

Community Solutions



Meeting the Challenge of STDs in Asian
Americans and Pacific Islanders

A NAWHO Special Report

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Spring 2000

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Foreword



Dear Friends,

I am pleased to present this special NAWHO report, which places a critically needed spotlight on the incidence and impact of sexually-transmitted diseases (STDs) in Asian Americans and Pacific Islanders.

STDs represent an increasingly serious, but not widely recognized, public health threat. While health advocates and the media have made HIV/AIDS a top national issue, STDs in general continue to spread stealthily below the public radar. NAWHO's recent reproductive health studies show that Asian Americans in particular, do not feel at risk for STDs even though they are sexually active.

It is this need for heightened awareness and behavioral change that drives the creation of this STD status report. Not only does this report present startling health statistics on Asian Americans and Pacific Islanders, it also offers solutions and strategies utilized by organizations working on the frontline to combat these diseases and empower individuals to improve their reproductive health.

It is our hope that this report will catalyze more efforts to alert our communities about the dangers of STDs. We believe that it will infuse action at many levels - improving the responsiveness of the health care system, informing public policy, and fostering an integrated and cohesive campaign against this national epidemic.

MARY CHUNG
PRESIDENT & CEO



Meeting the Challenge



Founded in 1993, the National Asian Women's Health Organization (NAWHO) is a non-profit organization dedicated to improving the health status of Asian American women and families through research, education, and public policy advocacy. Through innovative programs and collaborations, NAWHO empowers Asian American women and men to provide leadership to their communities, and to build coalitions that address broader social justice issues for all under-served populations of the United States.

Driven by this broad-based mission, NAWHO is at the forefront of developing and implementing strategies to address the many health issues that impact Asian Americans, including the battle against breast and cervical cancers; tobacco control; depression and suicide prevention; and institutionalizing culturally competent care. The organization has a general membership of over 4,000 individuals and 200 organizations, spanning 25 states and the District of Columbia.

Since its founding, NAWHO's core program has been the Asian Women's Reproductive and Sexual Health Empowerment Project (RSHP). NAWHO believes that reproductive and sexual health issues directly affect the quality of every individual's life, and are influenced by one's cultural background, gender and familial relations, sexual orientation, economic conditions, and social environment.

Through RSHP, NAWHO takes concrete steps to protect the reproductive rights of Asian American women and families - conducting research on their reproductive and sexual health, educating health care providers, policy makers, and the general public, and working in coalition with other national and statewide organizations. In addition, NAWHO focuses on raising the leadership levels of both Asian American women and men for community action and public policy advocacy.

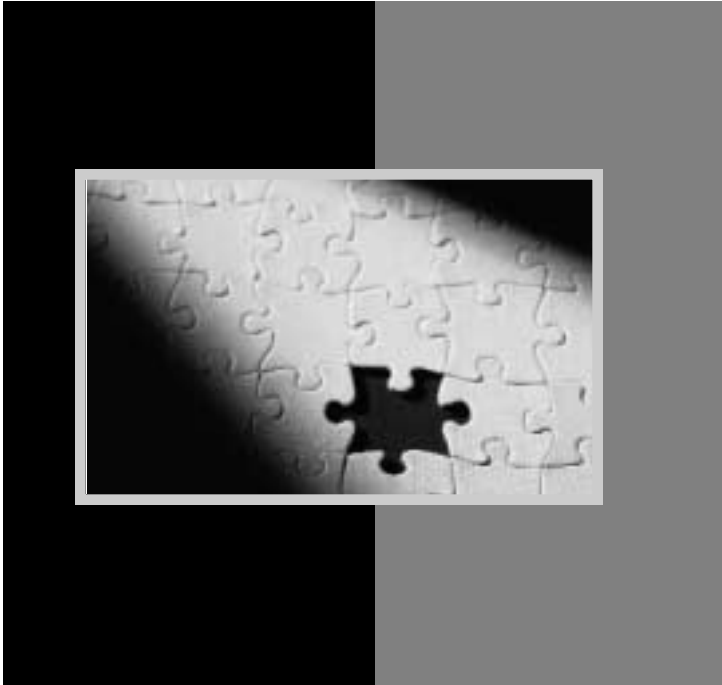
NAWHO developed the “Community Solutions” STD report in response to the tremendous need for education and awareness on these and other reproductive tract infections in Asian American and Pacific Islander women. One of NAWHO’s partnership activities is its membership in the SisterSong Women of Color Reproductive Health Project, a group of sixteen organizations working to address the need for current, accurate, and culturally sensitive information regarding reproductive tract infections for women of color communities. The collective is organized as four "mini-collectives" representing four racial groups: Asian American and Pacific Islander; African American; Latina; and Native American.

