of physical and emotional abuse. Prevention programs must address this and other potential cultural barriers to safer sex?
- A study conducted in 1998 underscored the important role Latino parents can play in HIV prevention among young people. The findings,

from interviews conducted with 372 sexually active African-American and Latino adolescents (14- to 17-year-olds) in New York, Alabama, and Puerto Rico, showed that Latino teens who talked with their mothers about condoms before their first sexual intercourse were three times more likely to use condoms than those teens who did not talk to their mothers. Further, condom use at first intercourse was associated with a 20-fold increase in lifetime condom use. A sustained dialogue between parents and their children that begins early, before adolescents begin engaging in sexual activities, can help protect the next generation of Latinos from HIV and other STDs.

CDC's ongoing research seeks to build upon this knowledge base, design effective programs based on this knowledge, and evaluate the impact on risk behaviors. Current projects include:

- **The CRY (Community Intervention Trial for Youth) Project** is a research study targeting young men who have sex with men, ages 15-25, in 13 communities across the country. Two CRY projects in New York and two in Los Angeles exclusively focus on young Latino men. In this study, researchers are evaluating the effectiveness of community-wide programs which use peer health educators, a social marketing campaign, social events, and small group skills-building workshops.

- The **SUMS/SUMIT Projects (Seropositive Urban Men's Study/Intervention Trial)** together comprise a five-year effort to study HIV disclosure practices among HIV-infected men who have sex with men in New York and San Francisco, and to design effective programs to prevent HIV transmission. The prevention program that grew out of the study—an eight-session intervention for HIV-positive men who have sex with men—is currently being evaluated in a controlled trial among men at risk, including Latino gay and bisexual men.
- In 1998, CDC-supported behavioral research identified an effective video-based education program to supplement patient encounters with health workers in STD clinics. Based on this research, the **VOICES/VOCES Project (Video Opportunities for Innovative Condom Education and Safer Sex)** was created to encourage condom use and condom negotiation skills among Latino men and women. The program addresses key gender and cultural issues, and all materials are available in Spanish. CDC also trains local communities in how to most effectively use the video package.



Biomedical Research

CDC also conducts research to evaluate biomedical tools to reduce the risk of HIV transmission and ensure proven medical approaches to prevention are widely implemented. Examples of past and present research include the evaluation of therapies to reduce the risk of HIV transmission from a mother to her unborn child, the evaluation of microbicides and other female-controlled prevention methods, the evaluation of HIV vaccine candidates, and the effect of antiretroviral therapy on viral load and HIV transmission.

Several CDC biomedical research initiatives have special importance for Latinos:

Mother-to-Child Transmission

Although Latinos make up only 13% of the population, they account for just over 20% of perinatally-acquired AIDS cases. In 1994, research demonstrated that AZT, given to an HIV-infected woman early in pregnancy, during labor and delivery, and to her baby, could reduce the risk of transmission to her baby by two-thirds. For HIV-infected women and their infants to benefit optimally from AZT and other medical treatment, it is best for women to know if they are infected early in pregnancy. CDC guidelines therefore promote early HIV counseling and voluntary testing in the context of prenatal care. Swift integration of these recommendations in prenatal care settings led to

a dramatic reduction in mother-to-child transmission—a 73% decline in such cases between 1992 and 1998. Despite these successes, challenges remain for further reducing HIV transmission to Latino and other children at risk in the United States. Perhaps the greatest barriers in the U.S. are the continuing spread of HIV infection among African-American and Latina women and the lack of early prenatal care for many of these women. CDC perinatal research efforts are therefore currently focused on assessing strategies to increase access to prenatal care and treatment.

Further, for women not reached during prenatal care, a particularly high risk group, CDC is conducting research on the most effective approaches to counseling and testing using rapid testing technologies for determining HIV status at the time of labor and delivery. The research will also determine the best approaches to deliver therapy once HIV status is determined.

STD Prevention and Treatment

While STDs are widespread across all racial groups, STD rates have traditionally been somewhat higher among Latinos than among whites. Rates of STDs such as gonorrhea and syphilis are 2–3 times higher among Latinos, when compared to whites, largely because of disparities in access to care. Previous research



has clearly documented the relationship between STDs and the spread of HIV. Because other STDs increase the likelihood of both spreading and acquiring STDs, CDC conducts research on the impact of STD treatment on HIV transmission and works to increase screening, treatment, and prevention services in Latino and other communities at risk.

