



April 2, 2008

Dear Colleague:

Thank you for attending the listening sessions held during the 2007 Centers for Disease Control and Prevention (CDC) National HIV Prevention Conference (NHPC). The sessions were substantive, and I appreciate your willingness to provide critical perspectives on how to enhance HIV/AIDS prevention activities in your communities. The inquiries posed and recommendations provided during the sessions will inform CDC's and the Division of HIV/AIDS Prevention's (DHAP) plans to increase and strengthen future HIV prevention activities aimed at addressing the impact of HIV/AIDS in communities of color.

Many participants voiced common concerns during each of the listening sessions. Participants requested that CDC:

- Improve population-specific data gathering and reporting;
- Examine funding decisions and document grantee accountability;
- Develop and increase availability of population-specific and culturally relevant behavioral interventions;
- Address social determinants that impact the spread of HIV/AIDS; and
- Improve collaboration between federal agencies and the public health system.

Regarding the listening session recommendation to improve population-specific data gathering and reporting, CDC plans to further analyze existing surveillance data and examine the possibility of including differentiating data within racial/ethnic classifications, geographic location, and gender. CDC is committed to providing timely and accurate data that reflect the burden of the HIV/AIDS epidemic in all racial/ethnic populations in its publications, reports, and presentations.

In response to inquiries related to funding decisions and grantee accountability, CDC takes extraordinary measures to ensure that funds are distributed proportionally and meet the needs of a changing epidemic. Applying for funding through CDC program announcements is a highly competitive process. Funding decisions are based on the quality of each application, the geographic distribution of potential awardees, and population risk and need. Monitoring and evaluation of grantees are critical activities that ensure the delivery of quality services. CDC funding announcements for health departments and community-based organizations (CBOs) include a defined set of performance indicators for various intervention categories. All grantees are required to set baseline data and future target goals, and collect and submit appropriate data to CDC at regular intervals to monitor progress in meeting goals and performance indicators.

Many participants voiced shared concerns during the listening sessions regarding the development of effective interventions. Specifically, it was recommended that CDC

increase research on targeted and blended populations and develop population-specific, culturally relevant, and effective behavioral interventions (EBIs). CDC understands the necessity for population-specific, culturally appropriate EBIs and recently published a report titled “Best-Evidence Interventions: Findings from a Systematic Review of HIV Behavioral Interventions for U.S. Populations at High Risk, 2000-2004,” in the January 2007 issue of the *American Journal of Public Health*. The report summarizes the HIV/AIDS Prevention Research Synthesis (PRS) Project which identified individual- and group-level behavioral interventions with evidence of efficacy targeting high-risk populations. A total of 18 new interventions serving a range of populations at risk for acquiring or transmitting HIV infection met the criteria for best evidence of efficacy; in 13 of the 18 interventions, half or more of the participants were persons of color. CDC continues to research the effectiveness of new behavioral interventions among various risk populations as well as existing interventions’ capabilities to be tailored to meet the needs of other racial/ethnic groups. The report is available at <http://www.cdc.gov/hiv/topics/research/prs/PDF/Lyles%20AJPH%202007.pdf>.

Additionally, at the listening sessions, it was recommended that CDC address social determinants of health such as stigma, homophobia, poverty, and access to healthcare. I agree that we collectively have much work to do to address the social and economic determinants that impact the health of vulnerable populations. CDC supports numerous programs that address these issues such as social marketing campaigns, diffusing EBIs, and partnerships with local businesses and labor groups, faith communities, and entertainment and arts organizations. The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) also has established several cross-center workgroups that routinely examine the best strategies for effectively reducing health disparities and inequities by addressing social determinants of health. Moreover, CDC collects qualitative and quantitative data on racial/ethnic populations and risk groups through surveillance, community consultations, internal workgroups, and listening sessions to inform our national prevention plans. These data are used to learn more about the public health needs of vulnerable populations.

Lastly, CDC agrees that collaboration and increased communication is needed at nearly every level of the public health system. Increased and sustained collaboration is necessary not only within CDC, but across the Department of Health and Human Services (DHHS) and across other federal departments. It is also necessary among partners at the community, state, and local levels. Collaboration between federal agencies on HIV prevention is challenging at times, but not impossible—indeed there are many models of best and promising practices in existence. With the continuing evolution of the HIV epidemic in the United States, improved and strengthened collaboration between federal agencies is unarguably more important now than ever. Despite the persistent barriers that often exist, there are numerous examples of effective collaboration across federal agencies in support of HIV prevention. During the NHPC leadership symposium, leaders from CDC, Health Resources and Services Administration (HRSA), Substance Abuse and Mental Health Services Administration (SAMHSA), Indian Health Service (IHS), and National Institutes of Health (NIH) initiated a discussion on some of the successes in working across organizational boundaries; and the current challenges and future directions for strengthening collaboration in support of integrated and holistic HIV prevention activities. CDC remains committed to sustaining this dialogue between

federal agencies and working to achieve solidarity in our collaborative HIV prevention efforts.

CDC believes that widespread use of the Internet significantly increases opportunities for the timely sharing of relevant and appropriate information with our existing partners and creation of new partnerships to reduce the burden of HIV/AIDS on communities of color. Collaboration and communication are of paramount importance to building effective, sustainable prevention networks and for improving transparency and accountability in our HIV prevention programs. To encourage the expedient exchange of information and broaden partner communication channels, NCHHSTP is launching a new Internet Web page titled *From the Director*, which will provide quick access to all NCHHSTP communications including Dear Colleague letters, conference speeches, an e-newsletter, podcasts, and other useful links. Also online, beginning in late June 2008, CDC will make available a Web series about HIV prevention strategies for various populations. The first topic in this series is: "A Call to Action for Leaders: The Crisis of HIV/AIDS among African Americans." This 6-part Web series, which includes examples of innovative strategies by leaders and available resources, can be viewed online beginning June 30 (Parts 1 - 3) and November 30 (Parts 4 - 6) at <http://www2a.cdc.gov/phtn>.

To further facilitate information exchange, I also encourage you to visit the National Prevention Information Network (NPIN) Web site (www.cdcpin.org) where we will be launching new interactive tools, such as Web communities, for partner engagement. Lastly, please continue to visit the CDC Web site, where you will find current resources such as fact sheets and Web pages addressing the HIV/AIDS epidemic among communities of color at <http://www.cdc.gov/hiv/>.

CDC is committed to reducing the burden of HIV/AIDS in communities of color. I appreciate your engagement at the listening sessions and look forward to sustaining our dialogue. Thank you for your continued commitment to HIV/AIDS prevention.

Sincerely,



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Director

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