Native Hawaiians & Other Pacific Islanders and HIV

(updated June 2021)

AETC AIDS Education & Training Center Program New England

Native Hawaiians & Other Pacific Islanders and HIV

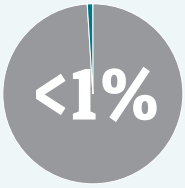
This educational packet is a curated compilation of resources on Native Hawaiians and other Pacific Islanders and HIV.

The contents of this packet are listed below:

- HIV and Native Hawaiians and Other Pacific Islanders (CDC fact sheet)
- HIV Care Continuum - Native Hawaiians and Other Pacific Islanders with HIV (CDC infographic)
- HIV/AIDS and Native Hawaiians/Other Pacific Islanders (Office of Minority Health fact sheet)
- Ryan White HIV-AIDS Program - Native Hawaiian/Pacific Islander Clients (HRSA fact sheet)
- HIV Among Asian-Americans and Pacific Islanders – A Problem Too Often in the Shadows (amfAR interview)
- Ten Reasons to Address HIV/AIDS in Asian American and Pacific Islander Communities (Obama White House archives)

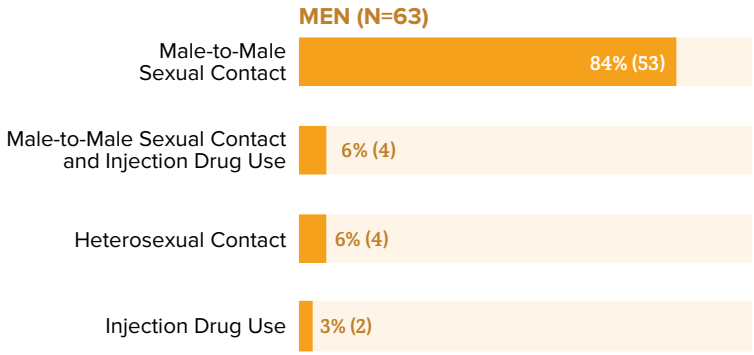
You may wish to customize this packet to meet the needs or interests of particular groups, such as event participants, providers, patients, clients, or the general public. So please feel free to distribute all or part of this document as either a printout or PDF.

HIV and Native Hawaiians and Other Pacific Islanders



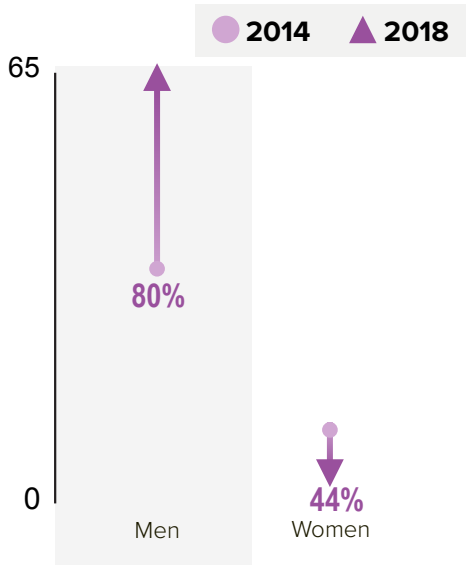
Of the **37,968 NEW HIV DIAGNOSES** in the US and dependent areas* in 2018, <1% (68) were among Native Hawaiians and Other Pacific Islanders (NHOPI).†

All new HIV diagnoses among NHOPI women were attributed to heterosexual contact.



HIV diagnoses increased 51% (from 45 to 68) among NHOPI overall from 2014 to 2018. ‡

Trends by Sex



* American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
† Adult and adolescent Native Hawaiians and Other Pacific Islanders aged 13 and older.
‡ Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.
** In 50 states and the District of Columbia.

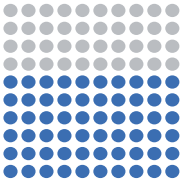
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Division of HIV/AIDS Prevention

NHOPI who don't know they have HIV can't get the care and treatment they need to stay healthy.

