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Protecting Our Future: HIV/AIDS Prevention Among Latino Youth

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Executive Summary

As the Latino population continues its unprecedented growth in the United States, prevention of HIV/AIDS among its youth continues to be a problem of great public health concern. The rate of new HIV infections among Latino youth has remained persistent since the early 1990s and has not experienced the same dramatic decrease as that of White youth. More Latinos are diagnosed with AIDS within a year of testing positive for HIV, which signifies that they are being tested late in the progression of infection. A number of particular cultural and social determinants continue to place Latino youth at increased risk of contracting HIV. Unless these factors are incorporated into effective prevention policies and programs, HIV will continue to be among the top ten leading causes of death among Latino youth in the United States.

The implementation of effective HIV prevention initiatives among Latinos has faced a number of barriers. Federal funding that provides resources to conduct prevention research and implement effective programs among Latino youth remains inadequate. Promotion of HIV testing and prevention targeted toward Latino youth is also lacking. Many federal agencies in the U.S. government have policies and programs

that involve HIV/AIDS prevention and care in Latino communities. However, insufficient interagency coordination exists among the various HIV/AIDS programs, which impedes maximum effectiveness. Accordingly, there is no national strategy aimed at preventing HIV/AIDS among such vulnerable populations as Latino youth.

This paper makes a number of recommendations to prevent HIV transmission among Latino youth. Increased funding is needed to support prevention research specific to the particular factors that place Latino youth at-risk for HIV. Funding should also support the optimal implementation of evidence-based prevention programs targeting Latino youth. An important component of this support should be capacity-building assistance for community-based organizations implementing new prevention programs among Latino youth to ensure their optimal implementation and continuous evaluation. Another major component of HIV prevention among Latino youth is the creation of a National AIDS Strategy. This strategy should include programs that promote HIV testing for Latino youth in such settings as health care facilities and correctional institutions.

Introduction

HIV/AIDS among Latino youth aged 13-29 is of great concern. Although rates of HIV infection have decreased since the beginning of the epidemic, infection rates among Latinos have remained stable since the early 1990s.¹ Latinos are also more likely to be diagnosed with AIDS within one year of a positive HIV test, suggesting they test much later in the course of their illness than do African Americans and Whites.² Although prevention programs have been developed to target Latinos, Latino youth continue to experience infection rates more than twice as high as the rates among Whites. Given the rapid growth of the Latino youth population, it is important to understand which prevention policies and programs most effectively address the needs of this population.

The purpose of this discussion is to describe the impact of HIV/AIDS and explore potential policy alternatives to prevent the transmission of HIV among Latino youth. While the prevention of HIV transmission through injection drug use and service provision to HIV-positive youth is important, the primary focus of the following analysis is sexual transmission of HIV, with the recognition that some strategies address multiple transmission exposures. The subsequent

recommendations are meant to inform policy makers, agency administrators, community-based organizations, and advocates concerned with preventing HIV/AIDS among Latino youth.

Background

Latino youth are one of the fastest growing segments of the U.S. population. The Census Bureau estimates that in 2007 there were approximately 45.5 million Latinos in the U.S., compared to 40.7 million African Americans and 15.2 million Asian Americans. It also estimates that 1 of every 2 people added to the U.S. population in 2007 was Latino, representing an increase of 1.4 million. Latinos had an annual growth rate of 3.3% – the fastest of any population group.³ Mirroring this rapid increase, the Latino population is expected to grow from 15% of the U.S. population in 2007 to 30% by 2050.⁴ An important characteristic of Latinos in the U.S. is their relative youth. Approximately 1 in every 3 Latinos is under 18, compared to 1 in every 5 people in the total U.S. population.³

The transmission of HIV among Latino youth is a significant public health problem. While Latinos constitute 15% of the population in the United States, they accounted for 17% of new HIV infections nationwide in 2006.⁵ Among those aged 13-29, the rate of new HIV infection among Latino males was more than twice the rate of White males (43 vs. 18 per 100,000), and the rate of new infections among Latina females was almost three times the rate of White females (14 vs. 5 per 100,000) in 2006.⁶ High rates of new HIV infection are particularly problematic given that 41% of Latinos over the age of 13 years progress to AIDS within 12 months after an HIV diagnosis.⁷ Approximately 1 in 5 youth aged 13-19 years with an AIDS diagnosis is Latino.⁸ Although AIDS mortality is preventable with effective treatments, it has remained in the top ten leading causes of death among Latinos aged 20-34 since 1999.⁹ Since the average progression from HIV infection to AIDS in the absence of

treatment is 8 to 10 years, this suggests a large proportion of young adults became HIV-positive during adolescence.