Through the Asian American and Pacific Islander mini-collective, NAWHO is collaborating with three local community organizations. Together, this mini-collective works to establish a well-rounded and comprehensive education campaign that will increase Asian American and Pacific Islander women’s knowledge of reproductive tract infections. This collective includes the following organizations: Kokua Kalihi Valley Comprehensive Family Services, Asians & Pacific Islanders for Reproductive Health, and T.H.E Clinic Asian Health Project.

In preparing this status report, NAWHO worked with local community organizations to gather information and strategies that would lower Asian American and Pacific Islander women's risk for STDs and increase their access to information and services. NAWHO utilized both primary and secondary qualitative data collection mechanisms, including a comprehensive literature review of available reportable STD statistics from federal disease registries and a number of knowledge, attitude, and behavioral health surveys.

For primary research, NAWHO collected observational data in a series of four site-visits at reproductive health clinics serving Asian Americans and Pacific Islanders in California and Hawaii. NAWHO researchers observed programs in process, reviewed non-identifying patient data, and conducted in-depth interviews at T.H.E Clinic in Los Angeles, Family Planning Centers of Hawai'i, Kokua Kalihi Valley Comprehensive Clinic, and Waimanolo Health Clinic, which cover both rural and urban populations. To ensure greater geographic diversity in findings, one additional phone interview was conducted with Chinatown Health Clinic in New York.

The purpose of site-visits and key informant interviews was to confirm and further identify observed trends in STD statistics and knowledge and behaviors among Asian Americans and Pacific Islanders. Though data in this report is not intended to reflect the full geographic or programmatic diversity of STD education and service programs to Asian Americans and Pacific Islanders across the country, the described programs do constitute a cross-section of current trends and available services in culturally competent reproductive health promotion for this under-served population.



