

CDC IMPLEMENTATION PLANS FOR THE HHS ASIAN AMERICAN AND PACIFIC ISLANDER INITIATIVE

Introduction

The Centers for Disease Control and Prevention's (CDC) mission is to promote health and quality of life by preventing and controlling disease, injury, and disability. As the Nation's prevention agency, CDC provides a comprehensive, systematic approach to health promotion and disease prevention and expertise in laboratory science, epidemiology, surveillance, infectious disease control, environmental and occupational safeguards, and quality assurance. The agency's public health programs and services strive to ensure the best possible health for everyone with a vision toward "healthy people in a healthy world—through prevention."

In 1993, CDC established an agencywide Advisory Committee on the Pacific Islands to address the unique public health problems in that region. The AAPI population includes immigrants and refugees and are heterogenous. CDC has funded demonstration and research projects and a national task force involving community health centers, national AAPI advocacy/interest organizations and other community groups during the past three years to facilitate the accomplishment of the National Immunization Program's goals in hepatitis B prevention.

In addition, CDC has been active in addressing recommendations from the community and has provided an official response to the HHS Office of Minority Health (OMH) regarding the 1995 AAPI Health Leaders Summit cosponsored by CDC.

Implementation Infrastructure

CDC's OMH has primary responsibility for directing CDC activities to address this initiative. OMH is working collaboratively with other agencies and organizations to provide leadership. The Office provides coordination throughout CDC and ATSDR and promotes priority activities related to minority health. Ms. Wilma Johnson, Acting Associate Director for Minority Health (ADMH), represents CDC on the Departmental Minority Initiatives Coordinating Committee (DMICC). The DMICC provides oversight on all four HHS Departmental minority and related initiatives—the Historically Black Colleges and Universities Initiative, the Hispanic Agenda for Action, the Tribal Colleges and Universities Initiatives, and the newly established APIA Initiative. Ms. Johnson also directs CDC's efforts to implement the President's Race Initiative and the Healthy People 2000 and 2010 objectives. Dr. Jane Suen, OMH, has lead responsibility for this new AAPI Initiative and serves as the primary focal point for strategic planning and goal setting. CDC's OMH and each of its Centers, Institute, and Offices (CIOs) will collaborate with community groups to implement the Action Agenda. Other activities may be added in response to our consultations with appropriate communities.

Access To and Utilization of Health and Human Services

Goal 1: Improve health and well being of AAPIs by increasing their access to and utilization of health and human services.

Objective 1.1: Develop strategies to eliminate the disparities and increase AAPI participation in major preventive health activities.

Agency Activities:

1. Enhance or expand the HCFA Horizons Program (or similar methodologies of partnering with community-based organizations for dissemination of health information) to target high risk populations. Target health information efforts in those areas where AAPI groups are identified as populations at high risk. Health information dissemination efforts could include: mammography, tuberculosis, flu vaccinations, etc. (HCFA)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

1. Take steps to ensure that AAPI women are reached through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Develop targeted strategies to ensure that AAPI women receive regular screening for breast and cervical cancers, prompt follow up if necessary, and assurance that the tests are performed in accordance with current recommendations for quality assurance. (CDC) (short term)

Key Agency Activity:

Take steps to ensure that AAPI women are reached through the National Breast and Cervical Cancer Early Detection Program. Develop targeted strategies to ensure that AAPI women receive regular screening for breast and cervical cancers, prompt follow up if necessary, and assurance that the tests are performed in accordance with current recommendations for quality assurance. (CDC)

Lead Entity: NCCDPHP

Time Frame: Ongoing

Measurable Outcome: Demonstrate evidence of AAPI women being screened through minimum data elements reported twice yearly by each screening program to the NBCCEDP.

1. Ensure AAPI youth are being served by comprehensive school health programs to prevent important health problems, and to improve health and well being through increased rates of retention and completion of secondary school, particularly in the U.S. associated Pacific Island jurisdictions. In addition, efforts need to be made to reach out of school AAPI youth through other community-based, non-school sites. (HRSA) (short term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

2. Conduct Diabetes Control Programs (DCPs) in AAPI communities in the U.S. associated Pacific Island jurisdictions, and in States which have significant numbers of AAPIs. All DCPs focus on (1) developing new, effective approaches for reducing the diabetes burden, (2) implementing specific measures to ensure the widespread application of accepted standards, and (3) coordinating the diabetes-related efforts of the health system. (CDC)

Key Agency Activity: Conduct Diabetes Control Programs (DCPs) in AAPI communities in the U.S. associated Pacific Island jurisdictions, and in States which have significant numbers of AAPIs. All DCPs focus on (1) developing new, effective approaches for reducing the diabetes burden, (2) implementing specific measures to ensure the widespread application of accepted standards, and (3) coordinating the diabetes-related efforts of the health system. (CDC)

Lead Entity: NCCDPHP

Time Frame: Ongoing

Measurable Outcome: Culturally competent and relevant interventions targeted to AAPI operated by State DCPs and evidence of input into the design, implementation and evaluation of interventions from members and organizations representing AAPI subpopulations.

Key Agency Activity: 4a. Establish a Regional Center to foster community involvement and action to address the burden of diabetes in the Pacific Basin. The regional Center will utilize and build upon CDC's highly successful "Diabetes Today" community planning model. (CDC)

Lead Entity: NCCDPHP

Time Frame: September 1998

Measurable Outcome: To have a community level plan for diabetes control that is tailored to the preceptions, beliefs, realities, and resources of the community.
2. Identify and develop models for screening, treatment and prevention options for AAPIs, as well as other immigrants, and ensure adequacy of immigrant and refugee medical screening requirements to evolving emerging infectious disease threats. (CDC, NIH, ORR/ACF) (long term)

Key Agency Activity: Identify and develop models for screening, treatment and prevention options for AAPIs, as well as other immigrants, and ensure adequacy of immigrant and refugee medical screening requirements to evolving emerging infectious disease threats. (CDC)

Lead Entity: NCID, NIP

Time Frame: fiscal year (FY) 1998-2000

Measurable Outcome:

1. Revised screening guidelines and exclusion criteria by end of FY 2000.

Time Frame: 1998-2000

Measurable Outcome:

2. Increased rates of Hepatitis B vaccination coverage of AAPI children who have recently immigrated into the United States.

6. Increase attention to AAPI domestic violence issues in health professions training, violence prevention activities and among health care service providers. [See also Domestic Violence Initiative in the attachment]

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

7. Provide continuing support for HIV/STD/TB surveillance, prevention, and treatment activities targeting AAPIs in the U.S.-associated Pacific Island jurisdictions and the continental U.S. (CDC, HRSA) (short-term)

Key Agency Activity: Provide continuing support for HIV/STD/TB surveillance, prevention, and treatment activities targeting AAPIs in the U.S.-associated Pacific Island jurisdictions and the continental U.S. (CDC)

Lead Entity: NCHSTP, NCID

Time Frame: Ongoing

Measurable Outcome: Objectives included in their annual continuation applications for HIV, STD, and TB prevention program activities are met or exceeded.

Time Frame: FY 1998-indefinitely

Measurable Outcome:

1. Continued and improved access to quality assurance and referral laboratory services.

8. Fund a chlamydia screening program beginning January 1, 1998, for prevention of infertility in women in the Pacific Island project area. (CDC)

Key Agency Activity: Fund a chlamydia screening program beginning January 1, 1998, for prevention of infertility in women in the Pacific Island project area. (CDC)

Lead Entity: NCHSTP, NCID

Time Frame: January 1998—ongoing

Measurable Outcomes:

1. Development and implementation of a chlamydia screening program to determine the baseline chlamydia prevalence in each of the six jurisdictions (American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of Palau, and Marshall Islands). In subsequent years, implement a chlamydia prevention program to reduce the prevalence.

2. Within five years of initiation of program, evidence of a clear trend toward reduced infection prevalence among screened women and treated women.

9. Conduct a full study, contingent on funding and completion of the feasibility study being conducted in the Republic of the Marshall Islands, designed to determine if potential health effects to the Marshallese from nuclear weapons testing can be studied. (CDC)

Key Agency Activity: Conduct a full study, contingent on funding and completion of the feasibility study being conducted in the Republic of the Marshall Islands, designed to determine if potential health effects to the Marshallese from nuclear weapons testing can be studied. (CDC)

Lead Entity: NCEH

Time Frame: September 1999

Measurable Outcome: A final determination about study feasibility and communication of findings to Federal partners and Marshallese government.

10. Mental health and substance abuse prevention, and treatment services (SAMHSA)

Key Agency Activity:

A. Identify organizations that are working with AAPI parents of youth who are at risk or in the age group of at risk youth to mobilize at the community level parents, grandparents and other caring adults to support culturally appropriate substance abuse prevention and treatment efforts.

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

B. Address the issues of access to mental health services for AAPI immigrant and refugee populations by synthesizing knowledge about culturally- and linguistically- appropriate ways to work with families experiencing trauma.

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

C. Develop and promote among AAPI populations linguistically and culturally appropriate psycho-educational audio-visual materials to increase access and utilization of mental health, substance abuse prevention and treatment services.

