

2007

Asian & Pacific Islander
Wellness Center
San Francisco, CA

Asian & Pacific Islander
American Health Forum
San Francisco, CA
Washington, DC

Asian Health Coalition
of Illinois
Chicago, IL

Asian Pacific AIDS
Intervention Team
Los Angeles, CA

Hawai'i Multicultural
HIV/AIDS Resource
Project for Life Foundation
Honolulu, HI

Massachusetts
Asian & Pacific
Islanders for Health
Boston, MA

Asians & Pacific Islanders & HIV – A Silent Population at Risk



Long considered a “model minority” in terms of health, education and economic status, Asians & Pacific Islanders (A&PIs) may actually be undermined by cultural traditions of silence and discrimination surrounding the subject of HIV/AIDS within their communities.

A&PIs comprise more than 40 different ethnic groups and communicate in over 100 languages and dialects. Yet the rich diversity of these communities also presents particular challenges in confronting HIV/AIDS in the 21st century. The U.S. A&PI general population is currently estimated at 12.8 million or 4.5 percent, and will grow to 37.6 million by the year 2050.

What We Know



- As of 2005, an estimated 3,008 A&PIs in the U.S. are living with HIV/AIDS. Among these individuals, 77.1 percent were men and 21.7 percent women. A total of 71 percent of all AIDS cases involving men have reported gay or bisexual activity.
- A significant number of female A&PIs who are HIV-positive or who have AIDS report not understanding their at-risk status, or have an unwillingness to divulge information about their sexual history. Yet at least 80 percent of AIDS cases among A&PI women have been attributed to heterosexual contact, the highest percentage of any racial/ethnic group.
- Many government agencies and health care providers don't perceive A&PIs, especially women, as being at risk for HIV. Most A&PIs don't learn of their HIV status until they're already very sick, or through mandatory screening.
- A sense of taboo surrounding discussion of sexual issues and drug use leaves many A&PIs vulnerable to HIV risk factors. Infected or at-risk individuals may fear disappointing family expectations, or even wonder if they deserve to be healthy.

The Challenges



- Poverty and immigration status may also affect A&PIs' ability to access prevention and health care. Immigrants in particular may not feel empowered to negotiate safe sex practices.
- Most literature and programs provided to the public involving HIV awareness, prevention and available services are communicated in either English or Spanish. This creates a profound language barrier for a demographic group with more than 100 languages and dialects.
- Within the six U.S.-affiliated Pacific jurisdictions, concerns over rapid population growth, high teen pregnancy, rates of sexually transmitted diseases, tourism, immigration and increased mobility all point to a potential HIV/AIDS epidemic. Targeted HIV prevention is crucial.

What We Can Do



1. Promote an annual national awareness day to inform both the A&PI community and the media about the challenges of fighting HIV and AIDS.
2. Develop educational tools that go beyond individual behavior change and work to transform cultural perceptions about HIV/AIDS. By fostering a sense of compassion and community building, we can break down the barriers that prevent A&PIs from seeking help and proper health care.
3. Initiate peer-based programs for more marginalized populations, such as A&PI gay and bisexual men, transgendered persons, injection drug users and sex workers.
4. Understand that rapidly growing and diverse A&PI communities need comprehensive HIV/AIDS-related surveillance methods. More resources are also needed to develop and evaluate culturally appropriate HIV prevention programs.

*About the
Banyan Tree
Project*



Funded by the U.S. Centers for Disease Control & Prevention, **the Banyan Tree Project** involves people across the U.S. and from all walks of life – ordinary citizens, community and religious leaders, corporate executives, celebrities, elected officials and the media – working together to reduce the cycle of shame and discrimination around HIV/AIDS in A&PI communities. By informing, teaching and setting a positive example, the Banyan Tree Project hopes to eliminate barriers that delay or prevent access to HIV prevention and care.

Our five-year goals are:

- To develop an annual national awareness day and campaign
- To foster national and regional leadership among popular opinion leaders
- To sensitize the media about HIV/AIDS and related stigma
- To encourage access to HIV-related health care services, particularly HIV testing and care
- To expand our network of Banyan Tree Project partners and cities

The first goal was realized on May 19, 2005, the date recognized and endorsed by the U.S. Department of Health & Human Services, Office of HIV/AIDS Programs, as the first annual National A&PI HIV/AIDS Awareness Day. In addition, the month of May is nationally recognized as Asian Pacific American Heritage Month.

The Banyan Tree Project partners include project leader A&PI Wellness Center (San Francisco), as well as Hawai'i Multicultural HIV/AIDS Resource Project of Life Foundation, Asian & Pacific AIDS Intervention Team (Los Angeles), Asian Health Coalition of Illinois (Chicago), Massachusetts Asian & Pacific Islanders for Health (Boston) and Asian & Pacific Islander American Health Forum (San Francisco and Washington, D.C.).

*Want to
Learn More?*

Visit our website at www.banyantreeproject.org

Check out these resources:
www.apiwellness.org (San Francisco)

www.apaitonline.org (Los Angeles)

www.hmhrp.org (Honolulu)

www.mapforhealth.org (Boston)

www.asianhealth.org (Chicago)

www.apiahf.org (Washington, D.C.)

"Physicians Guide to Working with Asians and Pacific Islanders Living with HIV," (manual produced by A&PI Wellness Center, SF)

www.apowellness.org

"What are A&PI HIV Prevention Needs?"
(fact sheet produced by UCSF, Center for AIDS Prevention Studies)

www.caps.ucsf.edu/API.html

"HIV/AIDS & Asian Americans"

www.osophs.gov/aids/factsheets/asamericans.html

U.S. Centers for Disease Control & Prevention

800-458-5231; www.cdcnpi.org

www.cdc.gov/hiv/PUBS/Facts/api.htm

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