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HIV FORUM

A newsletter of the Asian & Pacific Islander American Health Forum

INSIDE THIS ISSUE

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APIAHF

Asian and Pacific Islander ASO's Work to Ensure Immigrant Communities Are Not Left Behind

By Mazdak Mazarei

In 2000, close to 88% of Asians and Pacific Islanders in the United States were foreign born or had at least one parent who was foreign born. Thus, in order to provide quality prevention and care services, Asian and Pacific Islander AIDS Service Organizations (ASOs) have to build their capacity to work with both

Photo courtesy of CPACS

U.S. born and foreign born populations. Supporting HIV/AIDS services that are culturally appropriate for Asian and Pacific Islander immigrant communities frequently proves daunting, especially when agencies struggle to do more work with less money. Even allocating resources to provide services in a client's native language can be difficult for many agencies given the over 100 recognized Asian and Pacific Islander languages/dialects spoken by immigrants in the U.S. (To learn more about HIV/AIDS-related issues faced by Asian and Pacific Islander immigrants, see p.8) Despite these challenges, however, there are several Asian and Pacific Islander ASOs that have managed to create successful programs to help ensure that when it comes to HIV/AIDS services, Asian and Pacific Islander immigrants are not left behind.

It's All About Trust. Cherry Ng, Women's Project Coordinator at Asian & Pacific Islander Coalition on HIV/AIDS (APICHA) in New York City, knows first-hand the struggles of doing HIV prevention work in Asian and Pacific Islander immigrant communities. Working with Asian and Pacific Islander women who are at high risk for contracting HIV, including foreign-born sex workers, Ng must overcome the distrust of potential clients before she can even begin discussing risk reduction methods.

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MESSAGE FROM THE DIRECTOR

TIME TO DELIVER

By ManChui Leung

"Time to Deliver", the theme of this year's International AIDS Conference held in Toronto, Canada from August 13-18, 2006, speaks to the renewed urgency of the fight against AIDS in a time when there continues to be so many lives and resources at stake. Time to deliver is also an appropriate call for this immigrant-focused issue of *HIV Forum*. The health and rights of immigrants informs so much of our work at APIAHF because immigrants continue to be systematically underserved and overlooked in healthcare.

In this issue, you will read about programs, research and policy that highlight the ground-breaking work that advocates, community members, providers and researchers have done around HIV, LGBT issues and health in immigrant communities. On the "front burner" are three policies that have a direct and significant impact on Asians, Pacific Islanders and HIV/AIDS.

Reauthorize the Ryan White CARE Act: This fall, the CARE Act will be reauthorized. We need to make sure that translation and interpretation services are defined as core medical services and programs such as ADAP are fully funded. These services are essential for undocumented, poor and uninsured HIV+ immigrants to access life saving healthcare and medicine.

Lift the HIV ban: The U.S. continues to have one of the harshest immigration policies in the world where an HIV-positive foreign national is not permitted to immigrate, or even visit, unless he or she qualifies for a very narrowly defined waiver. This ban perpetuates HIV discrimination and stigma. This ban is also the main reason the International AIDS Conference has not been held in the United States since 1990.

Draft and pass a comprehensive immigration reform bill: The protests, articles, blogs and forums last spring were a strong indicator of a burgeoning immigrant rights movement that will continue until a just and humane bill is delivered. This fall the Senate and House will conference the two bills, working in committee to reconcile the differences between both versions.

Throughout this issue of *HIV Forum* you will see successful examples of how Asians and Pacific Islanders are taking action and making an impact on immigrant rights and health. I encourage you to take those strategies and apply them to your advocacy efforts in making positive change for your community.

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IMMIGRANTS RISING

By ManChui Leung

Update on immigration bills that will have an impact on our community. (S. 2611 and H.R. 4437)

ADVOCATING FOR YOUR COMMUNITY

This spring, the rise of a grassroots immigrant rights movement brought out millions of people demanding comprehensive immigration reform. People made their opinions heard by marching in the streets, blogging from their computers, engaging in debates in the classroom, writing op-eds in the local paper, and most importantly phoning, emailing and meeting with their Congress-person.

We were reminded, by the release of new Census data on immigrant households this August, just how much immigration continues to be an important story throughout every state. According to the Census, immigrants in the U.S. now number 35.7 million or about 12.4% of the nation's population. This is up from 11.2% in 2000. With more than one out of ten people in the U.S. identifying as an immigrant, it is easy to see why immigrant rights is such an important issue that has a deep impact on our everyday lives. As people interested in the health and well-being of Asians and Pacific Islanders in this country, we must also recognize how this legislation might impact the lives of the people we serve.