At the end of 2018, an estimated **1.2 MILLION PEOPLE** had HIV. Of those, 1,100 were NHOPI. **

It is important for NHOPI to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) have effectively no risk of transmitting HIV to HIV-negative sex partners.

Compared to all people with HIV, NHOPI have about the same viral suppression rates. But more work is needed to increase these rates. For every **100 NHOPI with HIV in 2016**: **



60 received some HIV care

43 were retained in care

54 were virally suppressed

For comparison, for every **100 people overall** with HIV, **64 received some HIV care**, **49 were retained in care**, and **53 were virally suppressed**.

There are several challenges that place some NHOPI at higher risk for HIV.

Socioeconomic Issues

Poverty, lack of health insurance, language barriers, and lower educational attainment may make it harder to access HIV services.

Limited Research

With limited research about NHOPI and HIV, creating targeted prevention programs for this population can be challenging.

Cultural Factors

Some cultural customs may stigmatize sex and make it difficult to talk about HIV prevention.

Data Limitations

Race/ethnicity misidentification could lead to an underestimation of HIV cases.

How is CDC making a difference for NHOPI?

- Collecting and analyzing data and monitoring HIV trends.
- Supporting community organizations that increase access to HIV testing and care.
- Conducting prevention research and providing guidance to those working in HIV prevention.
- Promoting testing, prevention, and treatment through the *Let's Stop HIV Together* campaign.
- Supporting health departments and community-based organizations by funding HIV prevention work and providing technical assistance.
- Strengthening successful HIV prevention programs and supporting new efforts funded through the *Ending the HIV Epidemic* initiative.

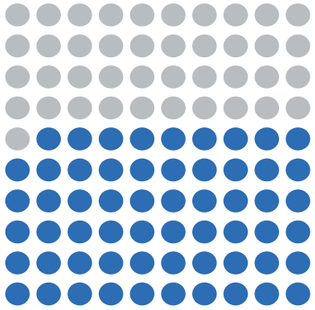
For more information about HIV surveillance data and how it is used, read the "Technical Notes" in the HIV surveillance reports at www.cdc.gov/hiv/library/reports/hiv-surveillance.html.

For more information visit www.cdc.gov/hiv

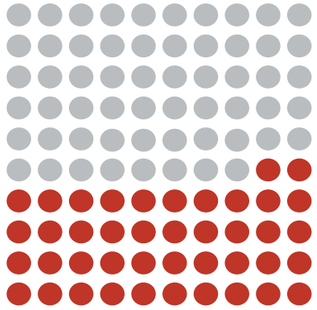
All content is based on the most recent data available in May 2020.

Native Hawaiians and Other Pacific Islanders With HIV

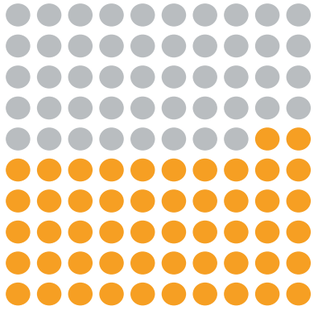
When compared to all people with HIV, Native Hawaiians and Other Pacific Islanders (NHOPI) have lower viral suppression rates. For **every 100 NHOPI with HIV in 2018:***



59 received some HIV care



42 were retained in care



52 were virally suppressed

For comparison, for every **100 people overall** with HIV,
65 received some HIV care, **50 were retained in care**, and **56 were virally suppressed**.

* Includes people with diagnosed or undiagnosed HIV.

www.cdc.gov/hiv | 1-800-CDC-INFO

Get Tested. Get in Care. Stay in Care. Stay Healthy.

Source: CDC. Selected national HIV prevention and care outcomes (slides).
Based on the most recent data available in December 2020.

