

**The Department of Health and Human Services
FY 2002 and FY 2003 Plan for the White House Initiative on
Asian Americans and Pacific Islanders**

Overview

The Department of Health and Human Services (HHS) and its Divisions continue to respond to the needs of the Asian American and Pacific Islander (AAPI) communities through its policies and programs to improve the quality of life for all Americans, including AAPIs. Its activities in this area have been viewed against the conceptual framework for HHS's efforts to eliminate racial and ethnic disparities in health.

The plan is not intended to be exhaustive. It comprises significant FY 2002 and FY 2003 AAPI-focused activities to which HHS and its Divisions have made commitments. Many activities reflect intra-agency collaboration or have such potential. Each item is grouped under the specific strategic goals established by the White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) for the two-year plan.

The activities and projects illustrate HHS's commitment to improving the quality of life for AAPIs within the context of HHS's mission. The monitoring official for the HHS plan is Ms. Twei Doong, Deputy Director for the Office of Minority Health (OMH), Office of Public Health and Science (OPHS) and an HHS member to the Coordinating Committee for the WHIAAPI. The following sections summarize the Department's FY 2002 and FY 2003 Plan and outline how they address the six goals of the WHIAAPI.

Goal 1: Institutionalize each federal agency's implementation of this Initiative.

The Secretary of HHS has made the elimination of health disparities a priority for the Department, and recently affirmed the Deputy Secretary's role in leading the Department's efforts in this area. For the Federal government-wide endeavor, the Deputy Secretary will continue to chair the Interagency Work Group for the WHIAAPI. Through both the intersection of the WHIAAPI with the Secretary's focus at HHS on eliminating health disparities and his requirement for more and better collaboration among the Divisions on work that will yield the greatest benefits for the American people, HHS anticipates greater accountability at Division and Office levels for implementing this and other initiatives.

The Departmental Minority Health Coordinating Committee (DMHCC), chaired by the Deputy Assistant Secretary for Minority Health, will continue to be the intra-departmental forum to discuss and implement strategies for accomplishing HHS and Division goals and objectives in the WHIAAPI and other similar plans. The OMH, Office of Public Health and Science continues to convene the DMHCC AAPI Work Group, to ensure appropriate and timely intra-agency attention to AAPI issues.

In concert with this structure, and in some cases preceding it, the great majority of the HHS Divisions--and many of their centers, institutes, and bureaus--have established internal steering, health disparities, or minority health coordinating committees, which will ensure inclusion of AAPI issues in all policy and program considerations for those entities. The Administration on Aging (AoA), Administration for Children and Families (ACF), Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and Health Resources and Services Administration (HRSA) are among the Divisions that have established such bodies, which typically analyze issues, develop strategies, and promote partnerships that will result in better services to AAPI and other minority populations.

Because HHS recognizes the importance of culturally and linguistically appropriate services (CLAS), the Department issued in December 2000 a set of recommended CLAS standards that provides a working definition of what constitutes cultural competence service delivery, a road-map for providing culturally competent services, and guiding principles for delivering quality health care to diverse populations. These recommended standards can be categorized in three areas, culturally competent care, language access services, and organizational supports for cultural competence. While all areas are important to meeting the health and human service needs of AAPIs, the language access services standards may have more immediate consequences for these populations which have high percentages of foreign-born persons, who have no or low-English language proficiency. The Divisions have attempted in past years to make their respective public/health and human services information documents available in languages, other than English, that have a high demand among service populations. Which languages to choose, how to do the translations, and whom to involve in this work have been challenging questions.

Guided by the CLAS standards, the HHS Office for Civil Rights (OCR) guidance on Limited English Proficiency (LEP), and their own commitment and efforts in this area, the Divisions are actively involved in translation projects of key documents and materials to reach less reached and underserved groups, including the different AAPI communities, and enable them to participate and better utilize division programs and services. For example, ACF in collaboration with other Divisions, plans to prepare a document showing translators and interpreters that are available to assist other Divisions in their translation efforts. The document will be placed on the HHS website. In addition, HHS is maintaining and expanding a central website that features foreign language links to the various HHS Divisions.

