U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

ASIAN/PACIFIC ISLANDERS AND HIV/AIDS IN THE UNITED STATES

The term "Asian/Pacific Islander" (A/PI) is used to identify approximately 40 cultures—representing more than 100 languages and dialects—that vary widely in area of origin, tradition, and religion.[1] A/PIs are concentrated in several parts of the country, particularly the West Coast, the New York City metropolitan area, and Hawaii.

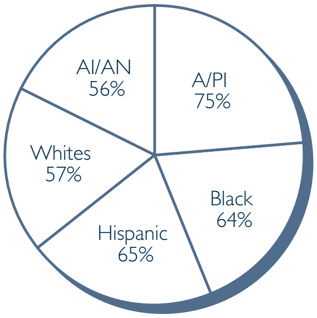
SURVEILLANCE

Given the power of today's treatments, HIV infection in hundreds of thousands of people has not progressed to AIDS. Thus, AIDS surveillance data have become less and less reflective of the current demographics of HIV/AIDS. Nevertheless, they are one of the best tools available for revealing past trends in the epidemic.

In 2002, the AIDS rate (cases per 100,000) among A/PIs was 4.0.[2] However, concerns persist among advocates regarding the misclassification of data and undercounting of AIDS cases in the A/PI community. Those problems, along with small sample size, may complicate surveillance and development of an accurate understanding of the needs among the A/PI population.

- During 2003, 497 new AIDS cases were reported among A/PIs, an increase of 9.9 percent over 2002 and of 34.7 percent over the 1999 level.[3]
- At the end of 2003, 3,826 A/PIs were living with AIDS in the United States: 600 were women, 3,210 were men, and 16 were children. HIV exposure categories among men closely paralleled those among whites—male-to-male sexual contact was the HIV exposure category in 73 percent of cases. Among A/PI women, however, heterosexual contact—75 percent of cases—was more likely to have been the HIV exposure category than it was for women of any other race.[4]
- In 2001, HIV/AIDS was the seventh leading cause of death for A/PIs ages 25 to 34 and was the eighth leading cause for A/PIs ages 35 to 44. For A/PI females ages 15 to 19, HIV/AIDS was the seventh leading cause of death—tied with diabetes, heart disease, influenza and pneumonia, kidney disease, and chronic lower respiratory disease.[5]

Estimated Number of Women Living With AIDS Acquired Through Heterosexual Contact, by Race, 2003[4]



A/PI - Asian Pacific/Islander
AI/AN - American Indian/Alaska Native

CRITICAL ISSUES

During the past decade, immigration was responsible for almost 90 percent of the growth in the A/PI population in the United States. Many of these new U.S. residents are unfamiliar with the American health care system and have difficulty seeking services.[6]

A/PIs living with HIV/AIDS often experience a tension between respecting family and community values and engaging in available specialized systems of HIV/AIDS care.[7] For privacy, many A/PIs seek care outside their communities, although few providers are capable of integrating A/PI traditions and cultural preferences into their treatment approaches.

JANUARY 2005

A/PIs' attitudes and values about family relationships and obligations and their cultural beliefs about health and illness, along with providers' cultural competence, may influence A/PIs' service-seeking behavior.[8]

One study recently found that A/PIs and blacks were most likely of all racial and ethnic groups to seek primary care in hospital outpatient clinics, rather than publicly funded health clinics, emergency rooms, private offices, or private community-based organizations. Among study participants, only Hispanics were more likely than A/PIs to lack health insurance. A/PIs were significantly less satisfied than other racial and ethnic groups with physician courtesy, respect, sensitivity, friendliness, and concern. A/PIs were also less satisfied with the degree of provider emphasis on preventing illness and promoting good health.[6]

ASIANS AND PACIFIC ISLANDERS AND THE RYAN WHITE CARE ACT

A/PIs are served through the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act in proportion to their representation in the AIDS epidemic; accordingly, they accounted for approximately 1 percent of all clients in 2002.

The Health Resources and Services Administration (HRSA) has funded the Asian and Pacific Islander Coalition on HIV/AIDS in New York to evaluate the effectiveness of multilingual and -cultural case management services for A/PIs living with HIV. HRSA has also funded the Asian and Pacific Islander Wellness Center in San Francisco to develop a manual for health service providers who serve A/PIs living with HIV.

In 2000, HRSA collaborated with the Asian and Pacific Islander American Health Forum and other community partners representing minority MSM in a research project on access to care for MSM of color. Results are currently informing the HRSA–Centers for Disease Control and Prevention collaborative response to the epidemic among these populations.

In collaboration with the African American AIDS Policy and Training Institute, the Asian and Pacific Islander Health Forum, Bienstar, and the National Native American AIDS Prevention Center, HRSA's HIV/AIDS Bureau conducted a research project—which involved key informant interviews and structured roundtable discussions—to identify barriers to care for MSM of color and develop solutions. The results are summarized in the publication *Improving Care for HIV-Positive Men of Color Who Have Sex With Men: Barriers and Recommendations* and are informing the process through which HRSA and the CDC are collaboratively responding to the epidemic among young MSM of color.

To respond to the need for additional minority providers of state-of-the-art HIV/AIDS care in underserved communities, the CARE Act AIDS Education and Training Center program funds a center to expand clinical expertise in minority communities; for more information, go to www.nmaetc.org.

Capacity-building and planning grants have been targeted to underserved communities in order to expand the number of service settings available to vulnerable minority populations.

REFERENCES

1. President's Advisory Commission on Asian Americans and Pacific Islanders. *Asian Americans and Pacific Islanders; A People Looking Forward.* Executive summary. Washington, DC: Author; 2001. p.4.
2. Centers for Disease Control and Prevention (CDC). *HIV/AIDS Surveillance Report.* 2003;15:14. Table 5.
3. CDC. *HIV/AIDS Surveillance Report.* 2003;15:12. Table 3.
4. CDC. *HIV/AIDS Surveillance Report.* 2003;15:21. Table 11.
5. Anderson, RN et al. Deaths: leading causes for 2001. *Natl Vital Stat Rep.* 2003;52:9:49. Table 2. Available at: www.cdc.gov/nchs/data/nvsr/nvsr52/nvsr52_09.pdf.
6. Pounds MB, et al. Ryan White CARE Act service use by Asian/Pacific Islanders and other clients in three California metropolitan areas (1997–1998). *J Community Health.* 2002;27(6):403-17.
7. Asian and Pacific Islander American Health Forum. *Asian Americans and Pacific Islanders in HIV/AIDS.* Health Brief. March 2003. Available at: www.apiahf.org/programs/hivcba/resources/facts/apiahf_hivfact2.pdf.
8. Bau I, DeCarlo P. *What Are Asian and Pacific Islander HIV Prevention Needs?* Fact Sheet 33E. San Francisco: Center for AIDS Prevention Studies; 1998.