SUMMARY OF COMMENTS AND RECOMMENDATIONS FROM THE CDC CONSULTATION ON THE HIV/AIDS EPIDEMIC AND PREVENTION IN THE HISPANIC/LATINO COMMUNITY

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In April 2008, the U.S. Centers for Disease Control and Prevention (CDC) hosted a national consultation meeting of academic researchers, public health officials, service providers, and community leaders to examine the HIV/AIDS epidemic and prevention needs of Hispanics/Latinos in the United States and its territories. The consultation engaged key stakeholders to review available information on HIV-related behavioral research and prevention efforts, describe gaps in current HIV prevention programs and research on Hispanics/Latinos, and identify community and societal-level factors that can increase vulnerability of Hispanics/Latinos for acquiring or transmitting HIV infection. Recommendations were also made to CDC for future collaboration with the Hispanic/Latino community in areas of HIV prevention research and prevention programs. This article summarizes participants’ recommendations for HIV prevention research, program and capacity building, policy and planning, and partnerships and communication. These recommendations will be used by CDC to inform the development of a National Plan of Action for HIV/AIDS prevention among Hispanics/Latinos, and can provide a framework for use by other federal...
Hispanics/Latinos\(^1\) are the largest and fastest growing ethnic minority group in the United States (U.S. Census Bureau, 2008b). According to estimates reported by the U.S. Census Bureau (2008a), nearly one out of every three residents in the United States will be of Hispanic ethnicity by the year 2050. At present, Hispanics/Latinos are at disproportionate risk for HIV infection and other sexually transmitted infections. HIV incidence estimates for 2006 indicate that Hispanics account for 17% of the 56,300 newly diagnosed HIV infections (Centers for Disease Control and Prevention [CDC], 2008; Hall et al., 2008), yet they represent 15% of the total U.S. population. These data also indicate that Hispanic men experienced HIV incidence rates 2.2 times the rates among white men, and comprised 76% of new HIV infections among all Hispanics (CDC, 2008). Men who have sex with men (MSM) comprised the majority (72%) of all newly HIV-infected Hispanic men, and the youngest age group of Hispanic MSM (13 to 29 years) accounted for 43% of these new infections (CDC, 2008). While Hispanic women represented 24% of all new HIV infections among Hispanics in 2006, their rate of HIV infection was nearly four times the rate of white women (14.4 vs. 3.8 per 100,000, respectively) (Hall et al., 2008). Further, an increased number of newly diagnosed HIV cases occurring in counties along the U.S.-Mexico border provide additional evidence of a growing burden of disease among Hispanics/Latinos (Espinoza, Hall, & Hu, 2009, this issue).

Unprotected intercourse and drug injection behaviors increase risk of acquiring HIV, and for Hispanics, these behaviors vary according to gender and place of birth (CDC, 2008). Hispanic men born in Puerto Rico are more likely to acquire HIV as a result of injection drug use or high-risk sexual contact with women. In contrast, Hispanic men born in Central America, South America, Cuba, Mexico, or in the United States are more likely to contract HIV infection through sexual contact with other HIV-infected men. Hispanic women acquire HIV by having sex with HIV-infected men and/or injection drug use regardless of their place of birth. To further clarify HIV risks of Hispanic subgroups and to identify possible strategies for prevention, surveillance data need to be complemented by information on the social determinants contributing to the acquisition or transmission of HIV infection among foreign-born Hispanics (CDC, 2007a).

Prior research has shown that cultural factors can shape the HIV epidemic among Hispanics in the U.S., and can either increase or reduce the risk of HIV infection (Marín, 2003). For example, adherence to the gender role of *machismo*, in which Hispanic men prove their masculinity through power and dominance, can lead to risky sex behaviors such as having multiple sex partners of unknown HIV status, engaging in unprotected sex with women or men, and using sexual coercion (Perez-Jimenez et al., 2009; Rios-Ellis et al., 2008; Weidel et al., 2008). However, *machismo* may also have the potential for promoting HIV prevention because of...