Here's a brief update on the status of the bills:

Senate Bill S.2611 is the most comprehensive among the two bills but it is undermined by the potentially unworkable three-tiered legalization program, as well as the harsh anti-immigrant and anti-due process provisions imported from the House Bill H.R. 4437.

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"Support Immigration Rights." San Francisco Immigration Rally, May 1, 2006

WHAT CAN YOU DO TO IMPROVE THE HEALTH AND WELL-BEING OF ASIAN AND PACIFIC ISLANDER IMMIGRANTS?

LISTEN
Push for community-based participatory research (like the MATH Study) in immigrant communities to learn more about their HIV/AIDS related needs in their own words.

LEARN
Contact APIAHF to attend an upcoming Asian and Pacific Islander Fostering Advocacy and Community Empowerment Skills (FACES) Training.

ADVOCATE
Talk to your representatives in Congress about supporting a just immigration reform bill.

USE YOUR VOICE
Take a risk by speaking up at your next community planning meeting, as advised by Kunane Dreier, community co-chair of the Hawai'i HIV/AIDS Community Planning Group (see page 4).

CARE
Spend time with Asian and Pacific Islander immigrants (in their neighborhoods, at cultural events, etc.) to learn more about their needs and to build trust, like Cherry Ng from Asian & Pacific Islander Coalition on HIV/AIDS (APICHA) in NY (see cover article).

community planning group member spotlight

By Ed Tepporn

FACES TRAININGS

BASIC

For individuals who have served on a HIV Community Planning Group (CPG) for less than a year, or for community members who are interested in joining a CPG. The two-day training will provide a basic orientation to HIV community planning, and consists of six modules focused on developing essential skills for Asians and Pacific Islanders to participate effectively on a CPG.

Date: October 13 & 14, 2006
Location: Boston, MA

INTERMEDIATE

For CPG members with 2 or more years of experience serving on a community planning group. This training helps build the capacity of participants to identify gaps in Asian and Pacific Islander parity, inclusion, and representation on CPGs. It also helps participants to strategize methods to address these gaps while continuing to develop core skills of Asian and Pacific Islander CPG members (presented in the basic level FACES training) that are necessary to fully participate in the CPG process.

Date: TBD (early 2007)
Location: Southern California

ADVANCED

For CPG members with extensive experience serving on a CPG and who are interested in increasing community planning-related leadership skills. This training will help members to identify barriers to Asian and Pacific Islander leadership on CPGs, improve facilitation skills, as well as increase knowledge and skills in managing diverse groups of people towards a common goal.

Date: March 2007
Location: San Francisco, CA

KUNANE DREIER

Hawai`i CPG
Community Co-Chair

For each issue of this newsletter, I have the opportunity to interview one Asian & Pacific Islander CPG member. Through these interviews, I hope to share with you stories of inspiration, courage and leadership.

In this issue, I interviewed Kunane Dreier who has been a member on the Hawai`i HIV/AIDS Community Planning Group for 3 years and currently serves as the community co-chair.

APIAHF: Kunane, does your name have any special meaning, translation, or significance?

Kunane: I grew up in Hau'ula on the windward side of O`ahu. Life in Hau`ula was "very country" and filled with local-style living, so I was instilled with Hawai`ian culture and values. My Tutu ("grandmother") gave me the name Kunane which means "brother" in Hawai`ian because I am the youngest boy in the family and a brother to all.

Kunane Dreier

APIAHF: "A brother to all." That is especially true for the spirit of community planning. What were your initial hopes and expectations about the community planning process?

Kunane: I first learned about the CPG in 2003. At that time, I became very interested in the CPG and what it does. As a young, gay Native Hawaiian living in a very rural area on O`ahu, I felt that HIV wasn't and still isn't talked about. Knowing what I know now, I want to make sure that everyone, especially our young native people living in rural areas, receives the services and information needed to reduce their risk.

APIAHF: What advice and suggestions would you give to other Asian & Pacific Islander CPG members?

Kunane: For new CPG members, my advice is to get involved. It's often in our nature to just sit back and watch, but the best way to learn about the CPG is to jump in feet first. It may feel uncomfortable to speak up and speak out, but you'll learn about the process as you go. And don't be afraid to ask questions about things you don't understand.

Also, make sure you attend your CPG's orientation for new members. It should cover the basics of the community planning process. I've found that the Asian & Pacific Islander FACES (Fostering Advocacy and Community Empowerment Skills) trainings have been helpful for me.

community planning group member spotlight

KUNANE DREIER

Hawai`i CPG
Community Co-Chair

APIAHF: Jumping in feet first can definitely be challenging. What has been most challenging for you as a Native Hawaiian CPG member?
Always trying to represent my community and my people to the best of my ability. I want to ensure we have a voice at the table. Sometimes I feel that Asian & Pacific Islander representation on the CPG is low because it is not in our nature to speak up. Because I live in Hawai`i, it is very important to me that Asians and Pacific Islanders, especially Native Hawaiians, have representation and voice on the CPG.

