

ASIAN AMERICAN AND PACIFIC ISLANDER HEALTH: HIV/AIDS

BACKGROUND: HIV/AIDS is a deadly disease that has infected 39.5 million around the globe.¹ At the end of 2004, an estimated 476,749 persons were living with HIV/AIDS in the United States with 3,008 being Asian Americans and Pacific Islanders.² Men accounted for 77% of HIV/AIDS cases among Asian Americans and Pacific Islanders through 2004, while women accounted for 23% of cases. Asian Americans and Pacific Islanders have the highest proportion of men who have sex with men (MSM) transmission (67%) among all racial/ethnic groups. Asian American and Pacific Islander women have the highest proportion of heterosexual transmission (80%) among all racial/ethnic groups.³ Although Asian Americans and Pacific Islanders account for 0.8% of all U.S. AIDS cases, the number of estimated AIDS cases increased from 1999 to 2003 at a higher rate (35%) compared to African Americans (8%), Latinos (7%), and Native Americans (21%). By comparison, AIDS cases decreased by 3% for Whites.⁴

Although Asian Americans and Pacific Islanders comprise 1% of the total AIDS cases in the U.S., the AIDS cases are increasing while the cases for all other racial/ethnic groups have been decreasing. The Centers for Disease Control and Prevention's (CDC) Morbidity and Mortality Weekly Report (02/10/06) showed annual HIV/AIDS diagnosis rates from 2001 through 2004 are increasing among Asian Americans and Pacific Islanders in the U.S. faster than in any other racial group.⁵ In this report, Asian Americans and Pacific Islanders had the highest estimated annual percentage change (EAPC) in annual HIV/AIDS diagnosis rates. The EAPC for males was 8.1 and 14.3 for females.

Co-infection of HIV and hepatitis, and HIV and tuberculosis are also emerging health concerns. Asian Americans and Pacific Islanders experience an hepatitis B mono-infection rate of 7%, compared to 0.1%, 0.1% and 0.5% for Whites, Latinos and Blacks respectively.⁶ Asian Americans and Pacific Islanders tuberculosis rates are 21.2 times higher than rates among whites.⁷

Asian American and Pacific Islander MSM engage in unprotected sex at rates comparable to Whites and

Latinos.⁸ Women display high rates of inconsistent condom use with their male partners.⁹ Most HIV-infected individuals do not become aware of their status until the HIV disease has already progressed to a late stage of AIDS. In 2001, 41.4% of Asian American and Pacific Islanders received an AIDS diagnosis within one year of their initial HIV diagnosis, resulting in insufficient opportunities for early treatment. Asian Americans and Pacific Islanders display significantly lower rates of HIV testing and lower levels of HIV knowledge than those of other ethnic groups.^{10 11}

ISSUE: For the past 25 years of the HIV/AIDS pandemic, only a small number of studies in the U.S. have been conducted among Asian American and Pacific Islander populations. Silence around taboo issues such as sex, drug use and illness intertwined with HIV stigma are significant barriers to HIV prevention. The full impact of HIV/AIDS on the Asian American and Pacific Islander population is underestimated because very few states collect and report HIV/AIDS surveillance data by Asian American and Pacific Islander ethnic group. Also there are limits to the surveillance system since HIV data is currently only reported in 33 states. Three-fourths of the Asian American and Pacific Islander population reside in 10 states which currently do not report HIV cases such as California, Hawai'i, Massachusetts and Washington.

It is critical that Asian Americans and Pacific Islanders have comprehensive HIV prevention education, and have access to culturally and linguistically competent testing and care. We must support more community based research, develop more HIV prevention programs for specific Asian American and Pacific Islander ethnic groups, develop community based interventions that decrease HIV stigma, and foster social support networks for Asian Americans and Pacific Islanders living with HIV/AIDS. We must also create a greater awareness and competency among healthcare providers that Asian Americans and Pacific Islanders are just as susceptible to HIV infection as other racial and ethnic groups, so as to promote early treatment and quality care.

RECOMMENDATIONS:

- ❖ Support evidence-based HIV/AIDS awareness and education programs, and cultural and linguistic resources for Asian Americans and Pacific Islanders.
- ❖ Promote collaborative efforts among federal, state and local agencies to address HIV/AIDS among Asian Americans and Pacific Islanders and improve data collection, surveillance and reporting.
- ❖ Promote the inclusion of interpretation and translation services in HIV prevention, testing and care services.
- ❖ Promote research that investigates effective prevention and interventions in Asian American and Pacific Islander populations and includes community-based participatory action research methodologies.

Asian & Pacific Islander American Health Forum

Main office: 450 Sutter Street – Suite 600, San Francisco, CA 94108 (p) 415.954.9988 (f) 415.954.9999

DC office: 1828 L Street NW – Suite 802, Washington, DC, 20036 (p) 202.466.7772 (f) 202.466.6444

www.apiahf.org

NOTES

¹ http://data.unaids.org/pub/EpiReport/2006/2006_EpiUpdate_en.pdf UNAIDS Press Release, Dec 2006

² Centers for Disease Control and Prevention (2005) HIV/AIDS surveillance report, 2005.

³ Centers for Disease Control and Prevention. (2005) HIV/AIDS surveillance report, 2005.

⁴ Centers for Disease Control and Prevention. (2004) HIV/AIDS surveillance report, 2004

⁵ Racial/ethnic disparities in diagnoses of HIV/AIDS--33 states, 2001-2004. *MMWR Morb Mortal Wkly Rep.* Feb 10 2006;55(5):121-125.

⁶ Asian Liver Center. Hepatitis B Statistics. Available at http://liver.stanford.edu/Edu/Edu_stat.php.

⁷ Centers for Disease Control. Trends in Tuberculosis Incidence (2006). *MMWR.* 2007; 56 (11):245-250

⁸ Hou, S.I., & Basen-Enquist, K. (1997). HIV risk behavior among white and Asian/Pacific Islander high school students in the U.S.: Does culture make a difference? *Journal of Adolescent Health, 20*, 60-74.

Peterson, J. L., Bakeman, R., Stokes, J., & the Community Intervention Trial for Youth Study Team (2001). Racial/Ethnic patterns of HIV sexual risk behaviors among young men who have sex with men. *Journal of the Gay and Lesbian Medical Association, 5*, 155-162.

⁹ Nemoto, T., Iwamoto, M., Oh, H.J., Wong, S., Nguyen, H. Risk behaviors among Asian women who work at massage parlors in San Francisco: Perspectives from masseuses and owners/managers. *AIDS Education and Prevention, 17*, 444-456.

¹⁰ Do, T., Chen, S., McFarland, W., et al. (2005) HIV testing patterns and unrecognized HIV infection among young Asian and Pacific Islander men who have sex with men in San Francisco. *AIDS Education and Prevention, 17*, 540-554.

¹¹ Chin, D. (1999) HIV-related sexual risk assessment among Asian/Pacific Islander American women: An inductive model. *Social Science & Medicine, 49*, 241-251.