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\(^1\) According to the U.S. Census Bureau (2008a), Hispanics or Latinos are people who classify themselves in one of the specific Spanish, Hispanic, or Latino categories listed on the Census 2000 questionnaire -“Mexican, Mexican American, Chicano,” “Puerto Rican”, or “Cuban” -as well as those who indicate that they are “other Spanish/Hispanic/Latino.” Persons who indicated that they are “other Spanish/Hispanic/Latino” include those whose origins are from Spain, the Spanish-speaking countries of Central or South America, and the Dominican Republic. For the purposes of this paper, the terms Hispanic and Latino are used interchangeably.
the normative expectation that men should be strong and protective of their families, possibly resulting in protective actions (Galanti, 2003; Guílamo-Ramos et al., 2009 this issue; Villarruel et al., 2006). Likewise, strong family commitment, or *familismo*, can be a source of difficulty for Hispanic men who have sex with men (MSM) when their families have a negative view of homosexuality, potentially increasing the men’s isolation from familial expectations about sexuality (Munoz-Laboy, 2008). However, *familismo* can motivate some Hispanic men and women to reduce their risk behaviors for the sake of their families’ well-being (Lesser et al., 2009; Marin, 2003; Valdez et al., 2008; Weidel et al., 2008). The cultural concept of *marianismo* involves women being pure and acquiescing to their partners’ desires (Moreno, 2007), and *simpatía* emphasizes the importance of non-confrontational relationships (Marin, 2003). Gender-based social roles associated with these cultural concepts and values can impede the discussion of sexual issues and the negotiation of sexual safety by women with their male partners (Marin, 2003). Because of the diversity of Hispanic peoples and cultures in the U.S., more detailed research is needed on their varied cultural beliefs and values, and how these factors and the particular circumstances of different Hispanic subgroups affect their HIV risks and protective behaviors (Rios-Ellis et al., 2008).

The interface of Hispanics’ values and norms with those of the dominant culture or various subcultures they encounter in the U.S., has been shown to shape risk of HIV infection. Greater acculturation into the mainstream U.S. culture has been associated with the adoption of health-protective practices among Hispanics, including communicating with partners about sexual safety and disclosing positive HIV serostatus (Marin, 2003), and use of healthcare services (Rhodes et al., 2008). However, greater acculturation has also been associated with behaviors that can increase the risks of HIV transmission or infection (Akin et al., 2008; Andia et al., 2008; Deren et al., 2008), among other factors that can potentially have negative effects on the health of Hispanics/Latinos in the U.S. (Lara et al., 2005). Additional socio-ecological factors can increase the risk behaviors of many Hispanics in the U.S., including poverty, limited education, unemployment, incarceration, inadequate health insurance, language barriers, migration and undocumented status, and limited access to health care (Page, 2005). These factors can also hinder access to HIV/AIDS prevention and care (Organista et al., 2004; Painter, 2008; Rajabiun et al., 2008; Rios-Ellis et al., 2008). Studies have reported that Hispanics, compared to non-Hispanic whites, had a higher percentage of previously undiagnosed HIV infection, experienced delays in receiving HIV test results, and had AIDS-defining conditions at the time of diagnosis (Duran et al., 2008).

Myriad individual-level and socio-ecological factors present challenges to meeting the HIV prevention needs of various Hispanic/Latino populations in the U.S, and support the urgent need for culturally appropriate HIV prevention interventions and treatment strategies (Acevedo, 2008; Herbst et al., 2007). These challenges require a better understanding of these populations, existing disparities in HIV infection, and contexts of HIV risk.