HIV/AIDS and Native Hawaiians/Other Pacific Islanders

minorityhealth.hhs.gov/omh/browse.aspx

- While Native Hawaiians and Other Pacific Islanders (NHOPI) represent 0.4% of the total population in the United States, the HIV case rate for NHOPI was almost twice that of the white population in 2016.
- In 2016, Native Hawaiians/Pacific Islanders were 1.6 times more likely to be diagnosed with HIV infection, as compared to the white population.
- In most of the U.S. Pacific Territories, the cumulative HIV infection rate is higher than the national rate for whites.

HIV Infection Cases (Adults and Children)

	# Cases	Rate	NHOPI/ White Ratio
Native Hawaiian/Pacific Islander males	39	16.8	1.6
White males	8,879	10.6	
Native Hawaiian/Pacific Islander females	9	3.9	2.3
White females	1,450	1.7	
Native Hawaiian/Pacific Islander (total, all ages)	48	8.5	1.6
White (total, all ages)	10,345	5.2	

Estimated number of diagnosed cases and rates (per 100,000) of HIV infection, 2016

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 3a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf [PDF | 5.77MB]

HIV Infection Cases and Rates (Children <13 years)

	# Cases	Rate
Native Hawaiian/Pacific Islander	0	0.0
White	16	0.1
Total Population	122	0.2

Estimated number of diagnosed cases and rates (per 100,000) of HIV infection, 2016

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 3a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf [PDF | 5.77MB]

	# Cases	% of total cases
NHOPI	48	0.1
White	10,345	26
Total Population	39,782	

Estimated number of cases of HIV infection by year of diagnosis, 2016

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2018, v.28. Table 3a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report- 2016-vol-28.pdf [PDF | 5.77MB]

	# Cases	NHOPI / White Ratio
NHOPI	891	0.09
White	298,670	30.7
Total Population	973,846	--

Estimated number of persons living with HIV infection by year, 2015

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 18a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report- 2016-vol-28.pdf [PDF | 5.77MB]

AIDS Cases and Rates (Adults)

	# Cases	Rate(per 100,000)	NHOPI/White Ratio
NHOPI males	12	5.2	1.2
White males	3,713	4.4	

NHOPI females	3	1.3	1.6
White females	724	0.8	
NHOPI (both sexes)	15	2.6	1.2
White (both sexes)	4,442	2.2	

Estimated number of diagnosed cases and rates (per 100,000) of AIDS, 2016

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 4a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf [PDF | 5.77MB]

AIDS Cases and Rates(Children <13 years old)

	# Cumulative Cases	**# Cases**	**Rate (per 100,000 population)**
NHOPI	6	0	0.0
White	1,536	5	0.0
Total Population	9,573	38	0.1

Estimated number of cases and rates (per 100,000) of AIDS, 2016

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 12a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report- 2016-vol-28.pdf [PDF | 5.77MB]

AIDS Cases (Adults and Children)

	Cumulative # Cases	# Cases	% of total cases
NHOPI	837	15	0.08
White	439,998	4,442	24.5
Total Population	1,232,346	18,160	

Estimated number of cases of AIDS by year of diagnosis, 2016

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 2a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report- 2016-vol-28.pdf [PDF | 5.77MB]

Death Rate

	NHOPI	Non-Hispanic White	NHOPI/ Non-Hispanic White Ratio
All ages, Men	1.8	4.0	0.5
All ages, Women	0.0	0.6	--

Total Population	0.7	2.0	0.4

AIDS Death Rates per 100,000 population (2015)

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 19a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report- 2016-vol-28.pdf [PDF | 5.77MB]

AIDS Deaths

	Rate	Cumulative # Deaths	% of Total Cases	NHOPI / White Ratio
NHOPI	0.7	369	4	0.03
White	2.0	279,807	3,879	31.0
Total Population	3.9	692,789	12,497	--

Estimated number of deaths, and death rates, of persons with AIDS by year of death, 2015

