

# The Philadelphia Story

**Asian And Pacific Islanders in the  
Philadelphia Region**

**The Invisible Communities**

**Why API Communities Do Not Get Tested  
for HIV ?**

- Around the world, the Asian and Pacific Islander (API) population is number two in number of AIDS cases.
- Why is the API population living in the United States virtually unrepresented in HIV/AIDS data?

# The PROBLEM

- The total number of AIDS cases in Philadelphia during this time period is 15,600
- In the City of Philadelphia the total number of reported AIDS cases since 1990 include only 49 cases in all the Asian communities. Total Asian population in the Philadelphia Eligible Metropolitan Area (EMA) is over 150,000

# Premise

- This brings us to the basic question of whether or not there is a gap between the number of reported and actual AIDS cases in the Asian communities in Philadelphia and why ?

# Background

- Studies indicate that API men who have sex with men (MSM) are practicing unsafe sex at an alarmingly high rate. In a sample of 240 gay API men taken during 1992 to 1993,<sup>[1]</sup> approximately 27% reported unprotected anal intercourse within the previous 3 months.<sup>[2]</sup> In 1997, the Community Planning Group (CPG) of Philadelphia identified barriers to prevention in the API MSM community, finding that “institutionalized homophobia that exists within API communities and the institutionalized racism that exists in the gay/lesbian communities impede access to services.” Additionally, the same prevention plan found barriers for API women to include the unacceptability of condoms to API men, the relative acceptability for API men to have more than one partner without the knowledge of his primary partner, and alcohol and domestic violence, among other barriers.

<sup>[1]</sup> Note: The fact that the data presented is 10 years old just adds to the importance of promoting more studies like this in the Asian and Pacific Islander Communities in the United States.

<sup>[2]</sup>(Choi,K.H., Coates, T.J., &lew,S(1995). High HIV risk among gay and Asian and Pacific Islander men in San Francisco. AIDS Vol.9 (3) 306-308)

# The Challenge

- This study aims to explore barriers in determining why the API community, a community that *does* engage in risky behaviors, is not getting tested for HIV.

# Methodology

- Using census data reports of the API population in the Philadelphia EMA, the five most populous API sub-groups were selected for inclusion in the research. These groups include Vietnamese , Cambodian, Chinese, Korean, and Asian Indian communities.
- This study was conducted to answer two primary questions; knowledge level of associated risks of HIV transmission in the API populations and API perceived barriers to obtaining HIV testing. No previous study reports or results were found of this nature and scope. The methodology used was a targeted sampling model using five duplicate random sampling models of facilitated phone surveying with the five largest API populations in a five county city/metro region of Philadelphia, Pennsylvania. These random samples were compared with the five area wide focus groups conducted.

# Results

- Overall, the individualized self-reports suggest a moralization of risks associated with HIV transmission. Heterosexual transmission is seen as a more widely possible route of transmission, however, this is associated with certain “types” of people engaging in heterosexual contact i.e.; prostitutes, unfaithful partners. Blood transfusions are still very widely accepted and acknowledged as a possible transmission route along with homosexual contact and intravenous drug use. Overall knowledge acquisition for HIV facts seems predominantly rooted in obtaining this from the western medical field and news media sources. Significant portions of respondents though, are still unclear as to sources of HIV related information in and around their larger communities.

## Cont..

- Out of 162 respondents only 30 indicated comfort with either the English language or what they consider “another” language.
- A total of 53 indicated they did not perceive themselves in a particular generational category. However, 91 did indicate they were first generation and 13 indicated they were second generation.

## When asked about various “alternative medicine” practice utilization

- An average of 135 indicated they did not engage in alternative medicine practices including Chinese Medicine, Acupuncture, Coining, Herbal Medicine, or Moxis.
- When asked about medical treatment history, only six (6) chose not to respond to these type questions. However, the results of these questions are strikingly dramatic. The questions were posed as “Ever having been treated for...” and 150 respondents indicated no for heart disease, 149 indicated no for respiratory diseases, 143 no for diabetes, 155 no for STD’s, and 151 no for cancer.

# When asked about where the respondents thought they could obtain HIV related information

- 48 indicated mass media type sources, 25 indicated from health care related sources, seven (7) indicated from other people or word of mouth type sources, but a total of 70 respondents either indicated they didn't know, didn't think about it, or would not respond to this question.

# When asked if an individual has HIV, do they have AIDS

- 56 indicated yes and 59 indicated no. Forty-one (41) did not know. Six (6) did not respond to or refused to answer the question.

The answers for how an individual can contract HIV were set for the respondents according to the Center for Disease Control's established behavioral risk factors.