**CDC HISPANIC/LATINO EXECUTIVE COMMITTEE IN THE DIVISION OF HIV/AIDS PREVENTION**

CDC’s Division of HIV/AIDS Prevention (DHAP) conducts surveillance to monitor the course of the HIV/AIDS epidemic and risk behavior, research to better under-
stand determinants of HIV risk and to develop effective biomedical and behavioral interventions, and a range of prevention programs to increase HIV testing and reduce HIV/AIDS risk (CDC, 2006; Wolitski et al., 2004). In May, 2007, DHAP created the Hispanic/Latino Executive Committee (HLEC) to ensure coordination, support and success of cross-cutting HIV prevention activities targeting Hispanics/Latinos in the U.S. and Puerto Rico. In addition to providing guidance to DHAP on policies and planning, HLEC seeks to further improve the CDC’s response to the emerging threat of the HIV/AIDS epidemic among Hispanics in the United States. HLEC’s mission and main objectives seek to decrease the rate of HIV transmission among Hispanics/Latinos in the United States, and improve the Hispanic community’s access and linkage to culturally appropriate care and prevention services in the United States. This mission is consistent with DHAP’s and the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s priority of reducing health disparities among racial and ethnic minorities (Fenton, 2008).

HLEC is comprised of staff representing each of DHAP’s 10 branches and the DHAP Office of the Director. Members were selected based on their expertise across the spectrum of public health and behavioral science disciplines, and experience working with Hispanic/Latino populations. Since its inception, HLEC has sponsored numerous activities to enhance CDC’s communication and partnership with the Hispanic/Latino community in the U.S., and to improve awareness concerning the availability of culturally appropriate CDC resources. For example, a satellite broadcast was produced in November 2007 to increase awareness among service providers concerning HIV risks among Hispanics/Latinos and available prevention resources (CDC, 2007b). Presentations and workshops at national HIV prevention conferences have focused on similar issues and explained HLEC’s aims and activities (Alvarez, 2008), and in recent publications, HLEC members have presented HIV/AIDS surveillance data and described the domestic HIV/AIDS epidemic and HIV prevention needs of Hispanics/Latinos (CDC, 2007a; Duran et al., 2008; Espinoza et al., 2008; 2009; Painter, 2008). In addition, this supplement of *AIDS Education and Prevention* was edited by HLEC members. However, HLEC’s most important, ongoing task is the development of a National Plan of Action to guide CDC’s HIV prevention efforts for Hispanics/Latinos in the U.S. To further this effort, HLEC organized CDC’s first Hispanic/Latino consultation on HIV/AIDS prevention to generate recommendations from external experts as a first step toward developing a National Plan of Action.

**HISPANIC/LATINO COMMUNITY CONSULTATION**

The consultation meeting, entitled *HIV/AIDS Prevention in the Hispanic/Latino Community: Consultation with Leaders from the Latino Community*, was held in Decatur, Georgia on April 1-2, 2008. The consultation aimed to identify pertinent information on HIV prevention research and programs; highlight gaps in these areas; identify community and societal factors that can increase Hispanics’ risks of acquiring or transmitting HIV; and recommend how CDC, community leaders, academic researchers, and others can collaborate to address these issues and advance HIV prevention among Hispanics/Latinos. The factors that were examined included epidemiologic, socio-cultural, and structural factors, evidence-based interventions for HIV prevention and other best practices, and challenges and opportunities for HIV prevention.
The more than 70 non-federal participants included academic researchers, public health practitioners, prevention program specialists, policy makers, and community leaders. They represented different geographic areas of the U.S. including areas with high HIV/AIDS incidence and prevalence among Hispanics (e.g., New York, California, Puerto Rico, and Florida), and areas that have experienced rapid growth in Hispanic populations since the early 1990s (e.g., North Carolina and Georgia). At the consultation, participants attended breakout sessions that were defined by participants’ expertise with a particular at-risk population (e.g., sexual/gender minorities, heterosexual men and women, injection drug users, persons living with HIV/AIDS, and youth) and subject matter expertise (e.g., prevention research, prevention program and capacity building, policy and planning, and partnerships and communication). Additional details regarding the consultation meeting are provided on CDC’s National Prevention Information Network website at http://www.cdcnpin.org/scripts/HispanicLatino/index.asp.

Written and verbal recommendations were solicited from participants before and during the consultation meeting. Participants were asked to: (1) identify prevention research approaches or program resources that are available, but not currently supported by CDC; (2) identify gaps in HIV prevention services and research for Hispanics/Latinos; (3) identify community and societal-level factors that place Hispanics/Latinos at disproportionate risk for acquiring HIV; and (4) suggest ways Hispanic/Latino leaders, CDC and external partners can collaborate to implement HIV prevention activities.

