

## POPULATION FACT SHEET: AUGUST 2010

### ASIAN/PACIFIC ISLANDERS

The term "Asian/Pacific Islander" (A/PI) is used to refer to a heterogeneous collection of approximately 50 ethnic subgroups representing more than 100 languages.<sup>1</sup> This group is defined as people having origins in the Far East, Southeast Asia, or Indian subcontinent. A/PI populations are concentrated in several parts of the country, particularly California, New York, Hawaii, Texas, New Jersey, and Illinois.<sup>2</sup>

#### SURVEILLANCE

The Centers for Disease Control and Prevention (CDC) now divides A/PIs into two categories: (1) Asian and (2) Native Hawaiian or Other Pacific Islander (NH/PI).\*

Advocates remain concerned about the misclassification of data and undercounting of AIDS cases in the A/PI community. Such issues, along with small sample size, may hinder the development of an accurate understanding of the needs of the A/PI population.

- In 2008,\*\* there were an estimated 527 new AIDS diagnoses among Asians and an estimated 55 new AIDS diagnoses among NH/PI.<sup>3</sup>
- Since the onset of the HIV epidemic, an estimated 8,315 Asians and 840 NH/PIs in the United States have been diagnosed with AIDS.<sup>4</sup>

#### Men

- For Asian men diagnosed with AIDS at the end of 2008, male-to-male sexual contact was the HIV transmission category in an estimated 83 percent of cases and an estimated 71 percent of cases among NH/PI men.<sup>3</sup>

\* For the purposes of this fact sheet, use of the terms "A/PI," "Asian," and "NH/PI" follows their use in the data source.

\*\* The most recent year for which data are available.

- Heterosexual contact was the transmission category for an estimated 11 percent of Asian men and 10 percent of NH/PI diagnosed with AIDS at the end of 2008, compared with just 6 percent of White men.<sup>3</sup>

#### Women

- Of estimated AIDS diagnoses among women in 2008, Asians were more likely to be infected through heterosexual contact (80 percent) than were women of other races. Among NH/PI women, heterosexual contact was the transmission category for 71 percent of cases.<sup>3</sup>
- In 2008, injection drug use (IDU) was the transmission category in an estimated 10 percent of AIDS diagnoses among Asian women and 14 percent of AIDS cases among NH/PI women.<sup>3</sup>

#### Critical Issues

In 2008, approximately two-thirds of A/PIs in the United States were born outside of the country.<sup>1</sup> And according to the U.S. Census Bureau about 63 percent of Asians age 5 and older spoke only English at home or spoke English very well, compared with about 98 percent of non-Hispanic Whites of the same age.<sup>5</sup>

Language and cultural barriers, including the lack of trained bilingual health care providers and translation and interpretation services, may result in underuse of health care resources and impede communication with health care providers.<sup>6,7</sup> In addition, Asian immigrants often have relatively low levels of HIV/AIDS education and HIV-related behaviors are particularly stigmatized within this group creating further barriers to testing and care.<sup>8,9</sup>

Compounding these challenges, about 20 percent of non-elderly A/PIs lack health insurance.<sup>10</sup> The median family income



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of Asian-American families, however, was higher than the median income for all households, but a greater proportion of Asians than non-Hispanic Whites lived at the Federal Poverty Level (10 percent vs. 8 percent).<sup>2</sup> Certain A/PI subgroups had particularly high poverty rates, including people of Hmong, Cambodian, or Malaysian origin.<sup>10</sup>

A/PIs have higher rates of tuberculosis, hepatitis B, and stomach and liver cancers than do Whites; such diseases complicate HIV/AIDS care.<sup>2</sup> Although A/PIs as a group have a lower rate of HIV/AIDS than do other groups, evidence suggests rising levels of risk behaviors among certain subgroups and in certain regions. For example, in San Francisco an HIV epidemic may be emerging among young A/PI men who have sex with men.<sup>11</sup>

### THE RESPONSE OF THE HIV/AIDS BUREAU

As part of an ongoing effort to seek input from diverse communities, the HIV/AIDS Bureau (HAB) convened four 1-day meetings with representatives of several racial and ethnic minority groups. Meetings included discussions specifically on increasing access to care among the A/PI population (see [www.careacttarget.org/library/AsianPacificIslanderReport.pdf](http://www.careacttarget.org/library/AsianPacificIslanderReport.pdf).)

