



## **Clinician's Guide to Working with Asians and Pacific Islanders Living with HIV**

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The *mission* of Asian & Pacific Wellness Center is to educate, support, empower, and advocate for Asian and Pacific Islander communities—particularly Asians and Pacific Islanders living with, or at-risk for, HIV/AIDS.

To *learn more* about Asian and Pacific Islander organizations who can serve as a local resource on HIV/AIDS care and prevention, to obtain educational materials in Asian and Pacific Islander languages and HIV prevention training curricula, or to receive assistance in building local capacity to offer programs targeting Asians and Pacific Islanders, please call our office or visit our website.

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Copies of the *Clinician's Guide* can be downloaded from A&PIWC's website at [www.apiwellness.org](http://www.apiwellness.org).

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## About This *Physician's Guide*

This is a practical resource for medical providers who are confronted with basic cultural challenges presented by Asian and Pacific Islander (A&PI) patients living with HIV infection. Information is based on the direct experience of patients and the experience reported by providers who have worked with these patients.

This *Guide* responds to three questions:

- 1) What cultural factors amplify the difficulties faced by Asians and Pacific Islanders with HIV?
- 2) How do these cultural amplifiers affect a patient's access to services?
- 3) What can a medical provider do to address language and cultural barriers and to help empower their Asian and Pacific Islander patients living with HIV?

A&PIs in the United States make up a diverse population of over 49 ethnic groups speaking over 100 languages and dialects. This *Guide* does not address the wide cultural variation, but focuses on some basic similarities among most A&PI ethnic groups. It is important to note that there are specific cultural, historical, political, regional, and religious affinities among subgroups of A&PIs. At the same time, each A&PI ethnic group is distinct and can be seen as different from other A&PI ethnic groups.

Many A&PI countries have populations comprised of several ethnic groups, (for example, a Malaysian national may be Malay, Chinese, or Indian). In addition, certain A&PI ethnic groups in the U.S. may have immigrated from different countries, (for example, ethnic Chinese may come from Taiwan, Malaysia, Canada, Cuba, etc.). Furthermore, in the U.S., A&PIs can range from newly immigrant to fifth-generation American-born.

This *Guide* introduces service goals and interventions to address the challenges posed by A&PI cultural amplifiers. Keeping these cultural factors in mind will facilitate your treatment and care of Asians and Pacific Islanders living with HIV.



## Cultural Amplifiers

A *cultural amplifier* is a cultural factor that magnifies the difficulties faced by Asians and Pacific Islanders living with HIV.

### Family Role Over Individual Identity

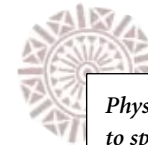
Each member in a family has a specific role based on age and gender. Asians and Pacific Islanders may prioritize their family role (son, mother, father, etc.) over their individual identity. A patient may hide his or her HIV diagnosis, fail to seek or adhere to treatments, or reject social services if these actions threaten the patient's role in their family. Often the adult patient may be financially dependent and/or still living at home.

*Filial piety* is the obligation an individual feels towards their parents. Filial obligation can amplify the shame an individual living with HIV may feel. It can cause them to hide or ignore their diagnosis and isolate themselves from their family.

## Indirect Communication

In Western cultures, indirect communication can be seen as passive-aggressive behavior. In Asian and Pacific Islander cultures, indirect communication avoids drawing attention to another's mistakes or oversights. Value is placed on a constant awareness of the needs of the group or the needs of those other than oneself. Your patient may express their wishes or desires through silence or non-verbal communication, expecting that you will notice their silence and address what they need. Ideally, needs are met without having to directly ask or confront.

Physicians who expect their patients to speak up and say what is on their mind will often miss the substance of what is being communicated to them.