Goal 2: Improve data collection, analysis, and dissemination for Asian Americans and Pacific Islanders

Many HHS Divisions are involved in a wide variety of data collection, analysis, and dissemination activities. In regard to data collection, several Divisions are focusing on revising their forms and systems to conform with Federal directives to collect program data on AAPI populations. For example, AoA, HRSA, and NIH are collecting data for AAPIs and grouping it into Asian and Native Hawaiian/Other Pacific Islander categories. Also, the Substance Abuse and Mental Health Services Administration (SAMHSA) is focusing on the development of culturally appropriate

measures by having AAPI researchers in its Center for Substance Abuse Prevention Data Coordination Workgroup review all core substance abuse measures. Additionally, several Divisions continue to participate in ongoing data collection efforts that include substantial AAPI subsamples; for example, AHRQ continues its involvement in the Medical Expenditure Panel Survey (MEPS) - Household Component. Finally, several Divisions are pursuing data collection efforts in Hawaii. For example, ACF is providing technical assistance to personnel in Hawaii and the Outer Pacific in order to improve their understanding of reporting requirements for the Temporary Assistance to Needy Families (TANF) and Child Care and Development Fund (CCDF), and CDC plans to establish and maintain a HIV and AIDS case reporting system in all six Pacific Island jurisdictions.

HHS Divisions are also involved in research activities. At a broad level, the Office of the Assistant Secretary for Planning and Evaluation (ASPE) is supporting a comprehensive Congressionally mandated study of HHS data collection systems and practices relating to the collection of data on race and ethnicity, including AAPIs. And, several Divisions are supporting important studies that pertain to the AAPI population. For example, AHRQ continues to support, “Promoting Effective Communication and Decision-Making for Diverse Populations,” a multi-year project that involves five research projects being conducted in communities with a significant number of AAPIs. Furthermore, CDC will conduct several research projects in Hawaii including the analysis of the Youth Risk Behavior Survey (YRBS) from the Pacific Region, results from which will be used to guide program activities. Finally, several Divisions are continuing to fund national studies that have AAPI subsamples. For example, both ASPE and ACF support the Early Childhood Longitudinal Survey--Birth Cohort Study that tracks children’s development over time.

In the area of biomedical and behavioral research, the NIH has a variety of new and continuing projects. Both the NIH and CDC are involved as partners in the HHS Diabetes Prevention Initiative, and bring to it their joint program, the National Diabetes Education Program that focuses prevention efforts on underserved populations including AAPIs, and research projects such as the National Institute of Diabetes and Digestive and Kidney Diseases’s Diabetes Prevention Program clinical trial, a large multicenter study of diabetes prevention in 27 centers across the U.S. The National Institute on Aging is supporting research to understand how AAPI individuals adapt to the aging process, and the National Institute for Complementary and Alternative Medicine (CAM) is collecting data on CAM use by AAPI populations. And, the National Heart, Lung and Blood Institute is initiating new research to address Cooley’s Anemia among AAPIs. The newly established National Center on Minority Health and Health Disparities at NIH will help to bring a coordinated focus to research on AAPIs and other health disparities populations.

HHS Divisions are also involved in disseminating research findings to HHS employees, consumers, and state and regional offices. For example, OPHS’s Office on Women’s Health (OWH) plans to compile and release an updated version of *Women’s Health Data by State and U.S. Territory: Mortality Report* to OMH and OWH staff in HHS Regional Offices. AHRQ will

increase the information about AAPI consumers' assessments of their health care through the National Consumers Assessment of Health Plans Benchmarking Database and the MEPS. ACF is planning to give their staff regional data reports about the AAPI population in order to engage them in discussions on ways to ensure AAPI participation.

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

HHS Divisions have planned a variety of activities to achieve this goal. Several Divisions have plans to expand outreach to AAPI communities to provide consumer information, to increase knowledge about the Department's programs and initiatives, to obtain information about AAPI needs and issues, to identify successful service models and approaches, and to promote opportunities for collaboration and technical assistance.

Many Divisions are planning more accessible materials, as well as web-based information for AAPIs. NIH, for example, plans to develop culturally and linguistically sensitive heart health education materials in collaboration with organizations in six AAPI communities. SAMHSA will develop a series of Asian specific language brochures as part of a national youth anti-drug media campaign. The Food and Drug Administration (FDA) will be working to increase knowledge of the safety, efficacy, and wholesomeness of products it regulates through culturally sensitive and educational and informational materials and customer services, and the OWH National Women's Health Information Center website has created and will update its AAPI women's health section which links to both English and Asian language health materials. AHRQ is translating its consumer publications for dissemination to AAPI communities. The NIH National Institute for Environmental Health Sciences is developing environmental education materials that are linguistically and culturally appropriate for the Cambodian and Laotian residents of Lowell, Massachusetts.

