Introduction

The Asian American population grew 43 percent between 2000 and 2010, more than four times as fast as the total U.S. population, and Asian Americans have recently surpassed Latinos for numbers of new American immigrants.1,2 Despite this considerable growth, the overall number of HIV infections among Asian Americans has remained stable (about 2 percent of all infections), and the rate of new infections has actually decreased, falling from 10.4 per 100,000 people in 2007 to 8.4 per 100,000 people by 2010.1

Nevertheless, when it comes to HIV and hepatitis, many Asian American communities continue to face significant challenges. It is particularly crucial for HIV test counselors in California to understand these challenges: Although Asian and Pacific Islander individuals make up only 5 percent of the U.S. population, in California, they represent 16 percent;3 and California has been home to more API people living with HIV than any other state.4 This issue of Perspectives will examine these challenges: HIV- and hepatitis-related health disparities within Asian American communities and between Asian Americans and non-Asian Americans; and barriers to testing and treatment for Asian Americans, including stigma, which contributes to low testing rates. We will consider how national and community efforts are being mobilized to respond to these challenges, and conclude by sharing ways that HIV/HCV test counselors can support the health of Asian American testing clients.

Who Are Asian Americans?

According to the U.S. Census Bureau, Asian Americans are people who have ancestors among the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.1 Because of this geographic variety, Asian Americans are incredibly diverse: their communities include at least 49 ethnic groups who speak more than 100 languages.6

Sometimes the term “API” or “AAPI” is used to refer jointly to “Asian Americans and Pacific Islanders” as well as native Hawaiians. Pacific Islanders are people with roots in Polynesia, Melanesia, and Micronesia, part of a territory known as “Oceania.” While these communities are often grouped together, Americans of Pacific Islander descent have a different relationship to HIV (see sidebar on Page 4). However, since many studies have traditionally lumped API peoples together, data are often reported that way. Ignorance of diversity between various API communities
can have an impact on understanding their health. That is why the National Alliance of State and Territorial AIDS Directors (NASTAD) has urged health departments to consistently collect and report data in a “disaggregated” way (broken down into racial and ethnic subgroups). In addition, there is a concern that HIV cases among Asian Americans may be underestimated because people with Filipino last names (such as Santos, Reyes, or Cruz) may be misclassified as Latino.1,12

Asian American Health Disparities
Hepatitis B, Hepatitis C, and Liver Health. Acute hepatitis B is a mild illness that can last weeks or months, while chronic hepatitis B is a serious liver disease. Asian Americans, who make up only 5 percent of the U.S., make up 50 percent of Americans living with hepatitis B (HBV). Because hepatitis B-related liver cancer is highest among APIs, and is a leading cause of death for this population, the Centers for Disease Control and Prevention (CDC) has declared that chronic hepatitis B is one of the most serious health disparities in the United States.7 HBV is spread through blood-to-blood contact; from mother to child; through unprotected sex; and to children by adults with whom they have close contact (for example, living in the same home). Men who have sex with men (MSM) are at heightened risk for hepatitis B, making Asian MSM doubly threatened by this disease.8 Asian Americans have the greatest prevalence of HBV-related liver cancer.7 Many Asian Americans who are living with HBV are either immigrants who were exposed in their home countries, where HBV is often endemic, or are the children of immigrants, who may have been exposed by way of mother-to-child transmission or as children through contact with family members with HBV. Children under 5 years old are less able to fight off HBV infection, and are more likely to become chronically infected.9 In fact, nearly 70 percent of APIs living in the United States were themselves born, or have parents who were born, in countries where hepatitis B is common.

Although there is an effective HBV vaccine, it protects only people who have never had HBV. Because so many Asian Americans are already living with HBV, the more pressing issue is usually screening and treatment. The Asian American communities, hepatitis advocates, and the CDC are all waging campaigns to improve awareness of the threat of HBV to liver health for Asian Americans (see Figure 1).