HIV Treatment

It is estimated that 110,000–170,000 Latinos are living with HIV in the U.S., and this number continues to grow. A significant number of these individuals do not know they are infected. Increasing the number of Latinos at risk who are tested and offered treatment is critical for their own health and for preventing the spread of HIV to others. Studies have shown that knowledge of HIV status reduces risk behaviors. Additionally, because new HIV therapies reduce the amount of virus circulating in the body, it is possible that HIV treatments may prove to reduce the risk of transmitting HIV. CDC is designing studies to evaluate the impact of treatment on infectiousness to determine if, and to what extent, treatment will be effective as a prevention strategy. Further, CDC researchers are evaluating strategies for ensuring that any benefits of new therapies are not offset by increases in risk behavior. Even if treatment proves to reduce transmission, it will be critical to maintain safer behaviors.



Partnering with Local Communities

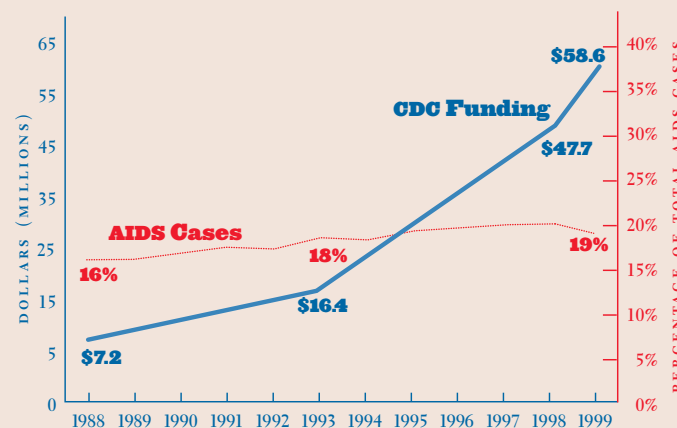
The most effective prevention programs are targeted to the specific needs of communities at risk for HIV transmission. While federally sponsored research has identified the fundamental principles of sound HIV prevention programs, local prevention programs must carefully tailor their own initiatives to address the real-world circumstances of their local constituents.

CDC funding enables local community organizations to mount targeted prevention programs that are based on sound science. CDC's efforts (described below) to ensure that prevention programs are effectively directed toward those in greatest need have resulted in a substantial increase in HIV prevention funding targeted to

Latinos. Between 1988 and 1999, CDC funding specifically earmarked for Latino prevention programs increased by 715%—from approximately \$7 million to more than \$58 million.

Additionally, a significant proportion of CDC's research and surveillance programs serve Latinos at risk, as do prevention programs not targeted by race. Of the nearly \$615 million CDC currently spends on HIV prevention efforts for high-risk or emerging populations, roughly 19%, or an estimated \$115 million, benefits Latinos.

Targeted Funding for Latino Communities and Percent of Total AIDS Cases, 1988–1999



Note: In addition to these programs specifically earmarked for Latinos, a significant proportion of CDC's overall surveillance, research and program budget benefits Latinos at greatest risk.



“What is successful with gay white male communities cannot be just translated into Spanish. Outreach efforts must be adapted to reach our men and their beliefs about themselves.”

— DR. JANE DELGADO, PRESIDENT, NATIONAL ALLIANCE FOR HISPANIC HEALTH

Community Planning

Perhaps the single most important effort to ensure that HIV prevention services reach Latino and other populations at greatest risk is CDC's prevention community planning.

The largest share of CDC's support for local prevention programs—over \$250 million in 1999—is channeled through state and local health departments through a process known as community planning. With these resources, health departments fund thousands of community-based organizations to deliver HIV prevention programs to individuals at greatest risk in their community. The process brings representatives from all affected communities together with public health officials and other experts to make decisions about funding based on the profile of the local epidemic.

Community planning effectively moved the nation away from federal directives and placed the decisions about prevention in the hands of those closest to the problem. CDC requires that the membership of state and local planning councils reflect the epidemic in these jurisdictions and that funding decisions be based on sound science.

Implementation of community planning has dramatically increased funds targeted to Latino communities, resulting in a seven-fold increase,

from approximately \$5 million in 1993 to more than \$37.5 million in 1999.

