

B. THE DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 FY 2002 PERFORMANCE REPORT FOR THE WHITE HOUSE INITIATIVE ON ASIAN AMERICANS AND PACIFIC ISLANDERS

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<b>Goal 1: Institutionalize Each Federal Agency's Implementation of the White House Initiative on Asian Americans and Pacific Islanders</b>					
<p>HHS Divisions and sub-entities will ensure that AAPI issues are addressed in their plans for reducing racial and ethnic health disparities, and respond to the goals of the WHIAAPI.</p>	<p>Provide guidance and assistance to Divisions and components of the Office of Public Health and Science (OPHS) to ensure that major projects, coordination efforts, material production, and information dissemination activities include plans, as appropriate, to target and/or involve AAPI communities. Use existing processes: internal discussions, strategic, program, and budget planning. Meetings between staff to discuss opportunities for collaboration and to develop specific plans.</p>	<p>FY 2002 - FY 2003</p>	<p>WHIAAPI with the other three minority initiatives are coordinated by OMH under HHS commitment to eliminate racial and ethnic health disparities. The HHS Deputy Secretary continues to chair the Federal Interagency Working Group for this initiative. The Deputy Assistant Secretary for Minority Health (DASMH) continues to provide leadership and guidance on all matters related to health disparities and the minority initiatives.</p>	<p>N/A</p>	<p>Office of Minority Health (OMH) Office of Public Health and Science (OPHS) Nathan Stinson, Jr., PhD, MD DASMH 1101 Wootton Parkway, Suite 600 Rockville, MD 20852 301-443-5084 301-594-0767 fax</p>
<p>Same objective</p>	<p>Continue to convene the DMHCC AAPI Work Group, comprised of Division representatives who work on AAPI issues, to ensure appropriate and timely attention to these concerns.</p>	<p>FY 2002- FY 2003</p>	<p>Several AAPI Work Group meetings, conference calls, and meetings with internal Division minority health committees held through the year. Information on the WHIAAPI exchanged, issues identified and discussed, and assistance provided to support appropriate responses to requests concerning the WHIAAPI.</p>	<p>N/A</p>	<p>OMH OPHS Betty Lee Hawks Special Assistant to the Director 1101 Wootton Parkway, Suite 600 Rockville, MD 20852 301-443-5084 301-594-0767 fax bhawks@osophs.dhhs.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Same objective	Constitute a committee or work group in each agency to help ensure that AAPI needs are met by the respective agency's programs and policies (similar to the Work Group on AAPI Issues under the DMHCC).	FY 2002	Established an agency cadre of Central and Regional Office Executive Order Coordinators (EOCs) to identify responsibility and accountability for proper and timely completion of Executive Order reports and related assignments.	AAPI reports are submitted timely and the information is complete in covering agency AAPI activities.	Administration on Children and Families (ACF) Administration on Children, Youth, and Families (ACYF) Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, DC 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov
Same objective	Continue Administration on Aging's (AoA) work on the Departmental Minority Health Coordinating Committee (DMHCC) and collaboration with CDC. Analyze issues, develop strategies, and promote partnerships to achieve better services for AAPI elders. Fund the National Asian Pacific Center on Aging (NAPCA) to ensure specialized expertise.	FY 2002 - FY 2003	No Information Provided	No Information Provided	AoA Office of Program Development Edwin Walker (202) 619-0011
Same objective	Continue to support the functioning of the Agency for Healthcare Research and Quality (AHRQ) Minority Health Coordinating Committee (MHCC), with representatives of each Office and Center, to focus on minority health needs and activities, including those of AAPIs, among others. AHRQ is in the process of establishing a new Office of Priority Populations Research (OPPR), which will	FY 2002 - FY 2003	A new Senior Advisor on Minority Health knowledgeable and sensitive to AAPI communities was hired and is a member of the AAPI HHS work group. AHRQ convened a Planning Committee on Minority Health (PCMH) to review and reconstitute its Minority Health Coordinating Committee (MHCC). Planning committee included those with knowledge and experience working with AAPI communities. The PCMH developed 1) the charge of the Minority	N/A	AHRQ (2101 East Jefferson St., Suite 600 Rockville, MD 20852).

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	encompass minority health activities.		Health Coordinating Committee 2) the charter for the MHCC and 3) identified the members of the MHCC.		
Same objective	<p>- Through an existing Centers for Disease Control (CDC)/Agency for Toxic Substances Disease Registry (ATSDR) Minority Initiative Coordinating Committee (CAMICC), AAPI initiative and other activities will be addressed. Sub-committee formed as needed to address specific AAPI issues.</p> <p>- Customize and develop guidelines as necessary for reporting AAPI activities.</p>	FY 2002 - FY 2003	CDC/ATSDR Minority Initiatives Coordinating Committee (CAMICC) members have provided significant contributions to the annual AAPI implementation plan, updated AAPI inventory, and program activities report to the Office of Minority Health (OMH).	There are planned projects and initiatives and continuing activity specifically for AAPIs.	<p>CDC A. Sam Gerber, MS, RD Minority Health Program Specialist, Office of the Associate Director for Minority Health 1600 Clifton Road., NE, MS D-39 Atlanta, Georgia 30333 404-639-7225 404-639-7039 fax agerber@cdc.gov</p>
Same objective	CMS's Deputy Administrator has regular monthly meetings to address health disparity issues, which includes AAPI issues. CMS has established a Program Executive position to manage and coordinate all racial and ethnic health disparity issues, including issues related to AAPIs. CMS has an AAPI workgroup that specifically addresses AAPI issues.	On-going	Performance Report submitted timely, CMS increased participation n identifying and addressing AAPI issues areas; this was accomplished through HORIZONS, research activities, and the Diversity Summer Internship program.	An outside consultant developed AAPI research strategy, AAPI CBOs developed outreach and education materials, and CMS increased the number of AAPI summer interns.	Centers for Medicare & Medicaid Services (CMS) Kevin Nash, Office of the Administrator 7500 Security Blvd. Woodland, MD 21244 (410) 786-5781 (410) 786-8004 fax
Same objective	Use the Food and Drug Administration (FDA) personnel network to keep its officials informed on the WHIAAPI initiative, and to coordinate, implement, monitor, and assess the effectiveness of AAPI access to and participation in its programs and activities.	FY 2002 - FY 2003	FDA uses a network of headquarters and field personnel to involve AAPIs in agency programs and activities.	AAPIs participated in FDA's stakeholder meetings on bioterrorism. The Pacific region's AAPI community worked with FDA to develop and translate materials. Asian Americans serve on 8 out of 32 advisory committees.	<p>FDA Mary C. Hitch, Director of Consumer Programs, Office of Consumer Affairs 5600 Fishers Lane Rm.16-85 Rockville, Maryland 20857 (301) 827-4406 (301) 827-3052</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					mhitch@oc.fda.gov
Same objective	<p>1: The Health Resources and Services Administrations (HRSA) and Office of Minority Health (OMH) will utilize its Minority Health Advisory Committee to support each bureau/office in their efforts to integrate planning for all of the minority health initiatives into their strategic planning process.</p> <p>2: The OMH staff representative will collaborate with bureaus/offices during the planning processes to enhance the focus on the minority health initiatives.</p> <p>3: Strengthen coordination activities of the agency-wide AAPI workgroup.</p>	FY 2002 - FY 2003	Increased HRSA-activities and coordination targeted to healthcare for the AAPI population. Applicable to strategies 1-3	Outcome: N/A Applicable to strategies 1-3	<p>HRSA/OMH            Laura Shepherd, Health Policy Analyst            5600 Fishers Lane            Rockville, MD 20857            (301) 443-9966            (301) 443-7853 Fax            lshepherd@hrsa.gov</p>
Same objective	<p>The National Institutes of Health (NIH) centers, institutes, and divisions (CIDs) identify staff and form a committee in each CID, as applicable, to address special populations (including Asian, Native Hawaiians and other Pacific Islanders, Hispanics, American Indians/Alaska Natives, and African Americans), and/or AAPI specific work group, to address as many of the following areas as possible: biomedical and behavioral research and research training, data collection, analysis, and reporting activities, culturally and linguistically appropriate health</p>	FY 2002- FY 2003	<p>Many NIH ICs have: established or are forming their respective internal committee to ensure that the WHIAAPI as well as the other White House minority initiatives are covered in their plans for reducing racial and ethnic health disparities; meeting regularly to address, as needed, planning and implementation for these initiatives, e.g., on research themes, revised/updated IC specific health disparities plan to include AAPI populations and disseminated them; established and/or are maintaining groups such as a diversity council or work group of AAPI scientists to provide, respectively, guidance on minority training initiatives or advice on</p>	N/A	<p>NIH Director            National Center for Minority Health and Health Disparities (NCMHD) Director            For specific CID lead person and telephone, fax and email information, contact:            Eric Bailey, PhD            NCMHD            301-402-1366            301-594-1788 fax            eb212z@nih.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	information, outreach, and other communications, public and private partnerships that also include community based and employee organizations, and recruitment and retention activities.		research issues and collaborations. The NCHHD coordinates the development of the <i>NIH Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities, Fiscal Years 2002-2006</i> , working with all the ICs.		
Same objective	Establish a Substance Abuse and Mental Health Services Administration (SAMHSA)-wide AAPI workgroup to refine the SAMHSA plan to address the priorities of the E.O. for FY 2002 and FY 2003.	FY 2002 - FY 2003	No Information Provided	No Information Provided	SAMHSA DeLoris L-James Hunter, PhD, Associate Administrator for Minority Health 5600 Fishers Ln., Rm. 10-75 Rockville, MD 20857 301-443-7265 dhunter@samhsa.gov
Same objective	Create a Center for Substance Abuse Prevention (CSAP) internal workgroup to identify and develop area-specific recommendations to address the AAPI unmet mental health and drug abuse prevention and treatment issues and related concerns.	FY 2002	In FY 2002 the Minority Health Work Group was established to address the substance abuse prevention needs of AAPIs and other racial/ethnic populations.	The CSAP Minority Health Work Group prepares an annual report identifying substance abuse prevention services to AAPIs and other minority populations.	SAMHSA/CSAP Joyce Weddington, PhD Minority Health Officer 5600 Fishers Ln., Rockwall II, Suite 950 Rockville, MD 20857 301-443-2929 Jwedding@samhsa.gov
Same objective	Hire a permanent minority health/cultural competency coordinator for the Center for Mental Health Services (CMHS) and draft a Strategic Plan on the elimination of mental health disparities, with an AAPI section.  Continue discussions with community partners to prioritize	FY 2002  FY 2002 - FY 2003	Staff member has been assigned to serve as the CMHS Cultural Competency Coordinator.  Convened regular meetings of the CMHS Cultural Competency committee.	N/A	SAMHSA/CMHS Teresa Chapa, PhD Division of Program Development, Special Populations and Projects 5600 Fishers Ln. Rm 17C-05 Rockville, MD 20857 301- 443-4016 Tchapa@samhsa.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	issues related to unmet mental health needs of AAPIs.				
Same objective	Document the activities of the staff position, Advisor for Minority Health, in the Office on Women's Health (OWH) for inclusion in the yearly budget request and allocate funding	FY 2002 - FY 2003	OWH maintained staff in the position of facilitating minority health programs	OWH created a full-time Public Health Advisor position to facilitate minority health programs.	OWH OPHS Fran Ashe-Goins, Director Division of Policy and Program Management (DPPM) 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Same objective	Solicit recommendations from the Minority Women's Health Panel of Experts as to addressing AAPI women's health issues based on the Healthy People 2010 Objectives	FY 2002 - FY 2003	Invited AAPI health professionals to participate with the Minority Women's Health Panel of Experts.	Increased AAPI membership within the Minority Women's Health Panel of Experts.	OWH OPHS Fran Ashe-Goins, Director (DPPM) 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
<b>Goal 2: Improve data collection, analysis, and dissemination for AAPIs</b>					
Conduct a comprehensive Congressionally-mandated study of HHS data collection systems and practices on the collection of data on race and ethnicity, including AAPIs.	The Assistant Secretary for Planning and Evaluation (ASPE) will lead a comprehensive study of HHS data collection systems and practices relating to the collection of data on race and ethnicity, including those required under HHS programs or activities and other related Federal data collection systems. The work will be: performed by the Committee on National Statistics (CNSTAT)/ National Research Council/ National Academy of Sciences, and funded	FY 2002 - FY 2003	FY 2002 study milestones accomplished included launching the study, establishing the panel of experts, and drafting papers that address HHS data collection systems and practices relating to collection of data on race and ethnicity. Background on the study is available at <a href="http://www.nationalacademies.org/cnstat/DHHS_Panel.html">http://www.nationalacademies.org/cnstat/DHHS_Panel.html</a> .	Progress on the study continues in FY 2003. CNSTAT held a two-day Workshop on Improving Race and Ethnicity Data Collection for Health in December 2002 in Wash., DC. Workshop summary is expected to be released in summer 2003. The Draft final project report with papers, recommendations, and conclusions is expected	ASPE Jim Scanlon, Director Division of Data Policy Rm. 440D, HHH Bldg. 202-690-7100, jscanlon@osaspe.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	by an HHS consortium, that includes OMH/OPHS, HRSA, CDC, and NIH.			to be completed by end of 2003.	
Develop innovative approaches for improving racial and ethnic data collection, analysis and dissemination.	The HHS Data Council's Working Group on Racial and Ethnic Data will discuss and develop priority and action items related to the collection of racial and ethnic data.	On-going	Comparability of racial and ethnic data across national surveys to ensure the data is coded standardly across all federal government data systems will be implemented in FY 2003 and will be ongoing.	None to report until FY 2003	Data Council Working Group Co-chairs: Beatrice Rouse (SAMHSA) at 301-443-8005 and Audrey Burwell (OMH) at 301-443-9923.
Support scientific research by academic institutions, resource centers, and community-based organizations (CBOs) on ethnic elders and service deliver.	Continue to work with universities and NAPCA to improve data collection, analysis and dissemination for AAPIs. Where appropriate, AoA will collaborate with community-based agencies and other organizations to convene town hall meetings and forums to gather information. Additionally, AoA will use Title III state plans as a mechanism for monitoring states' responses to the needs of AAPI elders.	FY 2002 - FY 2003	No Information Provided	No Information Provided	AoA Kenton Williams 202-619-3951 Dianne Freeman 202-619-3428
Improve and disseminate data on the range of health and human services to state and local agencies, professional organizations, CBOs, and to the public.	The Office of Child Support Enforcement (OCSE) will: (1) Make available to states a customer satisfaction survey instrument for use in surveying their various population groups.  (2) Contract to improve availability of research and data collection on the AAPI population by utilizing OCSE's demographic study of the customer base on child support enforcement and projections for the	FY 2002	(1) A customer satisfaction survey instrument is available to State/local CSE offices for custodial parents and for non-custodial parents at website: <a href="http://www.acf.dhhs.gov/programs/cse/">www.acf.dhhs.gov/programs/cse/</a>  (2) Completed a study (including AAPI population) and Report on 2004-2009 Projected Demographics: Getting to Know the Future Customers of the OCSE, available at website: <a href="http://www.acf.dhhs.gov/programs/cse">www.acf.dhhs.gov/programs/cse</a>	(1) Made a customer satisfaction survey instrument available to States for their use.  (2) Reports available with AAPI population information at OCSE's website.	ACF OCSE Frank Fajardo, Minorities Initiatives Coordinator P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100 ext. 312 (303) 844-2394 fax <a href="mailto:ffajardo@acf.dhhs.gov">ffajardo@acf.dhhs.gov</a>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>years 2004 and 2009.</p> <p>(3) Update OCSE electronic resource system web-site as necessary. Outreach to AAPIs via ACF database.</p> <p>(4) Make OCSE Technology Transfer Program funds available to AAPIs for state service provider and court administration training.</p>		<p>OCSE report on an analysis of Minority Non-custodial Fathers and Child Support: Attitudes and Perceptions.</p> <p>(3) The OCSE electronic resource system is a tool for locating updated child support related information via the internet and is available at OCSE's website: <a href="http://ocse.acf.hhs.gov/necsrspub">ocse.acf.hhs.gov/necsrspub</a></p> <p>(4) Transfer Program funds. OCSE is currently conducting a Survey of Best Practices for language/cultural customer services of nine States; and will prepare a report of best practices./</p>	<p>(3) OCSE electronic resource system web-site updated regularly.</p> <p>(4) OCSE Technology Transfer Program funds not available.</p>	
<p>Continue to work with the National Institute of Child Health and Human Development (NICHD) and Office of the Assistant Secretary for Planning and Evaluation (ASPE) to gather information on Asian infants (including Chinese sub sample) in the Early Childhood Longitudinal Study (ECLS-B) in order to increase basic knowledge about the development of these children.</p>	<p>Continue to support the NICHD to over-sample Asian infants in the ECLS-B. ECLS-B follows a nationally representative sample of children from birth through the early years of formal schooling and study children's physical and cognitive growth, relating trajectories of growth and change to variations in the children's home environment, early care, and education.</p>	<p>FY 2002</p>	<p>Data on Asian children's physical and cognitive growth will be issued as available.</p>	<p>ACF FY 2002 ECLS-B Contribution - \$102,400</p>	<p>ACF K.A. Jagannathan Program Analyst 370 L' Enfant Promenade, 7th Floor Washington, DC 20447 (202) 205-4829 (202) 205-3598 fax <a href="mailto:kjagannathan@acf.dhhs.gov">kjagannathan@acf.dhhs.gov</a></p> <p>ASPE Denise Bradley, HSP Rm. 450G, HHH Bldg. 202-690-6461 <a href="mailto:dbradley@osaspe.dhhs.gov">dbradley@osaspe.dhhs.gov</a></p>
<p>Improve and increase information concerning AAPI populations in databases for internal Division and HHS use.</p>	<p>Partner with the Chicago AAPI Health Coalition and the Asian American Community Initiative to obtain and share information concerning AAPI populations.</p>	<p>FY 2002</p>	<p>Federal agencies were represented at 7 AAPI community meetings.</p>	<p>Office for Civil Rights (OCR) included as part of the group of Federal collaborators.</p>	<p>ACF, Reg. V Hich Yamagata, Program Specialist 233 N. Michigan Ave., Suite 400</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	Collaborate with ROs of HRSA and HCFA to assist in gathering pertinent information on AAPIs.				Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov
Decrease the number of underserved AAPI populations in the regions and keep States and grantees informed of the AAPI population trends and any research about the AAPI population.	<p>Review the Head Start, and Early Head Start Program Information Reports (PIRs), as well as Child Care and Development Fund (CCDF), Developmental Disabilities (DD) State Plans, etc. assess the population and ACF program utilization for information about AAPI representation.</p> <p>Collect data about the AAPI population from the Office of Refugee Resettlement (ORR) and the Census Bureau.</p> <p>Obtain and peruse available research from ORR, States, Institutes, and other agencies.</p>	FY 2002	<p>Data show number of AAPI children in Region V, remain static over 3 years (2001-02). Region X: Reviewed Census 2002 info on region AAPI population and looked at regional trends.</p> <p>Collected data on AAPI representation in 7 ACF programs.</p> <p>[NM: Regional assessment report will be shared with staff in FY2003]</p>	<p>3,433 AAPI children enrolled in Head Start in Region V. Region X: Data collected, analyzed and the regional assessment report is in progress.</p> <p>NAv</p> <p>NAv</p>	<p>ACF, Reg. V Ginny Gorman 233 N. Michigan Ave., Suite 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov</p> <p>ACF, Reg. X Caron Dwyer, Program Specialist, ACF Pacific Hub 2201 Sixth Ave., Suite 600 Seattle, WA 98121 (206) 615-3656 (206) 615-2574 fax cdwyer@acf.dhhs.gov</p>
Same objective	1: Continue including hospital discharge abstract data from Hawaii in the Healthcare Cost and Utilization Project (HCUP) and encourage use of Hawaii data in intramural research specifically focused on studying minority health services utilization. Incorporate Hawaii data into HCUPNet, AHRQ's on-line query system that provides access to hospital administrative data for non-researchers.	FY 2002 - FY 2003	1. Hawaii data was made available via the AHRQ website to researchers both inside and outside AHRQ.	NAv	AHRQ 1:Irene Fraser, PhD Director, Center for Organization and Delivery Studies (CODS) 2101 East Jefferson St., Suite 605 Rockville, MD 20852 301-594-6824