KEY THEMES AND RECOMMENDATIONS FROM THE CONSULTATION MEETING

Participants made the following recommendations to CDC during the plenary and general sessions:

- Create a sense of urgency concerning the HIV/AIDS epidemic in the Hispanic/Latino community.
- Use innovative HIV/AIDS prevention approaches developed for and by Hispanics/Latinos (e.g., interventions that reflect and build upon resilience and empowerment in the Hispanic/Latino community for protective actions in addition to reducing risk of infection).
- Develop strategies for clarifying and addressing the socio-cultural factors (e.g., values and gender norms) and structural contexts that affect HIV/STD risk or protective behaviors.
- Address the HIV/AIDS epidemic in gay Hispanic/Latino men, including Hispanics/Latinos of African descent.
- Work with Hispanic/Latino community leaders, state agencies, and other federal agencies to develop strategies to address Hispanic/Latino MSM.
- Address the classification of transgender women in HIV/AIDS surveillance data.
- Emphasize the importance of working with the faith community in HIV prevention, and try to include more faith-based partners.
- Work with states on issues affecting migrant populations.
- Collect better data on HIV/AIDS, hepatitis, and tuberculosis in prisons and jails; collaborate with local, state and federal corrections agencies to develop
integrated prevention interventions and identify best practices; and work with agencies serving incarcerated populations during and after incarceration.

- Collaborate with governments of Latinos’ countries of origin, particularly those countries from which large numbers of migrants originate (e.g., Mexico) and those with a high prevalence of HIV/AIDS (e.g., Honduras, Dominican Republic, Haiti, and Panama).
- Provide additional leadership and training to increase the number of Hispanic/Latinos who work in HIV-related healthcare.
- Encourage Hispanic/Latino-serving organizations and health departments to provide HIV prevention services in a culturally competent manner.
- Increase the effectiveness of capacity building assistance (CBA) for organizations serving Hispanics/Latinos.

GAPS IN HIV PREVENTION SERVICES AND RESEARCH

Consultation participants were asked to identify gaps in currently available HIV prevention services and research for various at-risk groups of Hispanics/Latinos. Gap areas included a lack of evidence-based interventions specifically developed for Latino MSM, transgender persons, and other high-risk groups; insufficient research on the effectiveness of locally-developed (homegrown) HIV prevention interventions targeting Hispanics/Latinos; and limited ethnographic research on specific groups of Hispanics that may be particularly vulnerable, including incarcerated men and their sex partners, the mentally ill, and senior citizens living with HIV/AIDS. Additional gaps included lack of federal funding for needle exchange programs, limited research on the barriers that HIV-positive Latinos face when trying to access health care and treatment, little research on engagement and retention of HIV-positive persons into care, and incomplete use and reporting of HIV/AIDS surveillance data for Hispanics/Latinos, including transgender persons living in the US and Puerto Rico. The participants also identified an insufficient awareness that many Latino pre-adolescents and adolescents are at high risk for HIV and STD infections, lack of youth-friendly prevention and health services, and a paucity of family-based interventions to promote communication between parents and their children.

SOCIETAL AND STRUCTURAL FACTORS OF HIV RISK

Participants identified numerous societal or structural-level factors that can affect HIV risks among Hispanics/Latinos. These factors include: socioeconomic and immigration status; cultural beliefs and practices (e.g., machismo, familismo), including a lack of communication about sex, sexuality, and HIV prevention measures; and relationship violence and inability to negotiate condom use. Additional factors identified by participants include limited availability of culturally and linguistically appropriate medical, mental health, and HIV treatment services.