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

D. Ensure that programs addressing the health needs of chemically addicted or mentally ill individuals, residing in the U.S. associated Pacific Island jurisdictions are integrated into community-based primary health care systems.

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

E. Develop a plan which assesses the feasibility of and identifies needed resources for implementation of a regional training institute in the U.S. associated Pacific Islander jurisdictions that addresses long term training needs of substance abuse and mental health clinicians and counselors, while simultaneously building on existing resources.

Lead Entity:

Time Frame:

Measurable Outcome:

Objective 1.2: Designate a lead agency for ongoing assessment of AAPI access to health services and dissemination of information on effective methods to assure access to services.

Suggested Activities:

1. HRSA will work in collaboration with other HHS components and community partners to assure that there is in place an assessment process that on a subpopulation basis will: (long term)

Key Agency Activity:

- A. Systematically assess health status and unmet need of AAPI subpopulations (long term).

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

- B. Study the health care delivery systems currently in place and identify barriers to care. This will include determining the extent to which cultural competency, especially the use of language, hinders access to care and compliance with prevention and treatment plans (long term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

- C. Develop guidelines and other material to assist service providers in delivering quality health services that meet the language and cultural needs of the target populations (long term)

Lead Entity:

Time Frame:

Measurable Outcome:

2. HRSA will work in collaboration with other HHS components and community partners to assure that there a process in place to identify, disseminate and promote information about effective health services delivery for AAPIs such as (ALL):

A Protocols and materials developed by community-based organizations, health departments, and other organizations on the delivery of comprehensive primary care services that includes preventive, HIV/AIDS, substance abuse, mental health, and enabling services. (short term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

B. Best practice models and organizations that have historically served AAPI communities. These organizations can serve as mentors to assist other organizations in delivering linguistically-appropriate quality health care to members of AAPI communities (long term).

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Objective 1.3: Improve the health status of Native Hawaiians and Pacific Islanders through strategic development of effective health service system infrastructure and capacity.

Suggested Activities:

1. Incorporate the findings and strategic plan, as appropriate, from the Institute of Medicine (IOM) study on the health service system infrastructure in the Pacific Basin when the IOM report is released.

A. Coordinate CDC Public Health Advisor and Epidemiologist implementation activities with HRSA funded IOM Study on the Pacific Basin. (CDC, HRSA)

Key Agency Activity: Coordinate CDC Public Health Advisor and Epidemiologist implementation activities with HRSA funded IOM Study on the Pacific Basin. (CDC)

Lead Entity: NCHSTP, PHPPO

Time Frame: Calendar years 1998 - 1999

Measurable Outcome: By December 1999, each of the six jurisdictions (American Samoa, Guam, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Republic of Palau, and Marshall Islands) will have in place surveillance and reporting systems for communicable diseases.

Time Frame: December 31, 2000

Measurable Outcomes:

1. Each Flag Jurisdiction (American Samoa, Guam, and the Commonwealth of the Northern Mariana Islands) and Compact Jurisdiction (Republic of the Marshall Islands, Republic of Palau and The Federated States of Micronesia) will have developed detailed plans to address and reduce the ten leading causes of premature mortality and disability. Plans will be developed from information related in the Institute of Medicine (IOM) Report on the Health Service System Infrastructure of the Pacific Basin
 2. Organize and conduct a health needs analysis of each jurisdiction with community input by the affected populations.
 3. Compare the IOM recommendations to the results of the health needs analysis.
 4. Conduct community information sessions to inform the community of the results of the gathered information.
 5. Conduct community input conferences to educate and reach consensus on resource investment.
 6. Analyze the determined needs with the available skills and technology.
 7. Provide training; obtain technology/equipment, employ experts in areas identified in number 6 above for which a need is determined.
 8. Implement the plan.
2. Develop goals and strategies for reducing the disproportionately high rates of infant mortality among Native Hawaiians and Pacific Islanders (CDC, HRSA)
 - A. Conduct quantitative and qualitative research in collaboration with the Hawaii Department of Health to identify risk and protective factors for infant mortality and factors contributing to the observed disparities. (CDC) (long term)

Key Agency Activity: Conduct quantitative and qualitative research in collaboration with the Hawaii Department of Health to identify risk and protective factors for infant mortality and factors contributing to the observed disparities. (CDC)

Lead Entity: NCID, NCCDPHP

Time Frame: FY1999-2001

Measurable Outcome:

1. Risk factors identified, targeted for prevention

Time Frame: completed by December 31, 2000

Measurable Outcome:

2. Establishment of a Pregnancy Risk Assessment Monitoring System (PRAMS) in Hawaii.

B. Develop culturally appropriate and community-based intervention strategies to reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii. (CDC, HRSA) (long term)

Key Agency Activity: Develop culturally appropriate and community-based intervention strategies to reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii. (CDC).

Lead Entity: NCCDPHP, NCID

Time Frame: December 31, 2000

Measurable Outcome:

1. Reduction of the infant mortality rate among AAPIs in Hawaii to no more than 5 infant deaths per 1,000 live births.

Time Frame: 2000-2002

Measurable Outcome:

2. Support of demonstration projects for community-based interventions to be supported

C. Assess the role of maternal infectious diseases, including bacterial vaginosis, in perinatal complications among Native Hawaiians and other Pacific Islanders through the development of sentinel surveillance systems to define the burden of disease in pregnant women and incidence of complications due to infections, including maternal infections, and infant prematurity, sepsis, and low birth-weight. (CDC, HRSA) (long-term)

Key Agency Activity: Assess the role of maternal infectious diseases, including bacterial vaginosis, in perinatal complications among Native Hawaiians and other Pacific Islanders through the development of sentinel surveillance systems to define the burden of disease in pregnant women and incidence of complications due to infections, including maternal infections, and infant prematurity, sepsis, and low-birth-weight. (CDC)

Lead Entity: NCID

Time Frame: 2000-2001

Measurable Outcome: Sentinel surveillance for pregnant women and neonatal infections in place.

D. Develop, evaluate and integrate methods to optimize the prevention and early detection and treatment of infections in pregnant women and their newborns; explore the use of rapid diagnostic tests, including those that can be implemented in developing and underserved settings, for the detection of bacterial vaginosis and other infections linked to prematurity, infant complications and mortality. (CDC, HRSA) (long term)

Key Agency Activity: Develop, evaluate and integrate methods to optimize the prevention and early detection and treatment of infections in pregnant women and their newborns; explore the use of rapid diagnostic tests, including those that can be implemented in developing and underserved settings, for the detection of bacterial vaginosis and other infections linked to prematurity, infant complications and mortality. (CDC)

Lead Entity: NCID

Time Frame: 1999-2002

Measurable Outcome: Evaluation of methods completed, reports and guidelines on how to best integrate them in prenatal care drafted.

3. Enhance access to primary care services in the U.S. associated Pacific jurisdictions in collaboration with other HHS components and organizations by targeting issues on a jurisdiction- by-jurisdiction basis:

Key Agency Activity:

A. Develop an action plan through the HRSA Pacific Basin Workgroup process (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

B. Develop the Pacific Basin Health Summit to review the Institute of Medicine Report on Health Services in the Pacific (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

C. Assist American Samoa in the redesign of its primary care system (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

D. In conjunction with SAMHSA, assist Pacific Basin health authorities in establishing substance abuse certification programs and the delivery of mental health and substance abuse services to assure appropriate linkage with primary health care services. (long term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

E. In conjunction with NIH, assist the Department of Energy in the selection of an organization to deliver specialized health care services and primary care in the Republic of the Marshall Islands. (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

4. Improve the health status of Native Hawaiians by strengthening the activities funded under the Native Hawaiian Health Care Act:

Key Agency Activity:

A. Provide technical assistance to Papa Ola Lokahi and the five Native Hawaiian Health Care Systems to improve planning, data systems, evaluation and services delivery (HRSA) (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

B. Strengthen relationships between the Native Hawaiian Health Care Systems and primary care providers to assure that Native Hawaiians' access to primary care is enhanced (long term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

C. Provide technical assistance to the Hawaii State Primary Care Association, Kamehameha Schools/Bishop Estates, and Papa Ola Lokahi to assure the most appropriate planning, training and placement of scholars under the Native Hawaiian Health Scholarship Program. (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

D. Provide technical assistance to Papa Ola Lokahi and other organizations in the preparation and the conduct of the Native Hawaiian Health Summit. (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Objective 1.4 Develop strategies for increasing AAPI community participation in selected human service programs.

Suggested Activities:

1. Head Start expansion: The Administration places a high priority on expanding Head Start to the nation's low-income infant and toddlers and pre-school-age children. Identify methods to expand outreach to AAPI families to increase their participation in both Early Head Start (infants and toddlers) and Head Start for 3-5 year olds. Increase involvement of AAPI community organizations in working with grantees to identify areas of greatest need when creating new centers and to assist in outreach activities to AAPI families. (ACF) (long term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

2. Elderly Initiatives:

Key Agency Activity:

A. The Office of Refugee Resettlement (ORR) will issue \$9.5 million in grants to assist non-citizen seniors, admitted to the U.S. as refugees, to apply for citizenship and to increase

cooperation between refugee serving organizations and Area Agencies on Aging. These cooperative arrangements will result in elderly refugees who are at risk of losing SSI and Food Stamps, receiving linguistically-appropriate services. The majority of refugees served in this program will be from Vietnam, Cambodia and Laos. (AoA and ACF) (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

B. Identify best program practices and effective outreach efforts to elderly in AAPI communities and disseminate through the aging network of State and Area Agencies on Aging and service providers as well as through the National Asian Pacific Center on Aging.