*Physicians who expect their patients to speak up and say what is on their mind will often miss the substance of what is being communicated to them.*



## Cultural Amplifiers

### Deference to Authority

Deference is a form of respect. Most Asian and Pacific Islander cultures value deference to authority, values often reinforced by hierarchical structures in their societies and histories of colonialization. In a medical setting, however, it can interfere with your patient's true understanding of information presented to them. You may interpret your patient's smile or nod for understanding and agreement, rather than deference. Your patient may only appear to be compliant in order to please their physician. Deference can be a barrier for the patient to self-advocate or raise concerns with their physician. A patient may defer to you without fully examining their options.

### Language

Language barriers can isolate a patient from life-saving and life-enhancing services and information. Medical providers working through interpreters should be aware that patients may be reluctant to discuss sensitive information in the presence of friends and relatives. Professionally certified medical interpreters may have their own culturally-based biases about HIV. Interpreters should be trained in HIV terminology



*Patients often feel shame about having HIV and a sense that they have disappointed their family. This can cause them to feel unworthy of receiving treatment and support services.*

in English and Asian and Pacific Islander languages, and in how to discuss HIV-related “taboo” subjects non-judgmentally.

### Shame

Shame is used in Asian and Pacific Islander cultures to remind individuals of their obligation to their families and to their communities. A patient often feels shame about having HIV and a sense that they have disappointed their family. This can cause them to feel unworthy of receiving treatment and support services. A diagnosis of HIV or AIDS is further confused by the incorrect and negatively biased information often pervasive in Asian and Pacific Islander communities.

*Saving face* means acting in ways that support family and social values and structures. In an effort to save face, Asians and Pacific Islanders often hide their diagnosis. They may try to appear competent and without needs. Patients may fail to disclose problems or concerns. Fear of rejection and stigmatization of the family by their community can lead to isolation and declining health.



## Cultural Amplifiers



### Taboo Subjects

Issues such as sex and sexuality, homosexuality, illness, and death are considered taboo in many Asian and Pacific Islander cultures. Discussion of these issues is thought to bring bad luck or the irresolution of these problems. There is a cultural emphasis on self-reliance, on handling problems privately. The avoidance of these topics with a provider can cause important medical and social service needs to go unmet. Continued isolation can lead to depression, inaction, and decreased care-seeking behavior.

### Avoiding Direct Expression of Feelings

Many Asian and Pacific Islander cultures discourage the direct communication of feelings. Talking about one's feelings is often viewed as a sign of weakness or immaturity, or a reflection of an inability to handle one's own problems. Both HIV stigmatization and suppression of feelings compound a patient's sense of isolation and alienation.

## Health Beliefs and Fatalism

Illness and death may be attributed to bad luck. Outcomes of an individual's disease may be seen fatalistically. Fatalism and other cultural health beliefs can cause some patients to be passive in their health care. At the same time, discussion of palliative or hospice care can be interpreted as giving up or as betrayal by a patient's health care provider. Preparing for death can be seen as courting bad luck.

### Traditional Healing

Patients report physical relief as well as an overall increase in their sense of well-being from healing practices such as acupuncture, ayurvedic medicine, qi gong, shamanistic healing, and energy balancing. For many Asian and Pacific Islander patients, practice of culturally familiar modes of healing can contribute to a sense of empowerment in their care.





## Service Interventions

### Teach and Offer a Bicultural Approach to Care

Asian and Pacific Islander patients, particularly immigrants and refugees, bring their own cultural approaches to care. At times these approaches can alienate them from Western medical resources.

Validating and even encouraging patients to use *both* Western and traditional treatments can help foster trust and collaboration. Hopefully patients will be more willing to share with you the complementary therapies they routinely employ so as to give you a more complete picture

for developing their treatment plan. Review possible outcomes of both traditional and new approaches. Evaluate which strategy would be most effective in each situation.

Your patient's thinking, communication style and behavior have cultural roots. There are certain strengths inherent in each culture. Wherever possible, your patient's culture should be discussed as a



potential asset rather than a barrier. Help your patient identify the consequence of certain culturally-based behaviors.

### Create an Empowerment Narrative

Your patient may be unable to see or measure an improvement in their ability to understand and process information, or to navigate a complex medical care system. A provider can help a patient see their own progress by organizing their successes into a personal narrative. Patients begin to see their experience more objectively and are encouraged to enhance and develop new skills.