PARTNERSHIP OF CDC AND THE HISPANIC/LATINO COMMUNITY

Participants were asked to identify ways CDC and leaders in the Hispanic/Latino community can work together to implement HIV prevention activities for at-risk Latinos. Recommendations included funding prevention programs for all HIV-infected persons regardless of their risk group, collaborating with state and local health departments to develop innovative prevention programs, ensuring that programs hire culturally competent staff, and addressing the needs of people living with co-
infections (i.e., HIV, STDs, hepatitis, and tuberculosis). With regard to Latino youth, participants recommended that CDC designate youth as an at-risk population, examine factors that increase risk of HIV among youth, support the development and implementation of comprehensive sexual education interventions for pre-teens and teens, and develop HIV prevention guidelines for schools and youth-serving organizations.

RECOMMENDATIONS FOR PREVENTION RESEARCH, PROGRAM AND CAPACITY BUILDING, POLICY, AND PARTNERSHIPS

Recommendations concerning the topics of prevention research, program and capacity building, policy and planning, and partnerships and communication are presented in Table 1. Briefly, recommendations for HIV prevention research focused on supporting the evaluation of culturally appropriate HIV behavioral interventions, conducting research on the determinants of HIV risk behavior, and employing study methods such as community-based participatory research and non-randomized trials. Regarding HIV prevention programs, participants recommended that CDC support programs for high-risk populations, and support holistic approaches to HIV prevention (e.g., within the context of family planning, primary care, and integration of job training and educational attainment) to potentially reduce stigma. CDC was also encouraged to continue funding assistance that can strengthen the organizational infrastructure and capacity of community-based organizations serving Hispanic/Latino populations. Policy and planning recommendations focused on prioritizing structural intervention approaches, enhancing data collection practices in the national HIV/AIDS Reporting System; and supporting national consultations and demonstration projects focusing on Hispanics/Latinos. The consultation participants also encouraged CDC to adequately staff its national HIV/AIDS prevention response for Hispanics/Latinos. Finally, recommendations were offered to CDC to improve collaboration and partnerships with federal and non-federal agencies and organizations, and to enhance the social marketing of HIV prevention messages for a diverse U.S. Hispanic/Latino community.

CONCLUSIONS AND FUTURE DIRECTIONS

The recommendations from the consultation described herein emphasize the urgent need to address the HIV/AIDS prevention needs of Hispanics/Latinos in the United States and Puerto Rico. Among others, the recommendations call for improved cultural competence of HIV prevention providers; more integrated and structural approaches to HIV prevention; improved HIV/AIDS surveillance data and data classification according to race/ethnicity; broadened research and evaluation capacity of community-based organizations (CBOs); improved collaboration among federal, non-federal and international agencies; and improved communication and social marketing. In addition, recommendations called for increased capacity-building assistance for Hispanic/Latino-serving organizations; a greater focus on marginalized and incarcerated Latinos; and greater leadership and training in the Latino community to improve participation in prevention and research efforts.

By soliciting input from a broad range of stakeholders, the consultation completed an important first step toward developing a National Plan of Action for HIV/AIDS prevention among Hispanics/Latinos. These recommendations provide critical
**TABLE 1. Recommendations from participants attending Hispanic/Latino community consultation**

