



HIV/AIDS

AMONG

# ASIAN/ PACIFIC ISLANDERS



Today there are an estimated **1.039 million to 1.185 million** HIV-positive individuals living in the United States—the largest number ever according to the Centers for Disease Control and Prevention. Of these, **between 252,000–315,000** people do not know they are infected, and thus are suffering from a lack of treatment, while at the same time may be unknowingly spreading the virus.<sup>1</sup> About **225,000** who do know their status are not getting the care they need. These numbers will continue to grow unless everyone takes decisive action against the disease.<sup>2</sup>

**HIV/AIDS is taking a devastating and disproportionate toll on people of color in the United States. Community leaders and organizations can play a critical role in fighting the disease in their neighborhoods, and The Leadership Campaign on AIDS (TLCA) is dedicated to helping them do it.**

## TLCA: Fighting HIV/AIDS in Communities of Color!

Within the U.S. Department of Health and Human Services, the Office of HIV/AIDS Policy's The Leadership Campaign on AIDS (TLCA) is working externally and internally to support the fight against HIV/AIDS in communities of color. TLCA reaches out to community leaders and local and national organizations to improve education, awareness, and action against the disease. TLCA wants to help minority leaders fight the stigma, fear, and denial that exacerbate the problem, and to help build partnership that will promote education, prevention, testing, vaccine awareness, and treatment. TLCA also reaches internally to help improve the coordination, information-sharing, communication efforts, and effectiveness of the Department's HIV/AIDS initiatives and programs.

Know the facts and  
Educate,  
Motivate, and  
Mobilize against  
HIV/AIDS!

- Asian/Pacific Islanders (APIs) are one of the fastest-growing ethnic/racial populations in the United States, and comprise **4.2 percent** of the U.S. population. Between the 1990 and 2000 censuses, the Asian American population grew by as much as **72 percent**,<sup>3</sup> and the Native Hawaiian and Pacific Islander population by as much as **140 percent**.<sup>4</sup>
- Like other communities of color, the number of APIs living with AIDS continues to rise, with a yearly increase of more than **10 percent** over the past five years.<sup>5</sup> Approximately **4,045** API were living with AIDS at the end of 2004 in the U.S.<sup>5</sup>
- AIDS cases among APIs account for approximately **1 percent** of total AIDS diagnoses since the beginning of the epidemic through 2004.<sup>5</sup> However, the proportion of AIDS cases in APIs varies by area (e.g., in 2003, the API population represented **26 percent** of reported AIDS cases in Hawaii).<sup>6</sup>
- There have been **7,317** API adult/adolescent (people ages 13 and older) diagnoses of AIDS through 2004. **394** API were diagnosed with HIV/AIDS infection in 2004.<sup>5\*</sup>
- Of the total API adults and adolescents diagnosed with HIV/AIDS during 2001 through 2004, **77 percent** were men and **23 percent** were women. Among these men, **65 percent** of HIV/AIDS cases were among men who have sex with men. Among API women, **79 percent** of HIV/AIDS diagnoses were attributed to heterosexual contact. Heterosexual contact accounted for a greater proportion of HIV/AIDS cases among API women than among all other racial/ethnic groups.<sup>9\*\*</sup>
- The full impact of HIV on the API population is not known. Ten states account for over three-fourths of the API population (CA, NY, HI, TX, IL, NJ, WA, VA, FL, MA).<sup>3</sup> Of these states, only FL, NJ, NY, TX, and VA had reported HIV data to the CDC as of December 2004.<sup>5</sup>
- Although relatively few in number, reported HIV cases have been steadily increasing in the six U.S. affiliated Pacific jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau). High teen pregnancy rates, high sexually transmitted disease (STD) rates, increased mobility and migration, immigration, and tourism all point to a potential HIV/AIDS epidemic in the Pacific region, making targeted HIV prevention critical.<sup>7</sup>
- A seven-city study of young men who have sex with men, conducted by the CDC between 1994 and 2000, found that **three percent** of API men surveyed were HIV-positive.<sup>8</sup>
- Among API women reported with new HIV infections (not AIDS) in 2004, **56 percent** did not have their method of exposure identified—the largest among all ethnic groups.<sup>5</sup>

## Major Challenges in the Fight Against HIV/AIDS In API Communities:

- Cultural barriers regarding discussing sexual behavior, death, and illness can prevent the spread of useful prevention and treatment information.
- There is a lack of doctors and health care providers who have appropriate linguistic and cultural competencies, creating another barrier to quality care.
- Women often put their family and spouses' health above their own, often waiting to seek services or care until they are already ill. Additionally, finding providers who are sensitive to gender and cultural issues is difficult.
- APIs, particularly women, have a low rate of HIV testing overall and a high rate of anonymous testing due to a concern about the security of confidential testing.
- For immigrants, the denial of residency because of an HIV-positive status has been a major barrier to accessing testing and health services.