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>2: Release timely and useful Medical Expenditure Panel Survey (MEPS) data, including public use data on persons of AAPI origin.</p> <p>3: Continue implementing OMB Statistical Reporting requirements on the collection of race and ethnicity data into the MEPS HC survey.</p>		<p>2. In FY2002, AHRQ released timely and useful MEPS public use data. NM: AHRQ did not successfully create a new variable from the 1997 MEPS sample that combines race and Hispanic ethnicity and creation of a new variable from 1997 MEPS was not possible.) NM: AHRQ, did not successfully produce MEPS reports covering 1997 using the new Race and Ethnicity variable, since such variable was not yet created given AHRQ's implementation of the OMB categories only in January 2002.</p> <p>AHRQ uses the new race and ethnic categories for MEPS.</p> <p>No Information Provided</p>	<p>NAv</p> <p>No Information Provided</p>	<p>2: Karen Beauregard, Center for Cost and Financing Studies (CCFS). 2101 East Jefferson St., Suite 500 Rockville, MD 20852. 301-594-0454</p> <p>3: Steve Cohen, Ph. D. Director, CCFS 2101 East Jefferson St., Suite 500 Rockville, MD 20852. 301-594-6171.</p>
<p>Increase the amount of information available on AAPI consumers' assessments of their health care.</p>	<p>Make data publicly available through two AHRQ supported databases, the National Consumers Assessment of Health Plans (CAHPS) Benchmarking Database and the MEPS. Data available in 2002 will allow analysis of differences among consumers' assessments of their health care across minority groups, including African Americans, Hispanic Americans, and AAPIs.</p>	<p>FY 2002 - FY 2003</p>	<p>In 2002, AHRQ began to over sample for Asian Americans for the MEPS. AHRQ also successfully made data publicly available through its two databases, NCAHPS and the MEPS, allowing for analysis of differences among minority groups including AAPIs.</p>	<p>NAv</p>	<p>AHRQ David Byrd Center for Quality Measurement and Improvement (CQMI) 2101 East Jefferson St. Suite 502 Rockville, MD 20852 301-594-0324</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Increase the consumer friendliness of tools to measure consumers' assessments of their health plans and/or health care providers.	Develop a visual form of the Consumer Assessment of Health Plans (CAHPS) to capture assessments of health care providers from people of low literacy, including AAPIs (4% of research population).	FY 2002 - FY 2003	A visual form of CAHPS is under development. The final form will be released in late 2003.	NAv	AHRQ CQMI David Byrd 2101 East Jefferson St., Suite 502 Rockville, MD 20852 301-594-0324
Enhance the amount of health services research focusing on AAPI populations.	<p>AHRQ will</p> <p>1: Support a grant to assist a new or established practice-based research network (PBRN) in planning for activities that will enhance their capacity to conduct research in primary care settings and translate research into practice, in regards to AAPI populations.</p> <p>2: Provide TA to health services researchers interested in conducting</p>	FY 2002 - FY 2003	<p>AHRQ provided funding for two new PBRN's: a) "A Practice Based Research Network of Community Health Center." PBRN is a network in Oakland, CA whose patient population includes 27 percent Asians. b)"Working with the Urban Underserved in the UCSF CRN" is a collaborative research network at University of California San Francisco. The patient population is racial/ethnic minorities. AHRQ continues to support a (PBRN) the c) "Baylor Practice-Based Research Network. This project is at the Baylor College of Medicine and is designed to evaluate the effectiveness of primary care services delivered to Houston's large, socio-economically and ethnically diverse population including Asian Americans.</p> <p>AHRQ successfully assisted 5 AAPI researchers working on health topics focused on AAPIs..</p> <p>AHRQ awarded 3 new grants dealing with quality of care including AAPI populations. A) "Impact of HRSA Health Disparities Collaborative;" the</p>	<p>Funding:</p> <p>a) \$50,000; b) \$100,000; and c) \$110,089</p>	<p>AHRQ</p> <p>1: David Lanier, MD, Center for Primary Care Research. 301-594-1489 6010 Executive Blvd., Rm. 224 Rockville, MD 20852.</p> <p>2: Senior Adviser for Minority Health (Vacant)</p> <p>3,4: David Byrd, Center for Quality Improvement and Patient Safety . 301-594-0324 6011 Executive Blvd., Suite 200 Rockville, MD 20852</p> <p>5: Bob Graham, MD Director, Center for Practice and Technology Assessment (CPTA) 301-594-4026 6010 Executive Blvd., Rm. 316 Rockville, MD 20852</p> <p>6: Dan Stryer, MD Center for Outcomes and Effectiveness Research (COER)</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>research appropriate to minorities, including AAPIs.</p> <p>3: Encourage spin-off activity from research projects on quality of care which have specific foci on AAPI populations.</p> <p>4: Include AAPIs as a subgroup in the National Quality Report which will measure quality in a variety of health care settings and monitor the nation’s progress in improving health care quality.</p> <p>5: Maximize the relevance of evidence reports and technology assessments to issues of concern to AAPI populations.</p>		<p>“Outcomes, Incentives and Improvements in Collaborative;” and the “Neighborhood Disparities and Access to Cardiac Care.” (to assess whether community health centers engaged in a quality improvement intervention have improvements in health care processes and outcomes.) (whether the HRSA Health Disparity Collaboratives initiative, has improved quality of care and reduced disparities in patient outcomes in BPHC-supported clinics.) (whether neighborhood characteristics, independent of race, are associated with performance of cardiac revascularization procedures in New York City patients).</p> <p>The National Healthcare Disparities Report, a companion document to the National Quality Report, provides a comprehensive snap shot of quality of care of AAPI and other minority groups in America.</p> <p>AHRQ developed six evidence reports and technology assessments that address clinical topics/conditions relevant to AAPI populations. The six include the following:  1) Community-based Participatory Research, 2) Pharmacological Management of Obesity, 3) Treatment of Dementia, 4) Strategies for Improving Minority Healthcare Quality, 5) Regional Models for Bioterrorism Preparedness, 6)Efficacy of Behavioral Interventions to Modify Physical Activity, The Office on</p>	<p>Funding:  a) \$782,098  b) \$461,590  c) \$338,193</p>	<p>301-594-4038  6010 Executive Blvd.,  Suite 300  Rockville, MD 20852</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	6: Continue to support the multi-year grant "Promoting Effective Communication and Decision-Making for Diverse Populations."		<p>Health Communication and Information has developed a process to disseminate information about evidence reports and other research information and tools relevant to the AAPI community. This process uses web technology and includes partnership with organizations such as APPEAL (Asian Pacific Partners for Empowerment and Leadership.) A tracking process to identify all products developed and disseminated under the evidence based practice activity relevant to the AAPI community, is in development.</p> <p>Funding continues for this grant.</p>		
1) To develop improved informational materials on health-care and CMS programs that are culturally and linguistically appropriate to AAPI populations; 2) to improve dissemination processes to more effectively reach appropriate AAPI groups; and 3) to update demographic and cultural research on AAPI populations.	Contract with Magna Systems, Incorporated	FY 2002	Reports, recommendations, effectiveness testing of informational materials, and evaluation strategies for dissemination pilots were developed, as appropriate. CMS maintained partnerships with AAPI CBOs to foster the aims of this project	HORIZONS contracted Magna Systems, Inc. to improve CMS communication and dissemination through development of a Guidebook, prototype materials and tip sheets. Funding: \$767,911.	CMS Nancy Berson, Center for Beneficiary Choices 7500 Security Blvd. Woodlawn, MD 21244 (410) 786-0017 Nberson@cms.hhs.gov.
1) To gather baseline information on the health status, behavior, and risk for chronic diabetes and cardiovascular disease among	Contract with the Center for Continuing & Outreach Education, Robert Wood Johnson Medical School, to conduct the surveys.	September 1, 2001 - August 31, 2002	A database was created for a disease registry affording greater identification and tracking of diabetes and cardiovascular disease.	Reports submitted with the number of people in the registry, demographics, and expenditure reports,	CMS Nilsa Gutierrez, MD, Medical Director, Office of the Regional Administrator