Source: CDC 2017. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2016, v.28. Table 17a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report- 2016-vol-28.pdf [PDF | 5.77MB]

HIV Testing

	Native Hawaiian / Other Pacific Islander	Non-Hispanic White	NHOPI/ Non-Hispanic White Ratio
Ever tested	56.9	35.5	1.6
Never tested	43.1	64.5	0.7

Age-adjusted percent of HIV testing status among persons 18 years of age and over, 2015

Source: CDC 2017. Summary Health Statistics for U.S. Adults: 2015. Table A-20a. http://www.cdc.gov/nchs/nhis/SHS/tables.htm

HIV Cases - Pacific Territories

Region	Number of HIV/AIDS cases, Cumulative	HIV Cumulative Rate
U.S. National-White	--	6.1
U.S. All Native Hawaiian/Other Pacific Islander	--	10.6
American Samoa	3	4.0
Federated States of Micronesia	38	37.0
Guam	244	127.0

Northern Mariana Islands	34	54.0
Republic of Palau	10	48.0
Republic of Marshall Islands	25	45.0

Estimated number of cases and rates (per 100,000) of HIV, 1984-2012 (U.S. Territories)

*Data represents all ages in the United States, 2009 only. Comparable data is not available; this is for illustration only.
Source: Secretariat of the Public Community 2013. HIV Surveillance in Pacific Island Countries and Territories: 2012 Report. Table 2.

http://www.mfed.gov.ki/sites/default/files/SPC%20HIV%20Data%20report-2012_0.pdf
Source (U.S. National): CDC 2011. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2014, v.26. Table 3a.

http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf [PDF | 5.00MB].

HIV Infection Cases – Pacific Territories

	# Cases	Rate
NHOPI (U.S.)	869	162.8
American Somoa	1	2.4
Guam	82	65.8
Northern Mariana Islands	2	5.2

Republic of Palau	4	23.4
White National (U.S.)	297,289	150.3
Total Population (U.S.)	933,941	295.1

Estimated number persons living with HIV infection, by area of residence 2013

Source: CDC 2015. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2014, v.26. Table 24 and 18a. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf [PDF | 5.00MB]

AIDS Cases – Pacific Territories

	# Cases	Rate
NHOPI (U.S.)	468	108.8
American Somoa	1	2.4
Guam	32	25.6
Northern Mariana Islands	2	5.3
Republic of Palau	1	5.7
White National (U.S. Continental)	159,913	93.7
Total Population (U.S.)	527,170	197.4

Estimated number of persons living with AIDS, by area of residence, 2013

Source: CDC 2015. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2014, v.26. Table 25.
http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf
[PDF | 5.00MB]

Last Modified: 1/17/2018 10:02:00 AM

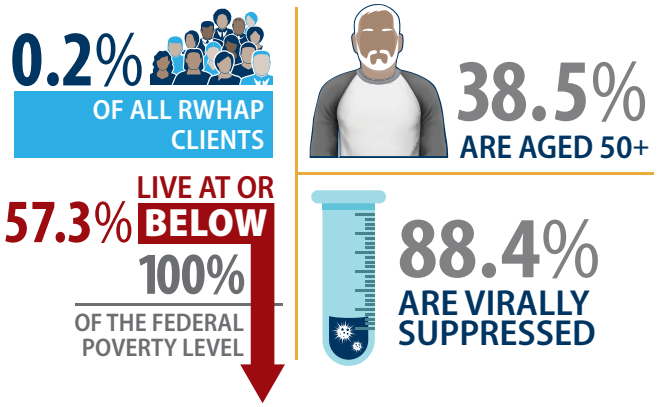
HRSA's Ryan White HIV/AIDS Program

Native Hawaiian/Pacific Islander Clients: Ryan White HIV/AIDS Program, 2018

Population Fact Sheet | January 2020

The Health Resources and Services Administration's Ryan White HIV/AIDS Program (RWHAP) provides a comprehensive system of HIV primary medical care, medications, and essential support services for low-income people with HIV. More than half the people with diagnosed HIV in the United States—approximately 519,000 people in 2018—receive services through RWHAP each year. The RWHAP funds grants to states, cities/counties, and local community-based organizations to provide care and treatment services to people with HIV to improve health outcomes and reduce HIV transmission among hard-to-reach populations.