Lead Entity:

Time Frame:

Measurable Outcome:

3. Child Care Program: Outreach to AAPI communities to provide consumer education regarding child care alternatives, locating safe and affordable services and insuring the provision of culturally and linguistically appropriate care, particularly for TANF recipients. (ACF) (short term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

4. Child Support: Outreach to AAPI communities to provide consumer education regarding the importance of child support, the fatherhood initiative, and child support enforcement provisions in law. (ACF) (short term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

5. Family and Intimate Violence Program: Continue to provide support to community-based organizations including those representing racial and ethnic minority populations such as

AAPIs for the designing, implementing and evaluating of primary prevention strategies to prevent intimate partner violence. Understanding the dynamics of intimate partner violence in diverse populations is essential to designing culturally competent prevention strategies and evaluating their success and replicability.

Key Agency Activity: Family and Intimate Violence Program: Understanding the dynamics of intimate partner violence in diverse populations is essential to designing culturally competent prevention strategies and evaluating their success and replicability (CDC).

To accomplish this objective, the following activities will take place:

- Continue to provide support to community-based organizations including those representing racial and ethnic minority populations such as AAPIs for designing, implementing and evaluating primary prevention strategies to prevent intimate partner violence through programs such as *Community-based Primary Prevention Programs to Prevent Intimate Partner Violence for a Safe America*. Ten projects were funded through this program for three years starting in fiscal year 1998. These projects are designed to develop, implement, and evaluate primary prevention programs that address: family, intimate partner, and dating violence prevention; children and adolescents who witness intimate partner violence in the home; and public awareness and community education. Some of the currently funded projects will focus on intimate partner violence among ethnic and racial minority populations.

- Include Asian American/Pacific Islander community-based organizations to the request for proposals (RFP) distribution list for family and intimate violence prevention research opportunities beginning in FY 1998.

Lead Entity: NCIPC

Time Frame: Beginning in fiscal year 1998

Measurable Outcome: Overall, the number of state and community-based intimate partner and sexual assault projects will be increased from 7 to 31 by FY 1999. It is hoped that this number will include Asian American/Pacific Islander community-based organizations as a result of the targeted RFP distribution and successful competition of these groups.

6. Youth Violence Prevention: Continue to provide support for the evaluation of youth violence interventions that are effective in preventing and reducing aggressive and violent behavior. Future funding may be directed to community-based organizations representing racial and ethnic minority populations including community-based organizations serving AAPIs.

Key Agency Activity: Youth Violence Prevention: Continue to provide support for the evaluation of youth violence interventions that are effective in preventing and reducing aggressive and violent behavior. (CDC)

To accomplish this activity the following actions will take place:

- Strengthen youth violence prevention efforts by identifying the characteristics of effective prevention strategies and by working in collaboration with State, local and community-based health partners to conduct regional workshops on best practices for implementing and evaluating programs.
- Develop best practices protocols for implementation and evaluation of youth violence prevention programs by 1999.
- Conduct eight regional best practices workshops by the year 2000.
- Identify community-based organizations that target Asian American/Pacific Islander populations and extend invitation to best practices workshops.
- Add Asian American/Pacific Islander community-based organizations to the request for proposals (RFP) distribution list for youth violence prevention research opportunities.

Lead Entity: NCIPC

Time Frame: 1998 - 2000

Measurable Outcomes:

1. Identification of community-based organizations that target Asian American/Pacific Islander populations and extend invitation to best practices workshops by the year 2000.
2. Addition of Asian American/Pacific Islander community-based organizations to the request for proposals (RFP) distribution list for youth violence prevention research opportunities beginning in FY 1998.

II. Asian American and Pacific Islander Data

Goal 2: Increase and improve collection, analyses, and dissemination of data about AAPI populations and subpopulations.

Objective 2.1 : Increase and improve collection of data on AAPIs.

Suggested Short-Term Actions:

1. The HHS Data Council has recommended the inclusion of race and ethnicity information in all HHS sponsored data collection activities, using the OMB definitions for race/ethnicity reporting. The Data Council's Working Group on Race and Ethnicity has been asked to review strategies to collect race and ethnic data and to make recommendations on overall strategy. The AAPI Departmental Working Group should work with the Data Council and its Race/Ethnicity Working Group to adopt the following recommendations.
 - Collect disaggregated data on AAPIs in HHS data collection systems whenever possible.
 - Promote analysis of AAPI data by policy analysts and researchers.

Key Agency Activity: The HHS Data Council has recommended the inclusion of race and ethnicity information in all HHS sponsored data collection activities, using the OMB definitions for race/ethnicity reporting. The Data Council's Working Group on Race and Ethnicity has been asked to review strategies to collect race and ethnic data and to make recommendations on overall strategy. The AAPI Departmental Working Group should work with the Data Council and its Race/Ethnicity Working Group to adopt the following recommendations (CDC).

- Collect disaggregated data on AAPIs in HHS data collection systems whenever possible.
- Promote analysis of AAPI data by policy analysts and researchers.

Lead Entity: NCHS

Time Frame: Ongoing

Measurable Outcome:

2. The National Center for Health Statistics and the Office of Disease Prevention and Health Promotion will work together to identify the data gaps and target these data bases for expansion of AAPI data at the national level. The amount and quality of health data on AAPIs should be increased to a level that makes it possible to assess the achievement by AAPIs of Healthy People 2000 objectives. Researchers and scientists should include AAPI indicators as appropriate when designing or implementing studies. Meanwhile, in the absence of national measures on AAPIs, HHS's AAPI Working Group should encourage Healthy People 2010 managers to address AAPI issues using objectives based on non-national data. (CDC)

Key Agency Activity:

Lead Entity: NIP

Time Frame: 1998-2000

Measurable Outcome:

2. Annual published hepatitis B vaccination rates in AAPI children ages 4-18 as measured in the National Health Information Survey (NHIS).

3. The statistical and research agencies in HHS should support and give technical assistance in oversampling AAPI subgroups in major data collection activities such as PUMS, Current Population Survey (CPS), and the National Health Interview Survey (NHIS). For example, because of immigration, there have been significant changes in AAPI residence since the 1990 Census making it difficult to develop accurate sampling frames. Use of alternative data sources should be explored including school records, INS data, and birth records. (ASPE, AHCPR)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

4. Statistical and research Agencies should support local studies in States, regions and communities with higher proportions of AAPIs and, within these studies, separately identify the major subcategories of AAPIs. These HHS-supported targeted studies should be conducted in such a way that they are comparable to national surveys so that they can serve as community and regional benchmarks for AAPI populations. Funding should be made available through the Minority Grant program at NCHS for doing this. CDC should use their State and Local Area Integrated Telephone Survey (SLAITS) for such studies. The AAPI DWG should identify other potential opportunities. (CDC, ASPE, AHCPR)

Key Agency Activity: Statistical and research Agencies should support local studies in States, regions and communities with higher proportions of AAPIs and, within these studies, separately identify the major subcategories of AAPIs. These HHS-supported targeted studies should be conducted in such a way that they are comparable to national surveys so that they can serve as community and regional benchmarks for AAPI populations. Funding should be made available through the Minority Grant program at NCHS for doing this. CDC should use their State and Local Area Integrated Telephone Survey (SLAITS) for such studies. The AAPI DWG should identify other potential opportunities. (CDC)

Lead Entity: NCHS, NIP

Time Frame: Annual NIP hepatitis B coverage surveys in AAPI children born before 1993 will be conducted in selected communities during 1998-2000

Measurable Outcome: Number of population-based surveys in AAPI communities of different ethnicities measuring hepatitis B vaccination rates in AAPI children born before 1993.

5. The HHS statistical and research Agencies should support more analyses of the AAPI data that they already collect and development of improved ways to analyze AAPI data. More analysis should be done aggregating AAPI data and AAPI subgroup data over several years, for example. The statistical and research Agencies should consider using these analytic techniques routinely within their existing programs in order to do planning and programming that takes into consideration AAPI population characteristics and needs and making it possible to measure progress and effectiveness. (CDC, ASPE, AHCPR)

Key Agency Activity: The HHS statistical and research Agencies should support more analyses of the AAPI data that they already collect and the development of improved ways to analyze AAPI data. For example, more analysis should be done aggregating AAPI data and AAPI subgroup data over several years. The statistical and research agencies should consider using these analytic techniques routinely within their existing programs to conduct planning and programming that takes into consid-

eration AAPI population characteristics and needs and making it possible to measure progress and effectiveness. (CDC)

Lead Entity: NCHS, NIP

Time Frame: 1998

Measurable Outcome: Published hepatitis B surface antigen (HBsAg) rates in AAPI pregnant women living in Atlanta, Detroit, Hartford/New Haven, and Dallas and giving birth during 1990-1994.