Community Focus

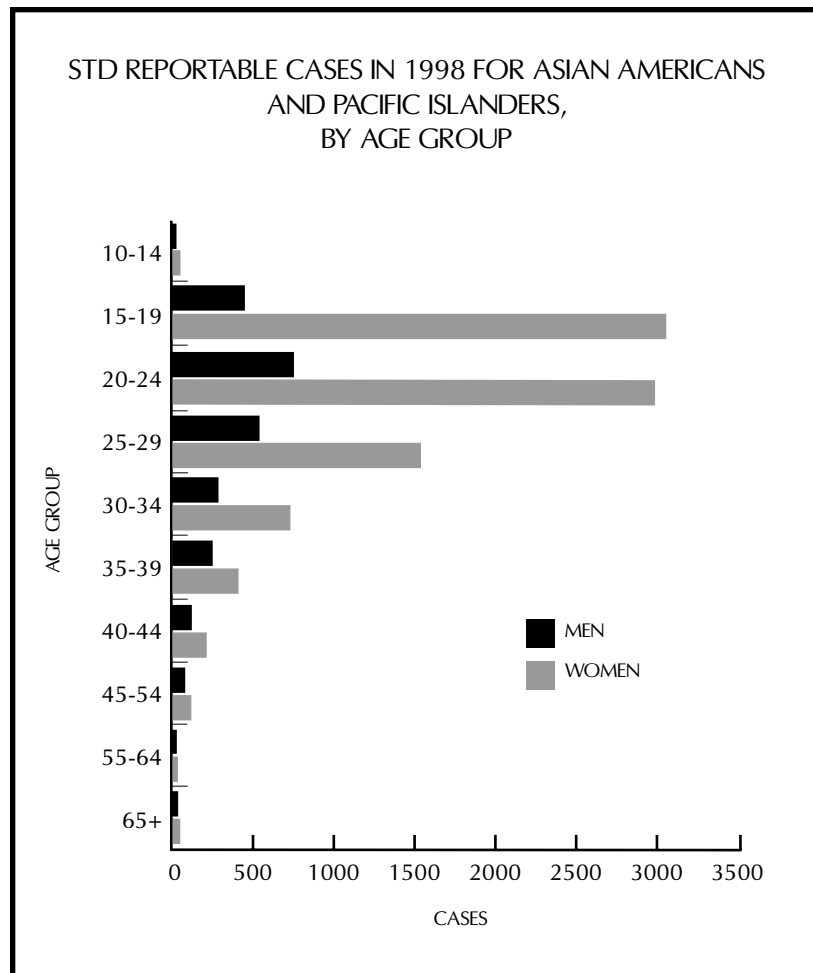


An estimated 15 million Americans contract sexually transmitted diseases (STDs) each year in the United States, costing the country over \$8.4 billion in direct medical expenses.¹ Despite the known epidemic proportions of these infections, STDs remain an overlooked and often dismissed health threat.

The Centers for Disease Control and Prevention commonly refers to STDs as a “hidden epidemic” because of the dramatic underestimation of risk by the public, as well as the asymptomatic characteristics of many STDs that delay testing and treatment. Left untreated, STDs can lead to severe and life-threatening complications, including cancer, pelvic inflammatory disease, as well as increased susceptibility to acquiring HIV. To further complicate this issue, STDs are highly stigmatized in society, limiting open discussions both in public forums and in personal relationships.²

Addressing STDs within certain communities, such as Asian Americans and Pacific Islanders, presents an even greater challenge to health advocates. While the rates of some STDs have reached an all-time low for the population at large, chlamydia and gonorrhea rates for Asian Americans and Pacific Islanders are increasing.^{3, 4} In fact, over 11,500 new cases of STDs were reported for Asian Americans and Pacific Islanders in 1998.⁵ Regional data shows even greater increases in some communities. At one health clinic in New York City, which serves approximately 14,000 Asian Americans annually, the number of STD cases doubled in the span of a year.⁶ Overall, only a fraction

of new STD cases (1 million in 1998) are actually documented in state and federal data sets, as many STDs go undiagnosed and only three have reporting requirements - gonorrhea, syphilis, and chlamydia.⁷ Experts agree that there is significant under-reporting for the Asian American and Pacific Islander population, and that the



Source: CDC. Sexually Transmitted Disease Surveillance, 1998.

incidence of STDs would be much higher if there were more comprehensive data collection mechanisms in place.⁸

In addition, consistent with national trends, Asian American and Pacific Islander women have considerably higher STD rates than their male counterparts. Of particular concern is the high incidence of STDs among 15-24 year-old Asian American and Pacific Islander women.⁹ Chlamydia cases for this age group alone increased by 32.9% in 1998.¹⁰ Many STDs are more easily transmitted from men to women, or have more serious consequences in women such as infertility or cervical cancer.¹¹ Such trends attest to the challenge Asian American and Pacific Islander women face in STD prevention and reproductive health promotion.

FACTS AND FIGURES

- Over 11,500 new cases of reportable STDs occur in Asian Americans and Pacific Islanders each year.¹²
- Nearly two-thirds of all STDs occur in Asian Americans and Pacific Islanders younger than 25 years of age.¹³
- Asian American and Pacific Islander women contract reportable STDs almost four times as often as Asian American and Pacific Islander men.¹⁴
- Asian American and Pacific Islander women are least likely of all ethnicities to discuss STDs with their physician in the past year.¹⁵

