

## IN THIS ISSUE:

APICHA Celebrates 21st Anniversary ..... 1

The Case for an A&PI and LGBT Medical Home ..... 2

Case Study: Care Coordination for Clients in Crisis ..... 3

Grants and Gifts Make Our Programs Go 'Round ..... 6

Grants and Contracts ..... 6

Field Report: Teaching HIV Basics in Mandarin ..... 8

Family Values: A Perspective from an Asian Gay Man's Family ..... 9

In and Around Our Communities ..... 10

A Home is Built ..... 12

Published by the Asian & Pacific Islander Coalition on HIV/AIDS, Inc. (APICHA), a non-profit organization providing HIV/AIDS related services, including primary care, counseling and testing, prevention education, food and nutrition, and other support services for the Asian and Pacific Islander communities, especially people living with HIV/AIDS in New York City.

## APICHA Celebrates 21st Anniversary

APICHA will hold its annual *A Thousand and One Champions* at the Grand Hyatt Hotel in Midtown Manhattan on Wednesday, October 13 in celebration of its 21st anniversary. The event starts at 6:30 p.m. APICHA will honor its roots in HIV/AIDS as well as unfold the next stage of its evolution into a community-oriented health care center – a medical home not only for people living with HIV/AIDS (PLWH/A) but also for Asians and Pacific Islanders (A&PI), immigrants, and Lesbian, Gay, Bisexual, Transgender (LGBT) community members.

Four distinguished New Yorkers will be honored at the event. Historically, APICHA's honorees have been individuals and organizations who exhibit a commitment to both the organization's vision of health equality and the larger movement for social justice. The honorees this year continue that tradition and represent the true diversity of people who help ensure APICHA's existence.

ings into a professionally run organization. More recently, Ms. Lyu Volckhausen pointed the organization in the direction of expanding its medical services to meet the needs of the LGBT community.



**B.D. Wong** is a pioneering actor and activist who has been devoted to social justice. He is an award-winning stage, film and TV actor and a writer. Mr. Wong is perhaps best known as Dr. George Huang on the long-running NBC series

*Law and Order: Special Victims Unit*, but has also been a dedicated advocate for human rights, gay rights and HIV/AIDS causes. Also notable is Mr. Wong's role in the 1993 HBO production, "And the Band Played On," a drama about the early days of the HIV epidemic. Starring as the partner of Sir Ian McCallan's character, Mr. Wong won acclaim for the role. Additionally, his inclusion in the story asserted that A&PI people were affected by the HIV epidemic. He has known APICHA since its founding years when Mr. Wong served as a volunteer.



**Honorable Richard Gottfried** is a member of the New York State Assembly and a partner in government that the A&PI and LGBT communities can always count on. He has been a leader in health care, drafting, introducing, and passing

vital legislation in the areas of women's health, care of uninsured people, and care for those living with HIV/AIDS. As APICHA sought to provide general medical services to the A&PI LGBT communities, Assemblyman Gottfried provided vital guidance to the organization and remained engaged throughout the process.



**Grace Lyu Volckhausen** is the president of Tiger Baron Foundation and a long time supporter of APICHA. Ms. Lyu Volckhausen has deep understanding of the many dimensions of inequality and she is devoted to establishing and sustaining services to change the status quo. She has provided important guidance to APICHA as the organization transitioned from its grassroots begin-



**Jorge Ortoll** is the Executive Director of Ma-Yi Theater Company, which focuses on developing new plays by A&PI writers. Under his leadership Ma-Yi expanded from a Filipino-American theater group into an A&PI company that

brings the voices and issues of the communities to the stage. Mr. Ortoll has been vital in connecting the theater community to organizations such as

*Continued on page 8*

## The Case for an A&PI and LGBT Medical Home

The full extent of health disparities affecting Lesbian, Gay, Bisexual and transgender (LGBT) people of color, including Asian and Pacific Islanders (A&PI), remains unknown. However, research indicates that racial and LGBT ethnic minorities are more likely to be in poor health than both their heterosexual and non-transgender counterparts within communities of color and their White counterparts within the LGBT community. According to the Center for American Progress (CAP), in a 2009 report, *How to Close the LGBT Health Disparities Gap*, "people who are both LGBT and members of a racial or ethnic minority will often face the highest level of health disparities."

As research repeatedly shows, LGBT individuals have limited access to health care and insurance, lower average socioeconomic status, greater fear of experiencing bias from providers, and a lack of provider competence in the particular health concerns of the LGBT and ethnic minority community.

As the A&PI and LGBT health disparity research became clearer, most of APICHA's clinic expansion began to occur. At APICHA, we sought to expand our clinic to provide general medical service, ensuring cultural competent care to all people, including LGBT and ethnic minorities. In promoting the new clinic services, the organization is also raising awareness about the intersection of identity and good health. The issues outlined in this article shed light on how being an A&PI individual affects access to medical services, dictates what conditions and diseases a person is susceptible to, and how identity impacts medical setting interactions.

### LGBT: Inequality Fuels Bad Health

#### Insurance Access Denied - LGBT

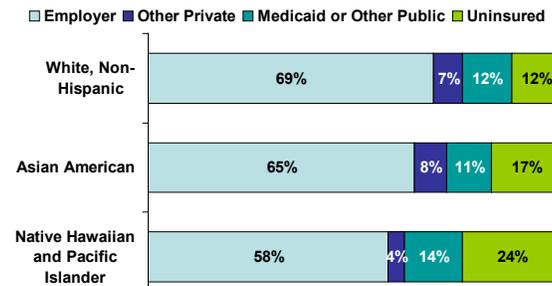
It is well established that disenfranchised groups, including LGBT and people of color, have difficulty gaining access to health care services, and according to the Institute of Medicine, health insurance is the most important factor in US residents' receipt of timely and appropriate health care.<sup>1</sup> Research suggests that the ratio of uninsured gay and lesbian adults to heterosexuals in America is es-

1. Institute of Medicine, Committee on the Consequences of Uninsurance. *Coverage Matters: insurance and Health Care*. Washington, DC: National Academy Press; 2001.

timated at 2 to 1<sup>2</sup>. Similarly, in an analysis of several simple averages from multiple surveys and report, CAP estimated that self-identified lesbian and gay adults are 5 percent less likely to be insured than their heterosexual counterparts. Transgender people are about 28 percent less likely to be insured than their gender conforming counterparts. Overall, LGBT people have limited access to employment-based coverage due to employment discrimination and lack of partnership recognition.