6. A surveillance infrastructure that addresses substance abuse in the U.S. associated Pacific Islands should be developed.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Suggested Longer-Term Actions:

7. Promote and establish a Federal forum or clearinghouse on AAPI statistics with members from Federal statistical and research agencies. The purposes of the forum or clearinghouse include development of principles and standards for collecting data on AAPIs and subgroups, advising Federal and non-Federal researchers and community organizations on use of existing AAPI data and design of future surveys and to promote increased and improved collection of AAPI data. (OMH, NIH, NCHS, ASPE, AHCPR, SAMHSA, CDC, others) (long term)

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Lead Entity: NCHS

Time Frame:

Measurable Outcome:

8. In 1992, the NCHS began to code data into the same categories used in the 1990 Census: Chinese, Japanese, Hawaiian, Filipino, Korean, Asian Indian, Vietnamese, Guamanian,

Samoan, and other Asian. NCHS will continue to encourage additional States to provide vital statistics data coded into the same categories used in the 1990 Census: Chinese, Japanese, Hawaiian, Filipino, Korean, Asian Indian, Vietnamese, Guamanian, Samoan, and other Asian. (CDC). (long term)

Key Agency Activity: In 1992, the NCHS began to code data into the same categories used in the 1990 Census: Chinese, Japanese, Hawaiian, Filipino, Korean, Asian Indian, Vietnamese, Guamanian, Samoan, and other Asian. NCHS will continue to encourage additional States to provide vital statistics data coded into the same categories used in the 1990 Census: Chinese, Japanese, Hawaiian, Filipino, Korean, Asian Indian, Vietnamese, Guamanian, Samoan, and other Asian. (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

9. NCHS is exploring the development of a comprehensive, integrated, and flexible State survey mechanism that can provide an ongoing interviewing infrastructure through which focused or targeted surveys could be administered. This approach appears to be a more effective and efficient manner in which to collect data for subgroups of the AAPI population.(CDC) (long term)

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Time Frame:

Measurable Outcome:

10. NCEH will continue to encourage States and local health departments to collect AAPI ethnicity data and subcategorization of AAPI ethnicity data for environmental health programs and activities, such as the childhood lead poisoning prevention program and birth defects research and prevention activities. (CDC)

Key Agency Activity: NCEH will continue to encourage States and local health departments to collect AAPI ethnicity data and subcategorization of AAPI ethnicity data for environmental health programs and activities, such as the childhood lead poisoning prevention program and birth defects research and prevention activities. (CDC)

Lead Entity: NCEH

Time Frame: October 1998

Measurable Outcome: Identification of States and surveillance systems with large numbers of AAPI populations and encouragement of collection of AAPI ethnicity data and subcategorization of AAPI ethnicity data by including subsamples of AAPI populations in future protocols as appropriate for goals of studies.

Objective 2.2: Increase and improve analyses and dissemination of data on AAPIs.

Suggested Short-Term Activities:

1. State-level mortality data for the Healthy People 2000 objectives have been made available for the U.S. and for all States and the District of Columbia for the total population and for five race\ethnic groups, including Asian Americans and Pacific Islanders. Data are currently available for the data years 1991 through 1994. Data are available for the years 1991-1994 separately and for the years 1992-1994 combined. (CDC) (short-term)

Key Agency Activity: State-level mortality data for the Healthy People 2000 objectives have been made available for the U.S. and for all States and the District of Columbia for the total population and for five race ethnic groups, including Asian Americans and Pacific Islanders. Data are currently available for the years 1991 through 1994. Data are available for the years 1991-1994 separately and for the years 1992-1994 combined. (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

2. Expand AAPI data in Health US to include Years-of-Potential-Life-Lost rates, maternal deaths and death rates (CDC). (short-term)

Health US 1996-97 contains tables showing data for the AAPI population as a whole, and natality and infant mortality data for the subgroups of Chinese, Japanese, Filipino, and Hawaiian. Specific data for the AAPI population that were added for the first time include birth rates by maternal age, age-adjusted death rates for States, age-adjusted death rates for selected causes, and leading causes of death.

Key Agency Activity: Expand AAPI data in Health US to include Years-of-Potential-Life-Lost rates, maternal deaths and death rates. (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

3. Continue to present data on births and mortality in greater race detail for the AAPI population in the Monthly Vital Statistics Reports (CDC) (short term)

Key Agency Activity: Continue to present data on births and mortality in greater race detail for the AAPI population in the Monthly Vital Statistics Reports (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

4. Continue to fund additional data collection, analytic, and sampling projects designed to improve the quantity and quality of health data for the AAPI populations through the NCHS Minority Health Statistics Grants Program. (CDC) (short term)

Key Agency Activity: Continue to fund additional data collection, analytic, and sampling projects designed to improve the quantity and quality of health data for the AAPI populations through the NCHS Minority Health Statistics Grants Program. (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

5. Publish a NCHS report based on the 1992-1994 National Health Interview Surveys (NHIS) and presenting data on the health status of the AAPI population as a whole and for 6 Asian American subgroups: Chinese, Filipino, Asian Indian, Japanese, Vietnamese, and Korean. (CDC) (short-term)

Key Agency Activity: Publish a NCHS report based on the 1992-1994 National Health Interview Surveys (NHIS) and presenting data on the health status of the AAPI population as a whole and for 6 Asian American subgroups: Chinese, Filipino, Asian Indian, Japanese, Vietnamese, and Korean. (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

6. Establish an on-going mechanism for regularly disseminating information about available public use data bases and research findings on AAPIs to national networks of community-based organizations as well as major research institutions. Use the Internet as means of providing access to health data for race and ethnic populations, and publicizing the availability of new studies. (CDC, OMH) (short term)

Key Agency Activity: Establish an on-going mechanism for regularly disseminating information about available public use data bases and research findings on AAPIs to national networks of community-based organizations as well as major research institutions. Use the Internet as means of providing access to health data for race and ethnic populations, and publicizing the availability of new studies. (CDC)

Lead Entity: NCHS

Time Frame:

Measurable Outcome:

Key Agency Activity:

A. Disseminate information about the availability and contents of the HHS Minority Health Data Inventory to increase utilization by HHS Agencies and other community and academic researchers. Update this inventory and expand information pertinent to AAPIs including information about AAPI sample sizes. (OMH, ASPE) (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

7. OMH/OPHS should review the HHS Data Council summary of recommended actions to assess whether AAPI data issues identified in 1995 and 1996 conference recommendations are addressed. (Short term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

III. Research on Asian American and Pacific Islander Health

Goal 3: Increase the number of funded research projects and programs targeted towards AAPIs.

Objective 3.1: Conduct analyses of the major health and mental health problems facing the AAPI communities.

Objective 3.2: Evaluate the impact of major health and human services changes, including welfare reform and coverage of uninsured children, on the access to care and services of the AAPI populations.

Objective 3.3: Develop a research agenda and solicit research proposals to increase clinical research and health care utilization information needed to reduce gaps in knowledge about AAPIs.

Objective 3.4: Include AAPIs in ongoing crosscutting research on health and human services issues, in developing new survey instruments, and by involving researchers familiar with AAPI issues in review groups and advisory panels.

Suggested Activities:

1. Develop a summary analysis of the major health and mental health problems facing AAPIs including subgroups of AAPIs, including those contained in the recommendations from the 1995 National Health Summit of AAPI Health Organizational Leaders. (OMH, CDC, others)

Key Agency Activity: Develop a summary analysis of the major health and mental health problems facing AAPIs including subgroups of AAPIs.

Lead Entity: NCID, NCHS

Time Frame: FY 1999-2000

Measurable Outcome: Summary of major causes of morbidity and mortality (similar to NCHS summary of Hispanic Hanes data)

2. Conduct an analysis of the impact of changes underway at the national, state and local levels, in health care organization and financing, and other areas that impact health status and access to services (e.g. insurance coverage, welfare reform, managed care, linguistic and cultural barriers). These analyses can be done in the short term using data systems that currently collect disaggregated information on AAPI subgroups, such as NHIS, selected Behavioral Risk Factor Survey (BRFSS) and other data systems. For data systems with small numbers of AAPIs or AAPI subgroups, data from multiple years can be combined for analysis (OPHS, SAMHSA, HCFA, ASPE and AHCPR) (short term).

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

3. Develop a research agenda that increases clinical research and health care utilization information needed to reduce gaps in knowledge about AAPIs. (AHCPR, NIH) (long term).

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

4. Solicit research proposals for highest priority areas identified in the research agenda. (CDC, ASPE, NIH, AHCPR) (short term)

Key Agency Activity: Solicit research proposals for highest priority areas identified in the research agenda. (CDC)

Lead Entity: NCID

Time Frame: FY 1999-2001

Measurable Outcome: Funding of research studies for highest priority areas.

5. Ensure that AAPIs and specific subpopulations are included in clinical research and health surveys which track the impact of policy changes (e.g., restrictions on access to preventive services to new immigrants, cuts in the nutrition program - especially food stamps, welfare to work, job training and life time limits), particularly on immigrants and populations with limited English proficiency. (NIH, ASPE, AHCPR) (long term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

6. Involve researchers and reviewers familiar with AAPI issues in ongoing research activities such as study sections and councils. (NIH, ASPE, AHCPR, CDC). (short term)

Key Agency Activity: Involve researchers and reviewers familiar with AAPI issues in ongoing research activities such as study sections and councils. (CDC)

Lead Entity: NCEH, NIP, NCHS

Time Frame: October 1998

Measurable Outcome:

1. An increase in the number of researchers and reviewers familiar with AAPI issues on environmental health study sections and councils.