APIAHF: What has been the most rewarding aspect of being an Asian & Pacific Islander CPG member?
Kunane: Over the last year as a Community Co-chair, it has been very rewarding to see more Asian and Pacific Islander representation. There are more Asians and Pacific Islanders becoming interested in HIV/AIDS prevention here in our islands. It is exciting to have their input and their mana`o ("thoughts") about our community at large. It is our kuleana ("responsibility") to take care of our own.

"I want to ensure we have a voice at the table."

APIAHF: In regards to taking care of our own, Asian adn Pacific Islander immigrant populations tend to be overlooked by many CPGs. Does your CPG have any best practices related to immigrant populations?
Kunane: Over the last few years, it has been a priority to have parity, inclusion and representation from all communities. I have seen an increase of Asian and Pacific Islander membership on the CPG which helps us to have a better sense of the needs of our island communities. We also include these ethnic communities in our prevention plan that is submitted to the CDC (Centers for Disease Control and Prevention). Although we prioritize by risk group rather than by ethnicity, we want to make sure there is a complete picture of the face of HIV/AIDS for our state.

Recently, we've seen an influx of individuals from the Pacific Islands. Many CPG members have pointed out that they've noticed more Pacific Islanders when conducting outreach and there has been an increase in those accessing services. The CPG has made the formal recommendation to conduct a needs assessment with the Pacific Islander community. The CPG's Needs Assessment Committee is working with health department staff to identify funding and other resources to conduct this assessment.

APIAHF: Mahalo ("thank you"), Kunane. We wish you much success for the remainder of your term as community co-chair. If you are interested in the Asian & Pacific Islander FACES trainings, please contact: Mazdak Mazarei at (415) 568-3329 /mmazarei@apiahf.org

IN OTHER WORDS...

The following are from current community planning members who have participated in the FACES trainings about strategies they've used to raise awareness:

"I began to have conversations with other influential Asian and Pacific Islanders within the various communities in San Diego to gain some support for the issues that were priorities for me. It was hard for me to have conversations with other Asian and Pacific Islanders because there was this internal social separation of success and hierarchy that prevailed over any kind of substantial work. In the FACES training I learned that creating social support networks was an incredible tool that is sometimes overlooked. It works for me in San Diego."

- Benjamin Ignalino
San Diego, CA

"In a recent meeting our CPG identified populations to be considered for prevention resources in our state's next funding cycle [to begin 2009]. Asian and Pacific Islanders were added to the list for the first time, and we highlighted the reasons for their inclusion (e.g., low testing rates, concerns about contact with sex workers during visits to Southeast Asia, absence of HIV/STI education targeting the community, etc.). In a subsequent meeting members of the council expressed their appreciation for this information, which very few were [apparently] in possession of. Moreover, in the community announcements section of our CPG meetings we have also made it a point to inform other members about the work of our fledgling Asian and Pacific Islander HIV Collaborative."

- Gilbert Achay
Minneapolis, MN

FROM THE HILL

By Gem Daus

Update on the Reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act

A bicameral, bi-partisan group of legislators and their staff have been drafting the bill to reauthorize the Ryan White CARE Act (S.2823). This bill funds healthcare for people living with HIV/AIDS. It is intended to fill the gaps in care for people with low incomes and little or no insurance. This includes undocumented immigrants who have limited healthcare options. The four principal authors—Mike Enzi (R-WY), Ted Kennedy (D-MA), Joe Barton (R-TX) and John Dingell (D-MI)—held a meeting in July for staff of the Senate Health, Education, Labor and Pensions (HELP) and the House Energy and Commerce Committee (E&C) to discuss the latest consensus reached on funding formulas. However, they did not release a revised draft of the bill. Some Members of Congress have concerns that the proposed funding formula will result in significant funding cuts to their states and cities. For instance, New York, where approximately 16% of Asians and Pacific Islanders with HIV/AIDS in the U.S. reside, is one of the states that may suffer significant funding cuts under the current formulas.

In good news, APIAHF successfully lobbied for two provisions in the reauthorization. First, linguistic services, which are so vital to the proper access of care by many immigrant communities, are now listed as a support service. This is the first time that the need for linguistic services has been acknowledged in bill language. The bill states the following examples of support services: "respite care for individuals with HIV/AIDS, outreach services, medical transportation, nutritional counseling, linguistic services, and referrals."