The most recent data from the US Census

### Health Insurance Coverage of Nonelderly Asian Americans, Native Hawaiians and Pacific Islanders vs. Non-Hispanic Whites, 2004-2006



DATA: March Current Population Survey, 2004, 2005 and 2006, three-year pooled data.  
SOURCE: KFF and Urban Institute estimates

From: Kaiser Family Foundation Report, *Race, Ethnicity and Health Care*, 2008

Bureau's 2008 American Community Survey indicates that nearly 60 percent of Americans receive insurance through an employer or through an employed spouse or parent.<sup>3</sup> LGBT couples do not have these same rights. Research suggests that if all employers offered domestic partner benefits, more than 40 percent of uninsured LGBT people would gain coverage. Additionally, employment protections for gay and lesbians and particularly gender non-conforming people will also improve access to insurance.<sup>4</sup>

#### Insurance Access Denied - A&PI

The percent of uninsured A&PIs is significantly higher than the White population. In 2009, over 17 percent of A&PIs were uninsured

2. Heck et al. Health Care Access Among Individuals Involved in Same-Sex Relationships. *Am J of Pub Health*. 2006; 96:1111-1118.

3. U.S. Census Bureau. Health Insurance Coverage Working Paper: 2008 American Community Survey. Table 5.

4. Michael Ash and Lee Badgett, "Separate and Unequal: The Effect of Unequal Access to Employment-based Health Insurance on Same-Sex and Unmarried Different-Sex Couples," *Contemporary Economic Policy* 42 (4) 2006:582-599.

compared to 12 percent of Whites<sup>5</sup>. Poverty, employment in small businesses and limited knowledge of public insurance options are the primary factors driving the lack of insurance in the A&PI community as a whole.

There is significant difference in insurance access within A&PI communities, as seen in coverage rates by nationality. A 2008 Kaiser Foundation<sup>6</sup> report indicated that 12 percent of Japanese and Asian Indians, 14 percent of Filipinos and 21percent of Vietnamese are uninsured; while as many as 31 percent of

Koreans are uninsured. Another report by the Kaiser Foundation<sup>7</sup> highlights the links between being limited English proficiency (LEP) and having insurance. "English proficiency may have limited employment opportunities and they may work in jobs less likely to offer job-based insurance," says the 2003 report. "Language barriers may make it harder to complete insurance applications, whether for public or private insurance."

#### Hostility and Stigma in Medical Setting

LGBT cultural competence among providers has improved in recent years, but remains a barrier to individuals accessing health care services. Homophobic attitudes persist, as LGBT people continue to encounter medical settings that are hostile and intimidating.<sup>8</sup> An analysis based on the 2007 California Health Survey data indicated that nearly 30 percent of LGBT patients (versus about 15% of heterosexual patients) delay or avoid medical care due to discomfort in the medical setting or with their provider.

A study in 2008 by the New York City Department of Health and Mental Hygiene

*Continued on page 5*

5. U.S. Census Bureau, *Income, Poverty and Health Insurance Coverage in the United States: 2009*. Page 23.

6. Kaiser Family Foundation. *Race, Ethnicity and Health Care: Fact Sheet. Health Coverage and Access to Care Among Asian Americans, Native Hawaiians, and Pacific Islanders*. 2008.

7. Kaiser Family Foundation. *How race/ethnicity, Immigration status and language affect health insurance coverage, access to care and quality of care among the low-income population*. 2003.

8. Tellez C, Ramos M, Umland B, Palley T, SkipperB. Attitudes of physicians in New Mexico toward gay men and lesbians. *J Gay Lesbian Med Assoc*. 1999;3:83-89

## Case Study: Care Coordination for Clients in Crisis

When Jimmy, a young gay male, came to APICHA for an HIV test in late 2009 a team of APICHA multi-disciplinary staff was on hand to help him. Jimmy was introduced to APICHA by his friend, David. In the following story, you will read about Jimmy and David's experience as they faced a personal crisis. APICHA's team involved the coordinator of Men Who Have Sex with Men Program, two bilingual case managers, an HIV testing counselor and a nurse practitioner.

One bilingual case manager supported Jimmy while he waited for the test results and his subsequent ordeal with confronting his diagnosis. The two developed a close worker-client relationship, partially because they share the same language, and Jimmy started calling her "big sister." When the preliminary test result was confirmed, Jimmy postponed accessing medical care. The case manager pursued contact with Jimmy until Jimmy understood the importance of receiving the test results and agreed to see a doctor for his medical care. This case study illustrates the benefit of a medical home. We have changed clients' names and other identifiers to protect their identity.

### An Email Arrived

*Zaheer:* David first contacted me last October. He sent me an e-mail to inquire about APICHA's services. The message was short and to the point, but its tenor sounded like it came from a person reaching out for help. "I am gay, Indonesian and my parents forced me to marry a woman. I am really sad and I want a HIV test because I had sex with many people and did not use a condom." This message came in response to my outreach online, on a site frequented by gay men.

David came to APICHA to get an HIV test. When we entered the testing room, he told me he is "really worried this time", indicating he has engaged in risky behavior. After collecting a sample to initiate the rapid HIV test, I tried to gauge his knowledge of STDs, but he did not know what the term meant. When I named a few STDs he did not recognize any of them. I then asked if his doctor had ever discussed HIV with him. He answered, "No."

David tested negative for HIV. After I told him the results, I asked him if he has a plan to reduce his risk. He said he wasn't sure what to think. We discussed individual and group

support services that can help him maintain his negative status. David enrolled in individual support but did not want to attend the men's group sessions. He was afraid that in a group setting, he would see people he knows. I assured him these sessions were being conducted with attention to confidentiality. That assurance did not change his mind.

After his first support session, it became clear David had never told anyone about his sexual orientation - except his partners. In later sessions we discussed his sexual orientation. I asked if he has ever considered coming out. He quietly responded: "No one ever said it is ok to be gay." "It is completely ok to be gay," I said.

As we worked towards achieving his goals for reducing his HIV risk, David returned week after week and shared he was sticking to his plan. He began to talk about what his life would be like if he accepted his sexual orientation, ended his arranged marriage and found a male partner. We were making tremendous progress but, one day, he missed his appointment and did not return my calls.

David eventually called. He didn't offer an explanation for his absence and I didn't ask for one. He told me he had met a man online and they were now in a relationship. I asked him if he has been using condoms with the new partner. He said no. I asked him if he knew the person's HIV-status. Again, he said no. I encouraged him to come to APICHA with his partner for an HIV test and asked for a commitment to use condoms.