Ryan White HIV/AIDS Program Fast Facts: Native Hawaiian/Pacific Islander Clients



Of the more than half a million clients served by RWHAP, 73.7 percent are from racial/ethnic minority populations, with nearly 930 clients (0.2 percent) identifying as Native Hawaiian/Pacific Islander (NH/PI).

More details about this RWHAP client population are outlined below:

- The majority of NH/PI male clients served by RWHAP are low income. Data show that 57.3 percent of NH/PI clients are living at or below 100 percent of the federal poverty level, which is lower than the national RWHAP average (61.3 percent).
- The majority of NH/PI clients served by RWHAP are male. Data show that 76.6 percent of NH/PI RWHAP clients are male, 18.9 percent are female, and 4.4 percent are transgender.
- Data show that 5.0 percent of NH/PI clients served by RWHAP have unstable housing. This percentage is slightly lower than the national RWHAP average (5.3 percent).
- The NH/PI RWHAP client population is aging. NH/PI clients aged 50 years and older account for 38.5 percent of all NH/PI RWHAP clients, which is lower than the national RWHAP average (46.1 percent).
- Among NH/PI RWHAP male clients, 76.9 percent are men who have sex with men (MSM). This percentage is higher than the national RWHAP average of MSM clients (65.7 percent of all male clients).

Medical care and treatment improve health outcomes and decrease the risk of HIV transmission. People with HIV who take HIV medication daily as prescribed and reach and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner. In 2018, approximately 88.4 percent of NH/PI clients receiving RWHAP HIV medical care are virally suppressed,* which is slightly higher than the national RWHAP average (87.1 percent).

* Viral suppression is defined as a viral load result of less than 200 copies/mL at most recent test, among people with HIV who had at least one outpatient ambulatory health services visit and one viral load test during the measurement year.

HIV Among Asian-Americans and Pacific Islanders—A Problem Too Often in the Shadows

amfar.org/hiv-among-asian-americans-and-pacific-islanders

Published Friday, May 17, 2019

In the United States from 2011 to 2015, HIV diagnoses increased by 28% among Asians and Pacific Islanders, and by 35% among Asian gay and bisexual men. Although HIV rates in these communities are still relatively low, high levels of stigma leave many living with HIV undiagnosed and untreated. To address this problem, the San Francisco Community Health Center (formerly API Wellness), a federally qualified health center serving LGBTQ people of color, started The Banyan Tree Project to end HIV/AIDS-related stigma in Asian and Pacific Islander communities in the United States through education and storytelling. The Banyan Tree Project leads National Asian and Pacific Islander HIV/AIDS Awareness Day, held every year on May 19.

To learn more about how HIV affects Asians and Pacific Islanders, amfAR spoke with Lance Toma, LCSW, chief executive officer at the San Francisco Community Health Center.

amfAR: The CDC estimates that only about 80% of Asians living with HIV in the United States have received a diagnosis, a lower rate than for any other race or ethnicity. What types of outreach efforts have you found to be most effective in increasing HIV testing among Asians and Pacific Islanders, especially MSM?

Lance Toma: For years San Francisco Community Health Center—formerly API Wellness Center—has worked to increase HIV testing rates in our Asian and Pacific Islander communities. We have known that our communities were not getting tested early enough. All the HIV testing campaign messages from the beginning of the epidemic never included APIs in a strategic way. These messaging efforts and prevention interventions never understood the deep issues of shame and stigma that are prevalent and pervasive in our communities and families. This is why we worked with CDC to launch the National API HIV/AIDS Awareness Day in 2005.