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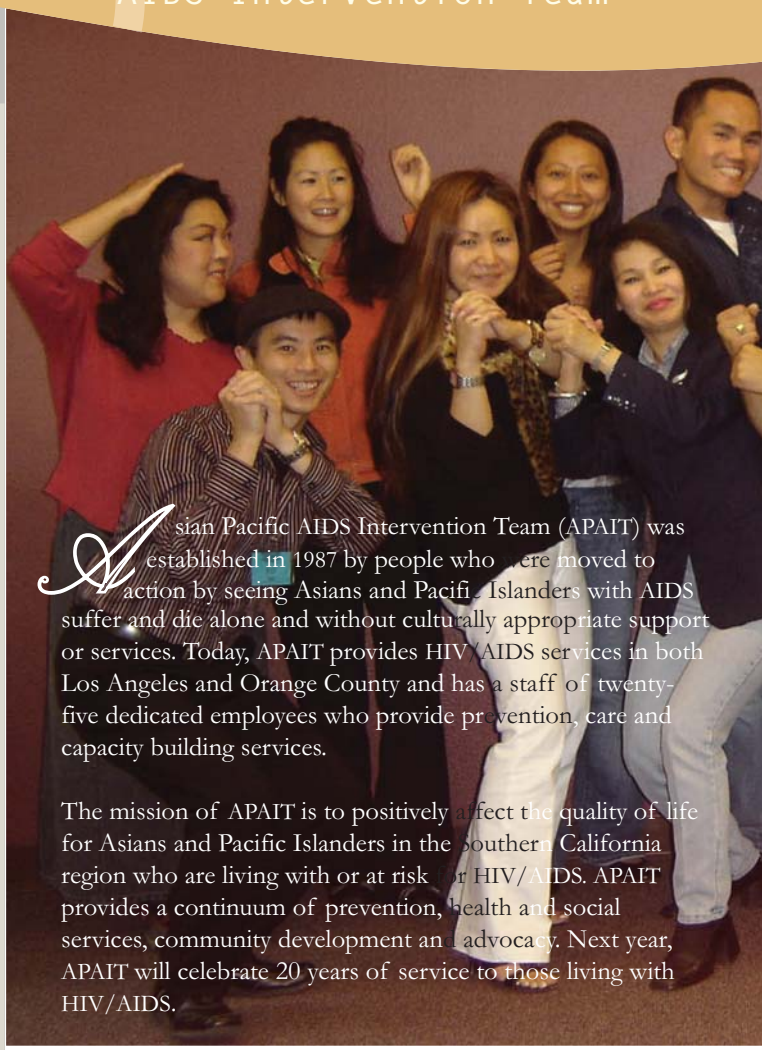
This is the first time that the need for linguistic services has been acknowledged in bill language.

PARTNER IN FOCUS:

Asian Pacific AIDS Intervention Team



Asian Pacific AIDS Intervention Team (APAIT) was established in 1987 by people who were moved to action by seeing Asians and Pacific Islanders with AIDS suffer and die alone and without culturally appropriate support or services. Today, APAIT provides HIV/AIDS services in both Los Angeles and Orange County and has a staff of twenty-five dedicated employees who provide prevention, care and capacity building services.

The mission of APAIT is to positively affect the quality of life for Asians and Pacific Islanders in the Southern California region who are living with or at risk for HIV/AIDS. APAIT provides a continuum of prevention, health and social services, community development and advocacy. Next year, APAIT will celebrate 20 years of service to those living with HIV/AIDS.

Through ongoing collaboration with APIAHF and the Asian & Pacific Islander Wellness Center (APIWC), APAIT provides HIV capacity building services in organizational development, program development, community mobilization and community planning. In this partnership, APAIT is responsible for providing services to health departments, community based organizations and community planning groups on the West Coast.

APAIT has established a strong reputation for providing high quality capacity building services through one-to-one consultations and group trainings. Previous training topics have included "What Every Manager Needs to Know About Harassment Prevention, Effective Communication, and Project Management" and "Asian & Pacific Islander FACES (Asians & Pacific Islanders Fostering Access and Community Empowerment Skills) – a training for community planning group members." Based on the success of the latter training, APAIT was asked by the Los Angeles County Health Department to be the main capacity building assistance provider for its new member orientation.

PARTNER IN FOCUS:

Asian Pacific AIDS Intervention Team

APAIT'S WESTERN REGION *FACES* TRAINING

Photo courtesy of Elizabeth Mediano

Additionally, through a three year Office of Minority Health (OMH) grant, APAIT established "Asian and Pacific Islander Community Development Project" to strengthen a network of community-based and social organizations targeting Lesbian, Gay, Bisexual and Transgender (LGBT) Asian and Pacific Islanders. This network works towards increasing culturally appropriate HIV/AIDS prevention and treatment available to underserved and hard to reach communities in Los Angeles and Orange County.

For more information about APAIT's capacity building programs, please contact Tim Young at (213) 553-1894 / timy@apaitonline.org, or Elizabeth Mediano at (714) 636-9115 / elizabethm@apaitonline.org.

