



Addressing Intersectional Oppression in Asian Pacific Americans with HIV

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Introduction

- The local EHE plans released by the Departments of Public Health in Orange county and the adjacent Los Angeles county, **do not include APAWH in the blueprint.**
- **In fact, the structural racism against Asian and Pacific Americans runs rampant in the EHE documents and perpetuates the invisibility of APAs, and APAWH, in public policies and strategic planning to end the HIV epidemic in the U.S.**
- In Orange County, where more than 20% of the population identify as APAs, APAWH do not shown better than members of other racial and ethnic minorities with HIV.
 - Particularly, APAs are the only group that experiences an increasing HIV epidemics, based on the indicators of new diagnosis and percent of high-risk testers.
 - Yet, in the official document APAs are omitted from the rest of the analyses.
- To understand how APAWH engage in care, in Los Angeles county, the data show that, APAs are second to the last among racial/ethnic groups regarding successful linkage to care, while they are the only racial/ethnic group that exceeds 20% of the newly diagnosed who have already developed AIDS.
 - Although the APAWH who are linked to care are more likely to have an undetected viral load, the current status of APAWH, in general, remains far from the desired benchmark.

Study Purpose

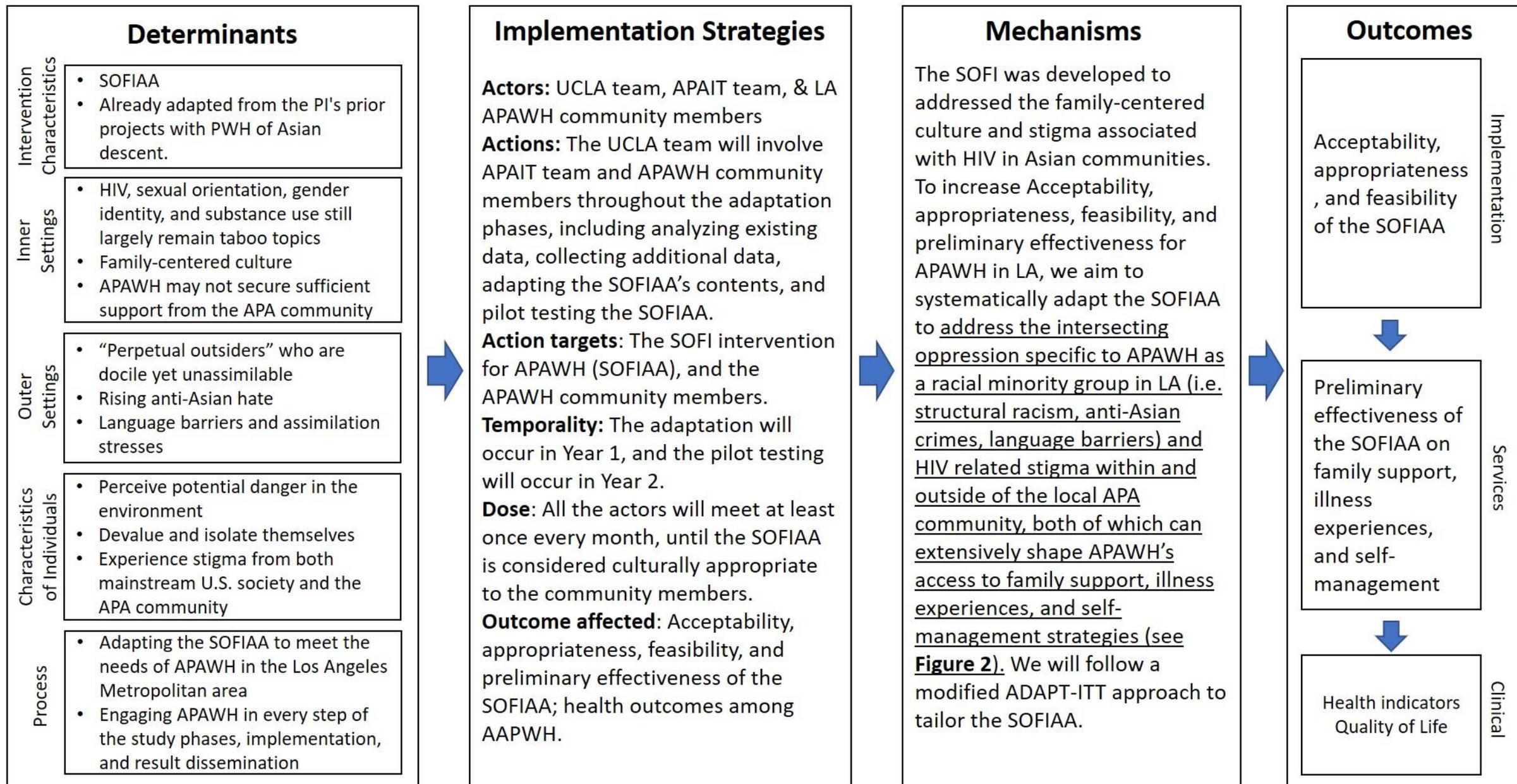
- ▶ The purpose of this study is to collaborate with the local APAWH community to adapt and evaluate the appropriateness, acceptability, and feasibility of a 4-session, 4-week **Social justice Oriented, Family Informed** self-management intervention to promote health among **APAWH** in Southern California, particularly Orange counties (**SOFIAA**).
- ▶ The scientific premise is that APAWH experience systematic barriers in healthcare delivery and policies, resulting in poor health outcomes. Additionally, regardless of ethnicity, APAs often prioritize their responsibilities to their families over their own individual needs.
- ▶ Our hypothesis is that APAWH will perceive SOFIAA as acceptable, feasible, and appropriate and a future study will demonstrate SOFIAA may be used to promote family support, decrease the effects of structural racism and HIV-related stigma, and achieve better outcomes in APAWH
- ▶ This study addresses the critical need to optimize an intervention to promote self-management skills among APAWH by simultaneously addressing the reality and effects of structural racism and discrimination against APAWH from both the mainstream U.S. society and the APA communities



