HIV Prevention and Treatment Amongst Asian-Americans

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HUMBIO 122M

INTRODUCTION

In 2017, Asian-Americans are the fastest-growing racial group in the United States, making up the largest share of recent immigrants[1]. Experiences with migration and acculturation often expose this diverse group to health issues. In particular, the rate of HIV prevalence is growing in the Asian and Pacific-Islander (API) community[2]. According to the Centers for Disease Control and Prevention, among all US racial groups, Asians were the only racial group with statistically significant percentage increases in annual HIV and AIDS diagnosis rates[3].

In particular, API men who have sex with other men (MSM) may exhibit risky behaviors. Young API MSM engage in unprotected sexual intercourse and do not test for HIV as frequently as other racial groups due to perceived lower risk of contraction and cultural stigma[3]. In various Asian cultures, homosexuality and sexual health are often stigmatized and associated with shame in the community[4]. Consequently, API MSM may feel discouraged from discussing their sexual health and seeking STD testing and treatment. Language barriers, lack of cultural humility and inaccessible health care also hinder routine HIV testing.

This brief specifically addresses the rapid growth of HIV prevalence in the API community, the socioeconomic context of Asian-American sexual health, and existing HIV/AIDS prevention programs abroad and in the U.S. Culturally and linguistically appropriate HIV testing services should be explored both on national and community levels. Existing federal programs should also be reevaluated and improved to provide greater health care accessibility.

BACKGROUND

Current statistics

HIV prevalence is a growing concern within the API community. In 2013, over 16,000 Asians in the U.S. lived with HIV, of which 22% were undiagnosed[5]. API women were reported to have the largest increase in HIV prevalence, even after accounting for an increase in STD diagnoses. Reported in a cross-sectional study that measured HIV testing rates for 908 API men in Seattle and San Diego, only 14% of surveyed young API MSM followed routine STD testing[6]. Similarly alerting, in a different cross-sectional study on HIV prevalence amongst 498 API men in San Francisco, 25% of the infected population were unaware of their STD status[12]. In order to address the lack of routine STD testing, both studies emphasize the need to address social barriers, issues of acculturation, and community engagement.

Causes of the issue

Sociocultural factors influence risky behavior. As stated in a literature review on sexual health for API MSM, "unsafe behaviors are rarely the direct product of merely a deficit of knowledge, motivation, or skill, but instead have layered meanings within a given, complex personal and social-cultural context"[5]. In example, API MSM may develop a self-identity in a social-cultural environment marked by triple oppression of racism, homophobia, and immigrant status. Therefore, first-generation API MSM may be discouraged from discussing and addressing their sexual health

because of cultural stigma. In several Chinese-American communities, sexual education is underemphasized since STDs are related to four taboo subjects: sex, homosexuality, disease, and death[5]. In these communities, condoms are also associated with promiscuity and are therefore, used less frequently for fear of being perceived as salacious[5]. Consequently, API MSM choose to maintain social harmony and avoid interpersonal conflict by being silent and less involved about their sexual health.

Other reported hindrances of seeking HIV testing include language barriers, degrees of acculturation, fear of needles, and lack of cultural representation. API men who lived longer in the U.S. were less likely to engage in unprotected anal intercourse, suggesting that high acculturation levels and exposure to mainstream gay community are encouraging factors for safe condom usage[5]. The Morbidity and Mortality Weekly Report (MMWR) explored the growing HIV rate in API communities, and interviewed participants reported feeling uncomfortable discussing their sexual behavior with racially discordant healthcare professionals, especially in a non-native language[7]. Therefore, linguistically and culturally appropriate programs should be investigated to improve health care advocacy and outreach.

Significance of the issue

The rapid increase in HIV prevalence in API communities poses serious public health and economic concerns. Since most API individuals living with HIV do not start to seek treatment until late in the disease, overall medical expenses are increased as later disease stages involve more complicated issues and health care attention. In addition, since the majority of API MSM are unaware of their HIV statuses, HIV prevalence rates may increase not only within the API community, but for the general American population. Thus, specific policies and current programs should be evaluated in order to prevent another HIV epidemic in the U.S.

Existing policy efforts

Several HIV prevention programs for migrant and ethnic minority communities were evaluated for efficacy and impact. Although conducted in 1987, Switzerland's public health initiative, The Migrants Project, is evaluated since this program successfully lowered HIV transmission rates. The Migrants Project sought to prevent new infections, provide optimal AIDS care and support, and promote solidarity and non-discrimination in culturally appropriate ways for Spanish, Turkish, and Portuguese immigrants[8]. Through this program, sexual health information was widely distributed to the general public at festivals and concerts. National artwork, plays, and videos about HIV and AIDS were also created. The Migrants Project also encouraged religious leaders, peer educators, and former drug dealers to take initiative on leading sexual health discussions[8]. Of those surveyed, over 90% of immigrants who participated in the Migrants Project correctly distinguished ways of HIV transmission and prevention methods[8]. This national project illustrates how culturally competent health promotion projects can lead to effective health communication.