Community Barriers



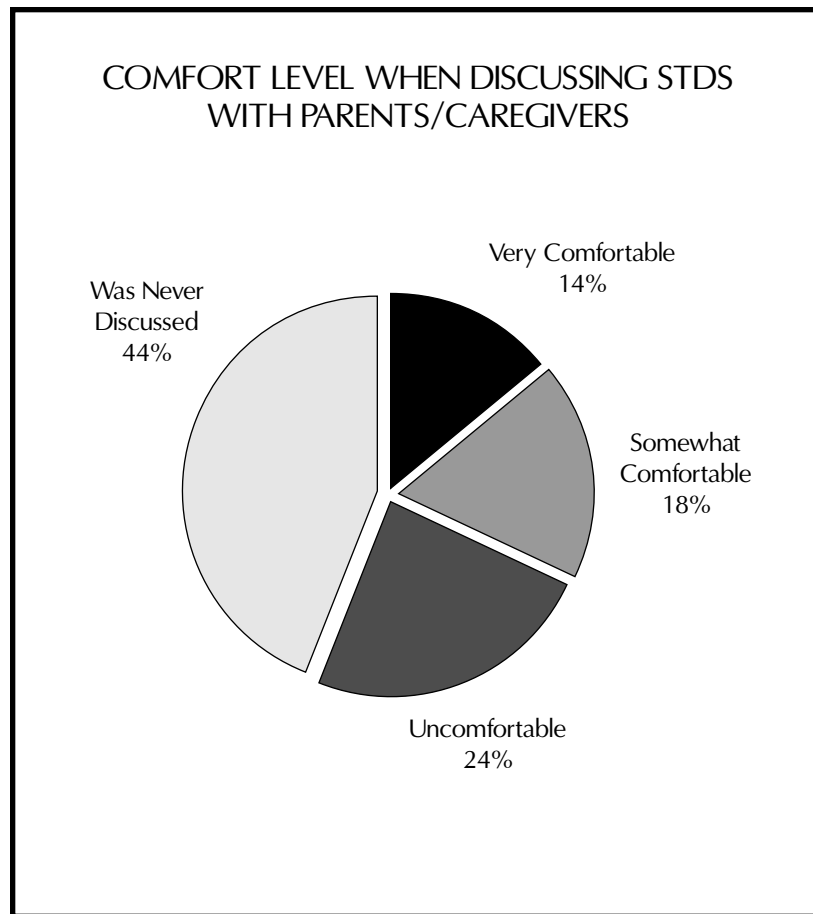
Despite the alarming growth of STDs in their communities, Asian Americans and Pacific Islanders continue to lack access to STD education and services. The misperception of Asian Americans as a healthy and well-off “model minority” has limited the development of research studies to document any poor status in health, and consequently the provision of health intervention programs targeted to this population.

This lack of public priority has aggravated the extremely low levels of risk awareness among Asian Americans and Pacific Islanders. Without quality health education and outreach inclusive of these communities, many Asian Americans and Pacific Islanders believe they are unaffected by disease and that preventive care is unnecessary. Compounded by other factors such as poverty, health care becomes a time and monetary luxury used only for emergencies, as people make choices between preventive care visits and working or caring for their families.

Contrary to the “model minority” stereotype, Asian Americans and Pacific Islanders face tremendous health disparities and a heavy disease burden. Over two-thirds of Asian American women are sexually active, yet less than 40% always use protection against STDs.¹⁶ One-quarter have never visited a health care provider for reproductive health services, such as STD education, or a gynecological exam.¹⁷ Behaviors of Asian American men show a similar trend. Over 80% feel they are not at risk for STDs, and

almost one-half of sexually active men do not always protect themselves against STDs.¹⁸

Asian American and Pacific Islander communities may also maintain beliefs about health that serve as barriers to STD prevention and treatment. Many Asian American and Pacific Islander women



Source: NAWHO. 1997 Reproductive and Sexual Health Survey of Asian American Women

prioritize the health of others, particularly their family members, delaying attention to their own health unless they become severely ill or injured.¹⁹ In the case of STDs, delayed care has serious consequences, as many STDs show no symptoms in women until they reach a late and more dangerous stage of infection. Also, any number of cultural, gender, or relationship dynamics make it difficult for some Asian American and Pacific Islander women to insist on using protection against STDs with their partners, placing them at increased risk.²⁰

Reproductive and sexual health in general is a difficult subject for many, and the strong stigma around STDs in Asian American and Pacific Islander communities further contributes to denial of risk, lack of communication, and delayed care. NAWHO found that most Asian American women had never discussed these issues with their parents, and would be uncomfortable doing so. Many Asian American and Pacific Islander women also find the physical examinations required for STD screening and diagnosis to be inappropriate and embarrassing; even more so for some when conducted by a male physician.