CDC funds more than 200 Latino community-based organizations through the community planning process. Prevention programs supported by CDC address a wide range of behaviors that place Latinos at risk for HIV infection:

- In the Mission District of San Francisco, CDC funding enables *Instituto Familiar de La Raza* to reach Latina immigrants who cannot attend prevention workshops due to lack of time, childcare responsibilities, or inadequate transportation. To overcome such obstacles, the program pursues innovative strategies to draw attention to HIV, including theater presentations by health advocates at laundromats or on street corners.
- CDC funds *Musica Against Drugs* to reach Latino injection drug users in Brooklyn with one-on-one counseling sessions and creative workshops. These outreach services, targeting both HIV-negative and HIV-positive populations, have demonstrated positive changes in attitudes about risk behavior.

In an effort to evaluate the success of community planning, CDC analyzed state and local prevention spending patterns in three key areas, comparing funding to each racial/ethnic group's proportion of the AIDS epidemic:

• Health Education and Risk Reduction

In both 1997 and 1998, state and local health departments spent an average of 20% of their funds for health education and risk reduction programs on initiatives targeted to Latinos. In 1999, this percentage grew to 21%. This proportion of funding slightly exceeds the estimated level of new infections that occur among Latinos (20%).

• Counseling and Testing

In recent years, CDC has been working with communities to improve the targeting of HIV counseling and testing services. As a result, the proportion of counseling and testing services targeting Latinos has increased from 13% in 1997 to 17% in 1999. The current level is still slightly less than Latinos' share of new HIV infections (20%). To further address this need, CDC is undertaking a targeted HIV testing campaign and will be working with state and local communities to ensure testing services reach populations at greatest risk.

• Planning Group Membership

Last year, CDC began comparing community planning group membership to the epidemiologic picture of each jurisdiction to determine if the membership is representative of the epidemic. A CDC analysis of the membership for 1998 and 1999 found that 12% and 10%, respectively, of planning group members were Latino—below Latinos' share of the epidemic.

CDC is working with areas that have not yet closed demographic gaps in membership to ensure adequate representation over the coming years.

Direct Funding For Community-Based Organizations

CDC also directly funds community-based organizations serving Latinos to implement HIV prevention programs. While community planning is the ultimate answer to building long-term community capacity to fight AIDS, direct funding of community organizations has helped fill critical interim gaps. Nearly 35% of direct CDC funding of community-based HIV prevention programs reaches Latinos at greatest risk, including gay and bisexual men.

Examples of organizations and activities include:

- **La Clínica del Pueblo** uses CDC funds to design and implement unique and culturally relevant programs to reach recently arrived immigrants in Washington, D.C. Part of this outreach includes interaction between peer leaders and Spanish-speaking gay and bisexual men at high risk for HIV, to increase community acceptance of Latino gay and bisexual men.
- CDC funds the **Latino Commission on AIDS** to mount an extensive HIV prevention program targeting church-based networks in Latino communities in New York City.

Strengthening Local Organizations

Recognizing that lack of infrastructure in many communities impedes effective delivery of HIV prevention services to people of color, in 1988 CDC began funding national and regional minority organizations to provide consultation, training and other forms of technical assistance to local community groups. These capacity building efforts have been steadily built over time and have evolved to address complex HIV prevention needs. In 1999, CDC's capacity building program totaled \$14.5 million, over 20% of which is directed toward Latino communities. Organizations funded work to strengthen the hundreds of CDC-funded community-based organizations working to prevent HIV among Latinos. For example:

- **Center for Health Policy Development** will work with local organizations and criminal justice systems to build support for HIV prevention targeted to Latina women at risk from contracting HIV from male partners with a history of incarceration.

- **National Latino/a Lesbian, Gay, Bisexual and Transgender Organization (LLEGO)**, a national network that mobilizes local Latino communities, will develop a four-region project to address the cultural, gender, orientation, environmental, social, and multi-lingual intervention needs of local organizations serving Latinos.
- **Puerto Rican Organization for Community Education and Economic Development** provides health and social services to disadvantaged Puerto Ricans and members of other minority populations. PROCEED will provide assistance to help improve, develop and sustain organizations that provide HIV prevention services.
- **U.S.-Mexico Border Health Association** will help local community-based organizations mobilize their communities to expand HIV prevention efforts for Latinos born outside the U.S. and less acculturated Latinos living in the U.S.



Other Initiatives

Several other initiatives enhance HIV prevention services for Latinos at risk:

HIV Prevention in Correctional Facilities

Data released in 1999 at the first National HIV Prevention Conference documented levels of HIV and AIDS among inmates five times higher than the total U.S. population. These data also suggest that nearly one-fifth of all people with HIV and AIDS in 1996 had been released from a correctional facility during that year.