Since the late 1980s, we've been conducting outreach at bars and clubs, community and cultural events, religious and faith-based institutions, and bath houses and sex clubs. We continue to do this so that we can make sure our API queer community has the most up-to-date information and access to HIV testing, treatment services, prevention education, and PrEP. The bottom line is that HIV-related stigma and shame continues to permeate our

communities and negatively impact our HIV testing rates and why we will continue to lag behind with respect to uptake of all the incredible biomedical prevention and treatment options currently available.

We designed the Banyan Tree Project alongside National API HIV/AIDS Awareness Day to specifically combat stigma in our API communities. We set out to address this complicated issue through a culturally tailored form of storytelling, creating short videos of first-hand accounts of API community members sharing life-changing moments related to HIV. We created a library of these videos and have shared them at community events, through national webinars, and through various social media outlets. I think these videos have been incredibly impactful in our communities, where it is equally as important to changes the hearts and minds of our family members—our aunties and uncles, our grandparents, our brothers and sisters—as it is to get out the most up-to-date HIV prevention and treatment information.

amfAR: Rates of HIV care and viral suppression are low among Asians living with HIV, even among those who have been diagnosed. Why is this the case?

Toma: In San Francisco, we are making incredible strides in our rates of retention in medical care and adherence to HIV medications, and we do all we can to focus on the most marginalized and stigmatized communities. At San Francisco Community Health Center, we have specific programs targeting the API community so our rates of viral suppression are high and we do all we can to keep our community members engaged in care and provide all kinds of support to do this. However, we know that this is not the case in other areas across the US. Our fight at the national level for API-specific and people of color-specific HIV

funding has been less and less successful in recent years. Because of a marked decrease in focused funding for API and Native American communities, API- and Native-focused HIV organizations and programs across the country have closed down. We know that we must keep up our work to continue advocating for the needs for all people of color—and especially gay men and trans women of color—and particularly for APIs and Native Americans. There is still so much work to do.

amfAR: Limited knowledge of and access to PrEP is a problem in much of the country. What do you think should be done to increase its use, especially among Asians and Pacific Islanders?

Toma: At San Francisco Community Health Center, we have been focusing efforts to increase PrEP "readiness" in both the API communities and the trans community. What we have found since the introduction of PrEP is that our communities were not learning the fundamentals about this prevention method and had no motivation to go to their health care provider to request a prescription. In many ways, we still need to educate our communities on some of the basics, to dispel misinformation about PrEP, and to help move folks to this next step of "readiness." We also see that it is about setting norms in our communities. We encourage and support our clients to talk about PrEP to friends and sexual partners on regular basis. We are harnessing all the lessons we've learned about what it takes to get HIV testing to our communities and apply these lessons to how we will increase acceptability of PrEP in our API communities.

amfAR: What are some of the unique challenges faced by the low-income people of color, including Asians and Pacific Islanders, served by the San Francisco Community Health Center?

Toma: This question is the getting to the core of what it will take for San Francisco and the rest of the country to end this epidemic of HIV. We are constantly figuring out how we can do better to serve the hundreds of low-income people of color living with HIV who are accessing care and support at San Francisco Community Health Center. In San Francisco, the challenges are clear and the crisis of income inequality in our city is undeniable. We are seeing extremely high rates of substance abuse and mental illness, exacerbated by housing instability. In fact, many of our clients that come through our doors are marginally housed or homeless. For us, our efforts to provide quality health care, including HIV care, for our most marginalized and stigmatized is an enormous privilege. We need to continue our efforts so that our API and Native American and trans and gay men of color communities do not get left behind. This has always defined who we are as an organization.