David came to APICHA with his partner, Jimmy, the week following his call. I tested David first and the result was negative. When Jimmy's turn came, I had to call for language assistance for he does not speak English. He speaks Mandarin and Fuhzounese and I do not speak those languages. So I turned to other staff members for help with interpretation. Xiaona, a case manager from Client Services Unit, was available.

### Heartbreaking, in Any Language

*Xiaona:* Jimmy had never heard of rapid HIV testing and had no knowledge of HIV antibodies, his assessment shows. Interpreting for

Zaheer, I explained to Jimmy that Oraquick rapid HIV test produces results in 20 minutes. I further explained that the test looks for HIV antibodies that fight off infection. The detection of antibodies normally indicates HIV infection and that an initial positive result is confirmed with another test that's sent off to a lab.

We set the alarm clock at 20 minutes. While waiting, Jimmy left the room to get urine sample for Chlamydia and Gonorrhea tests. A few minutes later, while Jimmy was still out of the room, Zaheer glanced at the test indicator and said, "I will need you to relate bad news in your language. Jimmy is likely going to test positive."

Zaheer called the Counseling, Testing and Referrals Unit to make sure another testing counselor and a phlebotomist were available. He wanted to make another testing counselor confirms the positive reading and a phlebotomist confirms the positive rapid test with a blood test. This is APICHA's protocol.

He also conveyed to the CTR manager that David was in the waiting room. David's presence in the waiting room could lead to an altercation; it was important to also plan for that.

As the coordinated effort to help Jimmy took shape, I sat there and considered how I was going to convey the result to Jimmy. Although I have been providing services for PLWHAs as case manager, this would be my first experience delivering a positive result to a client. The news needed to be delivered with precision because I wanted Jimmy to understand the importance of seeking treatment right away.

Jimmy is only 20 years old. He had just moved to America and has no family here. The thought delivering the result was heartbreaking.

I asked Zaheer what his plan was for delivering the news to Jimmy and link him to care. Zaheer replied, "I will tell him the results and give him time to hear it. He'll cry if he needs to and then I will let him know that APICHA is here to help him."

Jimmy returned. He sat quietly. Together, we watched the seconds tick down on the

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He had just moved to America  
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*Continued on page 4*

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## Case Study: Care Coordination for Clients in Crisis

*continued from page 3*

timer. When the timer went off Malvin was already outside the counseling room, ready to assist. He is a testing counselor and a phlebotomist.

### There's Hope, Even If Small

*Malvin:* As a testing counselor, I have had to tell people that they tested positive and it never gets easier. I checked the test. "Yes, that is reactive," I told Zaheer and Xiaona. From here on we had a three-way conversation. Zaheer looked at Jimmy and said, "The test is positive." Xiaona conveyed the message to Jimmy in Mandarin. Jimmy did not react. "You most likely have the HIV virus," Zaheer continued. Jimmy still did not react. He seemed to have zoned out of the conversation emotionally.

Everyone waited awhile before explaining the results and offering emotional support. Zaheer told Jimmy the test must be confirmed by a blood test called Western Blot. Jimmy said he did not want to take the confirmatory test because he "needed the very small chance" that he was not HIV positive. He continued to refuse regardless of how much I explained the necessity of having a confirmatory blood test.

"Will I die?" He kept asking. Xiaona expressed what we all had to say in Mandarin: "You are not going to die now, you can live a long life but you need to access treatment." She further explained to Jimmy that until we confirm his HIV status, we cannot begin to provide medical care for his HIV infection. Jimmy started to understand, but he was skeptical about Xiaona's explanation that we can take care of him for free. Because he does not have a stable home to live in, has no steady income and is undocumented, he felt what Xiaona said was too good to be true. Xiaona began talking about her work in Client Services, specifically on what a case manager can do to ensure that clients receive proper care and about everything that APICHA can do to help people live with HIV. About an hour passed before Jimmy agreed to have the confirmatory test. He insisted to personally inform David about his status. I left the room to prepare for Jimmy's confirmatory test.

### A Chance for David

*Zaheer:* To rule out possible domestic violence, I asked Jimmy a few questions. Concluding that David would not harm Jimmy, I asked David to come into the room. Speaking in Mandarin, Jimmy told David of his provisional HIV-positive diagnosis. David was on the verge of tears and seemed sympathetic to Jimmy, but he appeared scared to hug Jimmy. When Jimmy tried to hug him, David

turned away. But then he extended his arm and gave Jimmy a light pat on the shoulder.

We then settled back to discuss the next steps. Since David and Jimmy had recently engaged in sex without condoms, David's risk for HIV was high. The next step was to refer him for PEP, post-exposure prophylaxis. It is a month-long treatment associated with a decrease in risk of acquiring HIV infection if initiated within 72 hours after exposure. PEP is David's best chance to avoid being infected.

Malvin returned and took Jimmy into another room to draw blood for the confirmatory test. I began to explain the purpose of PEP to David. The easiest place to access PEP is at an emergency room but David did not like going to emergency rooms. They "never understand" him, he reasoned. I offered to accompany him to St. Vincent's Hospital, the closest location. He accepted my offer. I said a few words of comfort to Jimmy and left him with Malvin and Xiaona who explained the range of services available at APICHA for HIV-positive people.

### Good Things Can Still Happen

*Timothy:* The confirmatory test result came back five days later. Indeed, it returned positive. Jimmy was already scheduled to receive the result with my interpretation assistance. Malvin updated me on the situation and I told Jimmy I would help him figure things out. It is always hard walking into a situation at that point because the client is too traumatized to care about anything.

I called Jimmy the following day to check in. He told me David has been supportive and he is still in shock. Then, almost abruptly, he asked me if he needed a "green card" to access services at APICHA. I said no and proceeded to explain the services that he can access. He told me he has to pay off a debt to the people who brought him here in the U.S. and will have to travel to South Carolina to work at a restaurant.

Many A&PIs who enter the United States using "snakeheads" (smugglers) repay their debt by traveling around the country to work in restaurants, stores and other businesses. They often work under harsh conditions and receive desperately low or no wages. Jimmy had to leave. If he refused work and missed his loan payments, his life could be harmed.

