



ASIAN & PACIFIC ISLANDER
WELLNESS CENTER

HIV and Asians & Pacific Islanders: *The Epidemic in San Francisco*

Revised May 2011

HIV TESTING DISPARITIES IN SAN FRANCISCO

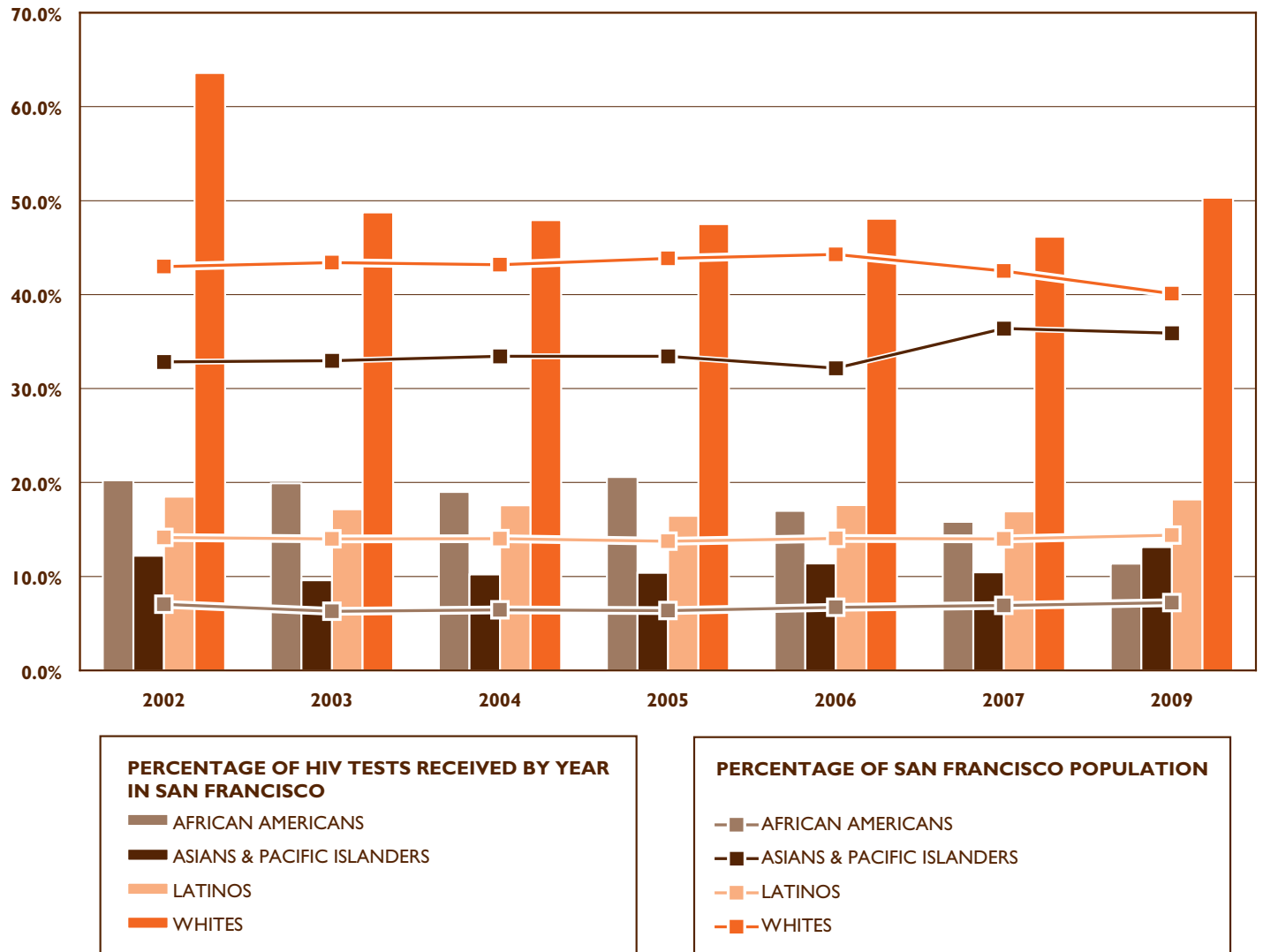
Asians & Pacific Islanders (A&PIs) represent 34% of San Francisco's population, yet the number of A&PIs who get tested for HIV is alarmingly low. Nationally, it is estimated that one-third of A&PIs currently living with HIV do not know their status (Campsmith, Rhodes & Hall, Poster Session, 2009 CROI Conference). Real and perceived stigma surrounding HIV/AIDS within A&PI communities can delay testing and undermine the effectiveness of prevention education. Sexual silence also contributes to lower HIV testing rates (Nemoto, Operario, et al., 2003).