Study Aims

1. With maximal participation of APAIT, culturally and based on the population, adapt an evidence-based intervention to address intersectional oppression experienced by APAWH in Southern California (**Phase 1**). We will utilize the implementation research logic model to guide our re-analysis of available qualitative data and revision the SOFIAA.
2. Evaluate the SOFIAA's implementation outcomes, using a single-group pretest-posttest design with 20 APAWH (**Phase 2**). We will triangulate multiple formats of data from different sources to enhance the quality of our evaluation. We will adjust the SOFIAA based on the results of the pilot phase and additional input from a community advisory board (CAB) and APAWH at APAIT.

Figure 1: Implementation Research Logic Model for Adapting and Exploring Implementability of the SOFIAA



Main Intervention Modules	
Challenges	Core Elements
Structural Racism and HIV Stigma in AA's social-cultural contexts	<p>Module 1- Psycho-education – This module will educate participants about different types of racism and HIV-related stigma and how racism and stigma may influence many domains of their lives, including their family relations, self-management behaviors, mental and physical symptoms, and health outcomes. The goal is to help participants understand that it is natural to feel distressed due to racism and stigma. However, racism and stigma can be managed, and there are resources to address racism and stigma.</p> <p>Module 2- Cognitive-behavioral management skills training – This module aims to replace automatic negative thoughts related to racism and HIV with more balanced thoughts that are based on social reality. This module will also assist participants in preparing for potential discriminating and stigmatizing situations inside and outside of their communities and families, through brainstorming and role-playing management strategies. The roles of their family members will also be explored and discussed in helping APAWH manage racism and HIV stigma, with special consideration given to levels of disclosure and family relationships.</p>
Disclosure of Serostatus (Management of stigma)	<p>Module 3- Preparation for disclosure –The module seeks to increase participants' self-efficacy in their disclosure behaviors and decrease their anxiety around disclosure decision-making. Strategies in disclosing transmission routes, such as sexuality and substance use, will also be discussed. Please note that we will not urge participants to increase their disclosure levels.</p>
Family Relations & Support	<p>Module 4- Family relations and support management – This module was developed in a previous K award. We will assist the participants to evaluate which types of support from their family members they need and help make that support available to them so that they can effectively manage daily activities, health, and stressful events associated with their racial background and HIV status. Special attention will be given to relational conflicts arising from sexuality and substance use, as well as approaches to managing conflicts.</p>
Loneliness Reduction	<p>Module 5- Social Cognitive Training – This module focuses on changing participants' automatic negative thoughts through using Automatic Thought Record techniques and practicing alternative responses to social stimuli, particularly at home. Coping skills will also be offered to assist APAWH in addressing situations that trigger their sense of loneliness. Roles of family members will also be explored in helping APAWH to cope with loneliness, with consideration given to levels of disclosure and family relationships.</p> <p>Module 6- Brief mindfulness training – This module was adapted from Britton et al. Step-by-step instructions will be given to participants to guide them through the techniques and procedures of mindfulness. Special focus will be given to breathing practices so that participants can learn to detect their increasingly rapid breathing during stressful events or situations and pace their breathing.</p>
Symptom Management	<p>Module 7- Symptom reduction – This module was developed and tested in a previous K award. In this module, potential and experienced physical symptoms related to HIV, ART, or other illnesses will be thoroughly discussed. We will assist participants in evaluating the effects of management skills they have developed and in learning alternatives that may be helpful in managing their ART side effects and/or physical discomforts. Roles of family members will be discussed and incorporated into symptom-management strategies.</p>
Care Engagement & Adherence	<p>Module 8- Life-Steps – In this module, participants will be motivated to stay in care and adhere to their dose schedules and offered a brief psychoeducation regarding their visits and medications. Barriers to making return visits to clinics and optimal adherence in their daily routines will be identified (e.g., language barriers, relationships with healthcare providers), and strategies to manage these barriers will be explored and practiced in this module. Specific focus will be placed on barriers associated with racism and HIV stigma. Roles of family members will be discussed and incorporated into strategies, with special consideration of disclosure and family relationships.</p>



Summary

Through optimally engaging the community of Asian and Pacific Americans with HIV (APAWH) in Southern California, Orange county in particular, this supplement project aims to conduct an Implementation study in which we will adapt and explore implementability of an evidence-based **Social justice Oriented, Family-Informed self-management** intervention for **APAWH (SOFIAA)** to assist APAWH in obtaining necessary family support and effectively responding to the challenges in accessing care arising from the intersecting oppression of structural racism in mainstream U.S. society and HIV-related stigma in the APA community.