### Establish Peer Intervention

Meeting or hearing about other Asians and Pacific Islanders living with HIV can give your patient a sense that they are not alone and that others may share common cultural reference points, find themselves facing similar life circumstances, and manage to survive.

### Teach Patients About the Structure of the Medical Care System

The health care system can seem like a maze to both providers and patients. Explaining the structure and provider/patient roles can help a patient learn to effectively advocate for themselves. Teach your patients to question authority figures and analytically approach what they might hear or read.



## Service Interventions

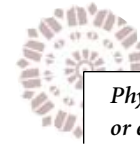


### Practice Direct Communication

Your patients may not always express their problems and needs directly. Create a safe place. In the beginning of a relationship with an Asian or Pacific Islander patient, you may have to learn to read between the lines to understand your patient's complaint or need. In an ongoing relationship, you have the opportunity to teach direct communication strategies to enhance your relationship with your patient. Shift from asking general questions to more specific questions. For taboo subjects, tactfully speak the unspeakable.

### Show Respect for Traditional Approaches to Healing

Providers build trust with their patients by demonstrating an interest and respect for a patient's efforts to care for themselves. Respect goes beyond tolerating or overlooking other forms of healing. Showing interest does not necessarily have to indicate sharing common beliefs.



*Physicians who rush their patients or express frustration at their lack of understanding can further isolate the individual.*

## Assess Integration of HIV Diagnosis into Identity

How much has your patient integrated an HIV diagnosis into their life? Is the client self-motivated? Questions should address how well your patient has understood and made decisions based on medical information provided. Avoid open-ended questions. These questions can create ambiguity. Save questions about your patient's thought process and feelings for when the relationship is established. The following initial questions to the patient may prove helpful:

- Have you ever used Western medical care before? Were your experiences positive or negative?
- What do you know about your diagnosis?
- What treatments or services have you sought since you were diagnosed (including non-Western treatments)?
- Who knows about your diagnosis?
- Do you try to avoid thinking of HIV or find that you can't stop thinking about HIV?





## Service Interventions

### Develop an Alliance

Take more time to understand your patient's perspective and slowly build a rapport. Allow for some personal disclosure by sharing your experience working with other HIV-positive patients. Make a simple statement about the very real possibility of living well with HIV. Building trust assures better adherence to therapy.

### Link Patient to Social Service Provider

Connecting your patient with a culturally sensitive social service provider could be the most important cultural intervention suggested in this *Physician's Guide*. Within the context of an ongoing relationship with a case manager or social worker, your patient has the opportunity to get support, have information clarified, and learn about the medical and social service systems they use.



*Your patient's thinking, communication style and behavior have cultural roots. Help your patient identify the consequence of certain culturally-based behaviors.*

## Establish a Multidisciplinary Care Team

Providers who have gained a patient's trust should help transfer trust to other providers. Your patient is put more at ease with other providers who you personally recommend for their expertise, competency, and caring. Meetings among providers can demonstrate to your patient the smooth coordination between the medical and social service systems. Include your patient in the process whenever possible.

### Educate Providers About Culturally Sensitive Services

Medical providers who are sensitive to culturally specific issues for Asians and Pacific Islanders living with HIV will often need to educate other providers who are working with the patient. If medical providers are unable to do this, social service providers should be enlisted to carry out this important task. Feel free to share this *Physician's Guide* with your colleagues.

### Pace the Delivery of Information

Overwhelmed by medical information and psychosocial issues, some Asian and Pacific Islander patients will shut down, flee, or fail to comply. Assess the patient's ability to take in information and decide with your patients how much information to present at one time. Questions and information should be unambiguous and concrete. Physicians who rush their patients or express frustration at their lack of understanding can further isolate the individual.