While inmates are not typically infected while incarcerated, these facilities provide a unique, but frequently missed, opportunity to reach some of the highest risk populations with HIV prevention and care. In 1999, CDC provided \$7 million to state and city health departments to develop HIV prevention programs in correctional facilities to reach high-risk minority populations, including Latinos, who represent 25% of the U.S. prison population.

A photograph of two young boys walking away from the camera down a narrow, paved street. They are holding hands. The boy on the left is wearing a white t-shirt and dark shorts. The boy on the right is wearing a dark t-shirt, light-colored shorts, and a baseball cap. The street is lined with parked cars on the left and buildings on the right. The image has a blue tint.

“Hispanics are the fastest growing minority group in the U.S....

To ensure a healthy and productive nation, it is critical that we meet the health needs of the Hispanic population.”

— REPRESENTATIVE
LUCILLE ROYBAL-ALLARD,
CHAIRWOMAN, CONGRESSIONAL
HISPANIC CAUCUS

Targeted HIV Testing Campaign

In 1999, CDC began developing a national campaign to increase HIV testing among individuals at greatest risk for HIV infection. HIV counseling and testing provides an important pathway to prevention and treatment for both infected and at risk populations. The campaign, “X AIDS”, will use highly targeted strategies and sophisticated marketing techniques to reach Latino and other communities with messages about the value of knowing your HIV status. The campaign is part of a broader CDC effort—the Serostatus Approach to Fighting the Epidemic (SAFE). SAFE focuses on identifying and reaching the growing population of HIV-infected people with quality prevention and other needed services.

Faith Programs

Recognizing the critical role of the faith community in mobilizing community leaders and reaching and serving those at risk, CDC established a collaboration with the faith community in 1987. By partnering with a small group of national faith organizations and schools of public health, CDC leverages relatively modest resources into remarkable programs for HIV prevention with communities of faith nationally.



Summary of Targeted Funding to Latino Communities (in millions)


| | 1988 | 1993 | 1998 | 1999 |
|---|-------------|--------------|--------------|--------------|
| State and Local Health Departments (Community Planning) | 3.45 | 5.06 | 35.18 | 37.54 |
| Capacity-Building and Technical Assistance | 3.73 | 3.71 | 4.46 | 6.71 |
| Community-Based Organizations | | 6.51 | 6.74 | 6.74 |
| Other Minority Initiatives | 0.02 | 1.14 | 1.35 | 1.83 |
| Mother-to-Child Transmission | | | | 2.00 |
| Gay Men of Color | | | | 2.00 |
| Correctional Facilities | | | | 1.75 |
| TOTAL | 7.20 | 16.42 | 47.73 | 58.57 |

Note: In addition to these programs specifically earmarked for Latinos, a significant proportion of CDC's overall surveillance, research and program budget benefits Latinos at greatest risk.

Expanding Efforts to Prevent Mother-to-Child Transmission

While the number of HIV-infected infants has declined dramatically over the last several years,

nearly one-quarter of infants who develop AIDS in the U.S. through mother-to-child transmission are Latino. In 1999, CDC dedicated an additional \$2 million to reach high-risk Latina women with early testing and preventive therapy.



*“We need to take
personal responsibility
for the epidemic.
We ought to be looking
into our own families
and communities for
lasting solutions to this
grave threat to our
future.”*

DR. RAFAEL CAMPO,
HARVARD MEDICAL SCHOOL AND
BETH ISRAEL DEACONESS
MEDICAL CENTER IN BOSTON

LOOKING TO THE FUTURE

Few communities, on their own, have the resources and expertise to defeat an enemy as complex and threatening as HIV/AIDS. The task is even more daunting for communities that have been historically underserved. Conversely, even the best public health programs will fail without the energetic support and involvement of affected communities.

Through years of working together, CDC and Latino communities have forged an important partnership to respond to HIV/AIDS. Yet, more—much more—must be done if we are to turn the tide against the disease in diverse Latino communities.

Additional resources must be devoted to HIV prevention research and services, and surveillance systems must improve to permit the timely

deployment of prevention programs in response to changing circumstances.

As important as the public health response, though, is the mobilization of diverse Latino communities, organizations, and institutions throughout the country. More Latino organizations must become involved in the response to AIDS, and sectors of the Latino population that have remained on the sidelines must join in this fight.

There are important signs that this essential community mobilization is beginning to occur. CDC is committed to working in partnership with Latino communities to ensure that all people in the United States have the hope of enjoying a future without HIV and AIDS.

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*“Effective communication
can definitively increase
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behavior modification,
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on sexuality within
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