Native Hawaiians & Other Pacific Islanders and HIV

(updated January 2023)

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

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HIV and Native Hawaiians and Other Pacific Islanders

cdc.gov/hiv/group/racialethnic/nhopi/index.html

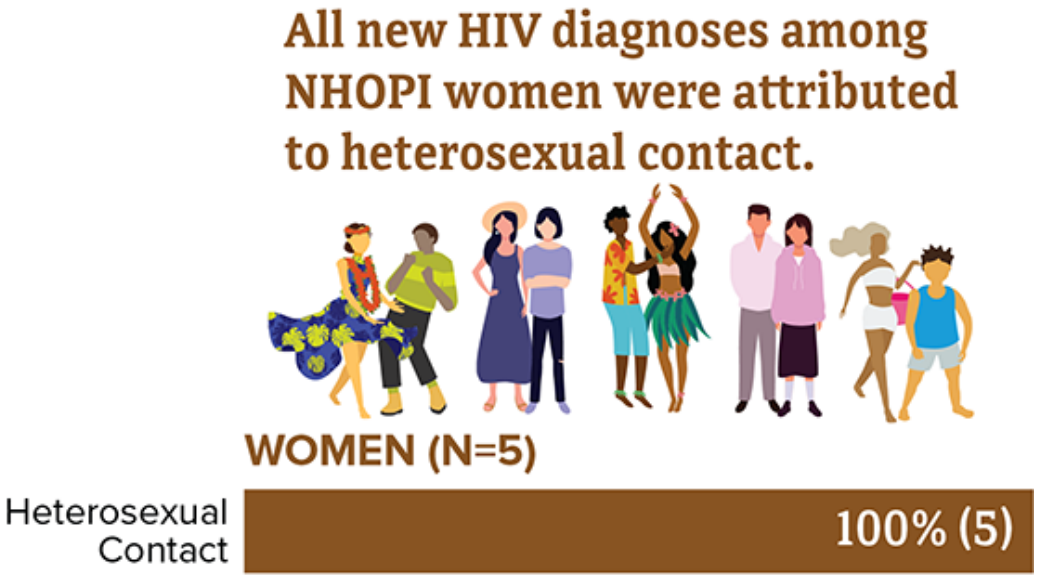
March 16, 2022

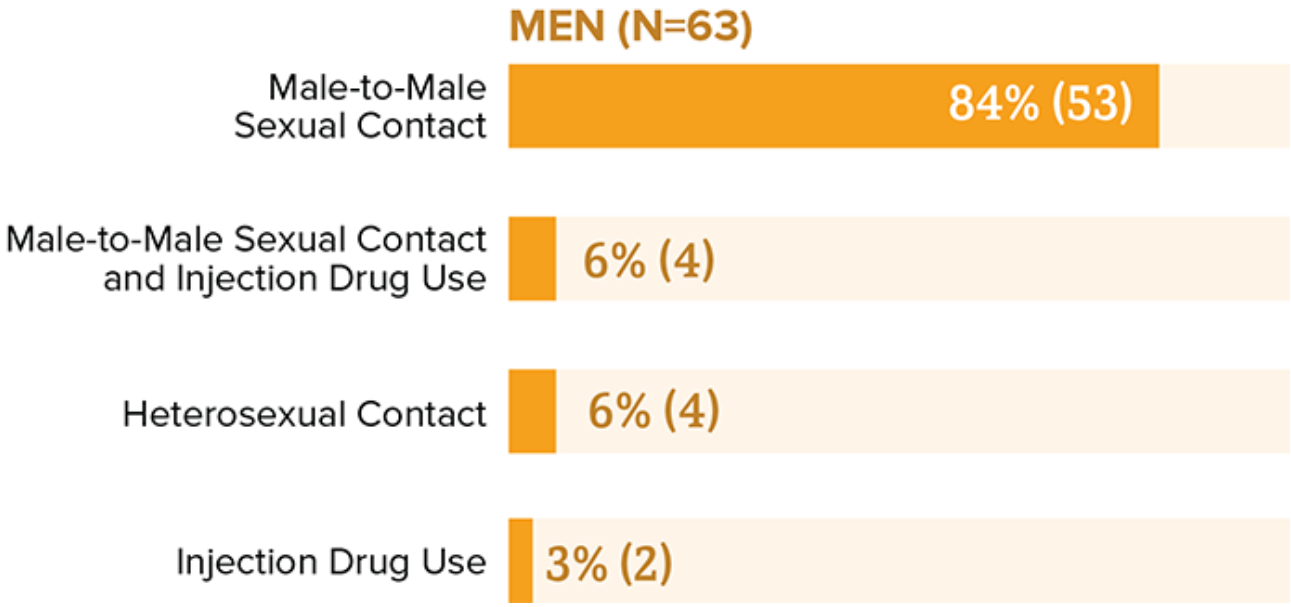
Although Native Hawaiians and Other Pacific Islanders (NHOPI)[a] account for a very small percentage of new HIV diagnoses[b] in the United States (US) and dependent areas,[c] HIV affects NHOPI in ways that are not always apparent because of their small population size. In 2018, NHOPI made up 0.2% of the US population.[d]