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FROM THE HILL

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Nevertheless, APIAHF and allies have been advocating for stronger language. APIAHF has proposed that "interpretation and translation services" be included in the list of core medical services in order to ensure that it is funded and implemented properly. The concern regarding support services is that the bill continues to mandate that 75% of all funding in Title I (for Eligible Metropolitan Areas most severely affected by the HIV/AIDS epidemic) and Title III, which funds comprehensive primary health care for individuals living with HIV disease, go toward "core medical services". It further mandates that support services must be proven to be necessary to achieve good medical outcomes, and then approved by the Health and Human Services secretary, who administers the Ryan White CARE Act. APIAHF feels that if interpretation and translation services are not categorized as core medical services, the proper resources will not be allocated to ensure appropriate comprehensive and quality medical care.

Additionally, APIAHF, along with the National Association of State and Territorial AIDS Directors, also advocated for the inclusion of all six Pacific Island jurisdictions in the final version of the bill. While the latest draft has not been released, Senate HELP staff has confirmed that all of them will be listed in the bill.

It is likely that a bill will be considered by the House E&C committee in September upon the return of Congress. Once the House E&C has completed action on the bill, it will then be sent to the House and Senate floors for passage. It is understood that the bill being brought to the House and Senate floors will be identical to avoid having to reconcile different bills in a conference committee process. Congress hopes to adjourn by the first week in October. If they are not successful in passing the reauthorization, they may consider it after the November election.

hiv needs among immigrant and refugee communities

IMMIGRANTS RISING

(continued from page 3)

APIAHF would like to highlight three provisions that will have a significant impact for Asian Americans and Pacific Islanders. First is a provision in the Senate bill that APIAHF supports:

FAMILY REUNIFICATION: The elimination of the family-based immigration backlog which will allow over 1.5 million Asian immigrants to be reunited with their families in the U.S within seven years.

APIAHF is more concerned with the enforcement qualities of both the Senate and House bills that will drastically erode the human rights and civil liberties of all Americans which include:

LACK OF DUE PROCESS: There would be no judicial review or appeal should someone be denied citizenship. Also legal immigrants (permanent residents) will be automatically deported if they are found to have committed three minor offenses, such as misdemeanors, at any time in their life.

CRIMINALIZATION FOR AIDING IMMIGRANTS: Citizens and legal permanent residents will be charged with a felony if found to have provided humanitarian aid, such as providing shelter or transportation to a hospital, to family members, friends, or neighbors who are undocumented.

Immigrant advocates and communities are re-grouping and preparing to rise again when the Senate and House conference S.2611 and H.R.4437 this fall. APIAHF continues to be part of the grassroots immigrant movement calling for a just and humane immigration bill that gives meaningful opportunities for immigrants to become lawful permanent residents and eventually U.S. citizens. APIAHF encourages you to keep informed, inspire activism and stay involved!

Join the National Council for Asian Pacific Americans postcard campaign and send a postcard to your representative to make your voice heard: www.nakasecactionfund.org/postcards

As the number of immigrants and refugees in the U.S. grows, the need to develop quality prevention and care services will intensify. The health disparities among immigrants and refugees are fueled by political, social and economic factors that limit access to culturally and linguistically competent prevention and care services. This is especially true for Asian and Pacific Islander communities. This article aims to highlight the factors that shape the health and HIV needs of Asian and Pacific Islander immigrants and refugees.

Overview. In the U.S., nearly 20% of the Pacific Islander population and over 60% of its Asian population are foreign-born.[1] The top five countries of origin are the Philippines (16%), Vietnam (6.9%), India (4.9%), China (4.3%) and Thailand (4.2%).[2] Among Asians and Pacific Islanders living with AIDS, 60.4% are foreign-born. Priority issues for immigrants and refugees are housing, employment, immigration status, and adapting to a new culture; thus, healthcare is often placed lower in priority. Also access to healthcare is limited because of the lack of availability of culturally and linguistically competent care, and of affordable health insurance.

Immigration status has a significant and wide-spread effect on immigrants' ability to access health services and to obtain health coverage. Asians and Pacific Islanders have high rates of being uninsured (21%), therefore limiting access to comprehensive prevention, care and support services.[3] In addition, many may not be accessing HIV testing services for fear of deportation should they test positive for HIV.[4]

LOS ANGELES IMMIGRATION RALLY, MAY 1, 2006

Photo: krcla.org licensed with CC BY-ND

hiv needs among immigrant and refugee communities

ARTICLE SOURCES

Language appropriate education and services. With over 50 distinct Asian and Pacific Islander ethnicities/nationalities and 100 languages/dialects, 73% of Asians and 35% of Native Hawaiians and Pacific Islanders speak a language other than English at home. For Asians, this is four times higher than the national average (18%). Patients who do not speak English well have challenges in navigating services, and understanding medical personnel and providers. Language assistance is required in order to maintain quality of care, and to understand treatment and HIV prevention information. Asians are four times more likely to be limited English proficient than the general population (36% vs. 8%).[1]