## Service Goals for Asians and Pacific Islanders Living with HIV

### Treatment Adherence and Hope

Even when Asian and Pacific Islander patients have established a routine of care within the context of Western medical and social services, cultural values and beliefs can interfere with their ability to maintain or improve their treatment. Patients may experience hopelessness and fatalism, preventing them from continuing or enhancing their care. Hopelessness may also be related to low self-esteem and feelings of having disappointed one's family by contracting HIV. By balancing feelings of hope and sadness, a patient can develop a vision of survival.

#### INTERVENTIONS

- Teach patients about the structure of the medical care system
- Create an empowerment narrative
- Establish a multidisciplinary care team
- Establish peer intervention



*Your patient may express their wishes or desires through silence or non-verbal communication, expecting that you will notice their silence and address what they need.*

### Linguistically and Culturally Sensitive Care

Language barriers and cultural alienation from services can interfere with a patient's motivation to seek and adhere to medical treatment, including HIV medication regimens. Services should be provided by HIV physicians who can communicate with the patient in their language of choice. If such practitioners are unavailable, medical providers are encouraged to link patients to a social service provider (case worker, social worker, or peer advocate) who can interpret information for the client within the context of an ongoing relationship.

If untrained interpreters or family members are utilized, providers should be sensitive to the intermediary's personal biases which may interfere with the communication of information. Patients may also be unwilling to discuss personal information in front of family or close friends.

#### INTERVENTIONS

- Link patient to social service provider
- Educate providers about culturally sensitive services
- Establish a multidisciplinary care team



## Service Goals for Asians and Pacific Islanders Living with HIV

### Belief in Western Treatment and Traditional Methods of Healing

Lack of familiarity with Western treatment and care models can cause Asian and Pacific Islander patients living with HIV to mistrust their medical care. Patients may have to incrementally build faith in Western approaches. To develop trust, a medical provider is advised to take time and proceed slowly. Building trust is more effective if the patient's traditional beliefs are not devalued by Western medical providers. A provider does not have to subscribe to a patient's belief systems in order to show respect. Patients who experience respect and curiosity from providers are more likely to disclose problems and concerns, and adhere to prescribed treatment plans.

#### INTERVENTIONS

- Educate providers about culturally sensitive services
- Teach and offer a bicultural approach to service access
- Show respect for traditional approaches to healing
- Establish peer intervention



## Integrate HIV Into Identity

A common reaction to an HIV-positive diagnosis is denial or avoidance. For Asians and Pacific Islanders, this reaction is compounded by concerns for their family. An HIV-positive patient may feel that they have disappointed their family or may worry that they will not be able to fulfill their family obligations. A patient who integrates their diagnosis into their identity can better seek and maintain participation in treatment.

#### INTERVENTIONS

- Assess integration of HIV diagnosis into identity
- Pace delivery of information
- Develop an alliance

## Sense of Control Over Treatment and Services

Overwhelmed by language barriers, Western service systems and terminology, frank discussions of sexuality, difficult feelings, and an unfamiliar belief system of health and healing, Asian and Pacific Islander patients can feel hopeless and alienated from their own care. Allowing the patient a sense of control over their care relies on providers who can establish culturally sensitive and informed relationships with the patient.

#### INTERVENTIONS

- Create an empowerment narrative
- Teach patients about the structure of the medical care system
- Practice direct communication
- Teach and offer a bicultural approach to care

## Patient History

George is a 35 year-old, first-generation Chinese-American man with AIDS. George is gay-identified. He has lived in the U.S. for 15 years. You diagnosed him with PCP three weeks ago and opted to treat him at home because the PCP was diagnosed early.

### Case Study 1

#### GEORGE

You have just hospitalized him because he reports difficulty breathing and is somewhat disoriented. Just before admitting him, you discovered that George had not been taking his medication. He was feeling hopeless about his health and his only form of treatment was Chinese medicinal herbal soups his mother was making for him.

George told you that he did not want to hurt his mother. George's mother has been physically trying to block nurses and you from treating her son. She says the medication is making him sick. George's parents speak Cantonese and little English and are poorly informed about the medical aspects of HIV disease.