The Numbers

HIV Diagnoses

New HIV Diagnoses Among NHOPI in the US and Dependent Areas by Sex* and Transmission Category, 2018





* Based on sex at birth and includes transgender people. Total for men may not equal 100% due to rounding.
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

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

HIV Diagnoses Among NHOPI in the US and Dependent Areas, 2014-2018*†

* Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.
† Based on sex at birth and includes transgender people.
Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.

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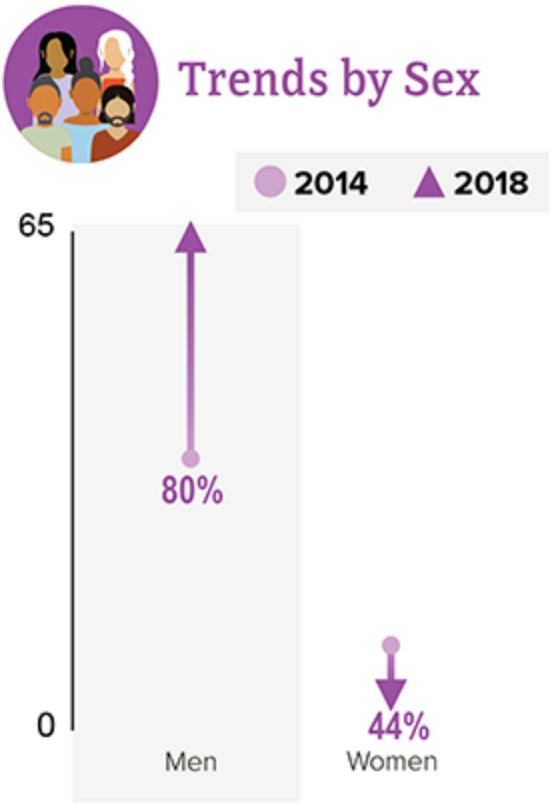
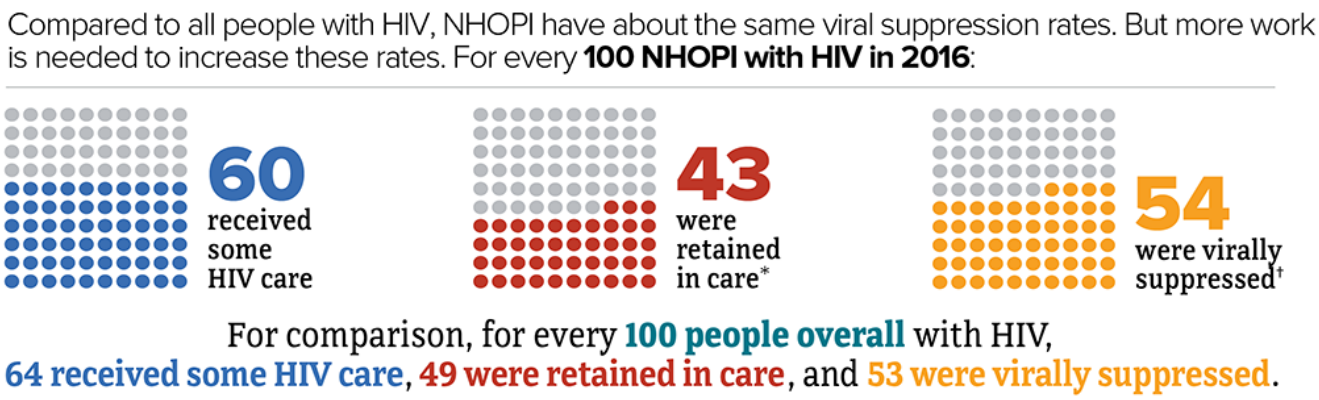


Living With HIV

Adult and Adolescent NHOPI With HIV in the 50 States and District of Columbia

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.



* Had 2 viral load or CD4 tests at least 3 months apart in a year.
† Based on most recent viral load test.
Source: Estimated HIV incidence and prevalence in the United States 2014–2018 [PDF – 3 MB]. *HIV Surveillance Supplemental Report* 2020;25(1).
Source: CDC. Selected national HIV prevention and care outcomes [PDF – 2 MB](slides).

