

Asian & Pacific Islander Americans

Fact Sheet

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NMAETC

Cultural History & Beliefs

Diverse is the key descriptor used in discussing members of the Asian American population because of the varied countries of origin, dialects, mores and socio-economic status that are specific to each. While many have received some of the finest educational training in the world, data show that they still are subjected to the same kinds of discrimination to which other minorities are subjected. Most embrace the hard work ethic and place particular value on family, elders, privacy and respect. Individuals diagnosed with HIV/AIDS are less likely to share the information with the families and communities into which they were born because of the behaviors associated with its transmission.

State of HIV/AIDS

The U.S. Centers for Disease Control and Prevention (CDC) estimates that today more than 1 million Americans are infected with HIV, with approximately 300,000 persons (30%) not knowing that they are positive. More importantly, while Asian Pacific Islanders are heavily populated in 10 states, only 4 of those states report HIV/AIDS prevalence data to the CDC, resulting in a serious underreporting among the population. Of the data reported, 5,546 APIs had been diagnosed with AIDS in 2000, and an additional 506 had been diagnosed as HIV positive. While over half a million have died of AIDS in the U.S., Asian Americans have accounted for only 1%. Among API adults and adolescents reported with AIDS through June 2000, 82% were men and 12% were female. Men having sex with men accounted for 72% of the APIs who were diagnosed with AIDS through 2000. Heterosexual contact accounted for 49% of the API women with AIDS.

Patient Barriers to Care

While the percentage of persons of Asian descent who have been diagnosed with AIDS in the United States represents only 1% of the total number, good public health practice dictates that we take steps to keep it so. Providing quality care to persons with such varied back-

grounds and cultural beliefs is challenging because of issues relevant to privacy and honor. Asian Americans seldom seek health care or other services outside of their networks. If few systems are in place in their networks and they do not feel free to access them when they are available, then they are left to seek services that are discreet and culturally appropriate elsewhere. Key issues impacting the effectiveness of these alternatives include:

- Economic hardship;
- Citizenship status;
- Distrust of American health care system;
- Language difficulty;
- Availability of health services in their communities;
- Cultural avoidance of discussing issues related to sexual behavior, alcohol or drug use; and
- Stigmatization associated with disease.

The sensitivity of health care professionals extends beyond minimally meeting cultural or language needs, particularly with the Asian American population. Providers must create environments where all parties feel respected so that learning can occur. The cultural context, knowledge, beliefs, and attitudes of the communities vary significantly based on country of origin. Health care professionals who work with community members and groups in identifying needs are assured of having culturally relevant processes in place. Similarly, communities need to learn how their collaboration with health care professionals will improve access to and the quality of care. HIV/AIDS treatment protocols are stringent and must be understood from each culture's perspective. Health care professionals who will be effective in providing culturally sensitive care for Asian American patients with HIV/AIDS will have: (a) a good knowledge and understanding of their own world views, (b) an understanding of the culture of the particular group and subgroups they are working with, (c) the knowledge of sociopolitical influences, (d) a respect for spirituality and its role in patients' health decision-making, and (e) the distinct intervention techniques and strategies needed when addressing behaviors associated with HIV transmission.

**NMAETC Recommendations for
Clinical Delivery**

- Recognize that many patients who present in your office may come from a culture that is suspicious of the American health care system.
 - Make sure your providers and staff treat each individual who calls or visits your office with dignity and respect.
- Reflect the populations you serve in the materials displayed in your office.
- Use easy to understand language when discussing health concepts and have translator services available reflecting as many of the API dialects as possible.
 - Understand the role of family in patient decision-making and be open to patients bringing family members to the appointments.
 - Where possible, make child care available.
 - Structure programs to meet all patients' mental, physical, and social service needs.
 - Schedule appointments in times and locations that are suitable for people who work.
 - Be open to making community presentations on HIV/AIDS and other health problems in Asian American communities so that residents can receive better care.

Data Sources: Asian Pacific/Pacific Islanders

1. CDC, Proportion of Reported AIDS Cases and Population, by Race/Ethnicity, 2003– 50 States and D.C.
2. CDC, HIV/AIDS Surveillance Report, 2000; Vol. 12 (No.1)
BESAFE, NMAETC Cultural Competency Model 2004