Shame and stigma. There is limited visibility of Asians and Pacific Islanders living with HIV/AIDS. This perpetuates a myth that Asians and Pacific Islanders are not affected, and hinder discussions of HIV risk and disclosure of HIV status. In addition, cultural values that prioritize maintaining a family's honor can often lead to the avoidance of discussing topics considered taboo such as sex, homosexuality, drugs, illness and death. In a 2000 study in New York City, Asian UNWHA's (undocumented non-citizens living with HIV/AIDS) were ashamed that they had contracted HIV, and feared being ostracized and discriminated by the community because of their perceived unacceptability.[5] This resulted in UNWHA's hiding their status, thus limiting the support they could receive from friends and families – otherwise a primary source of care.

Highly-impacted populations. Men who have sex with men (MSM) make up the majority of HIV infections (65.9%) and AIDS cases (71.4%) among Asians and Pacific Islanders in the U.S. There are multiple subgroups disproportionately affected that have unique needs and challenges. For instance, in New York City, South Asians make up 25.6% of cumulative AIDS cases among Asians.[6] In San Francisco, Filipinos (32%) and Chinese (23%) have the highest number of AIDS cases among Asian MSM.[7] Among Asian and Pacific Islander women reported with new HIV infections in 2002, 64% did not have their method of exposure identified - the largest among all ethnic groups. This is primarily because public health follow-up to ascertain the mode of HIV exposure had not been completed. This statistic highlights the need for additional data regarding Asian and Pacific Islander women and their risk for contracting HIV.[8]

Testing behavior. Due to the lack of recognition of risk, Asians and Pacific Islanders access testing at very low rates, do not proactively seek out preventative health services, and rely on doctors as a last resort. About a quarter of Asian and Pacific Islander MSM's do not access testing services and nearly half of those who have tested positive are diagnosed at an advanced stage of HIV disease. Among Pacific Islanders who have tested HIV positive, over half (61%) did not feel they were at risk for HIV infection.[9] Also because of fear of deportation due to HIV status, many Asians and Pacific Islander who access testing often test anonymously.

Immigrant issues - not unlike HIV issues - are multi-faceted and contiguous with many other socio-economic challenges such as poverty, inadequate healthcare, the lack of formal education, race and gender inequalities, substance use and homophobia. Measuring the impact of immigration on HIV behaviors is challenging but necessary to meet the needs of growing populations – especially among the diverse ethnic groups and high risk populations in the Asian and Pacific Islander community.

[1] United States Bureau of the Census. *The Asian population: 2000*. Census 2000 Brief.

[2] Zaidi IF, Crepaz N, Song R, Wan CK, Lin LS, Hu DJ, and Sy FS. *Epidemiology of HIV/AIDS among Asians and Pacific Islanders in the United States*. AIDS Education and Prevention: An Interdisciplinary Journal. 2005

[3] The Henry J. Kaiser Family Foundation, *Health Insurance coverage and Access to Care Among Asian Americans and Pacific Islanders*, June 2000.

[4] Kahle EM, Freedman MS, and Buskin SE. *HIV Risks and Testing Behavior among Asians and Pacific Islanders: Results of the HIV Testing Survey*, 2002-2003.

[5] Kang E, Rapkin B, Kim JH, Springer C, Chhabra R. *Voices: An Assessment of Needs Among Asian and Pacific Islander Undocumented Non-Citizens Living with HIV Disease in New York City*. 2000.

[6] New York City Department of Health, custom data request for cumulative AIDS data through January 9, 2002.

[7] San Francisco Dept of Public Health, Office of AIDS. *AIDS Surveillance Quarterly Report*, September 2005.

[8] CDC, *HIV/AIDS Surveillance Report 2002*, Vol. 14.

[9] Do TD, Choi KH, and Chen S. *Unrecognized HIV Infection and Barriers to Testing among Young Asian and Pacific Islander Men who have Sex with Men*. 2003.

about the men of asia testing for hiv study

Asian and Pacific Islander ASO's Work to Ensure Immigrant Communities are Not Left Behind

(continued from page 1)

Being approached by a service provider can feel scary, particularly for undocumented immigrants who fear that drawing attention to themselves may lead to deportation. Ng helps allay some of these fears through her consistent presence in the communities she serves. Visiting the same neighborhoods month after month, Ng and her team slowly build trust with clients by assuring them that no one at APICHA will ask for documentation of legal status in exchange for services, and by offering to escort them to appointments. Still, Ng reveals, fears and misconceptions about the recent immigration legislation currently making its way through Congress (see p.3) has only made things worse. "From my point of view, the women are more scared now," Ng explained. "When we go up to them, they're afraid we will check their IDs, or are undercover [government agents]." Through word of mouth from clients Ng has helped in the past, however, APICHA has been able to help many immigrant women gain access to HIV/AIDS services they would have been reluctant to use in the past. This access by immigrants is especially vital in a city where 66% of the Asian and Pacific Islander AIDS cases are from people born outside of the US.