## Let's Take Action!

Here are some suggestions on how to fight HIV/AIDS in API communities:

- Develop prevention and treatment strategies that focus on families and communities, in accordance with strong group and collective cultural norms.
- Refine surveillance systems to report data on APIs and disaggregate by ethnic groupings.
- Devote more research to understanding cultural barriers to effective prevention and risk reduction.
- Address stigma and other social, environmental, and cultural barriers.
- Increase outreach to at-risk women and youth.
- Work with community-based organizations, which are most in touch with their constituents and are thus best equipped to serve them.
- Perform assessments on communities' HIV/AIDS information and assistance needs.

\* In the 35 areas with longstanding HIV reporting

\*\* In the 33 states with longstanding HIV reporting

**The terms (a) "Asian American" includes persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent; and (b) "Pacific Islander" includes the aboriginal, indigenous, native peoples of Hawai'i and other Pacific Islands within the jurisdiction of the United States, and those having origins in the Melanesian, Micronesian and Polynesian regions.**

<sup>1</sup> Glynn M., Rhodes P. Estimated HIV prevalence in the United States at the end of 2003. National HIV Prevention Conference; June 2005; Atlanta. Abstract 595.

<sup>2</sup> Fleming, P.L., et al., "HIV Prevalence in the United States, 2000," 9th Annual Conference on Retroviruses and Opportunistic Infections, Feb. 24-8, 2002, Seattle, WA, Abstract 11.

<sup>3</sup> U.S. Census Bureau, *Census 2000 Brief: The Asian Population: 2000* (Feb 2002). Web site: [www.census.gov/prod/2002pubs/c2kbr01-16.pdf](http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf).

<sup>4</sup> U.S. Census Bureau, *Census 2000 Brief: The Native Hawaiian and Other Pacific Islander Population: 2000* (Dec 2001). Web site: [www.census.gov/prod/2001pubs/c2kbr01-14.pdf](http://www.census.gov/prod/2001pubs/c2kbr01-14.pdf).

<sup>5</sup> Centers for Disease Control and Prevention, *HIV/AIDS Surveillance Report 2004*, Vol. 16. Available at : [www.cdc.gov/hiv/stats/2004surveillancereport.pdf](http://www.cdc.gov/hiv/stats/2004surveillancereport.pdf).

<sup>6</sup> Hawaii Department of Health, *HIV/AIDS Surveillance Semi-Annual Report*, (Dec. 2003).

<sup>7</sup> Based upon an Asian & Pacific Islander American Health Forum consultation with the Centers for Disease Control and Prevention surveillance and epidemiology division, 2003.

<sup>8</sup> Centers for Disease Control and Prevention, "HIV Incidence Among Young Men Who Have Sex with Men - Seven US Cities, 1994-2000."

<sup>9</sup> Centers for Disease Control and Prevention, "Trends in HIV/AIDS Diagnoses—33 States, 2001-2004," *MMWR*, Vol. 54, No. 45, Nov. 18, 2005, pp. 1149-1153.

The Leadership Campaign on AIDS is a program of the Office of HIV/AIDS Policy—202-690-5560—[www.hhs.gov](http://www.hhs.gov)

Note: The models shown are for illustrative purposes only.



# What Can You Do?

- Learn more about HIV/AIDS and its impact on your community.
- Protect yourself against HIV infection. Know the risks associated with sex and drug use.
- Get tested. It's important to know your HIV status to protect yourself and others.
- Get medical care and support if you're living with HIV. Effective treatments exist.
- Educate others about HIV/AIDS. Talk openly and honestly about prevention and treatment.
- Volunteer at a local HIV/AIDS organization.
- Post fact sheets about HIV/AIDS on bulletin boards and in local newsletters.
- Organize a community meeting. Invite educators, faith and business leaders, health care professionals, neighbors, and friends to talk about HIV/AIDS and its impact locally. Even if three people show up, change can happen!
- Help someone living with HIV/AIDS by being a friend.
- Help end the stigma associated with HIV/AIDS.
- Implement an activity to support HIV/AIDS observances such as World AIDS Day on December 1 or National HIV Testing Day on June 27. Visit [www.omhrc.gov/hivaidsobservances](http://www.omhrc.gov/hivaidsobservances) for more ideas.

## To Learn More

- Visit the CDC National Prevention Information Network at [www.cdcnpin.org](http://www.cdcnpin.org) or call 1-800-458-5231.
- Visit the HIV/AIDS Observance Days Web site at [www.omhrc.gov/hivaidsobservances](http://www.omhrc.gov/hivaidsobservances).
- Call the CDC-INFO (formerly the CDC National AIDS Hotline) at 1-800-CDC-INFO (232-4636), TTY 1-888-232-6348.
- Call your doctor or other health care provider.
- Contact your local or state public health department.