In contrast to HBV, Asian Americans do not have higher rates of hepatitis C (HCV) than other ethnic and racial groups.10 Globally, though, the majority of people with chronic hepatitis C infection are of Asian descent.11 Maintaining liver health is especially crucial to people living with HIV, since almost all medications are processed through the liver. One 2014 Stanford University study suggests that since the prevalence of HCV in Asian American subpopulations tends to mirror that of the country from which they or their ancestors came, providers should test people whose families came from countries where the rate of HCV is higher than 2 percent.9 These researchers also note that, as a group, people of Asian descent are more likely to respond successfully to anti-HCV treatment than people of other races and ethnicities, making screening even more valuable for Asian Americans.11

HIV. Although Asian Americans overall have a lower rate of HIV than many other racial and ethnic groups, large discrepancies in prevalence between Asian American subgroups exist. As is the case with other racial and ethnic groups, men who have sex with men (MSM) are disproportionately affected. As Figure 2 shows, men accounted for approximately 84 percent of new HIV
cases in 2011, women less than 16 percent. Of the men who were newly diagnosed with HIV, 89 percent were MSM, and 92 percent of women were also infected through sex with men. Among both men and women, injection drug users accounted for 6 percent to 7 percent of newly diagnosed people. Few studies on the impact of HIV on API transgender women exist, and until recently the CDC classified transgender women as “men who have sex with men.” However, one 2005 San Francisco study of 110 API transgender women revealed a 13 percent HIV-positivity rate.

**Barriers to Wellness, Screening, and Treatment**

More than a third of the Asian American people who are diagnosed with HIV go on to develop AIDS “within a relatively short time,” according to the CDC. This suggests that these Americans are not receiving sufficient care and treatment to prevent disease progression. There are many societal and cultural factors that may be contributing to both the chances of contracting HIV and to its inadequate treatment, including the facts that Asian Americans are less likely to test, are the target of fewer dedicated prevention interventions and less culturally competent services, and may find that cultural norms can work against HIV prevention:

*Less Likely to Test.* Asian Americans are less likely to be tested for HIV than other racial groups. According to the most recent National Health Interview Survey, only 30 percent of Asian American adults have ever been tested, as compared with 33 percent of White Americans, 33 percent of Hispanic Americans, and 53 percent of Black Americans.

In a 2005 study of 495 young API men who have sex with men in San Francisco, researchers discovered that more than half of those testing positive were unaware of their infection. Some research suggests that young Asian American MSM may be less likely to test because they do not believe HIV infection will happen to them. This perception may be reinforced by health care providers who do not see Asian Americans as “at risk” for HIV, and thus may not suggest testing to their Asian patients. The CDC suggests that a lack of data on Asian Americans and HIV may also contribute to a lack of concern about their risk for HIV. Further, sexual orientation and acculturation each play a role in who gets tested: A 2013 study of 273 Chinese, Filipino, and Vietnamese MSM and heterosexual men in the San Francisco Bay Area found that those who identified as heterosexual were less likely to test than those who identified as gay or bisexual. In addition, the study found that those who had been in the United States for more than five years were less likely to test than those who had been in the United States for less than a year.

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Pacific Islanders

There are approximately 1.4 million American Pacific Islanders: people descended from the original peoples of Hawaii, Guam, Samoa, and other Pacific Islands. Although they are often grouped together with Asian Americans (as in the term “API”), these individuals belong to distinct communities, with their own concerns about HIV.

In 2011, the rate of HIV among American Pacific Islanders was twice that of White Americans, for both men and women. This represents the third highest rate by race and ethnicity, after Black and Hispanic Americans. Further, the problem of late diagnosis is pronounced: Almost half (45 percent) of American Pacific Islanders received an AIDS diagnosis within one year after an HIV diagnosis. This is higher than Native Americans (38 percent), Latinos (36 percent), Asian Americans (35 percent), White Americans (32 percent), and Black Americans (31 percent).

Poverty hits many in these communities especially hard. Although the percentage of Asian Americans living in poverty (12.6 percent) is close to that of the general U.S. population (13.2), the figures are much higher for some Asian American subgroups and for many Pacific Islander groups—22 percent for Polynesians, 20.8 percent for Native Hawaiians, and 21.7 percent for Samoans. Pacific Islanders over the age of 25 are also only about half as likely (14 percent) to have a bachelor’s degree as the general U.S. population (27 percent), and only a quarter as likely as Asian Americans (49 percent).

Like Asian Americans, Pacific Islanders are understudied, and few prevention interventions are targeted toward them. The CDC notes that the socioeconomic factors discussed above likely contribute toward the higher rates of HIV seen in these communities. The CDC also notes that although approximately 16 percent of all Americans living with HIV are unaware of their diagnosis, 27 percent of Native Hawaiians and other Pacific Islanders are.