Making HIV/AIDS a Priority. Another challenge that agencies must overcome in doing HIV/AIDS work amongst Asian and Pacific Islander immigrants lies in the fact that for many who are struggling to make ends meet (and often sending money overseas to help support family members in their home countries), HIV is simply not a priority. Marianne Chung and Yotin Srivanjarean of the Center for Pan Asian Community Services (CPACS) in Atlanta keep this in mind when outreaching to Asian and Pacific Islander immigrants in Georgia. In addition to being mindful of the stigma around behaviors that can lead to HIV infection in many immigrant communities, Chung and Srivanjarean also acknowledge the danger of pushing a direct prevention message too soon among their clients.

Being housed within a larger health and human services agency, CPACS' Project RICE (Reducing Infection through Comprehensive Education) promotes messages about HIV testing and risk reduction through strategically placed posters that are visible to clients when they come for other services. That way, the people that come to CPACS will know where to access information and services around HIV/AIDS when they are ready for them, without feeling like they're being singled out. Through this approach, CPACS is able to reach much of Atlanta's fast growing Asian and Pacific Islander population with HIV prevention messages, providing 9000 clients with health information this past year alone.

Brokering Access to Services. Finally, one of the most common challenges to serving immigrant communities is the reality that providing culturally and linguistically competent HIV/AIDS-related services to diverse Asian and Pacific Islander populations simply takes a lot of resources. In response, successful HIV/AIDS programs have gone to great lengths to make linkages, train staff and form collaborations with other organizations to help create a web of support for their clients.

AIDS Services in Asian Communities (ASIAC) in Philadelphia, for instance, houses an innovative interpretation and translation program that provides interpreters for non-and limited-English speaking clients to help them access HIV/AIDS-related services. This service has proved invaluable, as in the instance when an HIV+ Indonesian client's health turned around after a single doctor's visit with an ASIAC-provided interpreter who made sure that the physician understood all the client's needs, and that the client understood all the doctor's instructions. By filling this gap, ASIAC has increased the efficiency of Philadelphia's continuum of service for its clients, instead of wasting resources duplicating programs. "No one has to reinvent the wheel. There are other services that immigrants can use out there. The role of our agency is to serve as a broker, helping our clients access and negotiate the services that already exist," states Victor Hall, ASIAC's Program Manager.

By serving as brokers, advocates and responsible providers who help immigrant clients negotiate the road to well-being, APICHA, CPACS and ASIAC serve as three examples for how to empower the newest members of our Asian & Pacific Islander community in the U.S.

BACKGROUND: The Men of Asia Testing for HIV (MATH) study is a five-year, national research partnership that aims to collect behavioral and epidemiological data on 2000 Asian and Pacific Islander men who have sex with men (MSM) at 7 community-based partner sites in 5 major metropolitan areas. Dr. Frank Wong, PhD of Georgetown University and Dr. Tri Do, MD, MPH of University of California, San Francisco are the project's Principal Investigators.

The MATH Study is designed to collect more information about the HIV/AIDS epidemic in Asian & Pacific Islander communities and the community health infrastructure responding to it.

It's no big secret that research studies do not often stick to their timelines, and the MATH study is no exception. With community-based participatory research, not only is time a challenge, but researchers are also more transparent about it. The MATH study, as with many collaborative research projects, represents an investment in the people most affected by the research- in this case, Asian and Pacific Islander men who have sex with men. Community perspectives are integrated into the design, and the project aims to build the long term capacity

the men of asia testing for hiv study

By Christian Alvez

of community based organizational (CBO) partners to improve the health of the community. Relatively speaking, it is a new way of working where the process is not top down (from researcher to community), but rather, where each stakeholder has has equal voice respective of their roles. As a large scale behavioral and biomedical study, the process involves an added level of complexity, so its timeline delay comes as no surprise.

Already entering into its third year, the MATH study races to the end of pilot testing (a one year delay), so it can move on to implementing the final study protocol. Over the last year, two major challenges have impacted the timeline of the study: securing local lab partnerships and translating the survey into Vietnamese, Chinese and Japanese. However, even with these challenges, the consortium forges on and continues to take steps to meet all of its objectives.