Similarly, in 2010, the U.S. also implemented the National HIV/AIDS Strategy in response to the HIV epidemic. The Strategy's federal action plan strives to coordinate HIV testing at the state and local levels to improve access and retention in HIV treatment[10]. States and cities are currently launching programs to inhibit the spread of HIV and integrating HIV care with

substance use and mental disorders. Since then, there has been a 5% increase in the number of Americans who are aware of their serostatus[10]. Prescriptions of the HIV prevention medication, PrEP, has also increased by 500%[10].

In the U.S., there are also several local community endeavors to increase HIV awareness. In the San Francisco Bay Area, after-school programs, such as Healthy Oakland Teens, Get Real About AIDS, and Huckleberry Youth Programs, are accessible in lower socioeconomic neighborhoods[9]. By providing curriculum catered to youth, parents and guardians may also become involved in discussions on HIV and sexual health.

Unfortunately, sexual health education in the U.S. lags behind other countries. In a literature review comparing sexual education in the U.S. to France and Australia, countries with sexual abstinence-based policies, like the U.S., tend to have worse sexual health-related statistics than countries that follow sex positive government policies[13]. In example, there is a statistically greater percentage of American teens with STDs than French adolescents annually[13].

In addition, the U.S. currently restricts healthcare access for recent immigrants. Immigrants who are "qualified non-citizens," i.e. greencard holders, must wait five years before they can receive coverage from Medicaid and Children's Health Insurance Program (CHIP)[11]. Although twenty-nine states have chosen to provide Medicaid coverage to immigrants without the five-year waiting period, twenty-one states still deny long-term and preventative care for immigrants[11].

POLICY RECOMMENDATIONS

Although HIV prevalence has the greatest growth in amongst Asian-Americans, HIV rates in API communities are still relatively low compared to other racial and ethnic groups. Therefore, this is a critical opportunity to develop effective prevention programs for API communities.

Policy Focus: National Level

As demonstrated by the Swiss Migrants Project and the U.S. National HIV/AIDS Strategy, national public health campaigns are effective in reaching various communities. Therefore, the U.S National HIV/AIDS Strategy could be strengthened by incorporating more API staff in public health committees, medical teams, and boards of directors. Federal and state health agencies should mandate that all administrative and direct service staff at medical facilities undergo cultural competency training pertaining to API patients. All health agencies should provide translated material and information in various Asian languages.

In addition, since many immigrant children enroll in primary and secondary American schools, sexual education should be emphasized and improved in all state curricula for youths in school. As evidenced by the literature review comparing STD prevalence rates amongst American and French adolescents, American sexual education curricula need to encourage safe sexual practices for immigrant youth. Healthy sexual behavior will prevent the spread of STDs and dismantle HIV stigma, especially among LGBTQ communities.

Lastly, the federal government should repeal current standing regulations that restrict health care access to immigrants. Congress should mandate that all states provide coverage to immigrants under Medicaid and

the State Children's Health Insurance Program (SCHIP), in addition to repealing citizenship documentation requirements for those seeking Medicaid coverage. The department of Health and Human Services (HHS) should also simplify enrollment procedures for state-sponsored health insurance programs. By providing greater medical access, governments will be able to prevent the spread of STDs, and lower future costs from severe health complications.

Policy Focus: Community Level

Reported by previous studies on specific ethnic enclaves, local leaders hold significant influence within the community. Religious leaders, peer educators, politicians, and store clerks may possess greater rapport with community residents and can foster productive and safe conversations about sexual health. Therefore, major cities with prominent API populations should train local community leaders to implement HIV awareness services at API festivals, religious gatherings, and local stores. Encouraging local API leaders to advocate for sexual health addresses issues of racially discordant healthcare professionals, reduces cultural stigma on HIV, and allows the dissemination of information in the community's native language.

Finally, in order to advocate for prevention strategies and treatment plans, more sexual health classes and workshops should be provided at community centers, hospitals, and adult schools in API dense communities. Doing so will lead to greater efforts in dismantling stigma against HIV testing, homosexuality, and sexuality.

ADDITIONAL RESOURCES

- Department of Health and Health Services for minority populations: https://minorityhealth.hhs.gov/
- National HIV treatment hotline: https://www.projectinform.org/hotlines/
- Asian Pacific Islander Coalition for HIV/AIDS
- http://apaitonline.org/resources/
- Gay Asian Pacific Support Network: http://www.gapsn.org/
- Policies that address health needs of South Asians: http://saalt.org/wp-content/uploads/2012/09/Health-Care.pdf

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