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
South Asians (Asian Indians) through community health surveys; and 2) Provide educational and health screenings through culturally and linguistically appropriate materials.				including the number of people screened.	26 Federal Plaza, Room 3811 New York 10278 (212) 264-4488 (212) 264-2580 fax Ngutierrez@cms.hhs.gov.
To support and conduct research to improve understanding of the impact of racial/ethnic disparities on access to health care for the beneficiaries.	Use current contract to identify health topics for future research targeting AAPI Medicare, Medicaid, and SCHIP beneficiaries.	FY 2002 6 month contract	The AAPI research consultant prepared a report that CMS is using to develop a comprehensive research agenda for AAPIs.	Through the expertise of an AAPI research consultant, CMS is identifying areas for future research and interventions	CMS Marsha G. Davenport, MD, MPH, Chief Medical Officer, Office of Strategic Planning 7500 Security Blvd. C3-20-11 Baltimore, MD 21244 410-786-6693 410-786-6511fax: Mdavenport@cms.hhs.gov
Encourage diversity of study subjects being enrolled in industry clinical trials.	Publish Food and Drug Administration (FDA) industry guidance. Establish a demographic database to allow analysis of clinical trial data to assess industry and agency compliance with public regulation and guidance.	FY 2002 - FY 2003	The Office of Women's Health (OWH) developed a demographic database from clinical trial data.  The Center for Drug Evaluation and Research issued voluntary a guidelines to encourage industry to capture ethnic and racial data in clinical trials.  FDA developed and issued draft industry guidance, setting up pregnancy exposure registries.	FDA has developed the capacity to analyze clinical trial data and to assess industry and agency compliance with public regulation and guidance.	FDA Susan F. Wood, PhD Director of Women's Health 5600 Fishers Lane, Room 16-65 Rockville Maryland 20857 (301) 827-0350 (301) 827-0926 Fax swood@oc.fda.gov
Increase data collection , analyses and dissemination of information about under-represented AAPIs.	1: Using the Uniform Data System, (UDS) Bureau of Primary Health Care (BPHC) supported programs will be required to submit racial/ethnic information on their users. Data on Asians and Native	FY 2002 - FY 2003	UDS data report created and analyzed to equate AAPI users to population.	Health centers that serve more AAPIs than the relative AAPI population of that area have been targeted to receive capacity building/TA to better serve	HRSA 1. BPHC Avril Patel (301) 594-4467 apatel@hrsa.gov.

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>Hawaiians/Other Pacific Islanders will be collected separately.</p> <p>2: Study patterns of HIV-related care provided to AAPIs.</p> <p>3: Continue to fund Hawaii Area Health Education Center (AHEC) Cooperative Agreement.</p> <p>4: Collect data on the participants of the Health Careers Opportunity and Centers of Excellence Programs, using the Disadvantaged Assistance Tracking and Outcome Report.</p> <p>5: Use 2000 Census data and mapping software to define the distribution of Asian Americans in rural areas.</p>	<p>FY 2002 - FY 2003</p> <p>FY 2002</p> <p>FY 2002 - FY 2003</p> <p>FY 2002</p>	<p>Data report and analysis of AAPIs completed.</p> <p>No results to report</p> <p>Total AAPI Program Participants 1,554</p> <p>UNC Chapel Hill Research Center completes/disseminates mapping publication.</p>	<p>the AAPIs in their service area(s).</p> <p>652 AAPIs served</p> <p>New Palau AHEC supported at \$468,000</p> <p>N/A</p> <p>Practitioners/academicians can access mapping data.</p>	<p>2. Bureau of HIV/AIDS (BHA) Pam Wilson (301_443-4321 pwilson@hrsa.gov</p> <p>3. BHPR Janet Clear (301) 443-6950 jclear@hrsa.gov</p> <p>4. BHPR Daniel Reed, Program Analyst 5600 Fishers Lane Rockville, MD, 20857 (301) 443-2100 (301) 443-4943 Fax dreed@hrsa.gov.</p> <p>5. Office of Rural Health Policy (ORHP) Blanca Fuertes, (301)-443-0612 bfuertes@hrsa.gov</p>
<p>Develop new, or expand existing research initiatives targeting AAPI populations, as appropriate.</p>	<p>a. Track and implement NICHD research agenda concerning health disparities, including addition of AAPI populations in studies, as appropriate.</p> <p>b. Analyze the “New Immigrant Survey,” which targets the health status of AAPI and other ethnic</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>a. Supported 24 research projects that include AAPI populations. Research projects include, among others, studies examining maternal and neonatal health; basic mechanisms involved in exercise and growth; obesity; male infertility; osteoporosis prevention in teens; school readiness, language, literacy, and math</p>	<p>a. Funding: \$6.7 million. Please note, the research costs represent total funding for all projects. The costs are not prorated to represent the portion of research dollars directed exclusively to AAPIs.</p>	<p>NIH/NICHD Mona Rowe, Deputy Director, Office of Science Policy, Analysis, and Communication 31 Center Drive, Rm. 2A18 Bethesda, MD 2089 (301) 496-1877 (301) 496-0588 fax</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>groups.</p> <p>c. Collaborate with the NIA and NCMHD to disseminate recommendations from the “Inclusion of Language Minority Populations in National Studies” conference and begin work on a research agenda based on the conference findings.</p> <p>d. Research will be conducted on language ability and educational disparities in language minority children.</p>	<p>FY 2002</p> <p>FY 2002</p>	<p>cognition; health outcomes in AAPI children, adolescents, and families in immigrant populations.</p> <p>b. Unlike most surveys, which conduct interviews in English, the NIS is breaking new ground to improve research and data collection on the AAPI community by conducting interviews in more than a dozen languages, including Chinese, Korean, Tagalog, Vietnamese, Gujarati, and Hindi/Urdu. Findings from a preliminary NIS study show that approximately one-third of new legal immigrants are from Asia, with most from the Philippines, Vietnam, China, India, and Korea.</p> <p>c. The NICHD helped to develop a report, "Diverse Voices," to disseminate conference recommendations to increase the number of minorities, including AAPIs, in clinical trials. In the future, findings from national studies with improved representation of the diversity in the U.S. may help researchers develop targeted interventions to reduce health disparities among subpopulations within the AAPI community.</p> <p>d. The NICHD published two language-related Requests for Applications:            Early Childhood Education and School Readiness Planning Grants,            Research on Adult and Family Literacy</p>	<p>b. N/A</p> <p>c. N/A</p> <p>d. N/A</p>	<p>rowem@mail.nih.gov (applies to a-d)</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>a. Maintain Clinical Studies Population Database to monitor inclusion of AAPIs in clinical studies.</p> <p>b. Initiate research to address the impact of Cooley's Anemia in the AAPI group to evaluate promising new treatments.</p> <p>c. Identify the nutrient content of foods eaten by AAPIs to assess the impact of diet on heart, lung, and blood diseases and sleep disorders.</p>	<p>a. Use the database to track inclusion of women and minorities, including AAPIs, in all National Heart Lung and Blood Institute (NHLBI)-sponsored clinical research programs.</p> <p>b. Develop the Cooley's Anemia Clinical Research Network, comprising 5 clinical sites in North America and a data coordination center.</p> <p>c. Establish, through interagency agreement, a set of high-quality databases on the nutrient content of foods commonly eaten by this population group.</p>	<p>a. Ongoing</p> <p>b. FY 2002- FY 2003</p> <p>c. Program would begin FY 2001 and continue through FY 2004.</p>	<p>a. Database is maintained and is comprehensive to date.</p> <p>b. Network developed and 5 clinical sites and a data coordination center established.</p> <p>c. Not Met, delayed to FY 2003</p>	<p>a. N/A</p> <p>b. Funding: \$2,269,299</p> <p>c. N/A</p>	<p>a. NHLBI/OST Sharry Palagi Bldg. 31, Room 5A07 31 Center Drive Bethesda, MD 20852 (301) 402-2434 palagis@nhlbi.nih.gov.</p> <p>b. NHLBI/DBDR Charles Peterson, PhD Room 10158 6701 Rockledge Drive Bethesda, MD 20817 (301) 435-0050 petersoc@nhlbi.nih.gov.</p> <p>c. NHLBI/DHVD Abby Ershow, PhD Room 9144 6701 Rockledge Drive Bethesda, MD 20817 (301) 435-0526 ershowa@nhlbi.nih.gov.</p>
<p>To prevent or delay the development of diabetes in minority populations, including AAPIs.</p>	<p>Strategy 1: The NIDDK continues to support the Diabetes Prevention Program (DPP) clinical trial, a large multicenter study of diabetes prevention in 27 centers across the U.S.</p> <p>Strategy 2: The NIDDK supports the Type 1 Diabetes TrialNet (TrialNet) which will design new studies to prevent type 1 diabetes or preserve beta-cell function, and continue to recruit</p>	<p>Ongoing</p> <p>FY 2002 - FY 2003 [TrialNet is funded through</p>	<p>Recruitment of participants was completed in June 1999, and the total requirement figures of AAPIs are 89 males, and 54 females. Assess number of AAPI participants. Plans for post DPP study is under development.</p> <p>Continue recruitment of minority groups in the TrialNet.</p>	<p>Funding: \$9,944,000; Total requirement figures of AAPIs are 89 males, and 54 females.</p> <p>Funding: \$12,450,000; 995 AAPI screened in DPT-1 (both parenteral and oral insulin studies) as of March 31, 2003; 20 AAPI</p>	<p><b>NIH/NIDDK</b> <b>Dr. Sanford Garfield</b> Division of Diabetes, Endocrinology and Metabolic Diseases 6707 Democracy Blvd. Bethesda, Maryland 20892.</p> <p>Same as above.</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	study participants for the oral insulin trial of DPT-1.	FY2008]		who were staged in DPT1 (had to make eligibility criteria from screening); 3 AAPI who were randomized in DPT1.	
Correct any problems related to the National Institute of Allergy and Infectious Diseases (NIAID) tracking and adherence to NIH clinical trial inclusion requirements.	Evaluate the effectiveness of the new NIH Tracking System to insure that AAPI participation in NIAID-sponsored/supported clinical trials is accurately reflected. Evaluation will comprise validating the entry of collected patient data to substantiate that NIAID is providing accurate information to the NIH Tracking Committee.	The new tracking system is to be in place by Spring 2002. Evaluation of data will be for the first completed fiscal year post-activation.	Inclusion guidelines require the provision of clinical trial population data on an annual basis. Information is provided to the NIH via the NIH Tracking and Inclusion database. The database has been in place since October 1, 1995 and was created for the purpose of providing the Institutes with a uniform tracking mechanism to ensure trials were inclusive with respect to race, ethnicity, and gender. Data are provided on a quarterly basis. The newly revised NIH Tracking System is operational as of March 2002.	\$27,000; 49 American Asian and 1 Hawaiian Pacific Islander participated in NIAID Phase III clinical trials for FY 2002.	NIH/NIAID Lai Tan, PhD, Chief, Referral and Program Analysis Branch, Division of Extramural Activities 6700-B Rockledge Drive Room 2134 Bethesda, MD 20852 (301) 496-5318 (301) 402-1063 Fax lt7r@nih.gov.
Develop policies and procedures for NIDCR (National Institute of Dental and Craniofacial Research) sponsored clinical trials to include underrepresented minorities, including AAPIs.	The Division of Population and Health Promotion Sciences (DPHPS) will review and assess the current policies and procedures and database developed for monitoring clinical trials as part of addressing the issue of recruitment and retention of women and all minorities in clinical trials.	a. FY 2002 (ongoing)  b. FY 2003 (ongoing)	a. The DPHPS implemented a reporting structure for monitoring inclusion in clinical studies of AAPIs and other underrepresented minority groups. Implementation will continue in 2003.	a. Reporting structure is in place and being utilized.	NIH/NIDCR a. Division of Population and Health Promotion Sciences, Dushanka V. Kleinman, DDS, MscD, Director Building 31, Room 2C39 31 Center Drive Bethesda, MD 20892 (301) 496-9469.  b. Same as a.
Foster AAPI enrollment in NIAMS (National Institute of Arthritis and Musculoskeletal and	Monitor progress reports on grants and contracts for inclusion of AAPI subjects in clinical research.	FY 2002 (On-going)	Completion of the annual NIAMS clinical tracking report.	FY 2002 report: 845 WHIAAPI subjects enrolled in NIAMS-	NIH/NIAMS Director for Women's and Minority Health Issues