Time Frame: 1998-2000

Measurable Outcome:

2. Administration of \$40,000 in NIP grant funds per year by the “*National Task Force on Hepatitis Immunization, Focus on Asians and Pacific Islanders*” for hepatitis B vaccination coverage survey grants.

7. Identify (or create if necessary) and ensure implementation of strategies and mechanisms which ensure cultural sensitivity and community participation in all phases of research projects and identify lessons learned through existing academic community partnerships and research projects on AAPIs. (NIH, AHCPR, CDC) (long term)

Key Agency Activity: Identify (or create if necessary) and ensure implementation of strategies and mechanisms which ensure cultural sensitivity and community participation in all phases of research projects and identify lessons learned through existing academic community partnerships and research projects on AAPIs. (CDC)

Lead Entity: NCID

Time Frame: FY 1999-2001

Measurable Outcome: Inclusion of community advisory groups in all projects to ensure participation

8. Encourage effective working relationships between community-based organizations and the research community. This will strengthen participation of AAPI communities in research efforts, and encourage entry of AAPIs into community-based research careers. (NIH, AHCPR, CDC) (long term)

Key Agency Activity: Encourage effective working relationships between community-based organizations and the research community. This will strengthen participation of AAPI communities in research efforts, and encourage entry of AAPIs into community-based research careers. (CDC)

Lead Entity: NCEH, NCID, NCHSTP, NIP

Time Frame: October 1998

Measurable Outcome:

1. Increase outreach efforts through the establishment of communication and network channels between CBOs in the AAPI communities and the research community.

Time Frame: FY 1998-indefinitely

Measurable Outcome:

2. Establishment of AAPI CBO inclusion as an evaluation criterion for extramural award; all CDC fellowships/research training will have AAPI representation.

Time Frame: May 1997 - April 2000 (NCHSTP under announcement 704 - although primarily focused on HIV prevention needs and not research)

Measurable Outcome:

3. Increase the level of HIV prevention knowledge, attitudes, beliefs, and behaviors in AAPI communities.

Time Frame: 1998-2000

Measurable Outcome:

4. Successful completion of health services research in Vietnamese-Americans using a cooperative agreement with a university research group including community based organiza-

tions as sub contractors in Dallas and Houston, Texas, to determine the relative effectiveness of a media intervention versus coalition building to promote hepatitis B vaccination of children born after 1993.

9. Encourage researchers, physicians and scientists to include AAPI indicators when designing or implementing studies.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

IV. Training

Goal4: Increase outreach to and participation of AAPIs in HHS or HHS sponsored training programs

Objective 4.1: Expand participation of underrepresented AAPI sub-populations in HHS training programs.

Objective 4.2: Develop specific outreach strategies for AAPIs for training programs in health profession and research areas where AAPIs are underrepresented.

Objective 4.3: Increase availability of training opportunities that encourage researchers and health professionals to address health issues of AAPI communities.

Suggested Activities:

1. Review the health professions training programs in HRSA and minority researcher training programs for barriers to participation of underrepresented AAPI sub-populations (e.g. Pacific Islanders, Southeast Asians) and develop plans to remove identified barriers (HRSA, SAMHSA, NIH, AHCPR).

Key Agency Activity:

A. Assess impact of legislative requirements that limit participation in some scholarship/loan repayment programs to U.S. citizens

A.1. Assess barriers to increasing AAPI representation in training programs for physicians, clinical psychologists, nurse practitioners, physician assistants and nurse midwives.

Lead Entity:

Time Frame:

Measurable Outcome:

A.2. Assess cultural barriers that might limit utilization of clinicians who are not physicians.

Lead Entity:

Time Frame:

Measurable Outcome:

2. Identify areas and create opportunities for training and academic-community partnerships in community-based research on AAPI populations (NIH, AHCPR, HRSA).

Key Agency Activity:

A. Explore possibility of revising data collection instruments to obtain more thorough information on the needs of the subpopulations in the AAPI category

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

B Work with community organizations to assess the distribution and needs of subpopulations and assess the distribution of clinicians.

Lead Entity:

Time Frame:

Measurable Outcome:

3. Identify ways to increase the number of AAPIs in primary care professions to address the increasing demand for primary health care services and providers that are appropriate for the cultural and linguistic needs of this population (HRSA). Examine how existing programs can:

A. Increase the number of culturally- and linguistically-competent clinicians for AAPI populations in community-based organizations such as community health centers, Native Hawaiian Health Systems and other access points. (For example, the Community Scholarship Program, the State Loan Repayment Programs, the Native Hawaiian Scholarship Program)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

4. Publicize HHS fellowship, internship and other training programs and actively recruit racial/ethnic minority candidates, including AAPIs (all).

Key Agency Activity: Publicize HHS fellowship, internship and other training programs and actively recruit racial/ethnic minority candidates, including AAPIs (CDC).

Lead Entity: EPO, NCHSTP, HRMO, NCEH, PHPPO

Time Frame: Ongoing

Measurable Outcomes:

1. Increased AAPI applicants by targeting: Schools of Public Health with high percentage of AAPI enrollment, and community-based organizations serving AAPI populations to participate in the Public Health Prevention Service Program, a program designed to train the public health workforce for the year 2000 and beyond.

Time Frame: Ongoing

Measurable Outcomes:

2. Continued active recruitment of all minorities to ensure that selecting officials have an adequate pool of underrepresented groups.

Time Frame: October 1998

Measurable Outcome:

3. Identify AAPI communities and schools, etc. with significant number of AAPI populations. Increase outreach efforts to communities and schools, etc. with significant number of AAPI populations to interest them in the environmental health field.

Time Frame: Ongoing

Measurable Outcome:

4. Compare the number and percentage of AAPIs applying for positions to total applicants. Compare the number and percentage of AAPIs hired for positions to total hires.

Time Frame: Ongoing

Measurable Outcome:

5. Increase publicizing HHS fellowships, internships and other training programs and actively recruit racial/ethnic minority candidates, including AAPIs.

V. Workforce and Participation in HHS Operations

Goal 5: Ensure that issues affecting underserved AAPI populations are addressed through representation in the HHS work force and participation in HHS operations.

Objective 5.1: Increase the representation of AAPI employees on advisory boards, strategic planning committees, and task forces.

Objective 5.2: Partner with AAPI national and local research and policy organizations to identify external AAPI community representatives to participate in HHS grant programs and other internal/external activities.

Objective 5.3: Provide technical assistance to AAPI community organizations on HHS programs and activities, to increase both these organizations' knowledge base and capacity to participate, and HHS program staff awareness of AAPI health and human services issues.

Objective 5.4: Develop strategies for increasing recruitment of senior level AAPIs to SES and other line positions in HHS agencies.

Suggested activities:

1. Involve AAPIs in ongoing program planning activities of HHS through AAPI representation in, for example, advisory boards, task forces, and strategic planning committees. A data base pool of appropriate individuals to show as such representatives would be useful in increasing involvement. Outreach procedures and activities designed to increase the pool of AAPI candidates for these positions will be developed.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

2. Involve AAPIs in ongoing policy development activities of HHS through AAPI representation in, for example, advisory boards, grant review panels, and peer review boards. Outreach procedures and activities designed to increase the pool of AAPI candidates for these positions will be developed. AAPI representation should include, where feasible, senior citizens and university/college students, and AAPIs with disabilities.

Key Agency Activity: Involve AAPIs in ongoing policy development activities of HHS through AAPI representation in, for example, advisory boards, grant review panels, and peer review boards. Outreach procedures and activities designed to increase the pool of AAPI candidates for these positions will be developed. AAPI representation should include, where feasible, senior citizens and university/college students, and AAPIs with disabilities (CDC).

Lead Entity: NCEH, NIP

Time Frame: October 1998

Measurable Outcome:

1. Development of NCEH Workforce Diversity and Community Involvement Plan to involve AAPI individuals and organizations in environmental health work. Increase AAPI participants on boards, task forces, and committees.

Time Frame: 1998-2000

Measurable Outcome:

2. Provide \$100,000 per year to form a national task force of AAPI health professionals to educate and motivate parents and providers and ensure hepatitis B immunization of all AAPI children.

3. Improve capacity of AAPI community-based organizations to participate in HHS grant programs through partnerships with and increased involvement of AAPI national and local research and policy organizations.

Key Agency Activity: Improve capacity of AAPI community-based organizations to participate in HHS grant programs through partnerships with and increased involvement of AAPI national and local research and policy organizations. (CDC)

Lead Entity: NCEH

Time Frame: October 1998

Measurable Outcome: Development of NCEH Workforce Diversity and Community Involvement Plan. Identify AAPI organizations. Increase outreach efforts through partnerships with AAPI organizations.