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Deaths

In 2018, there were 15 deaths among NHOPI with diagnosed HIV in the US and dependent areas. These deaths may be due to any cause.

Prevention Challenges

Socioeconomic issues. Poverty, inadequate or no health care coverage, language barriers, and lower educational attainment may make it harder for some NHOPI to get HIV testing and care.

Cultural factors. NHOPI cultural customs, such as not talking about sex across generations, may stigmatize sexuality in general and homosexuality specifically. This could result in lower use of HIV prevention methods like condoms.

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

Data limitations. The reported number of HIV cases among NHOPI may not reflect the true HIV diagnoses in this population because of race/ethnicity misidentification. This could lead to an underestimation of HIV infection in this population.

What CDC Is Doing

CDC is pursuing a high-impact HIV prevention approach to maximize the effectiveness of HIV prevention interventions and strategies. Funding state, territorial, and local health departments and community-based organizations (CBOs) to develop and implement tailored programs is CDC's largest investment in HIV prevention. This includes longstanding successful programs and new efforts funded through the *Ending the HIV Epidemic* initiative. In addition to funding health departments and CBOs, CDC is also strengthening the HIV prevention workforce and developing HIV communication resources for consumers and health care providers.

- Under the integrated HIV surveillance and prevention cooperative agreement, CDC awards around $400 million per year to health departments for HIV data collection and prevention efforts. This award directs resources to the populations and geographic areas of greatest need, while supporting core HIV surveillance and prevention efforts across the US.

- In 2019, CDC awarded $12 million to support the development of state and local *Ending the HIV Epidemic* plans in 57 of the nation's priority areas. To further enhance capacity building efforts, CDC uses HIV prevention resources to fund the National Alliance of State and Territorial AIDS Directors (NASTAD) $1.5 million per year to support strategic partnerships, community engagement, peer-to-peer technical assistance, and planning efforts.
- In 2020, CDC will award around $109 million per year to support the implementation of state and local *Ending the HIV Epidemic* plans with a five-year funding program.
- Under the flagship community-based organization cooperative agreement, CDC awards about $42 million per year to community organizations. This award directs resources to support the delivery of effective HIV prevention strategies to key populations.
- In 2019, CDC awarded a cooperative agreement to strengthen the capacity and improve the performance of the nation's HIV prevention workforce. New elements include dedicated providers for web-based and classroom-based national training, and technical assistance tailored within four geographic regions.
- Through its *Let's Stop HIV Together* campaign, CDC offers resources about HIV stigma, testing, prevention, and treatment and care. This campaign is part of the *Ending the HIV Epidemic*.

[a] Adult and adolescent Native Hawaiians and Other Pacific Islanders aged 13 and older.
[b] *HIV diagnoses* refers to the number of people who received an HIV diagnosis during a given time period, not when the people got HIV infection.
[c] Unless otherwise noted, the term *United States* (US) includes the 50 states, the District of Columbia, and the 6 dependent areas of American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, the Republic of Palau, and the US Virgin Islands.
[d] The US Census Bureau's population estimates include the 50 states, the District of Columbia, and Puerto Rico.

HIV/AIDS and Native Hawaiians/Other Pacific Islanders

minorityhealth.hhs.gov/omh/browse.aspx

- While Native Hawaiians and Pacific Islanders (NHPI) represent 0.4 percent of the total population in the United States, the HIV case rate for Native Hawaiians/Pacific Islanders was over twice that of the white population in 2019.
- In 2019, Native Hawaiians/Pacific Islanders were 2.4 times more likely to be diagnosed with HIV infection, as compared to the white population.
- In 2019, Native Hawaiian/Pacific Islander women were 2.5 times more likely to die from HIV infection as compared to white women.

HIV Infection Cases and Rates (Adults)

	# Cases	Rate	Native Hawaiian/Pacific Islander / White Ratio
Native Hawaiian/Pacific Islander males	57	23.2	2.6
White males	7,498	8.9	
Native Hawaiian/Pacific Islander females	9	3.7	2.2
White females	1,508	1.7	
Native Hawaiian/Pacific Islander (total, all ages)	66	11.1	2.4
White (total, all ages)	9,013	4.6	

Estimated number of diagnosed cases and rates (per 100,000) of HIV infection, 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019, v.32. Tables 1a and 3a. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-

2018-updated-vol-32.pdf [PDF | 19.7MB]

HIV Infection Cases and Rates (Children <13 years)

	# Cases	Rate
Native Hawaiian/Pacific Islander	0	0.0
White	7	0.0
Total Population	61	0.1

Estimated number of diagnosed cases and rates (per 100,000) of HIV infection, 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019, v.32. Table 2a. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf [PDF | 16.7MB]

HIV Infection Cases (Adults and Children)