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Skin Diseases) sponsored clinical research.				supported clinical research protocols (1.7% of all enrollees).	Julia B. Freeman, PhD 45 Center Drive 5AS 19 Bethesda, MD 20892-6500 (301) 594-5052 (301) 480-4543 fax freemanb@exchange.nih.gov
Comply with new tracking requirements being developed for uses by NIH institutes for reporting purposes.	The U.S. Renal Data System (USRDS) is a national data system that collects, analyzes, and distributes information about end-stage renal diseases (ESRD) in the U.S. The USRDS is funded directly by the NIDDK in conjunction with CMS.	Ongoing	Continue to evaluate the development of this program.	Funding: \$2,247,000. The prevalence of ESRD for AAPI as stated in the 2002 USRDS report was 17,580.	NIH/NIDDK Dr. Lawrence Agodoa, Division of Kidney, Urologic and Hemotologic Diseases 6707 Democracy Blvd. Bethesda, Maryland 20892
Expand NCI ability to define and monitor cancer-related health disparities.	<p>Support 2 to 5 new SEER registries to improve coverage of key populations (especially those of lower socioeconomic classes) with high cancer mortality rates.</p> <p>Enhance national and regional data systems to measure disparities in cancer-related health behaviors and screening practices. Expand support for supplements to national and regional surveys to enhance data on socioeconomic and other demographic factors associated with disparate cancer outcomes.</p> <p>Support statistical and methodological studies to improve</p>	<p>a. FY 2002 b. FY 2003</p> <p>a. FY 2002 b. FY 2003</p> <p>a. FY 2002 b. FY 2003</p>	<p>Expansion to four new areas increased coverage to 45% of American Indians and Alaska Natives, 53% of Asians, 70% of Native Hawaiians and Pacific Islanders.</p> <p>National Health Interview Survey and California Health Interview Survey are valuable sources of information on groups including Asian Americans, Pacific-Islanders, and American Indians.</p> <p>* SEER monograph on socioeconomic variations in cancer incidence, mortality,</p>	<p>Funding: \$6.0M</p> <p>Funding: \$2M in FY 02</p> <p>Funding: \$2.0M</p>	<p>NIH/NCI Brenda Edwards, PhD, Division of Cancer Control and Populations Sciences (DCCPS) Executive Plaza North, Suite 6144 Rockville, MD 20852 (301) 594-7294 (301) 594-66787fax kernerj@mail.nih.gov.</p> <p>DCCPS Executive Plaza North, Suite 6144 Rockville, MD 20852 (301) 594-7294 (301) 594-66787 fax</p> <p>Jon Kerner, PhD, DCCPS Executive Plaza North,</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	accuracy and reliability of data on socioeconomic determinants of cancer rates and risk, and health behaviors.		state, treatment, and survival. * Socioeconomic trends in breast cancer. * Metrics for assessing health disparities.		Suite 6144 Rockville, MD 20852 (301) 594-7294 (301) 594-66787 fax kernerj@mail.nih.gov.
Identify and investigate existing data sets that have been collected at the national, state, and local levels.	To analyze national, state, and local data sets (e.g., National Household Survey on Drug Abuse, Youth Risk Behavioral Surveillance System, Behavioral Risk Factor Surveillance, Census 2000).	June 2002 - June 2003	No Information Provided	No Information Provided	NIH/National Institute on Drug Abuse (NIDA) Ana Anders, LICSW, Senior Advisor on Special Populations, NSC Building 6001 Executive Blvd. Bethesda, MD 20892-9567 301-443-0441 301-480-8179 fax Aa96o@nih.gov
<p>a. Provide technical and fiscal resources for the National Institute of General Medical Sciences (NIGMS)- supported training programs that serve Pacific Islanders in order to strengthen their data collection and reporting capabilities.</p> <p>b. Ensure that AAPI issues are addressed in NIGMS' research agenda for reducing racial and ethnic health disparities.</p>	<p>a. Conduct workshops on program evaluation methodologies and provide grant support for data collections activities.</p> <p>b. Same as above.</p>	<p>a. FY 2002</p> <p>b. FY 2003</p>	<p>a. Grantees have been supplying competing renewal and noncompeting grant applications containing program evaluation data.</p> <p>b. Provision of support for research in this area and new knowledge regarding determinations of health outcomes in population subgroups.</p>	<p>a. Grantees are more aware of program evaluation needs and their program evaluation capabilities continue to increase.</p> <p>b. Funding: \$4,663,000 devoted to health research in population subgroups including AAPIs.</p>	<p>NIH/NIGMS</p> <p>a. Clifton Poodry, PhD, Director, Minority Opportunities in Research Division (MORE) 45 Center Drive, MSC 6200 Room 2AS.37H Bethesda MD 20892-6200 (301) 594-3900 (301) 480-2753 Fax poodryc@nigms.nih.gov</p> <p>b. Marvin Cassman, PhD Director, NIGMS 45 Center Drive MSC 6200, Room 2AN.12B Bethesda, MD 20892-6200 (301) 594-2172 (301) 402-0156 Fax cassmanm@nigms.nih.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>a. Facilitate the discovery of large numbers of sequence variations in the human genome, particularly those relevant to human health and disease.</p> <p>b. Identification of genetic susceptibilities for hereditary hemochromatosis in diverse populations.</p> <p>c. Examination of the impact of colon cancer risk counseling among Pacific Islanders.</p>	<p>a. Promote utilization of the DNA Polymorphism Discovery Resource (PDR) assembled by NHGRI (National Human Genome Research Institute) and other agencies. The PDR includes cell lines and DNA from 450 diverse, unrelated individuals, including 120 Asian American samples.</p> <p>b. Monitor recruitment to ensure sufficient minority participation, among the anticipated 100,000 participants. Comparison of colon cancer risk counseling versus a general health counseling.</p>	<p>a. Annually</p> <p>b. Annually</p> <p>c. Annually</p>	<p>a. Tracking use of the PDR samples from the Coriell Cell Repositories, the distributors of this resource.</p>	<p>a. \$N/A, 120 AAPI samples.</p>	<p>NIH/NHGRI</p> <p>a. Lisa Brooks, PhD, Program Director, Genetic Variation 31 Center Drive, Building 3 Room B2B07 Bethesda, MD 20892 (301) 496-7531 (301) 480-2770 Fax lb157@nih.gov</p> <p>b. and c. Elizabeth Thompson, MS, RN, Team Leader Ethical, Legal, and Social Implications Team 31 Center Drive Building 31, Room B2B07 Bethesda, MD 20892 (301) 402-4997 (301) 402-1950 et22s@nih.gov.</p>
<p>Track and monitor the activity of Special Populations in the employment and training area of National Institute on Deafness and Other Communication Disorders (NIDCD).</p>	<p>Access data collection and monitoring activity.</p>	<p>During FY 2002, monitor data collection activity.</p>	<p>No Information Provided</p>	<p>No Information Provided</p>	<p>NIH/NIDCD Office of Equal Opportunity Kay Johnson Graham 9000 Rockville Pike, Bldg. 31, Rm. 3C08 Bethesda, Maryland 20892 301-496-3403 301-435-2228 fax johnsonk@ms.nidcd.nih.gov</p>
<p>a. Systematize coding and data collection related to AAPI population groups, as subjects of clinical trials, as research training</p>	<p>a. Review current awards, code relevant new and current awards which have subjects of researchers from AAPI population groups,</p>	<p>a. May 2002 - Sept. 2002, continuous</p>	<p>Data sets completed 1992-2001; format for monitoring AAPI training and career development completed. Nine email broadcasts sent to AAPI</p>	<p>N/A</p>	<p>a. NIH/National Institute of Nursing Research (NINR) Genevieve deAlmeida-Morris, Program Analyst</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>candidates, and as investigators; systematic data collection of research portfolio on AAPI targeted disease areas. Foster publication of White Papers resulting from the partnership with the AAPI Nurses Association (AAPI NA).</p> <p>b. Assess system of, and improve coding data collection related to AAPI population groups, as subjects of clinical trials, research training awardees, and investigators. Continue data collection as in a. Continue fostering publication of White Papers as in a.</p>	<p>conduct needs assessment for increased representation, generate feedback information for steering committee; use existing relationship with journal editors to promote publishing opportunities.</p> <p>b. Review current awards, code relevant new and current awards which have subjects or researchers from AAPI population groups, code AAPI targeted disease areas, review and document needs for increased representation; continue relationship with journal editors and promote publishing of AAPI papers.</p>	<p>as per award cycle.</p> <p>b. Through Sept. 2003, continuous.</p>	<p>leaders</p> <p>Data set development in-process from 3 databases; information collection system developed.</p>	<p>Eight AAPI leaders emailed each time</p> <p>N/A</p>	<p>Office of Science Policy and Public Liaison 31 Center Dr., Room 5B-10 Bethesda, MD 20892-2178 (301) 496-0208 (301) 480-8845 fax dealmeig@mail.nih.gov.</p> <p>b. Same as a.</p>
<p>Collect data on Complementary and Alternative Medicine by AAPI populations and subgroups.</p>	<p>a. Collect data on CAM use by AAPI populations through collaborative funding of the National Health Interview Survey (NHIS);</p> <p>b. Fund grants collecting and analyzing data on CAM use in AAPI subpopulations.</p>	<p>FY 2002 - FY 2003</p>	<p>a. NHIS Survey B CAM module administered with NHIS in calendar year 2002</p> <p>b. Funded 12 research projects with significant AAPI study subject participation. NCCAM does not currently have plans to hold CAM Workshop B</p>	<p>Actual Funded Amount B \$54,222 (Asian-American and NHOPHI households constituted 2.3% of the sample for the National Health Interview Survey. The actual funded amount is reported as the percentage (2.3%) of the total cost (\$2,327,000) of the CAM module applicable to AAs and NHOPHI households.)</p> <p>b. Actual funded amount: \$661,478</p>	<p>NIH/ NCCAM (National Center for Complementary and Alternative Medicine) Morgan N. Jackson, MD, MPH, Director, Office of Special Populations 6707 Democracy Blvd. Suite 106 Bethesda, MD 20892-5475 301-402-1278 301-480-3621 fax email: mj145m@nih.gov.</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>a. Ensure that the inclusion of AAPI issues are addressed in the National Institute on Aging (NIA) agenda for reducing racial and ethnic health disparities.</p> <p>b. To support research to better understand how AAPI individuals adapt in various ways to improve quality of life, maintain health, cognitive functioning and respond to illness and chronic conditions as they age.</p>	<p>a. Continue to work through the Interagency Forum on Aging-Related Statistics to develop appropriate indicators for a “Chartbook on Well-being of the Older Population” with data by racial and ethnic designations.</p> <p>b. 1) Fund research projects with specific aims and objectives addressing AAPI research-related health issues. 2)Facilitate translation of the Exercise Guide from the National Institute on Aging into diverse languages used by AAPI subpopulation groups.</p>	<p>a. FY 2002- FY 2004</p> <p>b. FY 2002- FY 2006</p>	<p>a. Production of the chart book, Older Americans 2000: Key Indicators of Well-being by the Federal Interagency Forum on Aging-Related Statistics. The data reflect projected distribution of the AAPI population age 65 and older in 2000 at 2.4% and increasing to 6.5% in 2050. The NIA is working on collaboration for another edition.</p> <p>b. 1. NIA supported 39 different research projects or supplements addressing issues of leadership in minority aging research, Alzheimer’s disease(AD), genetic markers of AD, cultural responses to illness, health and well-being among older old US and Japan elders, social networks and death data for Asian American elderly as a sample of the projects.</p> <p>b. 2. Translation of the Exercise into a volume produced in Chinese language.</p>	<p>a. Funding: \$10,661</p> <p>b. 1. Funding: \$10,580,438 on 39 different research project grants and supplements</p> <p>b. 2. Collaboration with a partner with non-governmental funding.</p>	<p>NIH/NIA a. and b. J Taylor Harden, PhD, RN, FAAN Bldg. 31, Room 5C35 31 Center Drive Bethesda, MD 20892-2292 301/496-0765 301/496-2525 fax Taylor_Harden@nih.gov</p>
<p>Support scientific biomedical and behavioral research by academic institutions, resource centers, and CBOs on health disparities affecting racial and ethnic minority populations.</p>	<p>Selective sample of research conducted by NIH follows.</p>	<p>See below.</p>	<p>See below.</p>	<p>See below.</p>	<p>See below.</p>
<p>a. By Sept. 2002, create a new and comprehensive plan to organize, coordinate, and monitor NCI activities in health disparities research, education, training, and health services.</p>	<p>Maintain support within the National Cancer Institute (NCI) of a Center to Reduce Cancer Health Disparities (CRCHD)</p>	<p>a. FY 2002 b. FY 2003</p>	<p>a. The Center to Reduce Cancer Health Disparities (CRCHD) continued to be staffed (3 FTEs added) to better coordinate and monitor NCI activities. A Health Disparities Working Group with representation from all NCI Divisions was organized and meets regularly to</p>	<p>a. Funding: \$1.278 M</p>	<p>NIH/NCI Kenneth Chu, PhD, Program Director, CRCHD 6116 Executive Blvd., Suite.602, MSC 8341 Rockville, MD 20852 301- 496-8589</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>b. Continue to implement the plan developed under a.</p> <p>c. Improve capacity and accelerate knowledge through fundamental cancer control and population research.</p>	<p>Ensure that the inclusion of AAPIs issues are addressed in NCI's agenda for reducing racial and ethnic health disparities</p> <p>Create and enhance 4 Centers for Population Health to (1) expand understanding of the social and environmental causes of cancer-related health disparities and the psychosocial, behavioral, and biological factors that mediate them, (2) develop hypotheses for cancer control research at individual, social, institutional, and policy levels, and (3) develop, apply, evaluate, and disseminate interventions to improve cancer outcomes and reduce outcome disparities.</p> <p>Expand ongoing epidemiologic investigations to explore racial/ethnic cancer disparities with a focus on cancers for which these disparities are greatest (e.g., breast, cervix, kidney, prostate). Conduct new methodologic studies to evaluate factors influencing recruitment and participation of underserved populations in cancer epidemiology studies.</p>	<p>a. FY 2002 b. FY 2003</p> <p>a. FY 2002 b. FY 2003</p> <p>Oct. 2001 - Sept. 2002.</p>	<p>address cancer health disparities issues. Representative of the CRCHD participates in the Health Disparities committees of the individual NCI Divisions, the NCI Genome Institute and trans NIH Health Disparities Coding Committee. The CRCHD Health Policy Branch was given the reporting responsibility for all NCI Health Disparity initiatives. AA/PI is a part of the CRCHD mission.</p> <p>b. Asian American researchers from three communities were added to the Asian American Network for Cancer Awareness Research and Training.</p> <p>c. Centers for Population Health and Health Disparities RFA collaboration between NCI, NIEHS, NIA, and OBSSR to study the complex interactions that determine health and disease.</p> <p>NCI funded a Cancer Control Module of the California Health Interview Survey (CHIS). CHIS has taken advantage of California's rich racial, ethnic, and linguistic diversity by fielding the survey in six languages. It is a valuable source of information on racial/ethnic groups not well covered by other surveys, including Asian-Americans, Pacific-Islanders, and American Indians.</p>	<p>b. Funding: \$.169M</p> <p>c. Centers will be funded in FY2003 at \$6.0M.</p> <p>N/Av, analysis of the data is on-going</p>	<p>Fax: 301- 435-9225 Email: kc10d@nih.gov</p> <p>NIH/NCI Jon Kerner, PhD, DCCPS Assistant Deputy Director, Executive Plaza North, Suite 6144 Rockville, MD 20852 (301) 594-7294 (301) 594-66787 kernerj@mail.nih.gov.</p> <p>Same as above</p>
<p>To study the mental and physical health of Cambodian refugees in southern California; to investigate the developmental trajectories of</p>	<p>Fund research grants for new data collection on the mental health of AAPIs.</p>	<p>FY 2002- FY 2003</p>	<p>Improve research data and one additional AAPI researcher funded.</p>	<p>Funding: \$42,350</p>	<p>NIH/NIMH Karen Bourdon Developmental Psychopathology &amp;</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>elementary school-aged immigrant (Vietnamese &amp; Cambodian) children in the Seattle, WA area; to develop a data base on inter-nationally adopted children in Minnesota, and to survey the families about the health and behavior functioning of their children.</p>					<p>Prevention Research Branch 6001 Executive Blvd., NSC 6198-9617 Bethesda, MD 20852-9617 kbourdon@mail.nih.gov.</p>
<p>1. To develop the means of preventing obesity in minority populations, including children.</p> <p>2. To increase the number of organs and tissue donated for transplantation in racial and ethnic minority communities</p> <p>3. To facilitate and perform clinical, epidemiological and therapeutic research in Non-Alcoholic Steatohepatitis (NASH).</p>	<p>NIDDK plans to provide support for research on Environmental Approaches to the Prevention of Obesity.</p> <p>The NCMHD/NIDDK- funded Minority Organ and Tissue Transplant Educational Program (MOTTEP) has conducted intensive educational and information activities in 15 cities across the U.S.</p> <p>NIDDK has recently issued an RFA on NASH Clinical Research Network.</p>	<p>FY 2002 - FY 2003</p> <p>On-going</p> <p>FY2002 - FY 2003</p>	<p>NIDDK issued an RFA that will invite applications to study promising interventions that would target environmental factors contributing to inappropriate weight gain in children, adolescents and adults.</p> <p>NIDDK plans to 1) increase exposure to donation messages and opportunities to express donation commitments; 2) evaluate the impact of increased support for living organ donation; 3) increase minority cadaveric and living organ donation; and 4) increasing donation from non-traditional donors.</p> <p>To establish a Clinical Research Network of six clinical centers and a data-coordinating center that focuses upon the etiology, contributing factors, natural history, complications, and therapy of NASH. NIDDK plans to recruit all ethnic/racial groups including AAPIs.</p>	<p>Funding: \$2.6 M; target enrollment of AAPIs are 1,422.</p> <p>Funding: \$100,000; 13,000 AAPI reached by the MOTTEP program.</p> <p>Funding: \$3,350,000; Target enrollments for AAPIs: 17 Pediatric Trial; 22 Adult Trial; 126 database.</p>	<p>NIH/NIDDK Division of Digestive Diseases and Nutrition 6707 Democracy Blvd, Bethesda, Maryland 20892</p> <p>NIH/NIDDK Office of Minority Health Research Coordination, 6707 Democracy Blvd, Bethesda, Maryland 20892.</p> <p>NIH/NIDDK Division of Digestive Diseases and Nutrition 6707 Democracy Blvd. Bethesda, Maryland 20892.</p>
<p>Modify the substance abuse</p>	<p>Conduct a systematic review of all</p>	<p>FY 2002</p>	<p>Developed a draft Core Measure</p>	<p>CSAP is collecting data</p>	<p>SAMHSA/Center for</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
prevention grant data collection system to include the collection of data on AAPIs and other racial and ethnic minority populations.	the data collection instruments for CSAP's programs and determine how to maximize the inclusion of disaggregated data about AAPIs and other racial/ethnic minorities.		Initiative (CMI) plan modifying Minimum Data System to include sub-populations for AAPIs.	from its grantees on AAPI sub-populations on a voluntary basis. CSAP will require sub-population data from its largest grant program, the Performance Partnership Grant, starting in FY 2005.	Substance Abuse Prevention (CSAP) Beverlie Fallik, PhD, OPP 5600 Fishers Lane Rockwall II, Suite 910 301-443-5827 Bfallik@samhsa.gov
Continue to improve mental health data collection system for AAPI populations	Collect and report data, when appropriate, on AAPIs at the State level and through surveys, discretionary grants, cooperative agreements and purchase orders.	FY 2002	No Information Provided	No Information Provided	SAMHSA CSAP Ronald Mandersheid, PhD Chief Survey and Analysis Branch 5600 Fishers Ln., Rm 15C-04 Rockville, MD 20857 301-443-3343 Rmanders@samhsa.gov
Involve professionals familiar with AAPI issues in the review of core compendium of evaluation measures that are culturally specific and appropriate.	Include AAPI researchers in the CSAP funded Data Coordinating Center workgroup, which will review the recommendations for substance abuse prevention core measures to ensure cultural specificity and appropriateness.	FY 2002 - FY 2003	Three panels convened (Chinese Americans, Japanese Americans and Pacific Islanders) and provided preliminary recommendations of data examined for cultural specificity and appropriateness for AAPIs. Comprehensive report in FY 2003.	Analyzed data sets for sub-populations trends (insufficient numbers for AAPIs – recommended over sampling). Beginning in FY 2005, reporting of sub-population data is required in the largest grant program, i.e., Performance Partnership Grants.	SAMHSA CSAP Beverlie Fallik, PhD, Office of Policy and Planning 5600 Fishers Ln., Rockwall II, Suite 910 Rockville, MD 20857 301-443-5827 bfallik@samhsa.gov
Promote the development of culturally appropriate measures and interventions for use by AAPI providers, consumers and families.	Support adaptations of best practice models of interventions, i.e., Hmong Families and Schools Together, where cultural competencies and language proficiencies are primary considerations.	FY 2002	No Information Provided	No Information Provided	SAMHSA CMHS Shelly Hara, MSW, Public Health Advisor, Division of Program Development, 5600 Fishers Ln., Rm 17C-05 Rockville, MD 20857 301-443-7790

