



Impact of HIV & AIDS on Asian American, Native Hawaiian & Pacific Islander Communities

Increasing Needs & Continuing Challenges

Alarming HIV/AIDS Indicators

Asian Americans, Native Hawaiians & Pacific Islanders (AANHPI) in the United States account for approximately 1% of total HIV/AIDS cases, but there are alarming indicators of rapid increase. From 2001 to 2004, AANHPIs were the only racial group with a statistically significant percentage increase in annual HIV/AIDS diagnosis rates.¹ In a recent CDC MMWR (June 27, 2008), from 2001 to 2006, the largest proportionate increase in HIV/AIDS diagnosis rates (255.6% [EAPC = 30.8]) was among Asian/Pacific Islander MSM aged 13-24 years.² By the end of 2001, the HIV infection rate through heterosexual transmission among AANHPI women was 42%, the highest level among women of all racial groups.³ This is evidence that the HIV/AIDS epidemic among Asian American, Native Hawaiian & Pacific Islander communities demands immediate national attention and requires increased funds and resources.

Significant Population Increase

Asian Americans, Native Hawaiians and Pacific Islanders are an extremely diverse group of people, originating from fifty different countries, representing over 100 languages and a population of nearly 13 million in the United States. The Asian American population alone in the U.S. grew 72% between 1990 and 2000. According to the Census Bureau, such exponential growth rates are expected to continue with estimated growth since 2000 of Asian Americans increasing by an additional 9%, the highest growth rate of any race group.⁴ It has also been projected that by the year 2050, the number of U.S. residents who will identify as Asian American alone will be 37.6 million or 9.3% of the total population.⁵

Contributing Socioeconomic Factors

One of the greatest challenges faced by this popula-

tion, revealed by Census 2000, is that 73% of Asian Americans spoke a language other than English in their homes. This represents a rate that is four times higher than the national average (18%). In seven Asian American ethnic subgroups, over 90% spoke a non-English language at home contributing to the numerous cultural and linguistic barriers in accessing medical, mental health, and support services. In addition, over two million AANHPIs do not have health care coverage with 17.7% of all Asian Americans and 21.8% of Native Hawaiians and Pacific Islanders being uninsured, compared to 11.2% of non-Hispanic Whites.⁴

HIV/AIDS services for Asian Americans, Native Hawaiians and Pacific Islanders have been built gradually over the years and require expansion in order to stem the recent increases seen in our communities.

The 2008 U.S. Presidential Campaign Platforms must recognize the need to increase essential funds and resources to address the growing health needs of Asian Americans, Native Hawaiians and Pacific Islanders.

Policy/Advocacy Priorities

The following policy and advocacy priorities are summarized from three community generated documents which have been endorsed collectively by the AANHPI community to identify key HIV/AIDS and health concerns:

1. Multiple authors (November 17, 2007). A&PI Community Sign-On Letter to CDC.
2. APIAHF (2007). Breaking Through the Silence: Key Issues and Recommendations to Address HIV/AIDS in the Asian American, Native Hawaiian, and Pacific Islander Communities. San Francisco, CA: Asian & Pacific Islander American Health Forum, 2007.
3. NCAPA (2008). Call to Action: Platform for Asian American and Pacific Islander National Policy Priorities. Washington, DC: National Council of Asian Pacific Americans.



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The next President must provide executive leadership to Congress, Federal agencies, state/local health departments, and community planning groups by seriously considering and publicly responding to these recommendations in order to address the increasing HIV prevention and care needs of Asian American, Native Hawaiian, and Pacific Islander communities.

Data Collection and Reporting ^{6,7}

It is crucial to hold federal agencies accountable to accurately collect, report and disseminate HIV/AIDS disaggregated data on populations outlined by the OMB standards. This lack of accurate surveillance and epidemiological information continues to hamper policy development, funding, program development and research in Asian American, Native Hawaiian and Pacific Islander populations.