A number of factors place Latino youth at-risk for transmitting the HIV virus. The primary mode of transmission of HIV among Latinos is unprotected and high-risk sexual activity. Among Latino youth and young adults, 79% of new HIV infections in 2006 were among males, and 72% of HIV-positive males acquired the virus through unprotected sex with other men. Among young Latinas, 83% were infected through high-risk heterosexual contact.⁶ Cultural attributes may place Latino youth at high risk of becoming HIV positive. For example, such factors as *machismo* (e.g., male dominance and power) and language barriers can lead Latino men to engage in risky sexual behaviors or inhibit communication with sexual partners regarding safer sex practices.⁵ National data indicate that Latino high school students are less likely to receive health education that includes HIV/AIDS than White and Black high school students. This is particularly problematic given that 1 in every 2 Latino high school students has had sex at least once in their lifetimes.¹⁰

Policy Analysis

Issue #1: Increased availability of effective prevention programs

To curb the transmission of HIV among Latino youth, more effective prevention programs and policies are needed. Although a substantial body of literature related to HIV prevention exists, little research has focused on preventing transmission among Latino youth. There is a particular dearth of research regarding models for preventing HIV transmission among young Latino men who have sex with other men.¹¹ In addition, Latino youth are diverse, and no single HIV prevention program will be appropriate for all Latino youth. Models need to address factors like age, country of origin, language, length of time in the U.S., sexual orientation, and other known risk factors.¹² Another limitation of the

current HIV prevention research programs is that most initiatives focus on discrete characteristics of specific populations and fail to account for the interaction of interpersonal or socio-cultural factors that put Latino youth at risk of HIV transmission.¹³ For example, prevention programs that target self-identified gay Latino male youth may not be effective among Latino male youth who do not self-identify as gay even though they engage in similar same-sex behaviors.¹²

In addition to the development of new HIV prevention programming among Latino youth, the generalizability of current prevention programming needs to be assessed with scientific rigor. A number of evidence-based HIV prevention programs have been developed and are currently used to prevent HIV transmission among Latino youth. The CDC developed *¡Cuidate! (Take Care of Yourself)* which is a culturally-based intervention for Latino youth that uses role-playing, videos, music, and interactive games to increase knowledge of HIV and reduce risky behaviors. Though this program showed significant decreases in risky behaviors, the program participants were predominantly Puerto Rican youth living in a large metropolitan center in the Northeast.¹⁴ This model may or may not be effective among other Latino youth, for example, Mexican American youth living in rural areas of the Southwest. Evidence-based programs may be too prescriptive, irrelevant, or unrealistic to be applicable for all Latino youth.¹³ Many programs and prevention service providers also lack the capacity to evaluate changes in behavior, making it difficult to know if safer sex practices are being adopted and HIV transmission is being prevented among Latino youth participants.¹¹

Insufficient funding for the development and implementation of prevention programs has also been a consistent barrier to enhancing the prevention of HIV among Latino youth. Federal funding has increased significantly since the beginning of the HIV/AIDS epidemic, however, prevention remains under

funded. A number of federal agencies including the CDC and the National Institutes of Health receive critical money for prevention research.¹⁵ As a proportion of the total federal expenditure on HIV/AIDS, prevention research has decreased from 21% in 1995 to 12% in 2008.^{15,16} Federal funding for HIV/AIDS prevention programming has increased by only 46% since 1995, even though overall federal HIV/AIDS funding has increased by 162%. As a proportion of the total federal expenditures, funding for prevention programs has decreased from 9% in 1995 to 5% in 2008.^{15,16} Since the early days of the epidemic, the incidence of domestic HIV/AIDS cases have decreased. In recent years, however, rates of new infections have remained largely unchanged among Latino youth and in the absence of robust prevention programming and research, they are expected to remain the same.