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					Shara@SAMHSA.gov
Support the National Survey of New Immigrants (NSNI)	Continue funding the NSNI, a panel survey of a nationally representative sample of new legal immigrants to the U.S. based on probability samples of administrative records of the Immigration and Naturalization Service (INS). Attention will be paid to immigrant children, including assessment of their academic abilities and skills, and to changes in health, economic status, schooling, use of governmental services, English language skills, and religion. Analyses by major subgroups of immigrants, e.g., those born in Vietnam, India, Korea or China, will be done.	FY 2002 - FY 2003	In FY 2002, survey content and design were finalized, and a contract was awarded to the National Opinion Research Center (NORC) to implement the first wave of the survey, currently planned for the Spring through Winter of 2003. Further information about the survey and early findings are available at <a href="http://www.pop.upenn.edu/nis/index.html">http://www.pop.upenn.edu/nis/index.html</a>	TBD. Progress on the study continues in FY 2003.	ASPE David Nielsen, HSP Rm. 450G, HHH Bldg. 202-401-6642 dnielsen@osaspe.dhhs.gov
Conduct an assessment of state laws and policies to gain an understanding of the collection of racial and ethnic data by managed care organizations and health insurers in these jurisdictions.	Assess state laws and written policies, interpretation of these policies, and the practices of managed care organizations and health insurers in the collection of racial and ethnic data by these entities.	February 2003	Project completed in 2002. Extended to FY 2004.	N/A	OMH, Division of Policy and Data (DPD) Violet Ryo-Hwa Woo 1101 Wootton Parkway, Suite 600 Rockville, MD 20852 (301) 443-9923 (301) 443-8280 fax
Improve the evaluation and impact of OMH-funded project by developing a uniform data set (UDS)—such as race and ethnicity and program effectiveness, among other indicators—to implement among all OMH-funded grants and standard cooperative agreements.	Award funding to contractor to research and develop standard data collection guidelines for OMH grantees and standard cooperative agreements; conduct a pilot test of the uniform data set; and research the technical feasibility of implementing the uniform data set; develop sample UDS website form	FY 2002	Project completed UDS in March, 2002. The product, Evaluation Project of Statistical Methods for Data Collection and Analysis on Racial/Ethnic and Other Hard to Reach Populations, will be implemented in FY 2003 and continue through FY 2005. The product, Community Based Participatory Research/Community Support will be	NAv	OMH, DPD Violet Ryo-Hwa Woo Project Officer 1101 Wootton Parkway, Suite 600 Rockville, MD 20852 (301) 443-9923 (301) 443-8280 fax