4. Develop HHS-wide mechanisms to provide technical assistance to community-based organizations, evaluate effective strategies for serving AAPIs, identify best practices and disseminate information about HHS programs, services and funding opportunities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

5. Consult with AAPI government professional organizations such as the Asian American Government Executives Network to do the following:

Key Agency Activity: Consult with AAPI government professional organizations such as the Asian American Government Executives Network to do the following (CDC):

- A. Identify barriers to AAPI outreach and recruitment to SES and front line positions in HHS.
Develop outreach and recruitment activities to increase the pool of AAPIs considered for SES positions.

Lead Entity: HRMO

Time Frame: 4/15/98 and ongoing

Measurable Outcome: An increase in the number of AAPI candidates for SES positions.

6. Determine if outreach and recruitment efforts are warranted to increase AAPI representation in key “front-line” positions such as field staff that work most directly with AAPI communities.

Key Agency Activity: Determine if outreach and recruitment efforts are warranted to increase AAPI representation in key “front-line” positions such as field staff that work most directly with AAPI communities (CDC).

Lead Entity: HRMO

Time Frame: Ongoing. The HRMO Recruitment Branch is involved in ongoing efforts to increase the number of AAPI candidates for all positions.

Measurable Outcomes:

1. CDC’s goal for recruitment is to mirror the populations we serve.

Professional - We are .1 above the Civilian Labor Force (CLF).

All others are below CLF.

Administrative 1.1 below

Technical 1.0 below

Clerical 1.5 below

Other 22.0 below

Blue Collar 2.5 below

Compared to the Federal Government, we are 7.1 above if you count CS and Commissioned Corps.

2. The Recruitment Branch will continue to target recruitment efforts of AAPIs by attending appropriate conferences/professional meetings. We will also develop a mailing list of AAPI organizations, colleges and universities to send vacancy announcements and special mailings during this FY.

VI. Cross Cutting Collaboration to Enhance HHS Customer Service to AAPIs

Goal 6: Enhance HHS capacity to serve Asian American and Pacific Islander customers.

Objective 6.1: Improve collaboration within the Department to increase coordinated approaches to meeting AAPI customer needs.

Objective 6.2: Ensure that HHS programs and initiatives meet the needs of AAPIs by strengthening partnerships with AAPI community organizations.

Suggested Activities:

1. Identify all current Departmental Initiatives and request review and comments from each Initiative coordinator on the Work Plan. (Short term - **see attachment**) Ensure that all HHS Initiatives include and address issues specific to AAPI communities. (long term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

2. Each HHS division/program should seek to enact standards of competence for agencies and providers who deliver services to AAPI populations and to ensure that linguistically-isolated individuals can be identified and served effectively. Collaboration among OPDIVS and STAFFDIVS may be the most efficient means of developing a common set of principles or standards for service providers. Such standards for service delivery and community involvement should be incorporated where appropriate in published criteria for guidances to States, and other federally funded programs, as well as in published criteria for program announcements and/or requests for proposals. (ALL) (long term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

3. Each HHS division program should identify selected behavioral, educational, service, environmental or research issues that are critical to AAPI populations or have great potential to be miscommunicated or not communicated at all to AAPI populations, and organize appropriate outreach or educational efforts. Activities that support outreach on these sentinel or target issues should include use of ethnic media; development of consumer publications, posters, videos or related items; including images of AAPI people in broad public outreach efforts to the general populace; or promotions organized by and with community-based organizations. Efforts should also ensure accessibility to information by AAPIs affected by disabilities that impact communications.

Key Agency Activity:

A. Sample activities proposed by HHS Operating Divisions include:

A.1. Translation of the Medicare Beneficiary Advisory Bulletin entitled “What Medicare Beneficiaries Need To Know About Health Maintenance Organization (HMO) Arrangements: Know Your Rights,” into AAPI languages. (OIG, HCFA) (long term)

Lead Entity:

Time Frame:

Measurable Outcome:

A.2. Create an “Anti-Patient Dumping,” brochure and translate into AAPI languages (OIG) (long term)

Lead Entity:

Time Frame:

Measurable Outcome:

A.3. Create NCEH educational materials on environmental health issues and translate, when appropriate, in AAPI languages. (CDC)

Key Agency Activity: Create educational materials on environmental health issues and translate, when appropriate, in AAPI languages. (CDC)

Lead Entity: NCEH

Time Frame: October 1999

Measurable Outcome: Increased educational materials for AAPI populations that are culturally and linguistically appropriate..

4. Each HHS division/program should review past and present collaborations with AAPI service organizations or facilities serving AAPI communities to identify “Best Practices,” in implementing linguistically-appropriate health education, prevention and treatment modalities and service delivery, and develop methods of disseminating this information broadly among other HHS agencies and HHS partners, such as the National Governor’s Association, the American Public Welfare Association, the Association of Maternal and Child Health Programs, the Association of State and Territorial Health Officers, and the National Association of City and County Health Officials. Among others, best practices include health centers that are community-wide, programs that have unique expertise delivering care to populations such as the homeless, people with mental illness, people living with HIV, and health departments. (OMH, HRSA, ASPE, SAMHSA) (long term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

5. Periodically review HHS policy guidance for Federally-funded providers to address the needs of individuals with Limited English Proficiency (LEP) and determine whether it is sufficient to reduce barriers to access to HHS services for AAPI populations. (OCR lead) (long term)

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

6. Each HHS division/program should identify opportunities to research customer needs and customer satisfaction with services delivered to AAPI communities and clients. Divisions and programs should seek opportunities to (1) solicit advice from AAPI community groups, and (2) involve AAPI communities in materials development and decision making on customer service strategies and improvements. (ALL)

Key Agency Activity: Each HHS division/program should identify opportunities to research customer needs and customer satisfaction with services delivered to AAPI communities and clients. Divisions and programs should seek opportunities to (1) solicit advice from AAPI community groups, and (2) involve AAPI communities in materials development and decision making on customer service strategies and improvements (CDC).

Lead Entity: NIP, NCHSTP

Time Frame: 1998

Measurable Outcome:

1. Publication of a document summarizing the hepatitis B vaccination efforts of three AAPI demonstration/evaluation sites, three community-based projects, two school-based projects, and three community health clinics. The document will describe how staff and advisors from AAPI communities developed and utilized materials, and strategies for outreach and education.

Time Frame: Ongoing (under HIV and TB state-based programs and community-based and national and regional organization HIV prevention programs)

Measurable Outcome:

2. The extent to which the needs of AAPI communities are identified and services are delivered to meet those needs.

7. Strengthen partnerships with AAPI communities and service providers on HHS-related issues in the long term, through strategies such as:

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

B. Sponsor invitational meetings to engage AAPI community health leaders, customers and researchers in dialogue about the AAPI Initiative, the work plan, and where applicable,

implementation activities to respond to the recommendations that were a product of two national conferences. An invitational meeting is being planned by HRSA in December of 1997 involving issues such as access to safety net providers, HRSA grant programs, and health professions training. (short term)

Lead Entity:

Time Frame:

Measurable Outcome:

Key Agency Activity:

C. Include workshops or presentations on AAPI needs and on barriers within AAPI communities to accessing necessary and appropriate health care services during AAPI Heritage Month (May).

Lead Entity:

Time Frame:

Measurable Outcome:

ATTACHMENT

DEPARTMENTAL INITIATIVES

Worker Trainee Program:

Efforts to serve AAPI communities in child care and 'traditional' anti-domestic violence prevention programs should address cultural barriers which may impact the availability, accessibility, and utilization of existing programs and facilities, and action to remove these barriers and strengthen alternative support systems should be taken.

Key Agency Activity: CDC and the Administration for Children and Families (ACF) are jointly funding projects that are designed to complement the national public awareness campaign on family and intimate violence and to promote prevention and intervention. To this end, two complementary projects have been set in place with the Family Violence Prevention Fund and the National Resource Center on Domestic Violence that will develop and implement local public education and organizing strategies within communities to promote more effective prevention and intervention of family and intimate violence. (CDC, ACF)

The priorities of the Family Violence Prevention Fund are as follows:

enhance community education and outreach activities of community-based family and intimate violence prevention programs and state coalitions, including the development of strategies to more effectively reach racial, cultural and ethnic, and language minorities;

increase the capacity of the local programs and coalitions to develop and implement effective communication education; and

develop and disseminate effective educational materials for use in raising community awareness and increasing community involvement.

Lead Entity: Joint leadership between ACF & CDC

Time Frame: 1998 - 2000.