Another great barrier to STD prevention for Asian American and Pacific Islander communities is the health care system itself. Too often, health care providers lack familiarity with the unique cultural health beliefs of Asian Americans and Pacific Islanders, especially in regions of the country where Asians have only recently established small, but growing, communities.²¹ Many health care settings still operate without adequate language capacity to serve limited or non-English speaking Asian Americans and Pacific Islanders, which

may discourage those most in need from seeking care or learning about their health risks.²²

Gaps in other systems also act as barriers. Lack of transportation, lack of childcare, or lack of convenient health resources may all prevent Asian Americans and Pacific Islanders from seeking and receiving STD services.²³⁻²⁷ Without improved systems, at-risk Asian Americans and Pacific Islanders will continue to be critically underserved for STD prevention and other reproductive health needs.

HPV: LINKS TO CERVICAL CANCER

An estimated 5.5 million people become infected with Human Papillomavirus (HPV) each year in the US, with at least 20 million people currently infected.²⁸ While some types of HPV cause visible symptoms such as genital warts, others cause infection with no symptoms, and consequently remain undiagnosed.

The complications from HPV can be fatal. HPV is the single most important risk factor for cervical cancer. In recent studies, HPV DNA was detected in 93% of cervical tumors.²⁹ Yet, little is known on the trends of this insidious STD, and what populations are most at risk.

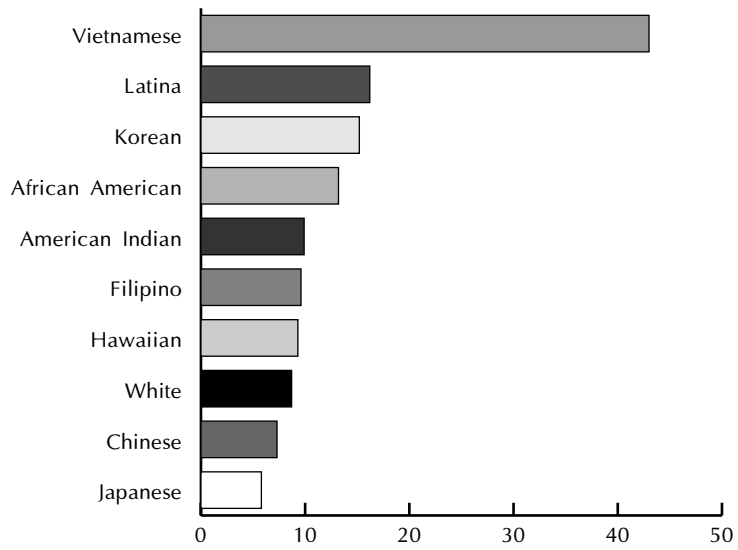
Ethnic specific data on cervical cancer rates, however, suggest Asian American and Pacific Islander women are at high-risk of HPV given its link to cervical cancer. Vietnamese women have the highest incidence rates of cervical cancer of all racial and ethnic groups.³⁰

HPV: LINKS TO CERVICAL CANCER

While cervical cancer rates have declined for the general population, Asian Americans and Pacific Islanders are the only racial group for which rates are increasing.³¹ These statistics are particularly alarming given studies that show that 47% of Asian American and Pacific Islander women have not had a Pap test in the past year.³²

While new HPV/DNA testing promises more accurate cervical cancer screening, it is imperative that outreach and education be improved, in order to ensure these medical advances benefit Asian American and Pacific Islander communities. Until Asian American and Pacific Islander women increase their utilization of preventive health services such as annual Pap testing, cervical cancer will remain a tremendous, and unnecessary, health burden in these communities.

US CERVICAL CANCER INCIDENCE RATES
PER 100,000 WOMEN, 1988-1992



Source: National Cancer Institute, 1996.