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	for recording and reporting uniform data elements.		implemented in FY 2003, and submitted to a peer-reviewed journal to disseminate findings this fiscal year.		
Release an updated version of the “Women’s Health Data by State and U.S. Territory: Mortality Report”, to OMH and OWH regional offices.	Obtain data from the National Center for Health Statistics on the current health status of women by state and U.S. Territory	FY 2002 - FY 2003	Partnered with HHS Regional Women’s Health Coordinators to develop the report	Completion of the final product, “The Women’s Health Data by State and U.S. Territory: Mortality Report.”	OWH OPHS Fran Ashe-Goins, Director (DPPM) 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Improve current data collection and research techniques on AAPI women’s health	Lend support to groups using multi-factorial research designs and over-sampling of AAPI women to gather more specified women’s health data	FY 2002 - FY 2003	NAv	NAv	OWH OPHS Fran Ashe-Goins, Director (DPPM) 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Develop research and data about AAPI populations and subpopulations.	Develop and facilitate pre- and post-tests, and focus groups, and obtain women’s reproductive health information on AAPI women and subgroups.	FY 2002	NM: no available funding	N/A	OWH OPHS Fran Ashe-Goins, Director (DPPM) 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
<b>Goal 3: Ensure access, especially linguistic access and cultural competence, for AAPIs</b>					
Improve access to ACF child care services. The Child Care Bureau (CCB) will provide research, if available, and TA to the Hawaii	The National Child Care Information Center, (NCCIC) a contractor to the CCB, will continue to assign a Regional State Liaison to be	FY 2002 - FY 2003	NCCIC provided TA to Hawaii and the Pacific Rim Territories on inclusion of special needs children licensing, and early care/education partnerships; to.	A \$916,812 Early Learning Opportunities (ELOA) grant was awarded to the Good Beginning	ACF/ACYF/CCB Sunday A. Aigbe, PhD (202) 690-7884 (202)690-5600 fax

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
CCDF Administrator.	available to work with the Hawaii CCDF Administrator, upon request.		American Samoa on incorporating the Samoan language in its preschools. A child care brochure was translated into Hmong language. The Good Beginnings Alliance/Good Beginnings Oahu Council (GBOC) was awarded a grant to improve early learning opportunities for Hawaiian children, including Native Hawaiians.	Alliance/Good Beginnings Oahu Council, a Tribal organization in Hawaii.  20,343 AAPIs received CCDF-funded child care services. Access to quality child care services has increased significantly.	saigbe@acf.hhs.gov
Increase culturally competent and appropriate services to individuals and their families from ethnically diverse backgrounds, including AAPIs with developmental disabilities.	Administration on Developmental Disabilities (ADD) will Continue support of its Projects of National Significance (PNS); issue an announcement for PNS award by Sept. 30, 2002.	FY 2002	NM: No application that included an AAPI population was submitted from a State.	None to report	ACF ADD Isadora Wills, Program Specialist 370 L'Enfant Promenade Washington, DC 20447 (202) 690-5791 (202) 690-6904 fax iwills@acf.dhhs.gov
Improve refugee access to ACF services, and to provide technical assistance to identify problems and solutions.	Establish and/or expand a working relationship with the State Agency on Aging and the local community Area Agency on Aging to provide services to elderly refugees aged 60 and over.	FY 2002	Improved elderly refugees' life through better access to Aging, social and health services; increased self sufficiency and self-reliance as result of citizenship preparation services.	Long-term partnerships were developed between the refugee service and the Aging networks in 27 States enabling about 5,000 Southeast Asian refugees to benefit from congregate and home delivered meals, health promotion, housing assistance, transportation, citizenship application assistance, and case management services.	ACF Division of Community Resettlement (DCR)/ORR Nga Nguyen, Program Specialist 370 L'Enfant Promenade, SW Washington, DC 20447 (202) 401-4570 (202) 401-5772 fax NgaNguyen@acf.dhhs.gov
Same objective	Strengthen refugee families and communities, and enhance their integration into mainstream society through provision of services, e.g., training in parenting, for homebound	FY 2002	Communities and families were strengthened through ORR's support that promoted economic and social self-sufficiency. _____	Funding activity - \$12,417,406. Two national programs, three in CA, one in the DC, one in MA, and one in WI, a total of eight	ACF ORR/DCR AnnaMary Portz, Program Specialist 370 L'Enfant Promenade Washington, DC 20447

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	women, in the English language, and related to domestic violence or shelters for runaway youths.			programs served to strengthen Asian refugee families and communities.	(202) 401-1196 (202) 401-0981 fax aportz@acf.dhhs.gov
Same objective	Provide support to State health agencies to augment Federal, State and local resources for the provision of refugee health and preventive health screening services. Culturally and linguistically appropriate comprehensive health screening services, immunizations, preventive therapy treatment and follow-up services are made available to refugee families.	FY 2002	Improved preventive health services for newly arriving refugees through making health screening available to most new arrival, increased proper utilization of the health care system through health education and orientation.	Approximately 3,000 Asian refugees received health screening and preventive services upon arrival; adults and children received required immunizations; health services were improved through ORR-funded interpreter. 38 states have preventive services available to newly arriving refugees.	ACF ORR/DCR AnnaMary Portz, Program Specialist 370 L'Enfant Promenade Washington, DC 20447 (202) 401-1196 (202) 401-0981 fax aportz@acf.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>Improve customer service for ACF programs, e.g., child support enforcement service delivery and Head Start.</p>	<p>OCSE will present workshops on customer service with language/diversity issues. Solicit input from service providers on issues, barriers, recommendations and options, and best practices for broader distribution.</p>	<p>FY 2002</p>	<p>Presented workshops at national conferences designed to share outreach strategies and building networks of support in communities, and linguistic/cultural barriers these communities (including AAPI) face in accessing services.</p>	<p>Presented workshops at three national conferences on outreach strategies to minority populations. Published one article in the Child Support Report.</p>	<p>ACF Frank Fajardo, Minorities Initiatives Coordinator OCSE P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312 (303) 844-2394 fax ffajardo@acf.dhhs.gov</p>
	<p>OCSE Technology Transfer Program funds are available to state service provider staff for the Interstate Training Conference, and OCSE program funds for Court Administrator training, as used previously by Hawaii and Guam..</p>	<p>FY 2002</p>	<p>Nothing to report</p>	<p>Nothing to report</p>	<p>same as above.</p>
	<p>OCSE plans to develop and publish articles on AAPI program services and activities in the Child Support Report, which has national distribution throughout the child support network</p>	<p>FY 2002</p>	<p>Published article on Customer Service: Language and Cultural Issues in Child Support Report: <a href="http://www.acf.dhhs.gov/programs/cse">http://www.acf.dhhs.gov/programs/cse</a></p>	<p>Article published.</p>	<p>same as above.</p>
<p>Improve customer service for ACF programs, e.g., child support enforcement service delivery and Head Start.</p>	<p>Region V: continue to work with Head Start grantees serving AAPI populations, particularly Hmong in Minnesota and Wisconsin. Staff will continue to provide training/technical assistance (T/TA) related to cultural awareness training for staff, training and recruitment of Hmong employees and assurance that translation resources are made available to Head Start grantees to enhance their communication with limited English proficient clients.</p>	<p>FY 2002</p>	<p>T/TA provided to Head Start staff on culture/language of ethnic groups.</p>	<p>Over 200 teachers received the T/TA that serve programs where the enrollment is 10 percent or more from the AAPI community.</p>	<p>ACF, Reg. V Hich Yamagata, Program Specialist 233 N. Michigan Ave., Ste. 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Implement ACF's Limited English Proficiency (LEP) Plan in both central and regional offices.	ACF developed a Language Assistance Plan (LAP) to ensure that ACF grantees and contractors provide meaningful access to benefits and services for individuals with LEP through effective language assistance and to support enforcement of Title VI of the Civil Rights Act.	FY 2002	ACF program informed all of their grantees of the LEP requirements in Title VI, as well as HHS policy guidance on LEP.	Grantees are aware of these requirements and know where to obtain technical assistance in implementing the LEP provisions.	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, DC 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov
Same objective	Office of Refugee Resettlement (ORR) requires that States submit a LEP Plan in their State Refugee Assistance Plan.	ongoing	All States that participate in the refugee program have submitted plans.	All States providing core refugee services are in compliance with the LEP guidelines.	ACF/ORR Gayle Smith, Director 370 L'Enfant Promenade SW, Washington DC 20447 (202) 205-3590 (202) 401-5487 fax Gsmith@acf.dhhs.gov
Same objective	R. IX will improve access to Medicaid services in Hawaii for recipients with LEP, the majority of whom are AAPI.  Strategy: R. IX will conduct a follow-up on the FY1999 HCFA/ACF review and FY 2000 OCR LEP reviews and training activities. Among findings and recommendations from the FY 1999 review is a need to improve access and procedures for clients with LEP in Hawaii. The follow-up will be on-site in Hawaii in FY 2002 (dates to be determined). ACF will work with CMS and OCR.	FY 2002	ACF, in conjunction with OCR, Region IX, has provided written and verbal feedback to the States on their use of applications, forms, and Temporary Assistance to Needy Families, (TANF) program issues to improve LEP access.	The State provided TANF and/or State-funded benefits, required work activities, and child care to the state's LEP population. The State also extended full protections to LEP clients against adverse actions and for the Fair Hearings process. From 10-20 percent of Hawaii's 15,000 welfare cases are LEP clients.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov
Improve quality of ACF programs that are provided to	Reg. IX will work to improve the quality of Head Start and Early Head	FY 2002	T/TA services were delivered to five HS grantees and two EHS grantees with one	QIC staff built capacity and continuous improvements	ACF Marilyn Nakamura, Program