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<th>Topic Area/Recommendation</th>
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| **Behavioral interventions:** | • Support evaluations of promising locally-developed (homegrown) HIV prevention interventions.  
• Research the process of adapting HIV behavioral interventions for different Latino populations and settings, and evaluate these adapted interventions.  
• Develop new HIV prevention interventions, including interventions for substance using Latino MSM and interventions that integrate the provision of HIV treatment services.  
• Evaluate the efficacy of HIV behavioral interventions conducted in Latin America and the Spanish-speaking Caribbean for potential replication in the United States.  
• Integrate domestic and international interventions from other health conditions into existing HIV prevention programs.  
• Conduct ethnographic and qualitative research to better understand the process of developing interventions for injection drug users and other high-risk groups.  
• Assess the effectiveness of lay health advisor or Promotores de Salud programs.  
• Develop interventions that are delivered at multiple levels; e.g., individual, small group, community, and structural. |
| **Determinants of HIV risk:** | • Describe the HIV risk behaviors of specific Hispanic/Latino populations (e.g., gay, lesbian, bisexual, transgender and questioning persons).  
• Study socio-environmental and cultural factors (e.g., community, homophobia, stigma, traditional gender roles, and acculturation) that affect HIV risk and access to services, and develop interventions to address these factors.  
• Research how the media, including radio and television, portrays the image of Hispanics/Latinos and whether this portrayal increases HIV-related risk factors. |
| **Study methods:** | • Increase HIV-related research capacity in the Hispanic/Latino community through community-based participatory research approaches.  
• Foster the development of partnerships between researchers and community providers, and include the faith-based community.  
• Study past experiences to determine what works best with Hispanics/Latinos and identify lessons learned.  
• Support the use of less onerous research methods – alternatives to the randomized controlled trial model, and consider quasi-experimental, non-experimental, and case study approaches. |
| **Program and Capacity Building** | **HIV prevention program:**  
• Fund HIV prevention programs for high-risk populations, including partners of incarcerated men and their families, women who experience domestic violence, sex workers, and farm workers.  
• Support outreach programs where Latinos are encouraged to learn their HIV serostatus and to actively seek treatment and care.  
• Support holistic approaches to HIV/STD prevention that integrate family planning, substance abuse treatment, mental health treatment, and job training or education attainment.  
• Include language in CDC funding opportunity announcements for state and local health departments that supports Latino-focused activities. |
| **Capacity building assistance (CBA):** | • Improve CBO infrastructure to delivery high quality HIV prevention programs and services.  
• Compile a compendium of programmatic “best practices” to improve CBO delivery of HIV behavioral interventions, including necessary staff skills and programmatic competencies.  
• Promote cultural sensitivity and competency of HIV prevention providers serving Hispanics/Latinos (e.g., use of Spanish language in clinics, and availability of bilingual/bicultural health service staff).  
• Provide CBA to support the development and evaluation of locally-developed (homegrown) interventions by CBOs.  
• Promote the coordination of health departments, CBA providers, and CBOs to improve HIV prevention programs.  
• Develop a common set of performance indicators for CBA providers, and share lessons learned and provide recommendations related to capacity building efforts. |
| **Policy and Planning** | **Policy:**  
• Prioritize funding to develop and implement structural interventions for Latinos that integrate prevention, diagnosis and treatment.  
• Provide national projections of the HIV/AIDS epidemic for all Latinos by including states that are not yet included among the states that provide confidential name-based reporting of HIV cases to the CDC (e.g., California, Pennsylvania, Illinois and Massachusetts).  
• Correct the current misclassification of transgender persons in CDC’s national HIV/AIDS reporting system.  
• Support a staffing plan at the CDC to advance a national HIV/AIDS prevention response for Hispanics/Latinos.
• Collaborate with the Health Resources and Services Administration (HRSA) to develop prevention and care guidelines for Hispanics/Latinos.

Planning:
• Convene a national consultation to address the HIV prevention needs of Hispanics/Latinos in prisons and jails.
• Support demonstration projects for Hispanics/Latinos to improve aggressive HIV/AIDS case finding and linkage to care.
• Collaborate with Hispanic/Latino organizations to develop HIV/AIDS prevention leadership.

Partnerships and Communication

Collaboration and Partnerships:
• Partner with faith-based organizations, Spanish-language media, youth organizations, people living with HIV/AIDS, and other Hispanic/Latino groups to promote HIV prevention.
• Collaborate with other federal agencies (e.g., HRSA, Substance Abuse and Mental Health Services Administration, the National Institutes of Health, and Housing and Urban Development) to fund novel inter-agency initiatives for Latinos.
• Partner with Departments of Corrections at the state, city and local levels to address the HIV prevention needs of incarcerated Latino populations, including immigrants and injection drug users.
• Promote dialogue among different racial/ethnic groups to reduce competition for HIV prevention resources.
• Collaborate with international partners, specifically the Mexican consulate and consulates of other Latin American nations, to address the HIV prevention needs of foreign-born Latinos.