	# Cases	% of Total Cases
Native Hawaiian/Pacific Islander	66	0.2
White	9,013	24.7
Total Population	36,398	

Estimated number of cases of HIV infection by year of diagnosis, 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019, v.32. Table 1a. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf [PDF | 19.7B]

	Rate	# Cases	% of Total Cases
Native Hawaiian/Pacific Islander	153.0	912	0.09
White	153.9	303,701	29.0
Total Population	318.4	1,044,977	

Estimated number of persons living with HIV infection and rates (per 100,000) by year, 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019, v.32. Table 16a. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf [PDF | 19.7MB]

AIDS Cases and Rates (Adults)

	# Cases	Rate	Native Hawaiian/Pacific Islander / White Ratio
Native Hawaiian/Pacific Islander males	18	7.3	1.9
White males	3,190	3.8	
Native Hawaiian/Pacific Islander females	3	1.3	1.6
White females	685	0.8	

Native Hawaiian/Pacific Islander (both sexes)	21	4.3	1.9
White (both sexes)	3,875	2.3	

Estimated number of cases and rates (per 100,000) of AIDS, 2019

Source: CDC 2021. NCHHSTP Atlas Plus. https://www.cdc.gov/nchhstp/atlas/index.htm [Accessed 06/16/2021]

	Cumulative # Cases*	**% of Total Cases**
Native Hawaiian/Pacific Islander	860	0.07
White	444,613	34.0
Total Population	1,307,283	

Estimated number of cases of AIDS by year of diagnosis, 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019. Slide Set: HIV Infection, Stage 3 (AIDS) 2019. Slide 43. https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-infection-stage-3-2019.pdf [PDF | 6.6MB]

Death Rate

	Native Hawaiian/Pacific Islander	**White**	**Native Hawaiian/Pacific Islander / White Ratio**
All ages, Men	3.7	5.0	0.7

All ages, Women	2.0	0.8	2.5
Total Population	2.3	2.5	0.9

HIV infection death rates per 100,000 population. 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019, v.32. Table 12a. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf[PDF | 19.7MB]

AIDS Deaths

	# Deaths 2019	Rate 2019	Cumulative # Deaths*	% of Total Cases
Native Hawaiian/Pacific Islander	12	2.3	428	0.6
White	3,637	2.1	293,444	38.3
Total Population	11,899	4.3	766,380	

Estimated number of deaths, and death rates, of persons with AIDS by year of death, 2019

Source: CDC 2021. NCHHSTP Atlas Plus https://www.cdc.gov/nchhstp/atlas/index.htm [Accessed 06/16/2021]

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019. Slide Set: HIV Infection, Stage 3 (AIDS) 2019. Slide 43. https://www.cdc.gov/hiv/pdf/library/slidesets/cdc-hiv-infection-stage-3-2019.pdf [PDF | 6.6MB]

HIV Testing

	Native Hawaiian/Pacific Islander	White	Native Hawaiian/Pacific Islander / White Ratio
Ever tested	44.4	39.9	1.1
Never tested	55.6	60.1	0.9

Age-adjusted percent of HIV testing status among persons 18 years of age and over, 2018

Source: CDC 2021. Summary Health Statistics for U.S. Adults: 2018. Table A-20a. http://www.cdc.gov/nchs/nhis/SHS/tables.htm

HIV Infection Cases - Pacific Territories

Region	Number of HIV/AIDS cases, Cumulative	HIV Cumulative Rate
U.S. National-White**	--	6.7
U.S. All Native Hawaiian/Pacific Islander**	--	15.1
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, 2012 annual only. More recent, 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 HIV Data report-2012_0.pdf

Source (U.S. National): CDC 2014. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2012, v.24. Table 3a.
https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2012-vol-24.pdf [PDF | 3.00MB]

Region	**# Cases**	**Rate**
Native Hawaiian/Pacific Islander (U.S.)	912	153.0
American Samoa	1	2.0
Guam	108	64.2
Northern Mariana Islands	16	30.9
Republic of Palau	9	41.7
White National (U.S.)	303,701	153.9
Total Population (U.S.)	1,044,977	318.4

Estimated number persons living with HIV infection and rate (per 100,000, by area of residence 2019

Source: CDC 2021. HIV Surveillance Report: Diagnoses of HIV Infection in the United States and Dependent Areas, 2019, v.32. Tables 16a and 20. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-32.pdf [PDF | 19.7MB]

AIDS Cases – Pacific Territories

Region	# Cases	Rate
Native Hawaiian/Pacific Islander (U.S.)	413	84.2
American Samoa	0	0
Guam	40	31.3
Northern Mariana Islands	11	27.1
Republic of Palau	--	--
White National (U.S.)	151,285	88.3
Total Population (U.S.)	532,426	192.9

Estimated number of persons living with AIDS and rate (per 100,000), by area of residence, 2019

Source: CDC 2021. NCHHSTP Atlas Plus. https://www.cdc.gov/nchhstp/atlas/index.htm [Accessed 06/16/2021]

* Cumulative data are from the beginning of the epidemic through 2019.