The *Clinician's Guide to Working With Asians and Pacific Islanders Living With HIV*, produced through a HRSA grant, may also help providers working with A/PI populations (see [www.apiwellness.org/pdf/clinicianguide.pdf](http://www.apiwellness.org/pdf/clinicianguide.pdf)).

Most Ryan White services target minorities living with HIV/AIDS. Additional HRSA efforts—under the Minority AIDS Initiative and other programs—seek to increase access to quality care for minorities. For example, several HRSA initiatives are expanding HIV/AIDS care in underserved communities by training minority clinicians and building minority agency capacity to deliver HIV/AIDS care. For more information, see “clinical care” at [www.careacttarget.org](http://www.careacttarget.org).

HAB supports many other activities that address the epidemic among minorities, including a Special Projects of National Significance program initiative on outreach, care, and prevention to engage HIV seropositive young men of color who have sex with men; collaboration with community organizations such as the National Minority AIDS Council; and publication of findings on the search for more effective means of reaching underserved populations.

### NOTES

- <sup>1</sup> President's Advisory Commission on Asian Americans and Pacific Islanders. *Enhancing the economic potential of Asian and Pacific Islanders (AAPL)*. Washington, DC: The White House; 2007.
- <sup>2</sup> U.S. Department of Health and Human Services, Office of Minority Health. *Asian American/Pacific Islander profile*. n.d. Available at: <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=53>. Accessed April 21, 2010.
- <sup>3</sup> Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report, 2008*. 2010;20. Table 4b.
- <sup>4</sup> CDC. *HIV Surveillance Report, 2008*. 2010;20. Table 2b.
- <sup>5</sup> U.S. Census Bureau. *The American community, Asians 2004: American community survey reports*. 2007. Available at: [www.census.gov/prod/2007pubs/acs-05.pdf](http://www.census.gov/prod/2007pubs/acs-05.pdf). Accessed April 24, 2010.
- <sup>6</sup> Kang SY, Howard D, Kim J, et al. English language proficiency and lifetime mental health service utilization in a national representative sample of Asian Americans in the USA. *J Pub Health*. 2010. [Epub ahead of print.]
- <sup>7</sup> Flores G. Language barriers to health care in the United States. *NEJM*. 2006; 355(3): 229-31.
- <sup>8</sup> Asian & Pacific Islander Coalition on HIV/AIDS. *National AIDS strategy: Recommendations from the Asian & Pacific Islander Coalition on HIV/AIDS*. 2010.
- <sup>9</sup> Kang E, Rapkin BD, Springer C, et al. The “demon plague” and access to care among Asian undocumented immigrants living with HIV disease in New York City. *J Immigr Health*. 2003; 5(2): 49-58.
- <sup>10</sup> White House Executive Order: *Increasing participation of Asian Americans and Pacific Islanders in Federal programs*. October 19, 2010. Available at: [www.whitehouse.gov/the-press-office/2010/10/19/EO-13526](http://www.whitehouse.gov/the-press-office/2010/10/19/EO-13526). Accessed April 25, 2010.
- <sup>11</sup> CDC. *HIV/AIDS among Asians and Pacific Islanders*. Fact sheet. 2008. Available at: [www.cdc.gov/hiv/resources/factsheets/PDF/API.pdf](http://www.cdc.gov/hiv/resources/factsheets/PDF/API.pdf). Accessed April 21, 2010.

This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.