### Care and Coordination

*Elizabeth:* Jimmy enrolled in APICHA's medical services and was seen by me a few days after he received the confirmatory result. With Timothy's interpretation assistance, I explained that I will take care of Jimmy. Timothy assisted Jimmy to apply to the AIDS Drug Assistance Program (ADAP) to

cover medical expenses. I and Timothy also thoroughly explained to Jimmy about HIV transmission, prevention and treatment. On his first visit, Jimmy repeatedly asked me, "When am I going to die?" I kept telling him: "Chances are you'll live longer than me if you follow up with treatment." Regardless of how much I repeated that the treatment will help him live a long life, he still was not convinced and seemed to care less about medical treatment. I understand that young people in general are less inclined to be proactive about their health, but I needed him to make healthy decisions. His pre-occupation with income and legal status were difficult to break through but it was understandable – he was in this country alone, had no one to rely on and no place to live. As time went by and with efforts that the Client Services staff put in, things started to fall into place and he started to realize that he could rely on us. Jimmy's attitude changed.

Jimmy missed his first medical appointment, but he called a few days later to say that

*"Chances are you'll live longer than me if you follow up with treatment."*

he had to leave town. This time he was sent to work in a small Midwest town. He wanted to see a doctor there but no one there spoke Mandarin. He was afraid his fellow migrant workers would find out his HIV status if he asked one of them to go with him to interpret.

Timothy was able to find a medical clinic that provided non-judgmental HIV care near Jimmy's workplace. Timothy made an appointment for Jimmy but Jimmy did not keep his appointment. He later told Timothy he was always with his co-workers and could not make excuses to leave. But Timothy kept in touch with Jimmy by calling once a week to educate him on the necessity of obtaining HIV treatment. Timothy also encouraged Jimmy to come back to New York for follow-up appointment and reassured him that he will be able to resume his medical care at APICHA, if he prefers to receive care here. Jimmy hesitated at first. His priority isn't taking care of his health but rather earning a living and getting legal immigration status. Jimmy then asked Timothy

if anyone can assist him with immigration issues. Timothy responds to Jimmy that many case managers are familiar with immigration issues and can provide Jimmy with assistance in obtaining free consultation from an immigration attorney. Jimmy wasn't convinced that Timothy can assist him for free. He called Xiaona to confirm. Xiaona told Jimmy that case managers at APICHA have experience with this type of concerns, but the only way they can assist him about his immigration problem is for him to be physically present. Jimmy then decided to come back to NYC and accessed medical care as well as supportive services at APICHA.

As David completed the month-long PEP treatment, Zaheer continued meeting with him for individual sessions. David was not infected. He is now receiving primary care at APICHA. Thanks to the coordinated care we provided, David avoided HIV infection because he received PEP in a timely manner. As to Jimmy, he can live a productive life with HIV infection because he accesses medical care early. As their medical home, APICHA kept them from falling through the cracks.

## The Case for an A&PI and LGBT Medical Home

*continued from page 2*

(NYC DOHMH) shows the consequences of a homophobic medical setting. The report illustrates that 39 percent of gay or bisexual men and 47 percent of gay or bisexual A&PI men in New York City conceal their sexual orientation from their doctors. This concealment has serious implications in the fight against HIV. In a 2008 NYCDOMH press release about the report<sup>9</sup>, Dr. Monica Sweeney, NYC DOHMH's Assistant Commissioner explained the impact on HIV infection, "These findings show that the stigma of homosexuality can be harmful to people's health. Because of the fear and discrimination that still surround coming out, we are missing opportunities to stop the spread of HIV."

### Let's Not Talk About Sex

Improving insurance and language, together or separately, will not lessen A&PI health disparities because A&PIs who access medical services are likely to receive poor or incomplete care. Many doctors are not sensitive to the illnesses that A&PIs are more prone to and many doctors are significantly less likely

9. NYCDOMH Press Release. <http://www.nyc.gov/html/doh/html/pr2008/pr052-08.shtml>. July 23, 2008.

to offer sexual health services to their A&PI patients. A&PI patients are thus left with an incomplete health profile and triggers for health problems.

### Lost in Translation

Inability to access health services in A&PI languages is another co-factor for the disparities. According to the Kaiser Foundation in 2004, A&PI who only speak an A&PI language receive less health related information; less information about public health benefits and faces higher levels of miscommunication in the medical setting.

### A&PI: Health Disparities & Variations

As a whole, the A&PI population fares well when it comes maintaining overall good health. However, health disparities within the A&PI community persist. In 2008, a report by the Kaiser Foundation and the Asian and Pacific Islander American Health Forum explained that health disparities affect certain A&PI nationalities more than others do – a result of the A&PI community's own diversity. For example, while the general rate of diabetes in the United States among A&PIs is aligned with the rate of Whites (7.5% and 6.6%, respectively); South Asians are affected at a rate that is two

times higher.<sup>10</sup>

These disparities are not going unnoticed. Recently President Obama joined in calling attention to A&PI health issues. "Many Asian American and Pacific Islander families experience unemployment and poverty, as well as significant education and health disparities. They are at high risk for diabetes and hepatitis, and the number of diagnoses for HIV/AIDS has increased in recent years," said the President in a White House proclamation for A&PI Heritage month. The April 28, 2010 proclamation is the first to either directly or indirectly point out health disparities in the A&PI community.

### A&PI & LGBT: The Need

The preceding findings call attention to the need for APICHA to focus on AP&I and LGBT-centered services. By expanding our clinic to provide general medical service with cultural competent care to all people, and by focusing on ethnic minority LGBT individuals – APICHA is truly serving the community.

10. Asian American Diabetes Initiative: <http://aadi.joslin.org/content/asian/why-are-asians-higher-risk-diabetes>

## Grants and Gifts Make Our Programs Go 'Round

### One from You, Two (or Three) for APICHA

Employer Matching Gift Programs are easy ways to increase the impact of your gift to APICHA. Hundreds of employers across the nation encourage their employees to support non-profit organizations by offering to match every dollar donated.

If your organization matches donations, you can help APICHA by registering us as a recipient and by making your contributions through the program. Here is how you do it:

- First, find out from your employer if the company has a matching gift program.
- If your employer participates, obtain a matching gift application form from your Human Resources or Personnel Department. Many corporations also have this form available for downloading on their web site.
- Fill out the matching gift application form and designate APICHA as the recipient.

