



National AIDS Strategy

Recommendations from the Asian American, Native Hawaiian & Pacific Islander Communities

DATA COLLECTION & CULTURALLY COMPETENT RESEARCH

To date, 1/3 of all states have yet to consistently break out Asian American, Native Hawaiian, and Pacific Islander Communities (AA and NHPI) as a separate category in their HIV/AIDS Surveillance Reports and Epidemiologic Profiles. Until this happens, we will never know the true extent of the HIV epidemic in our communities. This is unacceptable when CDC has recently issued data documenting a rise in annual percentage rates for HIV in AA and NHPI communities.

We respectfully ask that the White House Office of National AIDS Policy:

- Use the National HIV/AIDS Strategy as an opportunity to coordinate and ensure that racial/ethnic HIV/AIDS data and co-morbidity data is collected uniformly across all federal agencies. In particular, we ask that ONAP encourage federal agencies (and state health departments) to follow the 1997 OMB Revisions to Statistical Policy Directive No. 15, Race and Ethnic Standards for Federal Statistics and Administrative Reporting.
- Coordinate efforts between NIH, CDC, and HRSA to increase the racial/ethnic diversity of the national HIV research portfolio—in particular the lack of evidence-based interventions for AA and NHPI communities. AA and NHPI CBOs and researchers should be involved and engaged in the development and dissemination of the interventions.

INTERVENTIONS & SERVICES

As AA and NHPI communities attempt to respond to increasing HIV rates, we are limited by having only one CDC-sanctioned evidence-based intervention developed specifically for AA and NHPI populations. This intervention, developed over a decade ago, demonstrated limited effectiveness and does not sufficiently meet the comprehensive needs of our communities. It is necessary for interventions to address not only the individual but the system as well—including social determinants of health, co-morbidities, culture and stigma.

Recommendations:

- Include specific strategies in the National HIV/AIDS Strategy to ensure that AA and NHPI and other limited English proficient (LEP) populations have access to culturally and linguistically competent prevention, testing, and care services. Almost one out of three AA and NHPIs are limited English proficient.
- As ONAP continues to engage in discussions and the subsequent implementation of healthcare reform, we ask for your leadership in helping to strike any language related to a 5 year ban that prohibits legal immigrants from accessing public benefits. This is especially critical for AA and NHPI communities where 60% of persons who received an AIDS diagnosis were foreign-born.

HIV-RELATED STIGMA

For AA and NHPI and other communities of color, stigma is the major barrier to increasing health outcomes, normalizing HIV testing, and strengthening access to care. Respondents from a study conducted in the Chinese community believed that PLWHA should not be allowed to: work in public schools (47.5%); handle food in restaurants (60.5%); and work with patients in hospitals (61.4%).

Recommendation:

- The National HIV/AIDS Strategy must address the impact of stigma with respect to HIV/AIDS. Structural interventions, inclusive of anti-stigma initiatives, social marketing campaigns and leadership development must be sustained and resourced to have increasing impact.

INFRASTRUCTURE & RESOURCES

Within one decade, nearly half of the CBOs/programs providing culturally and linguistically competent services specifically targeting AA and NHPI communities have closed down. In the context of the current economy, the infrastructure and sustainability of the remaining AA and NHPI CBOs and other minor-

Authored by: Asian & Pacific Islander Wellness Center and Asian & Pacific Islander American Health Forum, with community input and involvement.



National AIDS Strategy: Recommendations from the Asian American, Native Hawaiian & Pacific Islander Communities

ity HIV CBOs are even more vulnerable. These organizations are embedded in the very heart of our communities. We need these CBOs to provide the culturally and linguistically competent, comprehensive, and integrated services that they have provided for over two decades.

Even more devastating are the unique challenges and barriers experienced by health ministries, NGOs, and communities in the 6 US affiliated Pacific Island jurisdictions. Limited resources and staffing also impact their capacity to implement HIV testing, surveillance, and care efforts.

While the original intent and spirit of the Minority AIDS Initiative was to buttress the infrastructure of these organizations, resources and impacts have not been aligned with these goals. Given significant population growth and recent HIV/AIDS surveillance data indicating significant increases, federal agencies as well as state and local health departments must increase prioritization and funding for programs that specifically target AA and NHPI communities.

We respectfully ask that the White House Office of National AIDS Policy:

- Include strategies, as part of the National HIV/AIDS Strategy, that support and strengthen the infrastructure and sustainability of minority-based HIV CBOs
- Involve input from the US-affiliated Pacific Island jurisdictions in the process of developing the National AIDS Strategy. A face-to-face meeting between ONAP staff and Pacific Islander leadership is necessary to understand the unique context of providing HIV prevention, testing, and care services in the Pacific region.
- Include factors (such as Estimated Annual Percentage Change (EAPC), co-morbidity data, and socio-economic data) in determining priorities for the National AIDS Strategy. Previous prioritization mechanisms based solely on HIV/AIDS incidence and prevalence have historically excluded AA and NHPIs.
- Direct resources and strategies, as part of the National AIDS Strategy, to the needs of emerging communities. To this end, federal agencies must develop a comprehensive portfolio so that funding flows to emerging communities in a more integrated manner.

MEANINGFUL INCLUSION & INVOLVEMENT

- AA and NHPI data and the needs of these communities must be explicitly acknowledged, included, and prioritized in the NAS. All charts and graphs and any data presentation must break out data for AA and NHPI wherever racial and ethnic data is presented. Anything less is unacceptable.
- AA and NHPI representatives must be meaningfully included in all process levels of the National AIDS Strategy including development, prioritization, implementation and evaluation.
- It is not possible for one person alone to represent the diversity of the AA and NHPI community. No less than two members of PACHA must be from AA and NHPI communities. This is critical to ensure ongoing involvement and feedback as the NAS is developed and implemented.
- Across all federal departments, AA and NHPIs must be involved in addressing key needs and emerging issues facing our communities.