Last Modified: 7/8/2021 1:02:00 PM

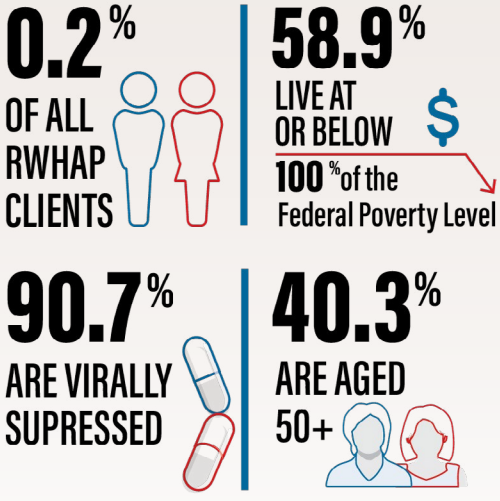
Native Hawaiian/ Pacific Islander Clients

HRSA's Ryan White HIV/AIDS Program, 2020

Population Fact Sheet I July 2022

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—nearly 562,000 people in 2020—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. For more than three decades, RWHAP has worked to increase health equity, stop HIV stigma, and reduce health disparities by caring for the whole person and addressing their social determinants of health.

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



HRSA
Ryan White HIV/AIDS Program

Of the more than half a million clients served by RWHAP, 73.6 percent are people from racial and ethnic minorities with more than 1,070 clients (0.2 percent) Native Hawaiian/Pacific Islander (NH/PI) people.

Learn more about NH/PI clients served by the RWHAP:

- The majority of NH/PI clients served by RWHAP are male. Data show that 76.3 percent of NH/PI RWHAP clients are male, 18.4 percent are female, and 5.3 percent are transgender.
- The majority of NH/PI clients served by RWHAP are people with lower incomes. Data show that 58.9 percent of NH/PI clients live at or below 100 percent of the federal poverty level, which is slightly lower than the national RWHAP average (60.9 percent).
- Data show that 5.9 percent of NH/PI clients served by RWHAP experience unstable housing. This percentage is higher than the national RWHAP average (4.8 percent).
- NH/PI RWHAP clients are aging. NH/PI clients aged 50 years and older account for 40.3 percent of all NH/PI RWHAP clients, which is lower than the national RWHAP average (47.9 percent).
- Among NH/PI RWHAP male clients, 76.0 percent are men who have sex with men (MSM). This percentage is higher than the national RWHAP average of MSM clients (66.7 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 as prescribed and reach and maintain viral suppression cannot sexually transmit the virus to their partner. In 2020, 90.7 percent of NH/PI clients receiving RWHAP HIV medical care are virally suppressed,* which is higher than the national RWHAP average (89.4 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%

iving 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.

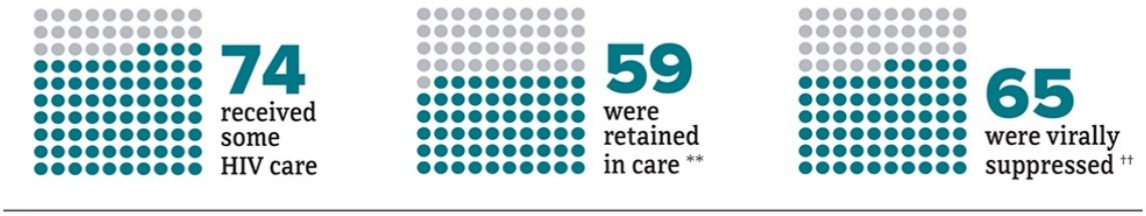
As we commemorate National Asian and Pacific Islander HIV/AIDS Awareness Day, we continue to listen to the voices of those within AAPI communities. I encourage you to visit the Banyan Tree Project's Taking Root: Our Stories, Our Communities project, where AAPI living with or affected by HIV relate their 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.

Howard K. Koh, M.D., M.P.H., is the Assistant Secretary for Health, U.S. Department of Health and Human Services.

Infographics from CDC

(including information about HIV Among Native Hawaiian and Other Pacific Islander People)

People with Diagnosed HIV in 44 States and the District of Columbia by Race/Ethnicity, 2019*



* Among people aged 13 and older.

‡ Hispanic/Latino people can be of any race.