Once you've registered, shoot us an e-mail: [ding@apicha.org](mailto:ding@apicha.org)

### Advocacy and Public Policy: APICHA Wins CFDA-Vogue Initiative/NYCAF Grant

APICHA has increased its capacity to educate policy makers, the media and the public about the HIV prevention and care needs of the A&PI communities, thanks to a \$60,000 grant from the Council of Fashion Designers of America-Vogue Initiative/NYC AIDS Fund of the New York Community Trust. The CFDA-Vogue Initiative/NYCAF is dedicated to preserving community groups that provide programs and advocacy efforts to address the local HIV/AIDS epidemic.

Founded in 1989, APICHA's has a history in policy advocacy as part of its response to the need for HIV/AIDS services for A&PIs. Its founders pushed the Centers for Disease Control and Prevention to disaggregate data under the category "Other", to ascertain the impact of the disease on the A&PI communities. That successful effort led to opening up of A&PI inclusive funding, which in turn enabled groups

like APICHA to compete for funds to build programs and services. The organization hired its first Public Affairs Coordinator, Zaheer Mustafa, who will focus on policy and media and help continue the organization's long tradition of civil engagement. Zaheer's combined background in electoral politics, advocacy, and HIV prevention work enhances APICHA's ability to pay attention to key policy issues and respond in an effective and timely manner.

"In a period of economic crisis and major changes in our health care system, a strong, vocal, and persistent voice explaining the needs of our community is no longer optional. It is necessary. I am glad that the New York AIDS Fund and its funding partners recognized that APICHA can be a valued contributor to the public dialogue and I thank them for their financial support," said Therese R. Rodriguez APICHA's CEO. "Over the years, APICHA's presence in the public sphere has been constrained by inadequate resources to support the work. The New York AIDS fund has helped us change this"

## Grants and Contracts

July 1, 2009 to June 30, 2010

### GOVERNMENT

#### Centers for Disease Control and Prevention

- HIV Prevention, Counseling and Testing
- HIV Prevention, Young Men who have Sex with Men

#### Health Resources and Services Administration

- Outpatient Early Intervention Services (HIV)

#### New York State Department of Health, AIDS Institute

- Food and Nutrition for PLWH/A
- HIV Prevention, Communities of Color Initiative

HIV Prevention, Minority Peer Initiative

Women's Services  
HHS LGBT Initiative  
Multi-Service Agencies/Community Development Initiative

New York State Department of Health, COBRA Case Management

#### New York State Dormitory Authority, HEAL NY-6\*

#### New York State Legislature

- Communities of Color Initiative
- Sexuality-Related Programs
- Community Capital Assistance Program\*

Office of State Senator Thomas K. Duane

Office of State Senator Malcolm Smith

Office of State Senator Daniel Squadron

Office of State Senator Toby Ann Stavisky

#### New York City Council

- Communities of Color HIV/AIDS Initiative
- Speaker's Office

#### New York City Department of Health/Mental Hygiene/Public Health Solutions

- Ryan White Modernization Act, Part A, Care Coordination

*\*New award received but contract is pending*

### PRIVATE FOUNDATIONS

#### \$50,000 and up

H. van Ameringen Foundation

The Paul Rapoport Foundation

CFDA-Vogue Initiative/  
New York City AIDS Fund of  
The New York Community Trust

#### \$10,000 and up

Asian American Federation/Asian Community Fund

C. J. Huang Foundation

North Star Fund

Tiger Baron Foundation

#### \$1,000 and up

Broadway Cares/  
Equity Fights AIDS

AIDS Walk/Gay Men's Health Crisis

Project CHARGE/  
Coalition for Children and Families

#### Up to \$999

New York City Combined Federal Campaign

United Way of New York City

United Way of Westchester and Putnam, Inc.

United Way of Central New York

## APICHA Medical Services Achieves Highest Level Recognition as Medical Home

We are pleased to announce that the National Committee for Quality Assurance (NCQA) recently awarded APICHA Medical Services Level 3 recognition as a Physician Practice Connections® – Patient-Centered Medical Home (PPC-PCMH). Recognition is awarded from levels 1-3; APICHA has received the highest level of recognition achievable. NCQA's Physician Recognition Programs identify practices who deliver superior care using standards firmly rooted in medical evidence.

NCQA Recognition highlights APICHA's commitment to provide quality health care to our patients and demonstrates that we have incorporated quality improvements into the fabric of our daily lives. Our recognition status –the highest level achievable– was

awarded after rigorous evaluation by NCQA on many aspects of our Medical Services practices and performance, including, Access and Communication; Patient Tracking and Registry Functions; Care Management; Patient Self-Management Support; Electronic Prescribing; Test Tracking; Referral Tracking; Performance Reporting and Improvement; and Advanced



Electronic Communications. Receiving a score above 75 qualifies a medical practice as a Level 3 medical home. APICHA received a score of 82.5.

The patient centered medical home is a model for care provided by physician practices

that seeks to strengthen the physician-patient relationship by replacing episodic care based on illnesses and patient complaints with coordinated care and a long-term healing relationship. The American College of Physicians, the American Academy of Family Physicians, the American Academy of Pediatrics and the American Osteopathic Association have jointly defined the medical home as a model of care where each patient has an ongoing relationship with a personal physician who leads a team that takes collective responsibility for patient care. The physician led care team is responsible for providing all the patient's health care needs and, when needed, arranges for appropriate care with other qualified physicians. A medical home also emphasizes enhanced care through scheduling, expanded hours and communication between patients, physicians and staff.

Needless to say, we are all extremely proud of this achievement, not only in terms of what it means to us, but what it means to our patients – that they can be confident in the quality of health care they receive at APICHA.

### INDIVIDUAL GIFTS

#### \$2,000 and up

John-John Manlutac & James M. Jaeger

Cindy Y. Chen

John J. Chin, Ph. D.

#### \$1,000 and up

Jean R. Lobell

Elvin B. Parson, M.D.

#### \$500 and up

Dr. Mars and Cora Custodio

Fleur Lee

Sherida David & Linden Martinez

#### \$100 and up

Harry Brillantes

Gloria Cabrera

Norman Chan

John J. Chin

Christian Custodio

Nadine Dayot

Erving Del Pilar

Nora C. de la Serna

Puong Doan

Lourdes Iletto

Anita Jongco

Miliann Kang

Vongduen Kerdchana

LaFerla Marcello

Josie Lirag

Rebecca B. Magbag

Maria Z. Marin

Clement E. Nwizubo

Tamaki Ogata

Mamoko Ohashi

Avelina Pimo

Fei-Xue Qian

Gilda Sambajon

Norman San Agustin

Brenda A.