Measurable Outcome: The Family Violence Prevention Fund and the National Resource Center on Domestic Violence will develop culturally appropriate public education and communication materials regarding family and intimate partner violence prevention for Asian American/Pacific Islander populations by the year 2000.

o Assessment of costs and considerations of whether 'proper resources' are available should account for the need for and cost of language workshops, etc., where appropriate.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o 'Business friendly' initiatives could include efforts to reach out to concentrated AAPI business districts (e.g. Chinatowns), or more widely dispersed AAPI stores and other small businesses.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Efforts to serve AAPI communities in child care and 'traditional' anti-domestic violence prevention programs should address cultural barriers which may impact the availability, accessibility, and utilization of existing programs and facilities, and action to remove these barriers and strengthen alternative support systems should be taken.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

In addition to the effort to enforce child support orders, there should be assistance for women when filing for child support in the first place; some may not be familiar with the legal system and processes.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Take advantage of the prevalence of multi generational homes in immigrant communities, including AAPI homes, and target these groups when promoting such intra-family support.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o The special sites used for 'intense' evaluation should be ethnically diverse and reflect the welfare population. This way, both failure and success can be measured in an inclusive manner.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Health Care Quality:

o Ensure publicity/information campaigns effectively reach AAPIs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Ensure Federal health care programs purchase services from plans and providers that serve AAPIs and that provide services in a non-discriminatory manner. Encourage those systems that government entities purchase services from to develop their own outreach and sensitivity programs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o When determining the 'leading quality indicators,' consider equity - equal access, equal quality, and equal rates of improvement.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Ensure consumer materials and information services are provided in multiple languages.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Ensure research focus groups and surveys include AAPI participants.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Identify care systems and providers whose service areas include large numbers of AAPI, and whose services are preferred or are more accessible to AAPIs. Determine relative quality of services and treatment under those programs and providers. Target those preferred and accessible service providers for further quality improvement and work to create similar accessibility of other service providers so AAPIs enjoy general market choice, leading to greater competition for their patronage and consequently superior service.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Partnerships with professional, consumer, community, and other associations should include the relevant AAPI organizations.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Utilize media from which AAPIs obtain their information.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Work with State purchasers, especially in those States in which there are a relatively high percentage of AAPIs (e.g. California, New York) to target the health care quality of their minority constituencies.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Ensure quality improvement and monitoring training is provided to those who most frequently serve AAPI communities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Identify trends in AAPI use of long-term, community-based, and hospice care. Determine causes behind trends and increase access and information about those that they do not fully utilize. Improve their treatment under those systems on which they rely most.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Children's Health Care:

Determine and evaluate status of children's health insurance among AAPIs. Determine particular reasons for differences.

Develop strategies to outreach to Medicaid eligible AAPI children.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Study community-based systems of care in AAPI communities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Include representatives from the AAPI health care community on the Intra-Departmental Coordinating Committee on Children's Health

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Recruit AAPI participation in relevant programs (e.g. Starting Early, Starting Smart; Healthy Schools/Healthy Communities; Emergency Medical Services for Children; Inter-agency Committee on school health). Monitor whether participation is proportional to representation in target population.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Overarching preventive care and public health services plans and agenda should take into consideration AAPI communities' greatest needs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Include AAPI organizations in list of those with which HCFA intends to build partnerships, especially under categories of churches, business community organizations, advocacy groups, youth related groups, and associations.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Ensure Primary Care, school and local Health Centers are located in areas accessible to AAPIs and are known to be open to them.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Address cultural barriers to AAPI use of existing and new health care resources and programs for children and youth.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Address the particular abuse prevention and child developmental needs of various minority communities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Youth Violence Prevention: Work with HHS's violence prevention initiatives to highlight youth violence problems in AAPI communities, to conduct outreach to AAPI community groups to inform them about violence prevention activities and to involve them in the development and implementation of violence prevention efforts.

Key Agency Activity: Youth Violence Prevention: Work with HHS's violence prevention initiatives to highlight youth violence problems in AAPI communities, to conduct outreach to AAPI community groups to inform them about violence prevention activities and to involve them in the development and implementation of violence prevention efforts (CDC).

To accomplish this activity, the following actions will take place:

- Strengthen youth violence prevention efforts by identifying the characteristics of effective prevention strategies and by working in collaboration with State, local and community-based health partners to conduct regional workshops on best practices for implementing and evaluating programs.
- Develop best practices protocols for implementation and evaluation of youth violence prevention programs by 1999.
- Conduct eight (8) regional best practices workshops by the year 2000.
- Identify community-based organizations that target Asian American/Pacific Islander populations and extend invitation to best practices workshops.
- Add Asian American/Pacific Islander community-based organizations to the request for proposals (RFP) distribution list for youth violence prevention research opportunities.

Lead Entity: NCIPC

Time Frame: 1998 - 2000

Measurable Outcomes:

1. Identify community-based organizations that target Asian American/Pacific Islander populations and extend invitation to best practices workshops by the year 2000.
2. Add Asian American/Pacific Islander community-based organizations to the request for proposals (RFP) distribution list for youth violence prevention research opportunities beginning in FY 1998.

Tobacco-Free Kids:

- o Step up enforcement in AAPI communities, in AAPI businesses.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Regulations promoted should address (and obstruct) the means, if different from other ethnic groups, by which AAPIs get 'hooked.' For example, social norms and pressures may be culturally distinct.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o If tobacco products other than cigarettes are used in AAPI communities, they should be targeted for regulation as well.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Research should include AAPIs: Statistics should be broken down so ethnic community-specific trends can be identified, etc. AAPIs should participate in focus groups, interviews, and other means by which the tobacco problem is studied.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Counter-advertising campaigns should target the communities where cigarette ads are most prevalent - i.e. low-income, minority communities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Healthy Start:

- o Determine special health and social support services most used by AAPI communities. Determine whether sociological or institutional reasons explain any significant differences. Establish action plans to address either difference. Increase accessibility to other systems of support if institutional obstacles are responsible.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Determine infant mortality rates for AAPIs and if higher than that of the general population, develop program to address the causes.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Childhood Immunization:

- o Determine the AAPI immunization rates and their rate of change; compare to those of other minorities and the general population.

Key Agency Activity:

- o Determine the AAPI immunization rates and their rate of change; compare to those of other minorities and the general population. (CDC)

Lead Entity: NIP

Time Frame: 1998-2000

Measurable Outcome:

- o Published coverage rates of vaccination rates in children 19-35 months of age from the quarterly/annual National Immunization Survey by ethnicity; plus published hepatitis B vaccination rates in AAPI children born after 1993 from the NHIS annual survey and from special AAPI community -based cluster surveys conducted in selected cities.

- o Since State and local agencies will have broad discretion in the administration of these immunization programs, issue Federal guidelines, at least to areas with many minorities, on how programs can outreach and be culturally sensitive toward AAPI communities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Recruitment of providers for enrollment in the Vaccines for Children Program should target those providers who most effectively serve diverse populations, including AAPIs.

Key Agency Activity: Recruit those physicians who provide vaccination services to AAPI children into the Vaccines for Children Program (VFC). (CDC)

Lead Entity: NIP

Time Frame: 1998-1999

Measurable Outcome:

- o Reach a total of 5,000 providers of vaccination services to AAPI children who are enrolled in VFC.
- o Partnerships and coalitions involving local organizations should include those that represent or work with AAPI communities.

Key Agency Activity: Convene a national task force of AAPI health professionals to advise NIP on its methods of promoting hepatitis B immunization of AAPI children born before 1993. (CDC)

Lead Entity: NIP

Time Frame: June 1998

Measurable Outcome:

- Fully functional task force operating with staff and organizational structure under a cooperative agreement with CDC.
- o Toll-free information services should either have service representatives who speak dominant AAPI languages or who can provide personalized assistance or referral. Design and distribute ads that can be understood by and are effective for AAPIs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Enrollment in WIC should reflect AAPI representation in target population.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Evaluate what services are most used by AAPIs and make immunization information available at those sites.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Requirements that children using federal child care assistance receive immunization may not reach children who are cared for under informal community networks, as often the case in AAPI communities, as well as other immigrant groups. Search for alternative outreach that takes advantage of the need for child care.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Teenage Pregnancy Prevention:

- o The National Strategy to Prevent Teen Pregnancy should incorporate outreach to AAPIs into all aspects of this initiative.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Second Chance Homes should be located in places accessible to AAPIs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Include communities with AAPIs in programs such as Community Coalition Partnership program, Adolescent Family Life Program, Independent Living Program, Community

Schools Program, Runaway and Homeless Youth Programs, Drug Treatment and Prevention Programs, and Young Men/Family Planning Partnership Training Program.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Evaluate AAPI data on teenage pregnancy and runaways and study source and consequences of differences. Work with established teenage pregnancy prevention and adolescent reproductive health programs working with AAPI communities, e.g., those in Washington and California.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Girl Power!

- o Provide Girl Power! Hometown Kits to AAPI community organizations.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Include AAPI community organizations in Girl Power! partnerships.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Continue involving “girls from a wide range of cultures and backgrounds” in focus groups, interviews, and other research activities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Adoption Initiative:

- o Include AAPIs in minority parent recruitment (at least proportional to AAPI children awaiting adoption or permanent placement).