- The vast majority identified sexual practices as the main route of contraction but only one (1) respondent indicated homosexual type behavior as a risk factor. Seventy-three (73) respondents however, either did not know how someone can get HIV or did not respond to the question.

## When asked about societal aspects that can enhance the spread of HIV

- 97 respondents either did not know, refused to answer, or did not respond to this question. The majority of those who did respond again, identified sexual behavior as the chief risk for spreading but again, only four (4) identified homosexual behavior as a factor.

## When asked if they thought AIDS was a problem in their community

- Surprisingly, 69 responded that they thought AIDS was a problem but a total of 93 respondents indicated either no, did not know, or did not respond to this question.

# Knowledge and attitudes towards HIV testing

- Some logistical testing barriers were identified by a few of the respondents such as lack of transportation, language barriers, not knowing where to get tested, or embarrassment but predominantly, self awareness of associated risk or lack of this association appeared to be the most critical factor in assessing whether the respondent should get tested for HIV.

## Cont..

- 123 of 162 denied ever obtaining an HIV test.
- Ninety-three (93) respondents indicated that they did not think they were at risk for contracting HIV as their primary reason for not getting tested.
- Ninety-two (92) of the respondents clearly identified health care related sites or entities as having HIV testing capability.

# Conclusion of the phone survey study and the focus groups

- The overall knowledge base of four of the five largest Asian Pacific Islander (API) populations is generally low and they are significantly, not associating their own behaviors with the risk of contracting HIV although, they will admit to engaging in one or more of the Center for Disease Control's (CDC) established risk behaviors for transmission.

# Access to testing

- knowledge of HIV testing access appears generally low. Yet, these same populations do not necessarily indicate that most of the traditionally identified logistical barriers are necessarily barriers for API's to obtain HIV testing. Resistance to obtaining an HIV test appears predominantly focused upon the lack of risk association.

## Cont...

- Significant findings highlighted the general non-utilization of the API populations with prevention/early intervention medical services for other medical conditions/diagnosis. This data suggests that these populations delay detection until overt symptoms are present for them to engage interceptive services.

### Principal Investigators:

Jennifer L. Kunkel, Total HealthCare Incorporated

Yoshiaki Yamasaki M.S.Ed. The Philadelphia AIDS Consortium

### Supporters:

We wish to gratefully thank and acknowledge the Pennsylvania State Department of Health, Division of HIV/AIDS, specifically Mr. Joseph Pease; Mr. Weldon King for their support and assistance for this project. In addition we gratefully wish to thank ASIAC, Intercultural Family Services, The Phillip Jaisohn Center, SEAMAAC, Dr. Steven Fu-VAMC, Minnesota, and Dr. Philip Su, Philadelphia, PA for their invaluable planning and implementation support of this project.

This project was funded through the Pennsylvania State Department of Health, Division of HIV/AIDS, with additional financial support provided by South Central AIDS Planning Coalition and The Philadelphia AIDS Consortium.

Made also possible with the support of TPAC staff especially: Larry Hochendoner M.G.A, Executive Director, Paul Luong, Director of Planning, Charlene J. Moore-Arcila, Administrative Assistant of Special Program and to the Deputy Director and Naomi Lim, Student Intern.

## Planning

Lisa Manley, Project Officer (Centers for Disease Control), Dr. Frank Wong, George Washington University, Dr. Steven Fu, University of Pennsylvania, Dr. Phillip Su, Philadelphia, PA, John Chin, APICHA, Ron Sy, ASIAC, Dr. Benjamin Muhtambi of the Bureau of Epidemiology, Pennsylvania State Department of Health, Judith Peters, Co-Chair of the Philadelphia Community Planning Group, the Family Health Council of Central Pennsylvania

## Planning Team

Dr. Steven Fu, Fernando Chang-Muy, Dr. Sotheary Chan, Eun Sook Kang, Ron Sy, Lorraine Porcellini, Vic Julius Veluz, Putery Long, Samien Nol, Yohandre Suarez, Lan Hue Banh, Hanna Do, Cuong Dam, Jung Park, Shin Eun Tae, Yu Bung Sook, Chanthou Duong, Savang Kim, Utakanh T. Le, Henry Kwon

## Facilitating Volunteers

Volunteers came from the Phillip Jaisohn Center, SEAMAAC, and ASIAC of Philadelphia

## Focus Group Interpreters

Supplied by ASIAC

## Analysis

Lorraine Porcellini, Karol Krotky, Jennifer Kunkel, Yoshiaki Yamasaki,  
Contributing editors: David Chae-Harvard University School of Public Health,  
Dr. Steven Fu, MD, MSCE  
Section of General Internal Medicine  
Center for Chronic Disease Outcomes Research (CCDOR)  
Assistant Professor of Medicine, University of Minnesota  
VA Medical Center