Issue #2: Capacity-building support to program providers

Community-based organizations (CBOs) play an important role in the provision of HIV prevention services to Latino youth. Typically individuals who work in CBOs understand the contexts of the local communities they serve and have the benefit of being well established. Accordingly, these CBOs are well suited to provide a variety of services in a culturally appropriate manner that responds to the needs of the local Latino community, including many youth development programs. Even if a particular organization does not provide HIV-related services, it offers tremendous potential for implementing new prevention programs that build upon established trust and respect. Partnerships with these community organizations and programs are essential since they already have the experience to successfully meet the needs of vulnerable populations. HIV prevention curriculum tailored for existing CBOs that work within the Latino community would decrease the need to foster greater community and stakeholder buy-in. In order to have such initiatives succeed, however, CBOs may need capacity-building assistance to

effectively implement evidence-based HIV prevention programs and evaluate their ability to reduce risky sexual behaviors.

The CDC currently supports a number of partnerships with local and national organizations that provide capacity-building assistance in HIV prevention programming. For example, the CDC funds PROCEED, Inc., which is an agency that provides CBOs with capacity-building assistance in the implementation and evaluation of prevention programs. More specifically, PROCEED administers the Latinos Advancing & Promoting Uniquely Effective Regional Technical Assistance (LA PUERTA) Program, which provides capacity-building assistance to organizations conducting HIV prevention programs among Latinos (<http://www.proceedinc.com/nctsta.html>). The CDC also supports the Diffusion of Effective Behavioral Interventions (DEBI) Project, a nationwide initiative to provide ongoing capacity-building assistance for the implementation of evidence-based HIV prevention programs. The DEBI project has the dual purpose of disseminating known effective HIV prevention programs and supporting the implementation of these programs through CBOs (www.effectiveinterventions.org). Although these resources enhance the ability of CBOs to provide evidence-based HIV prevention services, more resources are needed for CBOs conducting HIV prevention programs among Latino youth. A challenge for this type of support, however, is that few evidence-based HIV prevention programs are specifically designed to meet the particular needs of Latino youth or young Latino men who have sex with other men.¹⁷

Issue #3: Testing of Latino adolescents

An important component of HIV prevention among Latino adolescents is targeted testing that reaches this population in settings where they interact with institutional programs. As Latino youth continue to grow in numbers, their exposure to correctional and health care facilities across the United States also increases. According to the U.S.

Department of Justice, in 2006 Latinos constituted 19% of youth offenders under the age of 18 years serving time in the juvenile justice system.¹⁸ Furthermore, in 2007, approximately 120,000 inmates in state and federal prisons were Latinos aged 18-30.¹⁹ These statistics show that a significant proportion of Latino youth and young adults are making their way through the juvenile and adult criminal justice system, which could serve as an opportunity to increase HIV surveillance by testing in these facilities. According to the latest data from the CDC, state correctional institutions report higher rates of HIV infection among Latino inmates, compared to other ethnic groups.²⁰ While the CDC advocates broadly for opt-out testing for inmate populations, it does not directly suggest testing based on ethnicity, although it has stated that HIV infection is associated with race and Hispanic identity.²⁰ The CDC defines opt-out testing as conducting HIV screening after notifying the patient that the test will be performed, and that the patient may elect to decline or defer testing. Acceptance is inferred unless the patient declines testing.¹⁷ The CDC has suggested broad screening based on demographics and risk profiles, ascertained by indicators other than race or ethnicity.²⁰ Given the CDC guidelines and statistics from the Department of Justice, broad-based testing and risk reduction programs in these facilities may be beneficial in preventing HIV transmission.

Implementing broad-based opt-out screening of all inmates who enter correctional facilities will be beneficial to capture young adults and youth who may be living with HIV, but this strategy has not yet been evaluated by the standard health care system. While many states are restructuring and developing new policies concerning HIV testing in correctional facilities, little information is available regarding HIV testing in juvenile correction centers. Data from the Office of Juvenile Justice and Delinquency Prevention indicate that while 7 in 10 youth received physical examinations upon entry into correctional systems,

specialty care including dental exams and gynecological exams were far less frequently offered. However, the same report showed consistent immunization for Hepatitis B with assessment of need.²¹ This suggests that HIV prevention and testing could be incorporated into standards of care for this population.