Figure 1 below illustrates the proportion of HIV tests given in San Francisco by ethnicity compared to San Francisco's population.

Whites, who account for about 44% of San Francisco's population, received nearly half of all HIV tests given in San Francisco between 2002 and 2009. Hispanics test at a rate nearly 1.25 times their population and African Americans at a rate nearly double. Asians & Pacific Islanders, however, test at a much lower rate—while A&PIs account for a third of San Francisco's population, they only receive about 11% of all HIV tests administered. Nationwide, only 33% of Asians and 32% of Native Ha-

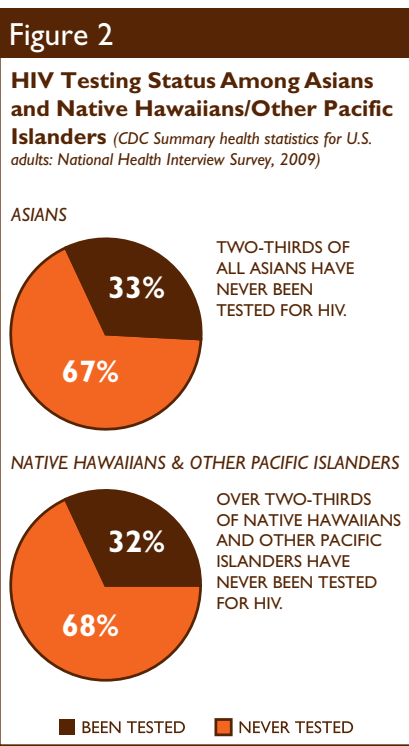
Figure 1

SAN FRANCISCO: PROPORTION OF HIV TESTS PER YEAR BY RACE/ETHNICITY VERSUS POPULATION PROPORTION, 2002-2009. (Data from San Francisco Dept of Public Health Annual HIV Epidemiology Reports and American Community Survey Data (US Census). Note: HIV testing data for 2008 missing.)



waiians and Other Pacific Islanders have been tested for HIV (Figure 2).

A lack of culturally and linguistically competent services contributes to low A&PI testing rates, late stage diagnosis and increases barriers to HIV treatment and care (Nemoto, Operario, et al., 2003). 60% of A&PI HIV infections are among foreign-born individuals (Zaidi, Crepaz, Song, et al., 2005). For A&PIs, the likelihood of testing increases when testing sites offer a sense of safety and cultural familiarity (Do, Hudes, Proctor, et al., 2006). Increasing the number of A&PIs testing for HIV and accessing treatment and care services requires both stigma reduction and availability of culturally and linguistically competent testing sites.



To get a clear picture of the impact of HIV in the A&PI community, A&PI AIDS data must be disaggregated by A&PI ethnicity. San Francisco provides specific data for some A&PI ethnicities, and yet nearly 20% of cases are still of unknown ethnicity. Furthermore, it is impossible to understand the reach of the epidemic in communities that are listed under broad sub-categories, like Pacific Islanders or Southeast Asians (i.e., Native Hawaiians as compared to Samoans, or Vietnamese compared to Cambodians). The largest proportion of cumulative AIDS cases are among Filipinos and Chinese, 30.6% and 21.1% respectively. These and other groups are shown in Figure 4.

Figure 5 tracks year of diagnosis from 2003-2009 for A&PIs. For 2009, A&PIs accounted for 8% of all HIV diagnoses in San Francisco.

THE EPIDEMIC IN SAN FRANCISCO

From the start of the epidemic through the end of 2010, there have been 911 Asian & Pacific Islander AIDS cases reported by the San Francisco Department of Public Health. At the end of 2010, the proportion of A&PIs diagnosed with AIDS increased to 8.7% of all AIDS diagnoses, up from 4.5% in 2000, a 93.3% increase (Figure 3).