Communication:
• Develop and enhance national social marketing campaigns for Latinos to increase HIV awareness and HIV/AIDS prevention efforts.
• Apply lessons learned from the experiences with the Heightened National Response to the HIV/AIDS Crisis among African Americans and other African American initiatives for purposes of advancing HIV/AIDS prevention among Hispanics/Latinos.
• Develop partnerships with experienced and trusted Latino and mainstream media to develop, test and disseminate Hispanic/Latino-specific HIV/AIDS social marketing plans locally, regionally and nationally.
• Support media campaigns that engage prominent Latinos to combat homophobia and racism within the Latino community.
• Increase focus of communications on subpopulations that are marginalized and at very high risk for HIV infection, such as indigenous people, migrants, Afro-Hispanics, transgender persons, and persons with mental health issues.
• Coordinate efforts to address health disparities among Hispanics/Latinos by raising awareness among politicians, policy makers, and the mainstream media.
• Develop a national directory of HIV/AIDS resources serving Hispanics/Latinos.

input that will be used along with existing data and other information sources to develop the Plan. When fully-developed, the Plan will help guide CDC’s use of HIV prevention resources for Hispanics/Latinos in the U.S. and Puerto Rico. The Plan will also be used by CDC staff as a reference point when developing funding opportunity announcements for prevention programs, research and evaluation studies; for the development of service provider organizational capacity building assistance and social marketing campaigns; and when conducting HIV/AIDS surveillance activities.

This consultation provided CDC with an initial opportunity to formally dialogue with leaders in the community regarding the HIV prevention needs of Hispanics/Latinos. CDC is committed to working with community members, health departments and other public health partners, private sector partners, community organizations, and other federal agencies toward significantly reducing HIV/AIDS within affected Latino communities. CDC also intends to continue engaging diverse segments of the Hispanic/Latino community in conversations at local and national conferences and meetings.
As CDC moves forward with its HIV/AIDS prevention response for Hispanics/Latinos, several recommendations offered at the consultation have already been implemented. For instance, in response to the need for improved communication and partnerships, CDC staff have increased their presence at national and local conferences, and enhanced Spanish language resources for HIV/AIDS prevention on the Internet (see http://www.cdc.gov/hiv/spanish/default.htm). Several HIV behavioral interventions supported by the CDC’s Diffusion of Effective Behavioral Interventions (DEBI) project are now available in Spanish (Stallworth et al., 2009, this issue), work is currently underway to increase the number of interventions for Hispanic/Latino populations (Fernández et al., 2009, this issue), and CDC is funding a rigorous evaluation of an evidence-based intervention adapted for Latinas. Four evidence-based interventions developed specifically for Hispanics/Latinos – ¡CUIDATE! for youth (Villarruel et al., 2006), Connect for couples (El-Bassel et al., 2003), Modelo de Intervención Psicomédica (MIP) for injection drug users (Robles et al., 2006), and Salud, Educación, Prevención y Autocuidado (SEPA) for women (Pergallo et al., 2005) – are currently being packaged for national dissemination. CDC is currently collaborating with the U.S. Census Bureau and community partners to identify alternative data sources that can be used to compute HIV/AIDS case rates for Puerto Rico according to race/ethnicity. CDC has also made efforts to increase the number of publications and reports that address specific aspects of the HIV/AIDS epidemic among Hispanics/Latinos. Finally, this supplement of AIDS Education and Prevention highlights CDC’s commitment to addressing the epidemiologic, socio-ecologic, and behavioral influences of risk, as well as increasing awareness of best practices of HIV prevention among at-risk Hispanic/Latino communities.

The research and program recommendations generated from the CDC’s first HIV/AIDS prevention consultation with the Hispanic/Latino community provide a framework that can be used by federal and non-federal agencies, academic researchers, CBOs, local and state health departments, and policymakers as they seek to address the unique HIV prevention needs of at-risk Hispanic/Latino populations. To curtail the HIV/AIDS epidemic, the recommendations presented in this paper, together with recommendations from other groups (Frasca, 2009; NASTAD, 2008; NLAAN, 2008), should be used to improve the effectiveness of HIV prevention efforts and guide the allocation of limited resources to better address HIV prevention research and evaluation, program and capacity building, communication, and policy activities for Hispanics/Latinos in the U.S. and Puerto Rico.

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