Ten Reasons to Address HIV/AIDS in Asian American and Pacific Islander Communities

obamawhitehouse.archives.gov/blog/2014/05/19/ten-reasons-address-hivaids-asian-american-and-pacific-islander-communities

May 19, 2014

Each year on May 19, we take time to reflect on the impact of the HIV epidemic on Asian Americans and Pacific Islanders (AAPIs). This includes listening to members of AAPI communities as they discuss how HIV has affected their lives and the lives of those they care about. Recently, my team asked our colleagues at The Banyan Tree Project, the group that sponsors National Asian and Pacific Islander HIV/AIDS Awareness Day, for their top reasons why it is so important to respond to HIV in AAPI communities. From their concerns, I offer this synthesis:

- **Low HIV testing rates and late testing.** According to the CDC, more than one-third of Asians develop AIDS soon after being diagnosed, which may mean they are not receiving adequate care and treatment in time to prevent the development of AIDS.
- **Too many AAPIs are unaware of their HIV status.** Also according to CDC [PDF 1.07KB], nearly one in four (22.7%) Asians living with HIV, and more than one in four (26.7%) Native Hawaiian/other Pacific Islanders living with HIV, don't know it. Without knowledge of their HIV status, these individuals are unable to take advantage of HIV medicines (known as antiretroviral therapy) that can both extend their lives and reduce the risk of transmission to others.
- **High HIV stigma.** HIV-related stigma is a primary barrier to HIV testing and access to services in AAPI communities. For this reason, it is important to build a community where AAPIs living with, and at risk for HIV, feel safe, respected and accepted.
- **Not enough conversation about HIV and sexual health.** Stigma also discourages AAPI people from talking openly about sexual health and HIV, which can have a detrimental health impact.
- **Culturally relevant HIV services are not always available.** AAPIs represent many diverse countries of origin, cultures and customs, and require health services that are culturally relevant. Yet, HIV prevention, care and treatment services are not always available to AAPIs in culturally suitable ways, which decreases the likelihood that they will know about or choose to access these services. HIV services that are respectful of and responsive to individuals' cultural needs are critical.
- **Linguistically relevant HIV services are also needed.** English language fluency is a barrier to health care for many AAPIs. According to the U.S. Census, in 2011, 76.5% of Asian Americans spoke a language other than English at home. Native Hawaiians and other Pacific Islanders also speak a variety of different languages at home. HIV services and materials should be responsive to AAPIs' linguistic needs.

- **Some providers do not always encourage HIV testing.** CDC recommends that all individuals between the ages of 13 and 64 get tested for HIV at least once as part of routine medical care, and that gay and bisexual men and others at high risk for HIV infection be tested more frequently. Yet, some health care providers and HIV prevention practitioners do not always encourage AAPIs and others to get tested. Providers should continue to increase their awareness of the importance of HIV testing for all individuals.

I would like to share some other health concerns affecting AAPIs at risk:

- **High hepatitis B infection.** AAPIs are one of the groups hardest hit by hepatitis B (HBV), which can lead to liver cancer. People living with HIV who are co-infected with HBV are at increased risk for serious, life-threatening health complications.
- **High tuberculosis case rates.** Tuberculosis (TB) rates remain high among AAPIs. TB and HIV can work together to shorten the lifespan of people doubly infected.
- **Other health conditions.** Many AAPIs are affected by other health conditions, such as cancer, heart disease, stroke and diabetes, which can further threaten the health of those at risk for and living with HIV.

In spite of these challenges, many important advances can reduce the health burdens experienced in AAPI communities. These include the U.S. Department of Health and Human Services' enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS Standards), the recent release of the updated Action Plan for the Prevention, Care and Treatment of Viral Hepatitis, and the increased access to quality health coverage offered through the Affordable Care Act.

As we commemorate National Asian and Pacific Islander HIV/AIDS Awareness Day, we continue to listen to the voices of those within AAPI communities. I encourage you to visit the Banyan Tree Project's Taking Root: Our Stories, Our Communities project, where AAPI living with or affected by HIV relate their personal stories. By listening to one another with compassion, we can break down the barriers of stigma and discrimination and work together to improve the lives of those living with and affected by this disease.

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