Similar to testing programs in correctional settings, the nation's community health centers and emergency departments can play a pivotal role in testing Latino adolescents for HIV. According to the Bureau of Primary Care in the Health Resources and Services Administration, nearly 1 in 5 patients served at their community health centers are 13-24 years old.²² Additionally, 36% of total patients served by these health centers are Latino.²² The CDC recommends broad screening for adults and adolescents who enter health care settings, in part because of the greater incidence of HIV infections in ethnic minorities and persons under 20 years old.²³ Understanding that a substantial number of young Latinos are being cared for in community health centers across the country, increased HIV testing programs would provide an opportunity to identify new cases of HIV infection, while allowing for a dialogue between provider and patients around HIV prevention and sexual health. Although these programs can be implemented in any clinical setting serving a large number of Latino adolescents, community health centers serve as an appropriate means of instituting targeted pilot HIV prevention programs or initial implementation and evaluation strategies. The addition of broad-based opt-out testing as a routine part of a physical examination will benefit patients with specific risk factors, without the need for specific knowledge regarding risk factors by clinic personnel. This would also serve to increase surveillance among this target population.

Models for engagement of this population at points at which they interact with various components of the health care system include military enlistment, emergency room visits, and perinatal

care. While military enlistment mandates testing, emergency departments are only now beginning to develop opt-out testing programs to all patients who are accessing services. The CDC guidelines for HIV testing during pregnancy indicate that routine HIV screening should be a standard test in prenatal labs, with the mother having the right to refuse testing. These models of broad-based testing provide maximized reach, with less rigid targeting of specific ethnic populations. However, all of these are venues which Latino youth access the health care system and serve as sound models for similar testing strategies in other health care venues.

Issue #4: Coordinated HIV/AIDS efforts across federal agencies

Current program and policy collaboration across government agencies is essential for the development of innovative ideas. At least seven departments in the U.S. Government have official HIV/AIDS policies or programs, among them the Department of Health and Human Services, the Department of Housing and Urban Development, and the Department of State. Currently there is no joint effort to fully integrate and coordinate services among these agencies to improve the implementation of programs. Without the creation of a unifying body, federal agencies are left without leadership for collaboration and the sharing of ideas. Program ideas and outcomes are not readily disseminated across federal partners. This negatively impacts HIV/AIDS prevention strategies since it does not promote the sharing of ideas or utilization of programs that have proven successful when implemented by one agency, nor does it foster the exploration of novel ideas and methods for reaching target populations. Despite sharing the same goals of preventing HIV infection and caring for those living with HIV/AIDS, many of these agencies lack significant knowledge of the programs and policies of other federal agencies. In addition, such a strategy would serve as a tool to facilitate the inclusion of federal agencies that previously may not have been seen as

primary contributors to HIV prevention initiatives, yet would prove integral in collaborating regarding Latino youth. One example is the Department of Education.

Early in his administration, President Barack Obama stated that he will work to implement a National AIDS Strategy across federal agencies with the goals of reducing HIV infections, increasing access to care, and decreasing disparities in this epidemic.²⁴ A partnership of program representatives of these various departments, their corresponding agencies, and their programs, developed and led by an overseeing office, would ensure a more cohesive approach to accomplishing all three of the President's goals for managing the HIV/AIDS epidemic. The achievement of these goals is to be overseen by the Office of National AIDS Policy (ONAP). During the Bush Administration this office was undeveloped and its leadership left unfilled, but a so-called "AIDS Czar" was nominated early in the first 100 days of the Obama Administration. Effective leadership of this office makes it possible to create a National AIDS Strategy and provide a coordinated response to HIV/AIDS across federal agencies.