As is true in other racial and ethnic groups, gay and bisexual men are disproportionately at risk for HIV: approximately 87 percent of infections among men were among men who had sex with men. Among women, approximately 80 percent were infected through sexual contact with men. As in many cultures, open discussions of sexuality—and especially homosexuality—are often shunned. This can lead to stigma aimed specifically at gay and bisexual people, and people living with HIV, which makes prevention more difficult.

Francisco Bay Area found that MSM were significantly more likely to have tested for HIV than their heterosexual counterparts, as were men who spoke English at home, compared with men who did not.

Few Culturally Specific Prevention Interventions. The lack of research data about Asian people and HIV infection has also meant that there are very few targeted prevention programs, behavioral interventions, or media campaigns that target Asian Americans. This is particularly concerning because some San Francisco studies of Asian MSM and a review of the literature from 1980 to 2009 indicate that Asian American MSM engage in no less unprotected anal sex or substance use, have no fewer partners, and were no more likely to know their HIV status than other racial or ethnic groups.

When Asian Americans do not see themselves represented in HIV prevention campaigns, they may be more likely to conclude that HIV is less personally relevant to them.

Societal Factors and Lack of Culturally Competent Services. A variety of factors, both between Asian Americans and the larger society of the United States, and within Asian American communities themselves, may deter Asian Americans from HIV testing and care, and increase their risk for becoming infected with HIV. Concerns about racism, homophobia, and discrimination can be a deterrent to care. For immigrants especially, poverty, language barriers, and other survival concerns are barriers to care.

The vast language diversity of API communities can make it difficult for service providers to offer services in the appropriate language.
Sexual racism. Racism within the gay male community takes a variety of forms (for example, the not-so-subtle “No Asians” written in personal ads online). Research suggests that racism within the gay male community may have a particularly negative psychological effect on API men who have sex with men, and that it is especially associated with anxiety among this population. Further, Asian men are frequently stereotyped as feminine, passive, or undersexualized, while other men of color including Black and Latino men are stereotyped as masculine, aggressive, and hypersexual. These characterizations can lead to devaluing API men who have sex with men as sexual partners. When this kind of objectification leads to stress, and makes it harder for gay and bisexual API men to find and negotiate with sexual partners outside of a stereotyped role, it may lead to increased chances of unsafe behavior.

Cultural factors. Traditional gender roles in Asian culture, as in most others, include a dominant role for men over women. The CDC has suggested that this may “empower men and deprive women of sexual negotiating power,” which may “affect the rate of heterosexual HIV transmission to Asian women.”

Some Asian Americans may avoid HIV testing, care, and treatment because they fear bringing shame or disgrace to their families (“losing face”). Illness, homosexuality, and drug use are stigmatized in some Asian American communities. Attempts to “save face” can lead people living with HIV to “try to appear competent and without needs.” Although this stigma also exists in the larger U.S. culture, it may affect Asian Americans differently, because the family and community are such a crucial source of identity and support in Asian communities, as compared with the more individualistic nature of American culture at large.

The Banyan Tree Project of the Asian & Pacific Islander Wellness Center in San Francisco emphasizes the crucial role that stigma plays in putting Asian Americans at risk. Stigma isolates individuals from community support, which can lead to depression, as well as unsafe coping behaviors such as unprotected sex and substance abuse. Stigma-related social rejection and a negative sense of self-worth are also related to psychological distress among HIV-positive Asian Americans, and this is likely associated with delays in accessing HIV-related care. Finally, stigma also complicates the process of trying to provide culturally competent HIV and hepatitis care services: many individuals fear that their HIV diagnosis will become known in their tight-knit community, and thus not only avoid providers of the same ethnicity, but may also avoid local providers.

What’s Being Done?
Some key social marketing campaigns are taking aim at the problems of HIV-related invisibility and stigma, and other health disparities as they affect Asian American communities. Two notable efforts are National Asian and Pacific Islander HIV/AIDS Awareness Day, and a series of photonovels on the importance of hepatitis B screening.

National Asian and Pacific Islander HIV/AIDS Awareness Day. Since 2005, May 19 has been a day to raise
being culturally appropriate for the intended audiences, the photonovels are available in Chinese, Vietnamese, and Korean versions, which makes them more accessible to many of the approximately 47 percent of foreign-born Asian Americans who are not fluent in English (see Figure 3).