Up until this bout with PCP, George has had few symptoms of HIV and has not shared very much about his diagnosis with his parents with whom he lives.



### Belief in Western Treatment and Traditional Methods of Healing, Treatment Adherence and Hope

- Show respect for the family's approach to healing. Spend time with George and his mother talking about Chinese medicinal treatment.
- Use an empowerment narrative. Remind George in a detailed story about previous struggles he may have had earlier on. In particular, highlight strategies and internal resources he used to get through those times successfully.
- Link George to an HIV support group, preferably with other Asians and Pacific Islanders if possible, so he can see that others like him are struggling to live hopefully with the disease.
- Talk with family about a bicultural approach to healthcare. Work collaboratively with them to identify ways traditional Chinese medicine may benefit him. Also work with them to identify ways how Western medicine can be beneficial.



## Patient History

CONTINUED

### Case Study 1

GEORGE

#### Linguistic and Culturally-Sensitive Care

- If you do not speak Cantonese and/or have knowledge about Chinese culture, link George and his family to a Cantonese-speaking social worker or case worker.
- If the social worker or case worker is unfamiliar with medical and psychosocial aspects of HIV disease, arrange for that person to receive sensitivity training about HIV disease.
- Work with the social worker to establish an ongoing relationship with the family.
- Refrain from appearing frustrated or judgemental towards George or his family.

#### Integrate HIV Into Identity

- Assess how much HIV treatment information George has retained from previous interactions with the medical system.
- Determine at what level George applies his understanding of medical information to decision-making.
- Slowly review medical and psychosocial issues related to HIV. Start with treating his current opportunistic infection. Possibly reserve review of other aspects of treatment until George is compliant with PCP treatment. Think about building on George's renewed successes.

#### Sense of Control Over Treatment and Services

- Use an empowerment narrative to highlight his family's successes in getting through other difficult times having to do with HIV or other challenges, for example, struggling as immigrants in the U.S. Help them identify strengths which got them through.
- Teach and practice direct communication with George's family. Encourage questions and complaints the family may have.
- Educate the family about the structure of the medical system in which George is being treated, or ask social workers or nurse practitioners to play this ongoing role.

## Patient History

### Case Study 2

#### MRS. V

Mrs. V is a 40 year-old, first-generation Vietnamese woman with AIDS, who has been under your care for three years. You met Mrs. V while treating her husband. Mr. V had presented for treatment of late-stage HIV infection. Soon after meeting them, you suggested that Mrs. V also be tested for HIV. Mr. V died soon after your initial contact with them.

Mrs. V is monolingual in Vietnamese. Therefore, you referred her to a bilingual Vietnamese-speaking case manager at a local HIV services organization. Throughout her treatment, Mrs. V has refused to use hospital interpreters services. She says she prefers to rely on her sister and case manager for help in communicating with you because she is afraid that others will find out about her diagnosis.

Recently, Mrs. V's condition has deteriorated dramatically. You propose treatment that would hospitalize her for 72 hours. It would require that she be monitored continuously in case any potentially life-threatening side effects occur. The hospital states it cannot provide continuous interpretation services.

Mrs. V initially refuses. She restates she does not want to use hospital interpreters services because she fears other Vietnamese people in her community will find out about her condition. The case manager states that her agency can provide enough trained volunteer interpreters to supplement the hospital's resources and make it possible for Mrs. V to receive treatment.



### Linguistically and Culturally Sensitive Care

- Help facilitate communication between the case manager and the hospital's interpreter services. Review and enhance as necessary the level of training that the bilingual volunteers at the HIV services organization receive.
- Advocate with the hospital administration to increase their capacity for Vietnamese and other languages in order to ensure that treatment and care are truly accessible to all patients.



### Help the Patient Maintain a Sense of Control

- Utilize an empowerment narrative. Talk in detail with Mrs. V about your consistent commitment over the past three years to helping her maintain her confidentiality. Utilize the alliance which you have developed during your work with her. Remind her of the previous challenges she has successfully negotiated.
- Assess her understanding of the seriousness of her condition and of the potential benefits of the treatment.
- Arrange for a case conference with the case manager, Mrs. V's sister, Mrs. V and the team of trained volunteer interpreters; in the presence of all involved, reinforce the importance of confidentiality.
- You or the case manager can develop a care and interpretation system to be used during Mrs. V's hospital stay. Explain the structure of the system to her. Invite her to give input.