** Had 2 viral load or CD4 tests at least 3 months apart in a year.

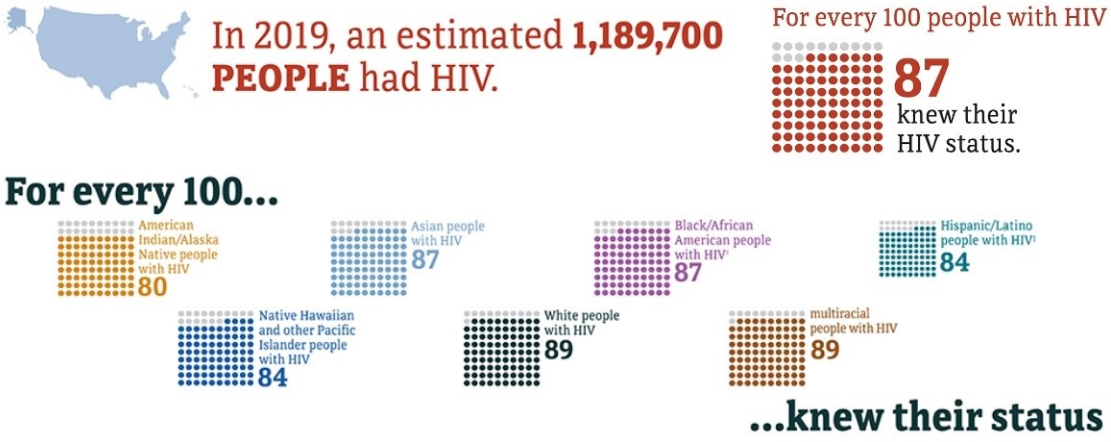
†† Based on most recent viral load test.

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2019. *HIV Surveillance Supplemental Report* 2021;26(2).

Knowledge of Status

Knowledge of status is one of the six *Ending the HIV Epidemic in the U.S.* indicators. Knowledge of status refers to the estimated percentage of people with HIV who have received an HIV diagnosis.

HIV in the US by Race/Ethnicity, 2019*



* Among people aged 13 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. Estimated HIV incidence and prevalence in the United States, 2015–2019 [PDF – 3 MB]. *HIV Surveillance Supplemental Report* 2021;26(1).

Infographics from CDC

(including information about HIV Among Native Hawaiian and Other Pacific Islander People)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

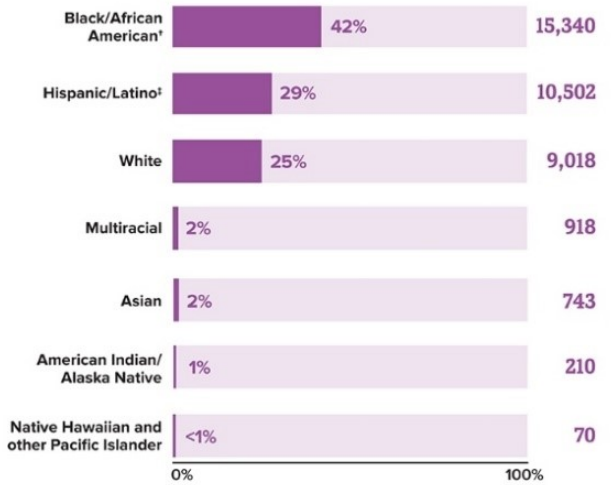
Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on HIV diagnoses and prevention and care outcomes are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six *Ending the HIV Epidemic in the U.S.* indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

In 2019, **36,801 people received an HIV diagnosis** in the US and dependent areas.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2019*

Racial and ethnic differences in HIV diagnoses continue to exist.



* Among people aged 13 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Infographics from CDC

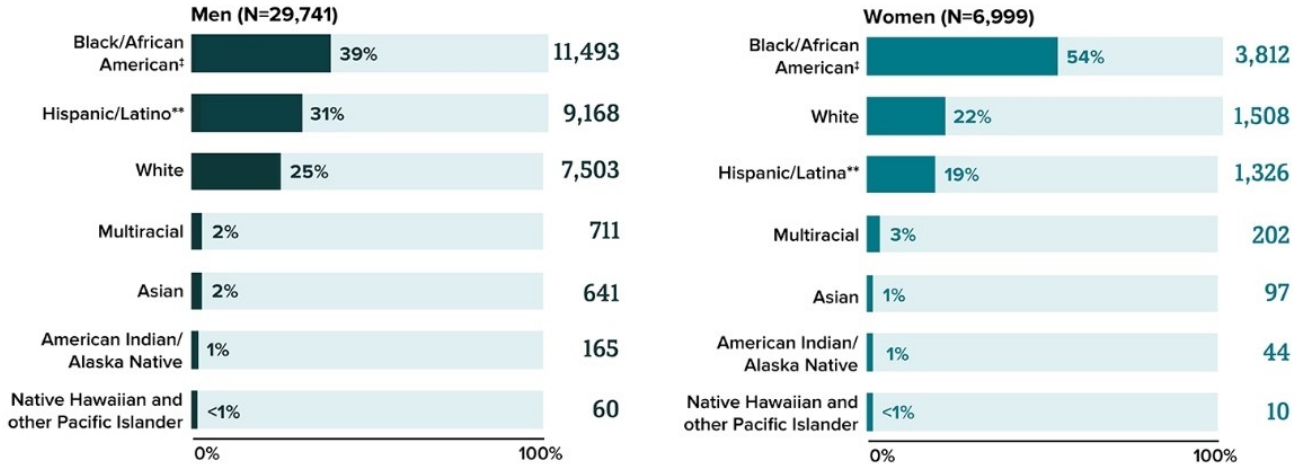
(including information about HIV Among Native Hawaiian and Other Pacific Islander People)