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
AAPI populations.	Start Services to AAPIs through training/technical assistance (T/TA) to grantees to support their needs in all elements of the Performance Standards.		deficient EHS grantee. A total of 24 Quality Improvement Center (QIC) staff provided T/TA. The deficient EHS grantee received two T/TA site visits and, two additional site visits with Federal staff and Senior Early Childhood Associate for T/TA. QIC training to EHS Hawaii grantees related to infant/toddler (PITC) were completed in February 2002. QIC training was held on October 5, 2002 for Hawaii HAS. Hawaii Faith-Based Initiative Work Group has been meeting monthly with local Federal partners on collaborations with training and networking to include HS children and families. Oral Health in Hawaii Head Start Forum with stakeholders to complete task in direct services in rural area and in education that impacting State of Hawaii.	to grantees to help them meet Performance Standards. EHS grantee's deficiency was removed due to T/TA. EHS grantees received training to enhance (PITC) high quality performance with infant/toddlers. Hawaii HAS training included 7 Hawaii grantees. Hawaii Faith-Based Initiative Works Group continued collaboration with Federal agency. Hawaii Oral Health Head Start Forum continued improving networking to preserve resources and collect information for developing a strategic plan. Hawaii Literacy and Social Emotional Support Cluster provided quality T/TA on child outcomes to more Hawaii staff.	Specialist for Hawaii grantees, 808-541-2914 FAX 808-541-3674 mnakamura@acf.san Richard Ybarra, Program Specialist for Outer Pacific grantees 415-437-7996 FAX 415-438-8438 rybarra@acf.san
Strengthen ACF decision making base by analyzing the 2000 Census data on AAPIs with the HHS LEP Guidance for determining the language assistance needs of AAPI and other groups.	Collaborate with other HHS agencies to consider cost effective options for (1) translating materials into foreign languages and (2) providing interpreter services as needed.	FY 2002	No Information Provided	No Information Provided	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, DC 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>ACF Regional offices will develop and implement strategies to link more AAPIs to the human services that they need, increasing their participation in ACF programs.</p>	<p>Increase number of AAPIs served through Head Start and Early Head Start, by ensuring that community organizations are aware of announcements for new Head Start (HS) and Early Head Start (EHS) grantees. Each Region will identify opportunities (mailings, meetings with community groups, conferences, etc.) to get the word out.</p> <p>Continue to encourage state partners to develop outreach strategies focused on AAPI population, e.g., work with DOL regional and state officials to improve Temporary Assistance to Needy Families (TANF) referrals of AAPIs to Welfare to Work (WtW) agencies.</p> <p>Continue to promote the Healthy Child Care America agenda focusing on accessible immunizations for AAPI children in formal and informal child care settings.</p> <p>Use the Reg. VII Healthy Child Care America ListServ to share successful strategies in addressing the health care needs of the AAPIs.</p> <p>Continue to encourage Head Start and Early Head Start programs to reach out to AAPI communities sharing information about early care</p>	<p>FY 2002</p>	<p>Region II funded the Brooklyn Chinese American Association in the NY City HS expansion.</p> <p>Region VII: Through conferences, onsite meetings, and mailings throughout the year community organizations were made aware of openings for new HS and EHS programs.</p> <p>Region VI: added AAPI CBOs to mailing for ACE, CSE, DD, Domestic Violence, Child Care and Child Welfare. ACF program information in Chinese, Vietnamese and English shared at community events . Region VII:- AAPIs comprise .7% of IOWA’s TANF caseload. The IOWA and Kansas TANF agencies and partnering agency referrals ESL course to AAPIs prior to Jobs Program.</p> <p>The Region VII List-Serv continued to be used to share successful health care strategies to community groups serving the AAPI population.</p> <p>No Information Provided</p>	<p>Region II - \$520,000 HS award to serve 51 Asian American children and their families.</p> <p>Region VII - Increased interest by community organizations in HS and EHS programs. Region VII - HS/EHS grantees served 463 Asian and 76 Native Hawaii &amp; Pacific Islander children. Region VI - 140 AAPI</p>	<p>ACF Reg. II Mary Ann Higgins, Northeast Hub Director 26 Federal Plaza, Room 4114 New York, New York 10278 (212) 264-2890 ext.103 (212) 264-4881 fax mhiggins@acf.dhhs.gov</p> <p>ACF West Central Hub Tomasia A. Pinter, Minorities Initiatives Coordinator 1301 Young St., Suite 945 Dallas, Texas 75202-5433 (214) 767-2972 (214) 767-8890 fax tpinter@acf.dhhs.gov</p> <p>ACF Reg. VII Nancy L. Long, Special Assistant Federal Building, Room 276 601 E. 12th Street Kansas City, MO 64106 (816) 426-3584, ext. 153 (816) 426-2888 fax nlong1@acf.dhhs.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>and education services available.</p> <p>Partner with States to develop child abuse and neglect prevention and family support programs in AAPI communities.</p> <p>Continue to refine minority recruitment strategies of minority adoptive parents that meet the characteristics of children in foster care.</p> <p>Continue to work with CAAs to provide appropriate consumer education and other services to the AAPI population in the Region.</p> <p>Ensure all Reg. VII SCHIP plans to include outreach strategies to reach AAPIs.</p> <p>Collaborate with Reg. VII CMS to distribute Medicaid applications translated into AAPI languages.</p>		<p>No Information Provided</p> <p>Region VII - ACF staff use CFSR process to assure culturally appropriate services are available and accessible for all minorities, including AAPI, ensures that foster and adoptive homes meet the needs of AAPI children.</p> <p>Region VII OCS Liaisons provide ongoing consultation with CAAs during Quarterly State meetings and the annual Regional Conference.</p> <p>Region VII - In partnership with CMS, ACF staff collaborated with State partners to ensure SCHIP plans included AAPI outreach strategies.</p> <p>Collaborated with Region VII CMS to distribute translated Medicaid applications to those State agencies serving the AAPI population.</p>	<p>CBOs added to mailing lists. Outreach to 2,100 AAPI individuals at 2 CBO events. Region VII - No numbers available at this time.</p> <p>Region VII - Increased knowledge of local providers for the AAPI population.</p> <p>No Information provided</p> <p>No Information Provided</p> <p>Continue to implement the ongoing strategy.</p> <p>Region VII – Continue to implement the ongoing strategy.</p> <p>All Region VII Plans include strategies.</p> <p>Medicaid applications distributed in the four Region VII States.</p>	<p>ACF Reg. VIII Robert Nanto Program Support Unit 303-844-1183 rnanto@acf.dhhs.gov</p> <p>ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov</p>
Develop specific goals in RO plans to address the WHIAAPI.	The ACF Pacific Hub has identified four goal areas in its plan, i.e., LEP; Pacific Island Capacity Building; Education; and Domestic Violence (DV) and Youth Gangs.	FY 2002	NM	NM	ACF Pacific Hub Sharon M. Fujii, Regional Hub Director 50 United Nations Plaza Room 450 San Francisco, CA 94102 (415) 437-8400

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					(415) 437-8444 fax sfujii@acf.dhhs.gov
Implement strategic outreach to AAPI constituents in the regions about ACF programs and HHS initiatives.	The Pacific Hub Director will initiate strategic outreach to AAPI organizations and grantees in the Hub with an emphasis on Pacific Islanders on the mainland and in the Pacific to share information about ACF programs and initiatives (e.g., fatherhood. Faith and community based); to obtain information about AAPI needs/issues related to ACF programs and services; to identify successful service models and approaches; and to promote opportunities for collaboration and TA/resources.	FY 2002	Information about ACF grant/ funding opportunities were distributed to AAPI organizations, using the ACF database. The Pacific Hub Director met with representatives from Hawaii and the outer Pacific to share information about ACF priorities and services, e.g. grantees, community and faith-based organizations. Outstationed staff met with faith-based organization in Hawaii to promote opportunities for participation in government programs.	The University of Hawaii's Center on the Family (Manoa campus) received an OCS Compassion Capital Fund grant (\$600,000) in 2002.	ACF Pacific Hub Sharon M. Fujii, Regional Hub Director 50 United Nations Plaza Room 450 San Francisco, CA 94102 (415) 437-8400 (415) 437-8444 fax sfujii@acf.dhhs.gov
Same objective.	Focus on the greater Puget Sound area in Washington {partner with community individuals/groups (including faith based organizations) to share information about ACF programs and services, listen to AAPI communities, and work on enhancing community capacity.  Hold at least two ACF Regional meetings with AAPI community group and staff AAPI ministerial	FY 2002	Meetings with several Puget Sound Asian organizations (Korean Churches, WA Asian/Pacific Islanders Families Against Substance Abuse, Chinese Information Services, Asian Counseling and Referral Service, and the Filipino Early Education Services). ACF Directory of Program Services in Korean and Chinese were sent to 55 Asian CBOS in Region X. Asian social service agencies and churches were invited to attend the Faith-Based and Community Initiative Conference. NM: Cultural competency standards have not been developed. NM: Regional meeting delayed to FY 2003.	Strengthened access and utilization of ACF's services and programs by AAPI communities. Networking within the AAPI community was accomplished during FY 2002.	ACF Pacific Hub Caron Dwyer, Program Specialist 2201 Sixth Avenue, Suite 600 Seattle, WA 98121 (206) 615-3656 (206) 615-2574 fax cdwyer@acf.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	groups, who will be trained on cultural competency and protecting AAPI civil rights				
Expand outreach to AAPI populations.	<p>1: Identify new conduits to disseminate consumer information to AAPI populations.</p> <p>2: Translate AHRQ-produced literature into AAPI languages and disseminate through AAPI channels to the AAPI communities.</p> <p>3: Exhibit at professional conferences that focus on AAPI health issues.</p> <p>4: Market AHRQ website to AAPI organizations.</p> <p>5: Explore ways to develop partnerships with organizations representing AAPI populations to increase and improve dissemination</p>	FY 2002 - FY 2003	<p>AHRQ invested in local AAPI print media, local newspapers to disseminate consumer information to the AAPI populations. Also used minority focused public health journals, and professional intermediaries, such as NAQHO, Chinese Medical Association, and the Asian Pacific Partners for Empowerment and Leadership (APPEAL).</p> <p>NM: Due to staff resources and timing, no translations into AAPI languages were done in FY 2002.</p> <p>NM: Limited staff and budgetary funding limited AHRQ's participation in many minority health conferences.</p> <p>NM: Resources and time were spent collaborating with healthfinder™ to reach out to American Indians/Alaska Natives. In FY 200, AHRQ plans to reach out to the AAPI organizations.</p> <p>Partnerships were established with the Tafuna Family Health Center in American Samoa to increase and improve dissemination of AHRQ products. The organization ordered 370 AHRQ Child Health Guides, 375 Personal Health Guides, and 1000 Staying Healthy at 50+ publications</p>	<p>N/A</p> <p>None to report</p> <p>None to report</p> <p>None to report</p>	<p>AHRQ Christine Williams, Director Office of Health Care Information 2101 East Jefferson St., Suite 501 Rockville, MD 20852. 301-594-1360</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	of AHRQ products		which were translated into Samoan.		
Expand CDC based training for goal and promote visits to Pacific Island entities to enhance cultural competence, promote existing educational products.	Hold annual cultural competence training with representatives from the Pacific Island (PI) jurisdictions.	FY 2002 - FY 2003	Conference was held June 6-11, 2002 in Hawaii. CDC paid to travel the HIV Prevention Program Coordinators from each of the 6 Pacific Islands funded under Program Announcement 99004. Also, while there the Pacific Islanders extended their trip to attend the Conference on Global Public Health Issues for the Pacific Islands.	Training was considered a major success in delivering consistent messages and training strategies on HIV prevention to the Pacific Islanders. Programmatic barriers and successes faced by each of the Islands in implementing HIV prevention programs were shared and the CDC and PI partnership strengthened.	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax varl@cdc.gov.
Expand opportunity for training to better address the multiple cultures and issues facing the Micronesians; increase the availability of TA to develop HIV prevention and interventions that are culturally and linguistically appropriate; address how inter-island migration and travel impacts HIV prevention efforts.	Identify funds to support travel and cultural competent HIV prevention training.	FY 2002 - FY 2003	NM: Delayed to FY 2003	NAv	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333, 404- 639-8996, fax 404-639-8629 varl@cdc.gov
Facilitate linkages into the AAPI communities to provide TA and training on culturally competent and linguistically appropriate breast and cervical cancer screening program.  Replicate and disseminate cultural competency training on Breast and cervical cancer in Asian women for a broad base of health care providers	Provide funding to Asian American and Native Hawaiians and other Pacific Islanders (AA&NHOP) organizations.  a. Provide funding through cooperative agreement to the National Asian Women's Health Organization (NAWHO) to replicate and disseminate cultural competency	FY 2002 - FY 2003  September 2002 and 2003.	Improved service delivery.	Approximately \$806,431 funded.	CDC NCCDPHP Kimberly Sledge- Clay/Thelma Sims 4770 Buford Highway MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962 fax kts3@cdc.gov/ tfs4@cdc.gov  Applies to all.