## Patient History

James is a 19 year-old, gay-identified, second-generation Filipino American. He tested positive for HIV at an anonymous test site and was referred to a public medical clinic where you work.

### Case Study 3

#### JAMES

After several visits, you feel frustrated by James' resistance to consider any form of treatment. You are even more concerned by James' hostile attitude and absolute sense of hopelessness.

During his visits with you, James seems indifferent about his health status. He responds to your questions about his support system by complaining about his parents and their inability to understand him, his sexuality, and his HIV status. James describes his parents as mostly Tagalog-speaking, highly unacculturated, and living in a predominantly Filipino neighborhood.

Indeed it seems to you that the compounding effects of generational and cultural gaps between James and his parents have left James feeling isolated and misunderstood in spite of his knowledge that his parents love him. James' anger and despair have translated into indifference about his health and a resistance to taking care of himself.



### Integrate HIV Into Identity

- At the initial stages of treatment, in the absence of acute infections, prioritize developing your relationship with James over pushing treatment compliance.



### Help the Patient Maintain a Sense of Control

- Treat James with respect when explaining medical information and treatment options. Ask James what he knows about HIV disease and treatment. Ask him what he thinks about the information you have provided to him. In this way, involve him in developing his own treatment plan. One of the primary developmental tasks of adolescence is to establish an identity as an individual distinct from one's family identity (as son, in this case). Involving James in his treatment by showing interest in his thoughts is a way to recognize his emerging independence, to avoid power struggles, and to help him to establish a healthy sense of control over, and investment in, his treatment.

## Patient History

CONTINUED

### Case Study 3

JAMES



#### Culturally Sensitive Care

- Develop your alliance with James by demonstrating your understanding and interest in the cultural and generational gap between him and his parents. While building an alliance, be sure to ask James questions in a non-judgmental tone about his experience.
- Link James with a social worker, case manager, peer advocate, or counselor who ideally has had experience working with U.S.-born Asians and Pacific Islanders and/or gay youth.



#### Help the Patient Maintain Hope

- Link James to a peer group of individuals living with HIV. This group may be predominantly Asian and Pacific Islander, youth, and/or gay. If you are not able to make this referral yourself, work with social service agencies who prioritize culturally sensitive care. Hearing stories from peers about living with HIV disease may provide James with role models for cultivating and maintaining a hopeful outlook.

## RESOURCES

### NATIONAL

**Asian & Pacific Islander American Health Forum**  
San Francisco, CA  
415/954-9988  
[www.apiahf.org](http://www.apiahf.org)

**Asian & Pacific Islander Wellness Center: Community HIV/AIDS Services**  
San Francisco, CA  
415/292-3400 TTY 415/292-3410  
[www.apowellness.org](http://www.apowellness.org)

**Association of Asian Pacific Community Health Organizations**  
Oakland, CA  
510/272-9536  
[www.aapcho.org](http://www.aapcho.org)

**Health Resources and Services Administration**  
[www.hrsa.gov](http://www.hrsa.gov)

**HIV/AIDS Treatment Information Service**  
800/448-0440  
800/480-3739 TTY  
[www.hivatis.org](http://www.hivatis.org)

**Project Inform**  
800/822-7422  
[www.projectinform.org](http://www.projectinform.org)

**National Minority AIDS Council**  
Washington, DC  
202/483-6622  
[www.nmac.org](http://www.nmac.org)

### EAST COAST

**AIDS Services In Asian Communities**  
Philadelphia, PA  
215/563-2424  
[www.critpath.org/asiac](http://www.critpath.org/asiac)