Sheppard-Lahens

#### Up to \$99

Marilyn Abalos

Aurora Aguinaldo

Anonymous (1)

Manijeh Berenji

Juanita N. Burgos

Jacqueline V. Calumba

Sonia V. Casiano

Daniel Castellanos

Sharon Choi

Jeff Crusha

Vivian T. Cruz

Duke Dang

Ian Darnton-Hill

Donna Donavella

Asim Khan

Carlos Esguerra

Lourdes C. Felarca

Carmencita Q. Fulgado

Paul K. Kim

Katherine Kintzel

Delmeshia Haynes

Roz Li

Lenore S. Lim

William F. Lollis

Melvyn Lopez

Juliana P. Manlapaz

Lourdes T. Marzan

Mihaela Mihai

Henry Moritzugu

Zaheer Mustafa

Melissa Nibungco

Aurora Ocampo

Hilda Ohara

Romualdo Ong

Nelsie T. Parrado

Rajesh Parwatkar

Joel Pacua

Juliet Payabyab

Rodolfo A. Picar

Wilhelmina Reburiano

Veronica Rosario

Araceli L. Santos

Eduardo Sanz

Reuben S. Seguritan

Christine E. Soberano

Christine Soriano

Erica Sullivan

Odelia Tablit

Artemia Tan

Francisca M. Tayag

Ching Valdez

Romeo Ymalay

Herbert & Jessica White

Xiaona Zhu

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Fidelity Charitable Gift Fund

## Field Report: Teaching HIV Basics in Mandarin

Qing Han, Peer Educator in Women and Youth Unit, reports on a recent HIV knowledge building workshop.

I went to Flushing International High School in November 2009 to provide an HIV workshop in Mandarin. APICHA prepared the curriculum a few years ago but that was my first time delivering it.

Flushing International High School's students are mostly recent immigrants. Many of them are either monolingual or are just beginning to speak English. Students come from all over the globe, with a high concentration of them being from mainland China, Mexico and other Latin American countries. The school gradually teaches them to read, write and communicate in English, but they are also taught to embrace their native language and culture.

There were about 40 students waiting for me in a small room when I arrived. The coordinator at the school told me that they were between 14 and 17 years old. I was very nervous before the session started. I worked with some of the peer educators in the Young Peoples Project who have worked at APICHA longer to get tips on what to say to these young people. We met once a week for two months to prepare. My main concern was the fact that HIV is a sensitive topic and the students might not be comfortable talking about it. I was also worried that I might not be able to find all the correct Mandarin words, especially if there were many questions. Not every word or concept translates perfectly, from English to Mandarin. When I had to talk about the fluids that could transmit HIV I knew that there were no words

for some of the sexual fluids, at least that I knew that I could use in a classroom setting. Instead, I used a diagram of the reproductive system to relay that information.

During the workshop, I gradually relaxed. I started to really connect with the students and asserted myself as a professional in the field. We developed a substantive discussion and things were going well overall. A small group of students made jokes, seemingly projecting discomfort when I used words such as sex. But most of them were engaged.

They had very little or incorrect information about HIV. Generally, students were making assumptions about who is affected and about how it is transmitted. Some students expressed that that you can get infected by hugging someone. Most of them have never talked about safer-sex (specifically comprehensive sexual health like their bodies or how to use a condom or HIV) with a parent and this was their first HIV related discussion at school. I asked where they learned the incorrect information and many of them said from their friends. I think everyone was glad to get the correct information, even the ones who joked.

I feel very glad and privileged to be able to provide this information to these students that are new to this country because I know that, especially in China, they wouldn't get this kind of information. I didn't when I was growing up in China. It's just so important!

*Flushing International High School's students are mostly recent immigrants.*

*Many of them are either monolingual or are just beginning to speak English.*

*They had very little or incorrect information about HIV. Generally, students were making assumptions about who is affected and about how it is transmitted.*

*Some students expressed that that you can get infected by hugging someone.*

## APICHA Celebrates 21st Anniversary

*continued from page 1*

APICHA. These partnerships enhance the work of both movements and create opportunities to educate theater goers about vital issues.

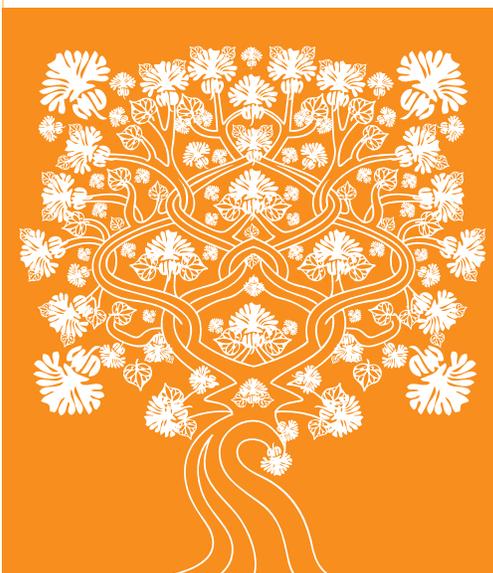
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"The collective work of this year's honorees has increased opportunities for A&PIs and LGBTs, has kept us in the public sphere, and helped moved us all closer to equality," said APICHA Board Member and head of the Board Development Committee John Oshima. "They are truly champions for our communities."

Arthur Ch'ien of WPIX-TV will be Master of Ceremonies.

*APICHA invites all constituents to join us in marking our collective accomplishments and to commit to the work ahead.*

*For information about the gala, please visit [www.apicha.org](http://www.apicha.org).*



## Family Values: A Perspective from an Asian Gay Man's Family

By: Jarron Magallanes, LMSW, LGBT Program Manager

In May of this year Project Connect had the unique opportunity to host a workshop/discussion titled "Family Values: Coming Out to Asian-American Parents" with Deanna Cheng as facilitator. Deanna, a mother of two sons and grandmother of two grandsons, grew up in Taiwan and Hong Kong and has lived in the United States since the early 1970s. I met with her briefly before the workshop and I would not have guessed that she would be such an outspoken advocate and proud supporter of her gay son.

I first heard of Deanna's advocacy when she spoke at a press conference for Lunar New Year for All, the group that sponsored the first ever inclusion of an LGBTQ Asian American contingent in the 2010 New York City Chinatown Lunar New Year Parade. In connection with that event, Deanna's story was covered by mainstream and ethnic newspapers. "I'm getting more comfortable talking to my Chinatown neighbors about my son being gay", she told New York Daily News. I was touched, and at the same time reminded of my own mother's growing support over the years.