At the beginning of August, in nearly 100-degree weather with very high humidity, Dr. Tri Do and I were in downtown Philadelphia taking steps with Victor Hall and Cyndi Gutierrez from their air-conditioned offices at AIDS Services in Asian Communities (ASIAC) to the local private lab to conduct a blood draw with an HIV-positive pilot tester. The lab was roughly six blocks away, and we were finally about to experience some of the fruits of our labor. Before we arrived, Victor and Cyndi recounted their first visit to the lab a few weeks earlier, when they set out to introduce themselves and begin relationship building with staff - a best practice for organizations when making critical community linkages. Instead, they got a cold reception from the lab staff who were not aware of the MATH study at all, even after the scientific team secured a contract with their corporate office. In contrast, during this visit, the lab staff were friendly and accommodating. One technician, who conducted the blood draw, even cracked a joke. It took several months of patience and perseverance to get here, but it felt very satisfying to know that we are one step closer to achieving our research goals.

As the study unfolds, I am certain that more challenges will come. However, with the consortium of partner organizations collaborating to form the solid infrastructure of this study, I am also certain that these challenges will be met with a formidable answer. It is a huge and ambitious study with a complex protocol involving seven community-based providers and a scientific team who have extensive experience doing HIV/AIDS work in Asian and Pacific Islander communities (some for nearly 20 years). During that time in August in Philadelphia, while milling about in the reception area of the lab, I did not only see a picture what is to come, but also saw a result of the intricate ways the consortium has worked and will continue to work to realize what it aims to do to improve the lives of people impacted by this epidemic.

LESSONS LEARNED SO FAR

LABORATORY LINKAGES

Since the MATH study involves HIV rapid testing technology, linkages with local, private laboratories are required to process specimen from reactive results (specimen that test positive for HIV antibodies), and to ship these specimens to the UCSF lab to conduct further virological studies. After getting a lab to agree to the collaboration, study partners faced additional challenges to reconcile their individual protocols with that of the MATH study, and to train their staff to serve MATH participants. It took several months, hundreds of email exchanges and phone calls and lots of patience, but the hard work has finally paid off. Currently, 6 of the 7 community based partner sites have developed local lab linkages and are moving to complete pilot testing. The team also learned an important lesson about building in at least 6 months of time into the study design to allow for the often daunting task of negotiating laboratory infrastructures when developing new working relationships.

LANGUAGE CAPACITY

Often an issue that's complicated by a lack of funding at many CBO's serving Asian & Pacific Islander populations, language capacity can be a hefty quality assurance barrier in setting up a research study (especially one that wants to be inclusive of monolingual immigrant populations). For instance, despite popular misconception, Chinese is not just one oral language. This can pose a challenge when translating specialized terms from English that are medical/scientific, MSM (men who have sex with men) specific or sexual in nature, into written Chinese. Sometimes, there is no known translation at all. Translating the MATH survey into Vietnamese, Japanese and Chinese is a large task and involves multiple steps in quality assurance- from the initial draft of the translation, to back translation (a process where a translated document is translated back to the original language by a different translator to ensure that no meaning has been lost), to its final editing. Finding qualified staff to undertake this rigorous process has often proved challenging for the MATH study.

In addition, the survey must be programmed into an online version using specialized software. As is often the case with such specialized tasks, only one person has this set of programming skills on the MATH scientific team, and by the time this article hits the press they will have moved on. ***Important lesson*** - identifying back up personnel with these specialized skills.

NEXT STEPS

Although the study will use the data collected during the pilot testing, official data collection is slated to begin in September. With the transition of key staff programming the survey in the translated formats, thus making it necessary to put the non-English language pilot testing on hold, MATH will implement a staggered data collection process starting with the English version and continuing with the translated versions once they are ready. Considerations are being made by the scientific team so the study is not biased towards English speakers. The number of English-proficient participants is limited at each site until the translated versions become available.

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Announcements from APIAHF

Join Our Family!

HIV Program Coordinator II

Under the supervision of the HIV Program Manager, will work as a part of the overall HIV Program team, performing duties which include: conducting organizational needs assessments, facilitating the development and implementation of action plans with community based organizations (CBOs) in order to improve their organizational infrastructure, coordinating national trainings with CBO leadership and key community stakeholders, managing technical assistant consultants and contracts, coordinating national objectives and regional objectives in collaboration with partners, and collecting, analyzing and disseminating relevant literature and data.

Domestic Violence Research Project Interviewer

Chiefly responsible for respondent recruitment; interviewing; and data coding, collection and entry as part of a community-based research project on domestic violence in the Filipino, Indian and Pakistani communities of the greater San Francisco Bay Area.

Consultants

We are constantly on the lookout for professionals with expertise in organizational development, executive coaching, strategic planning and fund development.

If you are interested in any of these opportunities or for a full job description, please send an e-mail to spadua@apiahf.org.