ACF has an overall LEP plan to ensure that states, grantees and contractors provide meaningful access to benefits and services through adequate translation of information. Regional meetings will be held to disseminate LEP guidelines for HHS, and staff in the regions are being given training in cultural competency. ACF Region VIII is planning to make a Directory of ACF Program Services available in both Chinese and Korean on the Internet. It will also prepare a compendium of foreign language documents and make them more accessible to AAPI and other communities. HHS's central website will also provide links to translated materials.

HHS Divisions will continue to take steps to make their services more accessible to the AAPI population. ACF will continue efforts with Head Start grantees to expand services to the AAPI population and to include AAPI representation on boards and policy councils. Staff will continue to provide technical assistance to grantees on cultural awareness training, to increase recruitment of AAPI employees, and to ensure that LEP resources are made available. The Centers for Medicare & Medicaid Services (CMS) has used contracts with AAPI organizations across the U.S. to help develop and promote culturally competent outreach services to AAPI populations.

With community involvement in these projects that have established networks and partnerships in Boston, New York, Chicago, Los Angeles, San Francisco, and Honolulu, the local AAPI populations have received education on Hepatitis B immunizations, and prevention, screening and early detection for breast, prostate, and cervical cancer

HRSA will develop strategies to increase AAPI participation in major preventive health activities, with particular focus on youth, domestic violence HIV/AIDS, and mental health. The Malama A Ho'opili Pono project in Hawaii, a coordinated county and state effort, will continue its multi-year effort to reduce infant mortality and increase health access by Native Hawaiian and other Pacific Islander women, and Filipinas. HRSA's Maternal and Child Health Bureau has on-going grants in Hawaii and Guam for abstinence education programs to promote youth health, self-esteem building, and abstinence from sexual activity. As part of the Administration's Gift of Life Donation Initiative, HRSA will be taking steps to increase the number of AAPI stem cell donors and organ and tissue donors.

Goal 4: Protect civil rights and equal opportunity for Asian Americans and Pacific Islanders.

Many HHS Divisions are engaged in outreach efforts to increase agency employment of AAPIs and/or to increase the number of AAPIs in student internship programs, research and other training programs, or the Presidential Management Intern Program. For example, US Department of Agriculture's Diversity Data Bank may be utilized by managers in other agencies in identifying qualified candidates, and OCR is using an AAPI-serving institution database to do outreach on employment opportunities. Several Divisions such as HRSA and ACF are increasing the number of AAPIs on peer review panels or their monitoring reviews of division programs. Some Divisions are also reaching out to ensure that their funding is distributed to provide equal opportunity. For example, CDC is attempting to ensure funding parity by distributing funding notices electronically. And, ACF plans to contract with Native Hawaiian and Pacific Islander organizations to provide services to its Division and constituency.

Several Divisions are involved in protecting civil rights in health care settings. For example, HRSA is working with the Association of Asian and Pacific Community Health Organizations and other partners to identify community health centers in need of technical assistance and to provide a model of care. The OCR is working with the CMS to increase access, for minorities and persons with disabilities, to nondiscriminatory services in managed care settings by resolving complaints, conducting compliance reviews, and providing training to recipients of HHS funds. OPHS's Office of Disease Prevention and Health Promotion is focusing broadly on health by increasing to 10 the number of AAPI -serving organizations that are targeted for partnership around *Healthy People 2010*.

Other Division activities involve monitoring state or local agencies. For example, through its complaint, compliance review, and training processes, OCR is increasing the number of state and

local welfare agencies and service providers administering TANF that are in compliance with Title VI (Section 504) and the Americans with Disabilities Act.

Goal 5: Strengthen and sustain Asian American and Pacific Islander community capacity.

Information helps to strengthen AAPI communities, and several Divisions including ACF, AHRQ, FDA, NIH, OCR, and OPHS components are developing and expanding their databases of AAPI organizations, and using these databases to inform the AAPI community of HHS program activities and initiatives; contract and grant announcements, and employment and internship opportunities. OMH will be exploring the establishment of a Department wide minority organizations database, covering AAPI and other racial and ethnic minority groups, to meet HHS Divisions' needs. Also, OMH is supporting a number of projects to educate and raise awareness of health issues impacting AAPI communities, provide information on available resources, and develop, promote and manage health intervention, education, and training programs.