The next President must work with Federal agencies (particularly CDC, HRSA, SAMHSA, NIH) as well as state/local health departments to:

- Discontinue use of the “Other” category when reporting data by race/ethnicity.
- Collect and report surveillance data for HIV/AIDS and other diseases by Asian race and by Native Hawaiian and Pacific Islander race.
- Collect and report surveillance data for HIV/AIDS and other diseases disaggregated by Asian and Pacific Islander ethnic subgroups.

Expanded Research ^{6,7,8}

While many organizations have developed home-grown interventions, there are currently no interventions developed specifically for Asian American, Native Hawaiian and Pacific Islander populations endorsed by CDC and included in its list of Diffusion of Evidenced Based Interventions. Previous research consultations with other communities of color have helped to launch a more informed and strategic direction in synergizing research, partnerships, program, and mobilization efforts.

The next President must encourage Federal agencies (particularly CDC, HRSA, SAMHSA, NIH) as well as state/local health departments to:

- Include the Asian, Native Hawaiian and Pacific Islander communities in coordinated efforts to develop and evaluate culturally competent and evidence-based HIV interventions.
- Fund further health research to understand how discrimination related to sexual orientation, as well

as gender identity and expression, adversely affect health-related behaviors among Asian Americans, Native Hawaiians, and Pacific Islanders.

Increased Prioritization and Funding ^{7,8}

Given significant population growth and recent HIV/AIDS surveillance data indicating significant increases, there is a need for federal agencies as well as state and local health departments to increase prioritization and funding for programs that specifically target Asian American, Native Hawaiian, and Pacific Islander communities.

It important that the next President and Congress:

- Increase appropriations for and reauthorize the Ryan White HIV/AIDS Treatment and Modernization Act of 2006 expiring in 2009 with increased funding for the Minority AIDS Initiative.
- Increase funding to the Centers for Disease Control and Prevention for core HIV prevention services.

Additionally, the next President must work with Federal agencies as well as state/local health departments to:

- Increase prioritization of Asian American, Native Hawaiian, and Pacific Islander communities, especially in jurisdictions where data indicates established or emerging communities at risk for HIV infection.
- Increase access to resources and capacity building assistance for health departments and community based organizations to address the HIV prevention and care needs of Asian American, Native Hawaiian, and Pacific Islander communities.

Strengthening community and government partnership in the Pacific Island Jurisdictions ⁶

Over the past 7 years, the Pacific Island AIDS Action Group (PIJAAG) consisting of Health Departments/Health Ministries, community based organizations and people living with HIV/AIDS from American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands and the Republic of Palau have worked in collaboration with CDC and CDC-funded capacity building assistance providers to build HIV prevention infrastructure, culturally competent programming, and planning models.

The next President should encourage Federal agencies to:



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- Significantly increase resources (e.g. technical assistance, research, funding) in order to support and leverage continuing efforts in the six US affiliated Pacific Island jurisdictions.

Integration Across HIV, STD, Viral Hepatitis, and TB ⁶

Asians, Native Hawaiians and Pacific Islanders have the highest chronic Hepatitis B infection rates and tuberculosis case rates among all racial groups.^{9,10} A concerted effort to understand the correlation and impact on HIV/AIDS is vital. Several organizations have an established history of integrating HIV prevention and care efforts with other disease prevention and care efforts.

The next President should encourage Federal agencies to:

- Offer increased leadership and guidance on innovative approaches to integrate prevention and care efforts across these disease areas.
- Research, pilot, and evaluate model integrated programs.

Health Department and CPG Awareness ⁷

Given significant population growth and recent HIV/AIDS surveillance data indicating significant increases, there is a need for health departments and community planning groups to enhance their awareness of Asian American, Native Hawaiian, and Pacific Islander communities.

State and local health departments as well as community planning groups must:

- Develop a better understanding of HIV prevention and care needs.
- Identify cultural barriers, language barriers, and stigma that impede community access to HIV prevention and care services.
- Collaborate with community planning group members, community based organizations, and other community gatekeepers to conduct surveys, focus groups, and/or key informant interviews to assess Asian American, Native Hawaiian, and Pacific Islander HIV prevention needs.

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