HIV in the United States by Race/Ethnicity: HIV Diagnoses

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on HIV diagnoses and prevention and care outcomes are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six *Ending the HIV Epidemic in the U.S.* indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity and Sex, 2019*†



* Among people aged 13 and older.

† Based on sex assigned at birth and includes transgender people. For more information about transgender people, visit CDC's HIV and Transgender People web content.

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Infographics from CDC

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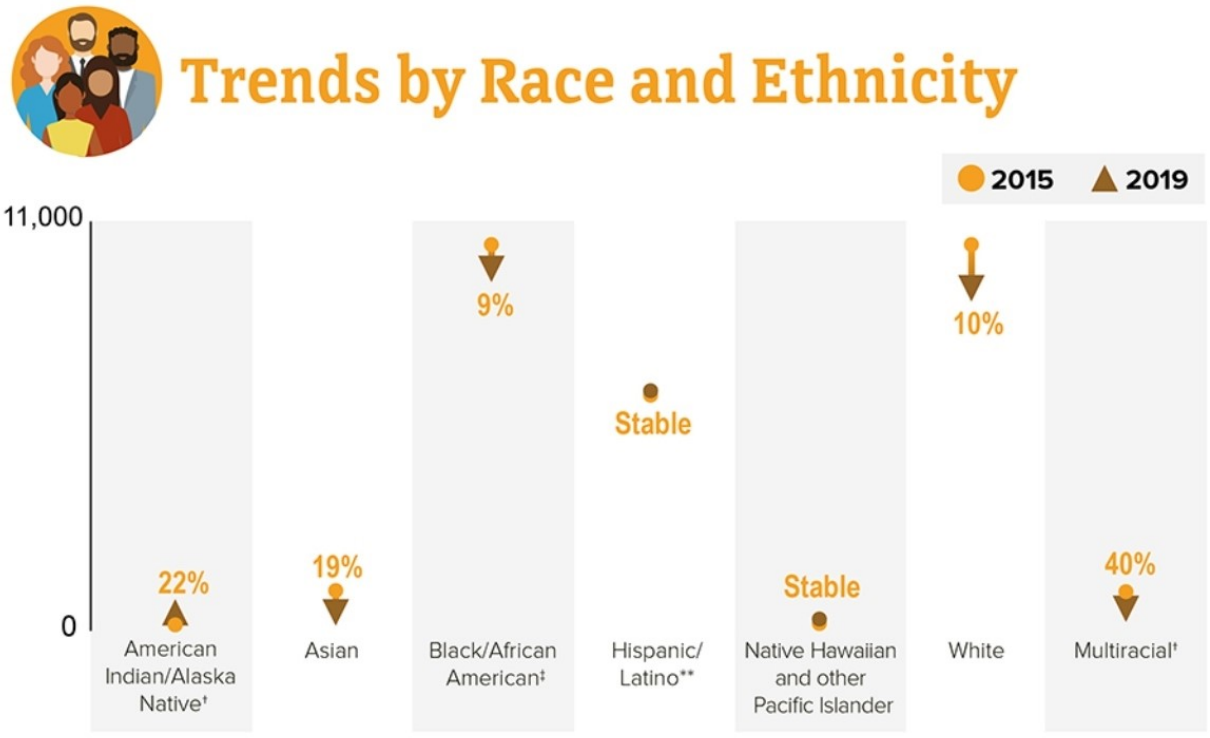
HIV in the United States by Race/Ethnicity: HIV Diagnoses

Data for 2020 should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing, care-related services, and case surveillance activities in state and local jurisdictions. While 2020 data on HIV diagnoses and prevention and care outcomes are available, we are not updating this web content with data from these reports.