Coincidentally, I had been looking for a speaker to facilitate a Project Connect workshop on "coming out" in an A&PI family—in response to an absence of an A&PI-specific PFLAG (Parents & Friends of Lesbians and Gays) in NYC. Ideally we were looking for an A&PI parent to lead a discussion on ways that allies can play a role in supporting and advocating for their LGBT family members. We asked Deanna if she would be willing to lead the workshop and discussion about this sensitive topic. She accepted our invitation without any hesitation and headlined the final workshop of Project Connect's contract year.

The workshop kicked off what I hope to be an ongoing discussion and process of acceptance of LGBT youth from their parents. The crowd of 21 attendees was mostly LGBT A&PI young people. Also in attendance was a member for the NYC PFLAG for Families of Color, who was excited to hear of the event and assured her commitment to supporting an APICHA group for A&PI LGBT families, friends and allies.

Deanna's story unfolded with the help of her son Patrick, who translated from Mandarin to English. Patrick first came out to his mother

in the early 1990's here in NYC. Deanna said that she never stopped loving her son but was very shocked initially and was mostly concerned about how his father and other family members and friends would react. Shortly after telling his mother, Patrick told his father—who had a much harder time accepting the news. One night Patrick decided to bring his boyfriend Michael (now Patrick's husband of 20 years) to his house for dinner. As each person sat around the dinner table they acknowledged each other's presence and began to realize the importance of each piece of the puzzle, or the whole family unit. Patrick's grandmother took everybody by surprise by sitting next to Michael at the dinner table and later accepting him as a member of the Cheng

*The workshop kicked off what I hope to be an ongoing discussion and process of acceptance of LGBT youth from their parents. The crowd of 21 attendees was mostly LGBT A&PI young people.*

family. Over time, it became easier for Deanna to speak openly, or "come out" about her gay son and his partner to her tight-knit network of friends, family and neighbors.

Soon after the Cheng family dinner, Michael (who was already out as gay) decided to bring Patrick to South Boston to meet his family. Patrick's father nearly gasped when the two showed up at the front door as he was shocked to see that his son was dating a Chinese person. Although he also grew to accept Patrick as part the family, these two experiences highlight some of the cultural differences between Patrick and Michael's families.

Participants at the Family Values workshop represented a diverse group of A&PIs: young gay men, lesbians and transgender men, immigrant, American born, male, female and genderqueer. As an observer, I learned that the most common theme was on the challenges

of intergenerational dialogues. One 24 year old Taiwanese lesbian spoke about how she had to educate her parents about the meaning of the term "cis-gender"—a person whose gender identity matches their birth sex. One young gay Korean man opened up about his father's reluctance to speak in-person about his son's sexuality—but was able to communicate more freely through writing letters.

The discussion doesn't stop here. Project Connect also began a youth mentorship initiative called GAYME for A&PI LGBT youth and adults. One of the first meetings was a discussion on coming out. Adults and youth were able to discuss their experiences coming out to their parents and/or friends—which inherently revealed some of the shifts and differences in generational and cultural values. In some A&PI cultures, the only words used to describe people of LGBT experience are used pejoratively. For both first and second generation immigrants, conflicting views on gay identity can disrupt a young person's sense of self-identity. One of the revolving themes in GAYME is about establishing healthy identities as A&PI and LGBT.

As a service provider who serves the A&PI LGBT community I have seen the need to include, involve and create family—in the broadest sense possible. For Patrick, the family unit was essential to his identity. In many parts of the country, "Family Values" can imply a conservative and out-dated view of the family (man + woman = child). However, for many young people, they are not as fortunate as Patrick to have such a caring and accepting family. Gay men, lesbians and transgender men and women still get kicked out of their homes and they still face ostracism from their communities. Others remain closeted their whole lives for fear of rejection from their loved ones. As a response we have assisted and supported them to create an alternate family—one to whom they can be proud to be themselves, and one who will accept them for who they are. As we roll into our third year of service I'm hoping that we can help to build strong allies among parents, brothers, sisters and friends—in the same spirit of PFLAG. For us, "family values" is not a fixed concept. It is something that we should welcome, and one that should always reciprocate with acceptance and love.

## In and Around Our Communities



APICHA was part of the first lesbian, gay, bisexual, and transgender contingent to march in the Chinatown Lunar New Year Parade. Over 250 A&PI LGBTQIs carried the traditional Chinese symbols for prosperity and renewal – fish and phoenix. Participants also wore rainbow bandanas symbolizing the LGBT Pride flag.



Photo Credit: John Beltran

APICHA held its first ever legislative breakfast on November 18, 2009 to present its policy advocacy agenda. Shown in the photo is NYC Council Member Margaret Chin (front center) flanked by APICHA staff and Board Members.



New York City Comptroller John Liu honored APICHA's Chief Medical Officer, Dr. Robert Murayama for his contributions to improving the health of A&PI community. Presenting the honor at his A&PI Heritage Month celebration, Comptroller Liu recognized Dr. Murayama's innovative approach to providing care and his dedication to APICHA. Standing before predominantly A&PI audience of over 500 people, Dr. Murayama highlighted that the community has an obligation to ensure everyone has access to care – especially A&PI-LGBT people, a segment of the A&PI communities who are particularly medically underserved.



APICHA ensured there was an A&PI-LGBT contingent in the long line of walkers at this year's New York AIDS Walk. As new HIV diagnoses continue to grow, funds that address the HIV prevention and care for A&PI-LGBT community are becoming increasingly scarce. The group of mostly young A&PI was a reminder that our communities remain affected by HIV/AIDS. In addition they helped to raise vital funds to support APICHA's work.



APICHA held a film showing of *Mangosteen*, HIV AIDS in Malaysia on World AIDS Day at its facility on 400 Broadway. The event was followed by a lively discussion with the filmmakers (L to R) Mia C. Villanueva, Alzo Slade and Mary Jane Buenaventura. Also in commemoration of the day, APICHA's windows were dressed with the symbolic red ribbon.



APICHA CEO Therese R. Rodriguez spoke at a forum on the newly approved Health Care Reform Law sponsored by the Queens Pride House in May 2010. Ms. Rodriguez offered insight on what the new law means for the A&PI and LGBT communities and also offered a unique perspective on present and impending issues relating to the implementation of the new legislation, such as the continuing lack of coverage for low-income, permanent residents with less than 5 years of adjusted status.