Many Divisions provide funding that helps to sustain AAPI community organizations and enhances their capacity to deliver important and critical services. For example, HRSA will continue to fund Emergency Medical Services for Children Partnership Grants in the Pacific Island jurisdictions to improve existing emergency medical services and trauma systems, and to decrease illness and injury among children. HRSA will continue to support state systems development in the Pacific jurisdictions to help build the state and community infrastructure that results in comprehensive, community-based systems of care for all children and their families. Other efforts, from HRSA and the OPHS Office of Pacific Health and Human Services (Region IX), respectively, are being made to improve overall emergency preparedness by hospitals serving Pacific Islanders and through development of emergency/mitigation plans for each jurisdiction in the event of natural disaster. In addition to employment-based services, the ACF Office of Refugee Resettlement plans to fund Asian American refugee community organizations to provide a variety of family-strengthening services such as parenting, English language training, services related to domestic violence, and shelters for runaway youths. SAMHSA plans to continue its support and technical assistance to key AAPI mental health organizations, providers, researchers and consumer groups, and the AoA will continue its partnership with the National Asian Pacific Center on Aging.

NIH has a number of minority training programs to foster AAPI careers that address health disparities including, e.g., diabetes, heart disease, and cancer. Efforts are also ongoing in treatment research to make delivery strategies culturally appropriate and more effective. For example, research is planned to improve alcoholism treatment. NIH will provide AAPI students and investigators with training opportunities in complementary and alternative medicine (such as traditional healing remedies) in order to build research capacity in this area within AAPI communities.

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services

The HHS Divisions have supported services in the U.S. associated Pacific Island jurisdictions for years, but it has also been acknowledged that the efforts have been largely individual, piece meal and uncoordinated, thus, leaving other Divisions unaware about many of these efforts. The OMH has convened an intra-agency work group, comprising Divisions such as CDC, HRSA, and SAMHSA which have established Pacific Island networks, and other Divisions with interest in this region, for periodic exchanges of information about their respective projects in the Pacific jurisdictions, and to discuss issues. Additionally, the OMH and the OMH at CDC have been working together to organize briefings for Division representatives on service delivery models that may be effective in the Pacific Island region.

A number of the Divisions are providing greater outreach to Pacific Islander communities in the Pacific Island jurisdictions, Native Hawaiians in Hawaii, and Pacific Islanders located in the continental U.S. For example, the ACF Administration for Native Americans (ANA) is developing an outreach plan, will maintain a Native Hawaiian and Pacific Islander organizational listing, and track activities for these populations. ANA is providing information on grant, consultant, and evaluation opportunities to these populations in Hawaii, American Samoa, Guam, Commonwealth of the Northern Marianas Islands, and the Republic of Palau.

Many Divisions are taking actions which will improve the recognition and involvement of Native Hawaiians and Pacific Islanders in Federal programs. HRSA, ACF, SAMHSA, CMS, and others are working to improve outreach to Native Hawaiian/Pacific Islander communities, increase the capacities of Native Hawaiian/Pacific Islander community organizations, involve them in government programs, and increase the participation of Native Hawaiian/Pacific Islanders in data collection and research. For example, ACF Region IX staff are providing technical assistance to grantees in Hawaii and the outer Pacific areas to implement and improve reporting on ACF programs, particularly new reporting requirements for the TANF and CCDF programs. Region IX is also working with those jurisdictions to implement automated systems across the TANF, Child Support Enforcement, CCDF, and Developmental Disabilities programs, and continues to provide technical assistance in program and financial management for improved program performance for grantees in the Pacific jurisdictions.

The NIH through its Institutes and Centers plan to implement various actions to improve the involvement of Native Hawaiians and Pacific Islanders in Federal programs and services. NIH plans to increase Native Hawaiian/Pacific Islander nurse investigators and involvement of Native Hawaiian/Pacific Islanders in clinical trials; evaluate the implementation of the OMB guidance to include Native Hawaiian/Pacific Islanders in data collection and reporting activities; include minority and underserved communities (including Native Hawaiian/Pacific Islanders) in its operations in research, training, education and outreach workforce as they relate to the Human Genome project; and encourage the application for, and awards of, grants and contracts to Native Hawaiians and Pacific Islanders.

Through fiscal year 2003, CDC plans to collect results and analyze data from the YRBS for the Pacific Region including American Samoa, Republic of Marshall Islands, Commonwealth of Northern Mariana Islands, Republic of Palau and Hawaii. CDC also plans to establish and strengthen school health education programs that address youth risk behavior among the Pacific Islander population in the Pacific jurisdictions. CMS plans to increase and expand the contracts that address the Native Hawaiian population, and has established a Program Executive position to manage, oversee, and coordinate all health disparity issues, including those related to AAPIs and Native Hawaiians.