HIV diagnoses is one of the six *Ending the HIV Epidemic in the U.S.* indicators. HIV diagnoses refers to the number of people who received an HIV diagnosis each year.

New HIV Diagnoses in the US and Dependent Areas by Race/Ethnicity, 2015-2019*



*Among people aged 13 and older.

† Changes in subpopulations with fewer HIV diagnoses can lead to a large percentage increase or decrease.

‡ *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

** Hispanic/Latino people can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2019. *HIV Surveillance Report* 2021;32.

Infographics from CDC

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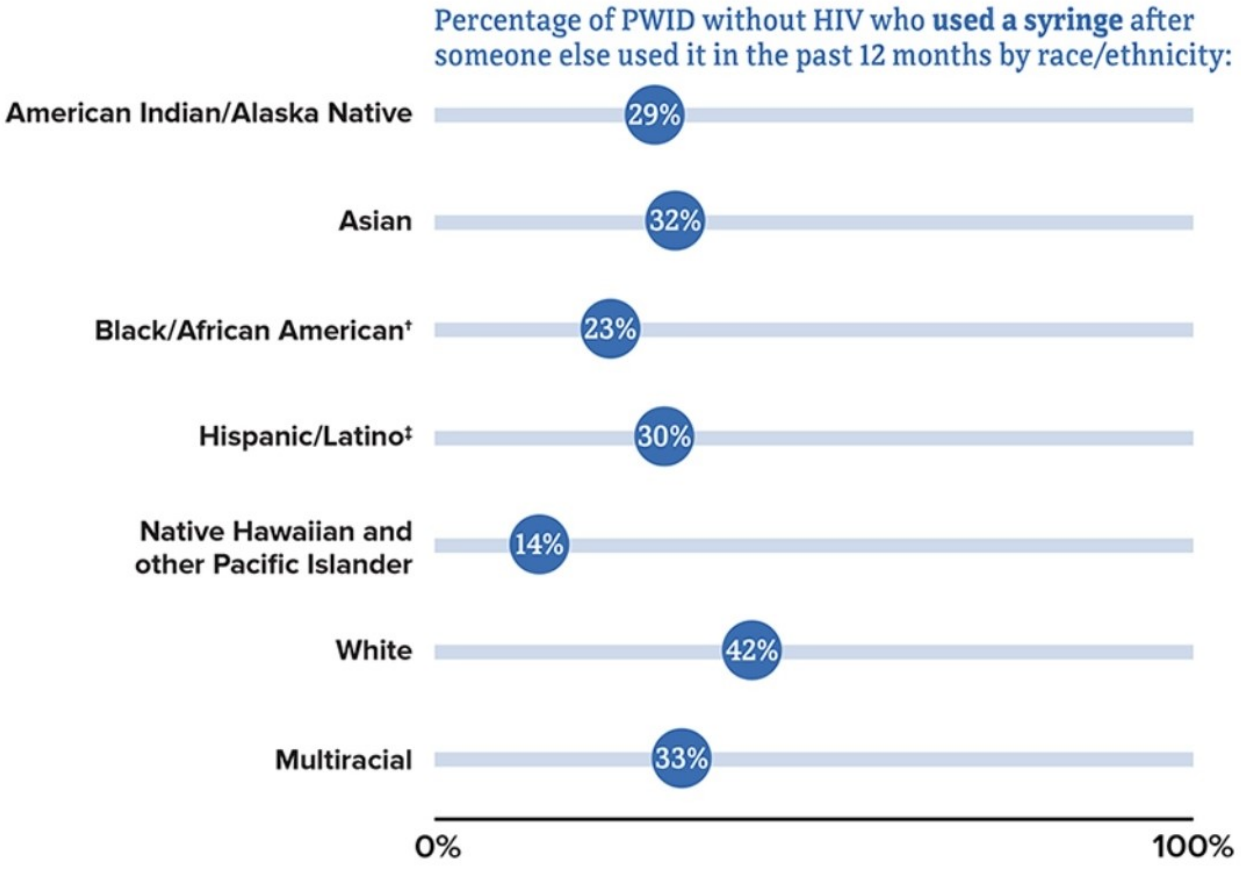
HIV Risk Behaviors

Injection Behaviors Among People Who Inject Drugs (PWID) in 23 US Cities by Race/Ethnicity, 2018*



* Among PWID without HIV aged 18 and older.

† *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for people of African descent with ancestry in North America.

‡ Hispanic/Latino people can be of any race.

Source: CDC. HIV infection risk, prevention, and testing behaviors among persons who inject drugs—National HIV Behavioral Surveillance: injection drug use, 23 U.S. Cities, 2018 [PDF – 2 MB]. *HIV Surveillance Special Report* 2020;24.