At a town hall meeting held by the White House Office on National HIV/AIDS Policy (ONAP) in New York City, APICHA provided an A&PI and LGBT perspective on methods for preventing HIV. The organization asked for attention to socio-cultural, linguistic and economic factors that affect access to HIV test-

ing, prevention education and care. President Obama has charged (ONAP) with creating a national HIV/AIDS plan with the goals of reducing HIV incidence, increasing access to care and optimizing health outcomes and reducing HIV-related health disparities. The plan was released in July this year.



Poet and author Staceyann Chin delivered a moving performance at APICHA's LGBT Pride Event in: "a celebration of the Asian, South Asian, and Pacific Islander - Lesbian, Gay, Bisexual, Transgender, and Queer Community" in June, 2010. The event was held at Vlada lounge in midtown Manhattan and was attended by prominent LGBT leaders and members of the community.

Open your door and help keep our doors open. For the 2010 census, APICHA helped ensure an accurate A&PI population count. APICHA asked the members of our community to open the door and complete the census, if they are visited by a census worker. Historically minority groups, including A&PIs have been undercounted in the census - limiting access to funds for social programs to meet our communities' needs, as funding levels are based on census data. Organizations like APICHA could lose up to three thousand dollars for each person not counted in our community.



APICHA joined the 12% Coalition at New York City Hall to advocate for fair funding for groups that serve the A&PI community. A&PI serving organizations receive only 0.24% of the City's social service contract dollars and only 0.38% of the City's foundation grant dollars. A&PIs account for 12 percent of the City's population, hence the group's name. The advocacy effort included 20 meetings with City Council Members, a briefing to the Black, Latino, Asian Caucus and a press conference and rally with nearly 200 people.

Zaheer Mustafa, APICHA's Public Affairs Coordinator, joined Project CHARGE in Albany to advocate for fair implementation of the health care reform law. Project CHARGE (Coalition for Health Access to Reach Greater Equity) is a collaborative of 15 organizations working together to increase health care access for A&PIs.

The groups of 25 individuals met with 24 State Senators, Assembly Members, and staffers and distributed a new report, *Healing the Health Care System*. The report analyzes the impact of the new law on the A&PI communities and gives each component a thumb up or a thumb down. Says Zaheer: "The legislators that we met with were happy to see an organized contingent of A&PIs advocating on such a vital issue, health care. Many of them want to work with us to address issues such language access and cultural competency in the health care system."

## A Home is Built A Medical Home for A&PIs and LGBTs

On May 4, 2010 APICHA hosted an open house to mark the agency's clinic expansion. The organization recently started offering general medical services for A&PI and LGBTs. Standing before the attentive audience, APICHA Chief Executive Officer Therese R. Rodriguez proclaimed, "APICHA is here! APICHA is here for people who cannot access adequate care because they have to conceal their sexual orientation and gender identity. APICHA is here for members of our commu-



Guests listened attentively to CMO Dr. Robert Murayama as he expounded on the vision of the A&PI LGBT clinic

nity who do not have the language and therefore lack sufficient health information." Her message couldn't be clearer: a void in medical care is filled.

Guided by the philosophy that a medical home for A&PI and LGBTs can improve the health of our community, APICHA began an ambitious endeavor to bring that idea to fruition. In 2008, the organization competed for



Henry van Ameringen, APICHA's funder of over two decades, posed for APICHA News with CEO Therese R. Rodriguez

and succeeded in getting funds from the New York State Department of Health's Health Care Efficiency and Affordability Law (HEAL), Phase 6 Capital Grant Program. APICHA is one of the 30 organizations in the New York City region that received funding from HEAL 6. That funding has enabled APICHA to expand

the services to address the health care needs of New Yorkers, particularly in the A&PI and LGBT communities which continue to experience significant problems with access to medical care or underservice.

Recent studies have shown that A&PI LGBT face multi-layered discrimination based on sexual orientation, race and language. There is a great need of providers who understand the multi-layered stressors that impact an individual's ability to access care. LGBT individuals often do not disclose their sexual orientation out of fear of discrimination.

Chief Medical Officer Dr. Robert Murayama explains the effect of the situation: "People cannot receive proper medical care if they conceal their sexual orientation or if their ethnic identity is overlooked. In a medical setting your ethnicity, sexual orientation, and gender identity should be respected and affirmed, your language should be spoken, and your check-up should include monitoring for the illnesses that being A&PI or LGBT makes you more susceptible to." This mantra is the foundation of APICHA's clinic expansion project. Dr. Murayama noted that A&PI and LGBT people are "the least likely to access care because visiting the doctor means overcoming language and cultural barriers and battling stigma and prejudice. Add to that a fragmented health care system that is not user friendly and prohibitive cost then suddenly going for a check-up is complicated and intimidating."

APICHA is uniquely positioned to meet this challenge. In addition to its combined 21 years of experience in social service and health care delivery, the organization employs a staff that speaks over 20 different A&PI languages, builds knowledge of and treatment for the A&PI and LGBT population and maintains a safe and affirming space for LGBT people.

Among those who came to the open house was Jane Schwartz, executive director of the Paul Rapoport Foundation. Asked about her response to the clinic expansion, Ms. Schwartz said, "Adequate services for both the A&PI and LGBT communities are limited and when the communities intersect, they are even more underserved. The Rapoport Foundation is proud to be partnering with APICHA in its clinical expansion and in its community-building efforts." A strong supporter of APICHA, the Foundation is dedicated to providing support of organizations that provide services to the LGBT community.

To address the intersecting array of issues faced by A&PI LGBT, APICHA looks to the medical home model as a solution. The medical home model encourages the provision of several medical and supportive services under one roof, and meeting the patient's holistic needs through coordination with other doctors and community organizations. The model is attractive because it focuses on enhancing provider-provider and patient-provider communication; creates a logical and personal plan for meeting each patient's needs; and gives appropriate consideration of and respect for the client's ethnicity, sexual orientation and gender identity.

In conjunction with the clinic expansion, a poster campaign (see poster below) was launched to increase awareness of the new services. The campaign was launched in June this year to coincide with activities during Pride month. The posters convey LGBT-friendly messaging by using the rainbow flag. A&PI languages, along with languages of other immigrant populations, provide the background. The headline reinforces the holistic approach: "In sickness and in health, we are here for you." The campaign will run for several months. The goal is to reach large numbers A&PI LGBT.

Whether they are out or not, are part of the LGBT community or struggling with their identity, APICHA wants every A&PI LGBT person to know that they have a medical home.

**In sickness and in health, we are here for you.**  
**APICHA Medical Services**

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