**Asian & Pacific Islander Partnership for Health**  
Washington, DC  
202/986-2393

**Asian & Pacific Islander Coalition on HIV/AIDS**  
New York, NY  
212/620-7287  
[www.apicha.org](http://www.apicha.org)

**Chinatown Health Clinic**  
New York, NY  
212/226-8866  
<http://asianweb.net/news/java/chc.htm>

**Chinese American Planning Council**  
New York, NY  
212/941-0030

**Family Health Center**  
Worcester, MA  
508/860-7700

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resources



## RESOURCES

### EAST COAST, *continued*

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#### Family Health Project

New York, NY  
212/344-0195

#### Indochinese Community Center

Washington, DC  
202/462-4330

#### Korean Community Services Center

Washington, DC  
202/882-8270

#### Korean Community Services Center

Annandale, VA  
703/354-6345

#### Massachusetts Asian AIDS Prevention Project

Boston, MA  
617/426-6755  
[www.maapp.org](http://www.maapp.org)

#### South Cove Community Health Center

Boston, MA  
617/521-6700  
[www.scchc.org](http://www.scchc.org)

### MIDWEST

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#### Asian Health Coalition of Illinois

Chicago, IL  
312/814-2565

### PACIFIC NORTHWEST

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#### International Community Health Services HIV/AIDS Department

Seattle, WA  
206/467-0884

### NORTHERN CALIFORNIA

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#### Asian Health Services – AIDS Project

Oakland, CA  
510/986-6876  
[www.ahshc.org](http://www.ahshc.org)

#### Filipino Task Force on AIDS of Northern California

San Francisco, CA  
415/703-9880  
[www.ftfa.org](http://www.ftfa.org)

#### North East Medical Services

San Francisco, CA  
415/391-9686

## RESOURCES

### SOUTHERN CALIFORNIA

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#### Asian American Drug Abuse Program, Inc.

Los Angeles, CA  
213/293-6284

#### Asian Pacific AIDS Intervention Team

Los Angeles, CA  
213/553-1899  
<http://members.aol.com/apaitmain/apait.htm>

#### Asian Pacific Health Care Venture

Los Angeles, CA  
323/644-3880

#### Asian Pacific Islander Community AIDS Project

San Diego, CA  
619/229-2822  
[www.apicap.org](http://www.apicap.org)

#### Chinatown Service Center

Los Angeles, CA  
213/680-9955

#### Korean Health Education, Information and Referral Center

Los Angeles, CA  
213/427-4000

#### Korean Youth and Community Center

Los Angeles, CA  
213/365-7400

#### Operation Samahan Health Clinic

National City, CA  
619/474-2284

#### Pacific Asian Language Services

Los Angeles, CA  
213/462-8632

#### Search to Involve Pilipino Americans

Los Angeles, CA  
213/382-1819

#### T.H.E. Clinic – Asian Health Project

Los Angeles, CA  
213/295-6571

### PACIFIC ISLANDS

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#### Coral Life Foundation

Agana, GU  
671/479-2437  
[www.coralife.org](http://www.coralife.org)

## RESOURCES

### HAWAII

**Bay/Pahoa Family Health Center**  
Hilo, HI  
808/969-1427

**Maui AIDS Foundation**  
Wailuku, HI  
808/242-4900

**Big Island AIDS Project**  
Hilo, HI  
808/935-6711

**Papa Ola Lokahi**  
Honolulu, HI  
808/536-9453

**Kalihi-Palama Health Center**  
Honolulu, HI  
808/848-1438

**Waianae Coast  
Comprehensive Health Center**  
Waianae, HI  
808/696-7081  
[www.lava.net/~wcchc/](http://www.lava.net/~wcchc/)

**Kokuu Kalihi Valley Health Center**  
Honolulu, HI  
808/848-0976  
[www.kokuakalihivalley.org](http://www.kokuakalihivalley.org)