Community Solutions



There are many barriers to STD prevention in Asian American and Pacific Islander communities; most apparent is the lack of culturally appropriate public health education programs. Yet the lack of leadership development and training opportunities for Asian American and Pacific Islander individuals also limits the power of these communities to change their course and make their own contributions to health advocacy. As demonstrated in this section on community solutions, the most successful efforts to confront the challenge of STDS in Asian Americans and Pacific Islanders combine culturally competent health care, innovative health education strategies, and individual empowerment.


Strategic Outreach

In Asian American and Pacific Islander communities where cultural beliefs complicate discussions of sensitive health issues, and where access to health care is limited, a key strategy for improving health outcomes is targeted outreach in non-traditional settings. Many community-based health educators distribute in-language health materials and offer counseling to Asian Americans and Pacific Islanders at community-specific sites such as sewing factories, markets, temples, and housing projects. With STD education in particular, many community-based organizations are conducting workshops through innovative venues such as new patient orientations, community gatherings, and English as a Second Language schools.³³

In other outreach efforts, community-based health agencies organize annual health fairs in the heart of their communities to increase health care access to Asian Americans and Pacific Islanders.³⁴ For many, the initial contact with a health professional through these venues is the impetus for seeking medical care for various illnesses, including STD and HIV screening.

Linguistically Appropriate Materials & Services

For a population as diverse as Asian Americans and Pacific Islanders, culturally and linguistically appropriate health care materials and services are an essential component in STD prevention.



SOLUTIONS

"Our health workshops are hosted by women of the community for their friends and family. In the comfort of their own homes, these Asian and Pacific Islander women receive information about reproductive health and 'talk story' with our health educators about their health concerns."

-Merina Sapolu
Health Educator
Kokua Kalihi Valley Comprehensive Clinic

In addition to creating reproductive health education materials in various languages, health agencies integrate bi-lingual health professionals, from outreach workers to medical translators, into all levels of health care delivery. For communities where literacy is limited, these organizations have creatively engaged the challenge of language barriers by showing in-language health education videos to patients in their waiting rooms.³⁵

Cultural competency training for health care professionals is a critical part of improving services to Asian Americans and Pacific Islanders, especially in rural areas of the Midwest and the South where Asian communities are newly formed and growing. To address this need, NAWHO developed a cultural competency training curriculum on patient/provider communication, and community outreach strategies on breast and cervical cancers that is being utilized by health departments in eight states. In addition, NAWHO trains Asian Americans in each of these states as implementers of the curriculum, fostering stronger partnerships between underserved communities and the health care system.

Leadership Development and Training

Community-based organizations have also developed leadership training programs to strategically target Asian Americans and Pacific Islanders. An innovative youth program in Hawai'i selects teens from local schools to conduct peer workshops on STDs. Through a series of training sessions, these young women gain broad skills such as public speaking, while advocating for STD prevention among their peers.³⁶

On the national level, NAWHO conducts a leadership training conference in Washington, DC, where 100 community advocates have the opportunity to strengthen their knowledge and skills on a variety of health issues. Through workshops on media and communications, and plenary sessions led by the country's top health experts, community advocates learn how to improve educational efforts, build coalitions, and bring their issues to the attention of national policy makers.

Expansion and Integration for Healthier Communities

Within some community-based health service agencies, STD training is conducted for all staff in new employee orientations and bi-annual staff training.³⁷ These agencies recognize that many STD cases are diagnosed when patients seek medical attention for other ailments. Such expansion and change in health care delivery are prime models for other agencies, demonstrating the need to eliminate missed opportunities for educating and empowering Asian American and Pacific Islander communities.

In an effort to further increase STD awareness and improve the overall health status of Asian Americans and Pacific Islanders, agencies are also integrating their health care delivery with other services that address the many societal factors that influence health seeking behaviors, such as employment, discrimination, and education. These organizations are discovering the necessity of providing additional social services such as legal aid, job training programs, or building a partnership network of such services to empower communities and enable Asian Americans and Pacific Islanders to achieve significant long term improvements in their lives, and in their health.

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