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Aggressively enforce anti-discrimination laws against prospective parents of Asian or Pacific Islander origin.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Back to Sleep:

- o Evaluate patterns of infant death among AAPIs, address causes if unusually high.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Engage in public education that is culturally and linguistically appropriate for AAPIs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Children’s Initiative and Public Health Service Planning Improvement Initiative:

- o Use integration projects as opportunities to reform systems so they are more accessible. Target reforms in areas where access to institutions is especially problematic.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

State Children’s Health Insurance Program:

- o Assure the inclusion of an action item addressing special issues of minority populations, including AAPIs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Anti-Marijuana Campaign:

- o The implementation plan itself states that SAMHSA intends to “recognize the differences in the needs of different communities including language and cultural differences.” AAPIs constitute one such group whose needs may be distinct.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Award grants to and coordinate with organizations that serve AAPI populations.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Ascertain which drugs pose the greatest threat to AAPI communities and use anti-marijuana campaign as groundwork for reducing their use.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o In publicity campaigns, address AAPI-specific media, programs, etc.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Women's Health:

- o Increase efforts to include AAPI women in clinical research trials as appropriate.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Include AAPI women's health issues at national conferences on women's health and on minority women's health.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Efforts to bring women's issues into the study of medicine could be joined with efforts to introduce cultural sensitivity and the potential relevance of ethnic differences.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o While designating centers of excellence in women's health, the Secretary could point out those which have addressed minority women's health care issues well.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Consider ethnic factors and data in research into "the physical, psychological, and economic well-being" of cancer survivors. Address differences in trends discovered.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Outreach to expand use of mammography should target AAPI populations too. This is particularly true of older AAPI women.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

o Develop Strategies to outreach to Medicaid eligible women, especially women who are pregnant.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Domestic Violence (DV) Initiative:

o HHS's domestic violence initiative is developing strategies to help States assist survivors of DV particularly in the context of increased domestic pressures associated with welfare reform. Work with HHS's Domestic Violence Working Group to recognize that DV is a problem in AAPI communities and link community groups into efforts to develop culturally sensitive services.

Key Agency Activity: Family Violence Prevention Fund. CDC and the Administration for Children and Families (ACF) are jointly funding projects that are designed to complement the national public awareness campaign on family and intimate violence and to promote prevention and intervention. To this end, two complementary projects have been set in place with the Family Violence Prevention Fund and the National Resource Center on Domestic Violence. These projects will develop and implement local public education and organizing strategies within communities to promote more effective prevention and intervention of family and intimate violence (CDC, ADF).

The priorities of the Family Violence Prevention Fund are as follows:

enhance community education and outreach activities of community-based family and intimate violence prevention programs and state coalitions, including the development of strategies to more effectively reach racial, cultural and ethnic, and language minorities;

increase the capacity of the local programs and coalitions to develop and implement effective communication education; and

develop and disseminate effective educational materials for use in raising community awareness and increasing community involvement.

Lead Entity: Joint leadership between ACF & CDC

Time Frame: 1998 - 2000.

Measurable Outcome: The Family Violence Prevention Fund and the National Resource Center on Domestic Violence will develop culturally appropriate public education and communication materials regarding family and intimate partner violence prevention for Asian American/Pacific Islander populations by the year 2000.

Domestic Violence (DV) Initiative:

- o The National Domestic Violence Hotline should accommodate language and cultural differences through AAPI service representatives and/or referrals to help within the AAPI community, where available and desired.

Key Agency Activity: Each month, nearly 10,000 callers - victims of domestic violence, their families and friends across the U.S. - receive crisis intervention, referrals, and information and support in over 140 from the National Domestic Violence Hotline. The hotline provides the following services to its callers:

crisis intervention helping the caller identify the problem and possible solutions, including making plans for safety in an emergency;

information about sources of assistance for individuals and their friends, families, and employers wanting to learn more about domestic violence, child abuse, sexual assault, intervention programs for batterers, working through the criminal justice system, and related issues; and

referrals to battered women's shelters and programs, social service agencies, legal programs, and other groups and organizations willing to help.

Lead Entity: National Domestic Violence Hotline (in collaboration with CDC/NCIPC)

Time Frame: 1998-2000

Measurable Outcomes: In collaboration with the National Domestic Violence Hotline, NCIPC will:

1. Establish baseline of services provided through the hotline to the Asian American/Pacific Islander population by 1999
2. Ensure that culturally appropriate referrals are provided to Asian American/Pacific Islander callers
3. Identify gaps in culturally appropriate domestic violence programs and develop a strategy for improvement
4. The Office of Community Services/ACF should do outreach to AAPI communities and ensure that there is funding for battered women's shelters with diverse populations.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Education and prevention grants as well as programs on issues such as sexual assault, domestic violence, family planning, abortion, sexually transmitted diseases, nutrition, substance abuse, and family preservation should be culturally sensitive and include outreach to AAPI communities.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

Operation Restore Trust:

- o Educational activities designed to inform Medicaid and Medicare beneficiaries of their health care entitlements under these programs should be accessible and include AAPIs.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Determine whether certain client groups are inappropriately included or excluded from programs such as Medicare inpatient psychiatric care, hospital closure, hospital inpatient services, organ transplants, hospital discharge, etc.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

- o Eligibility reviews should be taken as opportunities to detect systemic discrimination.

Key Agency Activity:

Lead Entity:

Time Frame:

Measurable Outcome:

ATTACHMENT 1

**RESPONSE to OMH 3/11/98 review: AAPI Departmental Initiative
Review of Agency Implementation Plans**

**CDC IMPLEMENTATION PLANS FOR THE
HHS ASIAN AMERICAN AND PACIFIC ISLANDER INITIATIVE**

January 1998

The CDC Implementation Plan for the AAPI Initiative is related to the agency's overall Strategic Plan. All programs that participated in developing of the AAPI Initiative also participated in developing the agency's Strategic Plan. In keeping with the requirements of the Government Performance and Results Act (GPRA), the CDC Strategic Plan contains goals and objectives for all major programs. Overarching goals are presented in the plan. However, achieving these overarching goals depends on accomplishing subpopulation-specific goals. For some programs, there are specific objectives that relate to the AAPI population.

CDC participated in external meetings with AAPI communities to discuss the AAPI Initiative. The CDC Departmental Working Group (DWG) member met with AAPI community representatives and gave briefings on the AAPI initiative. At the March HRSA AAPI Initiative Invitational Meeting, CDC met with the AAPI community. Our representative attended the Tuesday evening and Wednesday afternoon sessions held for the AAPI community to discuss the AAPI Initiative and Implementation Plans with federal agencies.

OMH Review of the CDC Plan:

The 3/11/98 review states that "Since CDC's plan focuses its efforts on the DWG suggestions, AAPI preventive health concerns in areas such as cardiovascular diseases, tobacco use, reproductive health, adult immunization, injury prevention, and occupational health and safety are not addressed in the plan."

CDC RESPONSE:

The CDC Implementation Plan resulted from collaboration between the DWG and CDC. CDC's Office of Minority Health consulted with each of the Centers, Institutes, and Offices to develop the agency's plan.

CVD Prevention:

In the area of cardiovascular disease prevention, AAPI's are included but are not specifically targeted in prevention programs. Current surveillance data does not indicate a need to target AAPI's, because the burden of CVD is actually less for AAPI's than for the rest of the U.S. population.

Tobacco Prevention:

CDC provides funding to national organizations that serve specific target populations: African American, Hispanics, Asian/Pacific Islanders, American Indians/Alaska Natives, women, youth, and blue collar and/or agricultural farm workers. The funding is used to improve or initiate tobacco

control programs that are culturally appropriate to reduce nicotine addiction and other health related problems associated with the consumption of tobacco, with the ultimate goal of reducing the consumption of tobacco.

One of the funded national organizations that serves AAPI's is the Asian Pacific Partners for Empowerment and Leadership (APPEAL). APPEAL works in five priority areas: 1) development of a network and advisory committee; 2) capacity building in AAPI communities; 3) provision of relevant educational materials; 4) adoption of no tobacco use policies; and 5) leadership development in the AAPI community around tobacco control.

Reproductive Health:

CDC has an epidemiologist assigned to conduct maternal mortality surveillance in Hawaii. This was not included in the AAPI Initiative Implementation Plan. The following reproductive health activities that target AAPI's were reported in the AAPI Initiative Implementation Plan:

- Conduct quantitative and qualitative research in collaboration with the Hawaii Department of Health to identify risk and protective factors for infant mortality and factors contributing to the observed disparities.
- Develop culturally appropriate and community-based intervention strategies to reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii.
- Assess the role of maternal infectious diseases, including bacterial vaginosis, in perinatal complications among Native Hawaiians and other Pacific Islanders through the development of sentinel surveillance systems to define the burden of disease in pregnant women and incidence of complications due to infections, including maternal infections, and infant prematurity, sepsis, and low birth-weight.
- Develop, evaluate and integrate methods to optimize the prevention and early detection and treatment of infections in pregnant women and their newborns; explore the use of rapid diagnostic tests, including those that can be implemented in developing and underserved settings, for the detection of bacterial vaginosis and other infections linked to prematurity, infant complications and mortality.

Adult immunization:

The CDC's National Immunization Program is increasingly emphasizing adult immunization in all race/ethnic groups. Adult hepatitis B vaccination rates are yet to be measured in any race or ethnic group, in part because child hepatitis B vaccination programs are much more effective in preventing the serious outcomes of chronic hepatitis B virus infections—cirrhosis and hepatocellular carcinoma. When the AAPI child hepatitis B vaccination catch-up efforts are completed and most high-risk adolescents and young adults have received hepatitis B vaccine, adult vaccination efforts will move into the national focus.

Injury prevention:

Injury prevention related issues are clearly addressed in the CDC plan in the areas of youth violence and family & intimate violence.