What Counselors Can Do
HIV and hepatitis C test counselors who understand the diversity of API communities have unique opportunities to engage Asian and Pacific Islander Americans in culturally sensitive health care services:

Break the Silence (Carefully). Counselors can discuss stigmatized topics such as homosexuality, substance use, hepatitis, and HIV. At the same time, it is important to understand that not every client will feel comfortable raising these issues (or even their discomfort) directly. With some API clients, you may need to notice significant silences and ask more questions to get to the heart of the matter, since many API cultures tend to value a more indirect style of communication. Understand that many individuals do not grow up with the cultural value that their own needs are paramount, and that this may influence how they think about sexual negotiation, risk reduction, and health care access. Create a safe space to help clients build risk-reduction and care-seeking strategies that are consonant with their own values. Using your client-centered counseling skills, such as “third-personing” (“Many people tell me that…”) “normalizing” (“These are difficult things to talk about.”), and “affirming” (It sounds like it took a lot of courage for you to come here today.”) can help create that safe environment.

Know Your Communities. Stay up-to-date on culturally appropriate services, and offer language-appropriate materials and counseling services for the communities you serve.

Explore Obstacles to Risk Reduction. By questioning and listening to the client, we can learn whether these include stigma, sexual racism, and other factors.

Emphasize the Client’s Successes. Use your client-centered counseling tools (particularly summarizing and reframing) to help clients create a narrative of empowerment around their past behavior change successes. Reflecting on these successes encourages people to enhance and develop their skills.

Help Retain People in Care. When clients have a good experience with a health care provider such as an HIV test counselor, they are more likely to want to continue receiving care. Listen for and ask about any barriers that could prevent accessing care services, particularly for clients who test HIV-positive, HCV-reactive, or who have another STD.

Talk About Protecting Liver Health. Since many sites offer testing not only for HIV, but also for hepatitis C, we have the opportunity to help raise awareness about maintaining liver health, which is especially important in Asian and Pacific Islander communities because of high rates of hepatitis B.

Conclusion
Asian and Pacific Islander communities face important barriers to HIV testing, diagnosis, and treatment. Stigma, especially, plays a leading role in isolating API Americans who are living with and at risk for HIV. HIV test counselors can help counter the isolation, fear, and shame.
References


Test Yourself

Review Questions

1. Which of the following statements is true of the Asian American population? a) The rate of new HIV infections has greatly increased; b) They have the highest rate of hepatitis B-related liver cancer; c) They have more than double the rate of Whites for hepatitis C; d) Asian Americans are more likely to be tested for HIV than other racial groups.

2. How is hepatitis B spread? a) Through blood-to-blood contact; b) from mother to child; c) to children by adults with whom they have close contact; d) through unprotected sex; e) all of the above.

3. Within the gay male community in the United States, Asian men are frequently stereotyped as: a) masculine b) hypersexual c) passive d) unfaithful e) aggressive.

4. Findings from the 2014 Stanford University study about the prevalence of hepatitis C in Asian American subpopulations suggested that providers should suggest HCV testing to: a) people between the ages of 13 and 65 years of age; b) people whose families came from countries where the rate of HCV is greater than 2 percent; c) people living with hepatitis B; d) people who consume more than four alcoholic drinks daily.

5. The lack of research data about Asian Americans and HIV infection means that: a) they are not at any risk for HIV; b) Asian American MSM engage in less unprotected anal sex and substance use than MSM of other races and ethnicities; c) there are very few targeted HIV prevention programs and behavioral interventions for Asian Americans; d) there are no health disparities between Asian Americans and other ethnicities.

6. What population has the highest rate of “late diagnosis,” which means receiving an AIDS diagnosis within one year of an HIV diagnosis? a) Native Americans b) Asian Americans c) Black Americans d) American Pacific Islanders e) Latinos.

7. True or False: American Pacific Islanders’ rate of HIV infection was about the same as for White Americans in 2011.

Discussion Questions

1. What proportion of the clients your site serves are Asian American or Pacific Islander? What steps has your agency taken to create an environment where clients will feel comfortable discussing their health and possible exposure to HIV?

2. What resources or programs targeting API communities are available in your agency or local area?

3. What assumptions or beliefs about the API individuals might be a barrier to successful test counseling?

Answers

1. b
2. c
3. c
4. b
5. c
6. d
7. False. American Pacific Islanders’ rate of HIV infection was approximately twice that of White Americans in 2011.