**Waimanalo Health Center**  
Waimanalo, HI  
808/259-7948

**Life Foundation**  
Honolulu, HI  
808/521-2437  
[www.lifefoundation.org](http://www.lifefoundation.org)

**West Hawaii AIDS Foundation**  
Kailua-Kona, HI  
808/331-8177

**Malama Pono-Kaua'i AIDS Project**  
Lihu'e, HI  
808/246-9577  
[www.malama-pono.org](http://www.malama-pono.org)

### CANADA

**Alliance for South  
Asian AIDS Prevention**  
Toronto, ON  
416/599-2727

**Asian Community  
AIDS Services**  
Toronto, ON  
416/963-4300  
[www.acas.org](http://www.acas.org)

**Asian Society for  
the Intervention of AIDS**  
Vancouver, BC  
604/669-5567  
[www.asia.bc.ca](http://www.asia.bc.ca)



### Asian & Pacific Islander Wellness Center

Asian & Pacific Islander Wellness Center (A&PIWC) is the oldest and most comprehensive, non-profit HIV services organization in North America targeting Asian and Pacific Islander communities. A&PIWC's *HIV Care Services* provides free and confidential HIV treatment case management, mental health counseling, on-site primary medical and psychiatric care, client and treatment advocacy, and group and individual support to Asians and Pacific Islanders living

with HIV/AIDS. Our *HIV/STD Prevention Services* reach immigrants and refugees, youth (straight, queer and questioning), gay and bisexual men, transgenders, homeless people, and women working in massage parlors through community organizing, workshops, retreats, peer counseling, prevention case management and support groups.

Our *Community Services* programs offer HIV/STD testing, employment services, internships, volunteer opportunities, social marketing, and community events. A&PIWC staff speak 16 different languages.

*Treatment counseling, advocacy, and case management services need to be both culturally competent, and equipped to link people with HIV to primary care and current standards of care. We are pleased that Asian & Pacific Islander Wellness Center has provided the initiative and leadership to create a model meeting these needs, which may also be effective with other underserved populations.*

Joe O'Neill, MD, MPH  
Associate Administrator for AIDS  
Health Resources & Services Administration  
U.S. Department of Health & Human Services

*continued*

## Asian & Pacific Islander Wellness Center, *continued*

A&PIWC's *Research & Technical Assistance* program builds HIV prevention capacity in organizations and communities throughout the United States and its Pacific Territories and conducts community-based research. We have provided technical assistance to more than 45 organizations including community-based HIV/AIDS agencies serving Asians and Pacific Islanders and gay Asian and Pacific Islander groups. Two of A&PIWC's national model programs focus on utilization of and adherence to HIV treatments.

◆ In contrast with many models, A&PIWC's *Multi-Lingual Treatment Case Management* helps clients manage immediate and ongoing needs alongside the longer term issues of living with HIV. This model combines health assessment, treatment education and coaching, planning and follow-up within a service-based case management setting. When clients

*Due to the Treatment Case Management model that Asian & Pacific Islander Wellness Center has piloted, some of our promising successes are occurring among immigrant men, women and youth who, even facing linguistic and socioeconomic barriers, have been among the first to benefit from new treatments.*

Willie L. Brown, Jr.  
Mayor, City & County of San Francisco

can take care of their psychosocial needs, they can also be engaged more in assessing their health and making informed treatment decisions. *Multi-Lingual Treatment Case Management* increases the number of clients who know about and access optimum HIV treatments. Clients utilize services earlier, regardless of English fluency; measurably enhance their interaction with primary care providers; and increase compliance with drug regimens, as measured by chart reviews.

◆ In partnership with Project Inform, A&PIWC sponsors the *Treatment Education Certification Program* (TECP), a 21-hour course for non-medical HIV service providers designed to train on HIV pathogenesis, standards of care, antiviral strategies, opportunistic infections, research, clinical trials and access issues, adherence, benefits, referral resources, and strategies for working with multiply-diagnosed and underserved clients.

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Guidelines for current medical management of HIV/AIDS change frequently and are vital to the health of persons living with HIV/AIDS. The HIV/AIDS Treatment Information Service (ATIS) provides current information about the guidelines and can be found at [www.hivatis.org](http://www.hivatis.org).

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