While a National AIDS Strategy would be beneficial to accomplish national goals related to HIV/AIDS, particularly as they relate to HIV prevention and Latino youth, there is a significant barrier in the lack of precedent. There has yet to be a major national strategy in the U.S. for any major illness, nothing upon which an office charged with overseeing such a strategy can model a new course of action. However, there is an abundance of international efforts, including comprehensive HIV/AIDS National Strategies in Lithuania, Madagascar, and Barbados. Perhaps the greatest example of successful and comprehensive agendas designed to respond to the AIDS epidemic is the joint collaboration of the Joint United Nations Programme on HIV/AIDS (UNAIDS). This program has successfully implemented prevention, treatment programs, and humanitarian efforts

internationally. UNAIDS has developed a comprehensive international strategy to analyze and promote the care, treatment, and prevention of HIV/AIDS around the world. Particular successes have been noted with regard to prevention programs targeting key populations in those nations that have concentrated epidemics.²⁵

The successful implementation of a National AIDS Strategy would be dependent on a number of key factors. For example, a Congressional mandate would be needed to define the responsibilities of each federal agency involved and structure their coordinated activities. A specific federal entity would also need to be identified and authorized to direct the development of a detailed Strategy that incorporates the President's goals for addressing HIV/AIDS, including prevention, access to care, and reduction of disparities. With proper authorizations, this federal entity could provide coordination and oversight of the Strategy's implementation and serve as the overseeing body. Authorization of appropriations would also be needed to ensure federal agencies have the resources to develop and implement effective communications systems, coordinated activities and outcome evaluation systems. A major focus of a National AIDS Strategy should be the prevention of HIV transmission among such vulnerable populations as Latino youth.

Recommendations

Based on the prior discussion, the following policy alternatives are recommended to prevent new HIV infections among Latino youth in the United States:

1. Congress should increase funding for prevention research. Congress needs to increase appropriations for research to understand the specific factors that place Latino youth at increased risk of HIV transmission. With a better understanding of these factors, more effective and culturally appropriate models could be developed to prevent HIV

transmission among Latino youth. These additional resources should focus on research that examines the interpersonal and socio-cultural determinants of HIV transmission, especially the factors that place young Latino men who have sex with other men at the highest risk. New HIV prevention initiatives developed for Latino youth should strive to incorporate formative research with Latino youth to ensure that they are culturally appropriate and relevant to their particular needs.

2. Congress should increase funding for prevention programming. Similar to prevention research, Congress should appropriate additional funds to fully implement CDC prevention programs that target Latino youth. Consistent with this recommendation, President Obama's recently introduced FY 2010 budget calls for increased resources to prevent HIV infections among especially vulnerable populations in the United States, which includes Latino youth. These prevention programs should be incorporated into existing community-based organizations that work within Latino communities to ensure culturally appropriate implementation. It is also important that age-appropriate HIV prevention education is incorporated into youth development programs already successfully engaging Latino youth.

3. Federal agencies should ensure appropriateness of current programming. Additional resources are needed to ensure that HIV prevention programs are effective and appropriate for Latino youth. Funding allocated to the CDC should concentrate on these types of support services to ensure that community-based organizations are effectively preventing HIV transmission among Latino youth. This recommendation is also dependent on the development of evidence-based prevention programs that are specifically developed for particular Latino youth populations, including young Latino men who have sex with other men and Latino youth by country of origin.

4. The President should establish a comprehensive National AIDS Strategy. A Comprehensive National AIDS Strategy would help to coordinate prevention policies and initiatives targeting populations vulnerable to HIV including Latino youth. A National Strategy would structure a concerted effort across various federal agencies, local agencies, and community-based organizations. Coordination would allow HIV prevention and intervention services to be disseminated throughout communities most affected by HIV. Prevention initiatives should be integrated into federal programming targeting Latino youth in educational, correctional and health care institutions. This comprehensive strategy should be overseen by the Office of National AIDS Policy, with the addition of intra-agency working groups and inter-agency councils. These bodies should comprise federal agency leaders, community stakeholders, and experts. They would facilitate coordination of research, services, and policy across the U.S. Government to ensure a comprehensive strategic response to the HIV/AIDS epidemic.

5. Local, state and federal agencies should coordinate to improve testing programs. Testing programs need to be strengthened to improve surveillance of HIV transmission, reduce transmission, and ensure early HIV care among Latino youth. Testing programs should be incorporated into emergency departments, perinatal care settings, community health clinics, and correctional settings, all of which are central places where Latino youth interface with the health care system. Capturing the opportunity to provide HIV testing in these facilities is integral to increase surveillance of HIV infections among Latino youth and target prevention services to Latino youth that are most at-risk of transmission.

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