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Reduce infant mortality by county and ethnicity among AAPIs in Hawaii	<p>training on breast and cervical cancer in Asian women for health care providers, allied health personnel, and other personnel employed by CBOs.</p> <p>b. NAWHO will develop and implement training material entitled "Communicating Across Boundaries".</p> <p>Develop culturally appropriate and community-based intervention strategies to reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii.</p>	September 2002 and 2003.	<p>Increased awareness; developed and implemented training materials.</p> <p>No more than 5 infant deaths per 1,000 live births.</p>	<p>Approximately \$400,000 funded.</p> <p>Approximately \$50,000 funded.</p>	
Develop and implement a model based on scientific evidence for preventing sexual and intimate partner violence among college-aged Asian American (AA) women.	Through the NAWHO, the AA women build leadership skills and empower them to engage in healthy, non-violent relationships and to advocate for change in responding to sexual violence (SV) and intimate partner violence (IPV).	FY 2002 - FY 2003	Convened the following activities: (1) AA Women's Discussion Focus Groups, 2) two Violence Prevention Conferences for college campus and social service providers; 3) two Violence Prevention Leadership Institutes for training female college students to implement SV and IPV educational projects, (4) implemented an AA Community Education Campaign to raise awareness of SV and IPV and to empower young AA women to seek assistance, and (5) a Working Partners Council comprised of ten local, regional, and national organizations working in the fields of SV and IPV.	Funding: \$233,305 3590 (est.) AAs served.	CDC NCIPC Thomas Blakeney, Deputy Director Operations MS K-61 Atlanta, Georgia 770-488-1481 770-488-5509 fax teb2@cdc.gov
Use Native Hawaiian values, beliefs, and practices to address intimate partner violence and	a. Through the Turning Point for Families, Inc. Hilo, Hawaii, develop, implement, and evaluate a culturally	FY 2002 - FY 2003	1) Developed a curriculum and an evaluation protocol; 2) began implementation activities in late FY 02;	Funding: \$370,477; approx. 650 (est.) served	CDC NCIPC Thomas Blakeney, Deputy Director Operations

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
sexual violence among Native Hawaiian perpetrators and victims.	<p>competent intimate partner violence and sexual violence intervention among Native Hawaiian perpetrators and victims.</p> <p>b. Decrease the incidence, severity, and types of violence perpetrated by Native Hawaiian men against their intimate partners and family members.</p> <p>c. Enhance self-care and agency among Native Hawaiian women who experience violence.</p>		3) formed and convened an advisory committee comprised of representatives from the 7 collaborating agencies.		<p>MS K-61 Atlanta, Georgia 770-488-1481 770-488-5509 fax teb2@cdc.gov</p>
<p>Provide Community Education Workshops to:</p> <p>1) Increase awareness about Hepatitis B;</p> <p>2) Promote behaviors that will reduce transmission of the disease in the Greater Boston Vietnamese community; and 3) Gather baseline data.</p>	<p>Contract with AAPI community-based organization: Vietnamese-American Civic Association (VACA) to: 1) Gather baseline data; 2) provide educational workshops and outreach; and 3) organize Hepatitis B immunization clinics.</p>	September 1, 2001 - August 31, 2002	No Information Provided	No Information Provided	<p>CMS Ava J. Chung, Associate Regional Administrator JFK Federal Bldg. Rm. 2375 Boston, MA 02203 (617) 565-1322 (617) 565-3856 fax achung@cms.hhs.gov</p>
<p>Continue to build upon and expand the Medicare outreach campaign targeting the Asian American and Pacific Islander audience. The campaign will include radio spots and print advertising using translated Medicare and Hepatitis B messages; and educational workshops and clinical services.</p>	<p>Evaluate existing contractor performance and determine whether to renegotiate contracts or to search for other AAPI non-profit organizations with the capacity to provide media, educational, or clinical activities; and/or public relations firms to continue the media work or improve upon it.</p>	August 1, 2002 - July 31, 2003	No Information Provided	No Information Provided	<p>CMS Ava J. Chung, Associate Regional Administrator JFK Federal Bldg. Rm. 2375 Boston, MA 02203 (617) 565-1322 (617) 565-3856 fax achung@cms.hhs.gov</p>
<p>Build an effective Medicare outreach campaign, provide translated Medicare materials, and develop an on-going</p>	<p>Contract with the Stone Soup Facility, a community building resource center, to conduct focus groups and prepare a needs</p>	August 1, 2001 - July 31, 2002	<p>* Translated basic Medicare information, translated State buy-in program</p> <p>* Designed culturally appropriate cover for materials (radio &amp; TV PSAs, DVD</p>	<p>Stone Soup developed and implemented an effective Medicare outreach campaign to Hmong</p>	<p>CMS Shirley Bordelon, Project Officer, Division of Beneficiary Services</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
partnership with CMS to meet the Medicare needs of the Hmong community.	assessment report among the Hmong community.		on Medicare, Tri-Fold) and duplicated and distributed materials to the Hmong community.	community and provided counseling and assistance on Medicare issues.	75 Hawthorne St., Rm. 408 San Francisco, CA 94105 (415) 774-3613 (415) 744-3771 Sbordelon@cms.hhs.gov.
Increase awareness and understanding of the Medicare program through use of media information channels to enable Korean seniors to make appropriate and effective Medicare choices.	Contract with K-Net, Inc. to create, produce, and place media spots promoting the three Medicare information channels: Medicare+Choice, 1-800-MEDICARE, and medicare.gov. Media will include 30 second TV spots; Korean newspaper ads; information flyers for San Jose, Oakland, and San Francisco senior centers.	August 1, 2001 - June 30, 2002	Mass distribution of Medicare information to Korean population in San Francisco Bay Area.	Distribution of television spots in Korean; placement of print ads in Korean Weekly; distribution of Korean flyer to senior centers.	CMS Henry F. Tyson, Branch Manager, Division of Beneficiary Services 75 Hawthorne St., Room 408 San Francisco, CA 94105 (415) 744-3434 (415) 744-3771 Htyson@cms.hhs.gov
Promote mammography-screening messages to the Chinese community using radio.	Contract with The Media Network, Inc., which will place produced radio spots in Chinese (Mandarin and Cantonese) for the CMS mammography campaign in six major metropolitan regions across the country.  The Media Network will test a 60-second radio ad developed in a previous Mammography Awareness Campaign with focus groups in Boston, San Francisco and New York.	August 1, 2001 - July 31, 2002  same	The Media Network, Inc. compiled a broadcast report and evaluation of the project. The report contained a list of each radio station involved and details of each spot broadcast. Chinese women became aware of the importance of mammography screenings.	The mammography message reached an audience of approximately 1.4 million individuals.	CMS Ava J. Chung, Associate Regional Administrator JFK Federal Bldg. Rm. 2375 Boston, MA 02203 (617) 565-1322 (617) 565-3856 fax achung@cms.hhs.gov
Create an outreach program to help diminish the incidence of	Contract with AAPI CBO, Hepatitis B Initiative (HBI), to gather baseline	September 1, 2001 -	A final report was issued that documented both clinical and outreach	HBI served a total of 886 patients.	CMS Ava J. Chung, Associate

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
hepatitis B viral (HBV) infection and eliminate health disparities in HBV infection within the Chinese and Vietnamese population of Greater Boston.	and assessment information; conduct outreach, health promotion, and education workshops; encourage media coverage; design educational materials; and provide screenings, vaccinations, patient counseling and referrals.	August 31, 2002	activities. The number screened and vaccinated, percentage of follow-up, and the overall incidence of HBV determined clinical efficacy.		Regional Administrator JFK Federal Bldg. Rm. 2375 Boston, MA 02203 (617) 565-1322 (617) 565-3856 fax achung@cms.hhs.gov
Decrease health disparities among low-income Asian American immigrants, who have increased risks of exposure to the Hepatitis B virus, by both increasing their knowledge of the risk of Hepatitis B and providing vaccinations in a community-based, primary care practice model.	Contract with AAPI CBO South Cove Community Health Center (SCCHC), to conduct outreach, health promotion, Medicare and Medicaid eligibility screenings, and educational workshops; encourage media coverage; and disseminate information in Chinese and Vietnamese.	September 1, 2001 - August 31, 2002	SCCHC reported program results in month four and ten of the contract.	Distributed 10,000+ copies Hepatitis B brochures, screened 1,261 patients for Hepatitis B, and approximately 70% received Hepatitis B vaccination.	CMS Ava J. Chung, Associate Regional Administrator JFK Federal Bldg. Rm. 2375 Boston, MA 02203 (617) 565-1322 (617) 565-3856 fax achung@cms.hhs.gov
Continue an ongoing effort to increase public awareness of HBV and increase the rate of immunization in the Korean-American community in New York City.	Contract with AAPI CBO The Korean Community Services of Metropolitan New York to provide a health education campaign and conduct outreach activities appropriate for the Korean community that will generate a greater understanding of HBV.	September 1, 2001 - August 31, 2002	Korean Community Services developed culturally and linguistically sensitive health prevention information.	Increased public awareness Hepatitis B information through HIV/AIDS Website, educational workshops/presentations, and community outreach.	CMS Nilsa Gutierrez, MD Medical Director, Office of the Regional Administrator, 26 Federal Plaza, Room 3811 New York 10278 (212) 264-4488 (212) 264-2580 fax Ngutierrez@cms.hhs.gov
Improve physical, mental, and emotional health after breast or prostate cancer diagnosis in the Chinatown community through an education and outreach program and a Cancer Support Program.	Contract with AAPI community-based organization, Chinatown Health Clinic (CHC), to assess cancer awareness among AAPIs in the community and identify successful screening models as well as conduct outreach and educational workshops.	September 1, 2001 - August 31, 2002	Developed evaluation method to assess significance and impact level of education and outreach campaign and pilot Cancer Support Program. CHC tracked utilization of support program; tracked number of radio spots and news articles developed and distributed to local media outlets.	Submitted reports monthly, including findings/analysis of successes of Cancer Support Program and education and outreach efforts.  This effort began in FY	CMS Nilsa Gutierrez, MD Medical Director, Office of the Regional Administrator, 26 Federal Plaza, Room 3811 New York 10278 (212) 264-4488

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
				2001 and continued in FY 2002	(212) 264-2580 fax Ngutierrez@cms.hhs.gov.
Educate Korean American women on preventative health practices including self breast exams, mammograms, and pap smears.	Contract with AAPI community-based organization, Korean American Community Services (KACS) - Women's Wellness Center (WWC), to develop a culturally appropriate health pamphlet; conduct health education seminars; establish baseline information on barriers to health care for Korean Americans; and how to access health insurance including Medicare & Medicaid.	September 1, 2001 - August 31, 2002	KACS assessed the effectiveness of their WWC outreach program. The outreach efforts included disseminating information on access to health insurance, including Medicare and Medicaid.	1. Health Fair - 420 women participated, 238 abnormal results referred for follow-ups. 2. Bone density screening - 47 women tested, 21 abnormal results referred for follow-up. 3. Women's wellness seminars approximately 455 attended. 4. Women's health survey results - 420 women surveyed at health fair.	CMS John Tolian, Branch Manager, Division of Medicaid and Children's Health 233 N. Michigan Avenue, Suite 600 Chicago, IL 60601 (312) 353-9813 (312) 353-3866 Jtolian@cms.hhs.gov
Develop two culturally sensitive breast cancer brochures promoting preventative services that target the Samoan and Hawaiian community in Los Angeles, California.	Contract with AAPI CBO: Samoan National Nurses Association (SNNA), to develop two breast cancer brochures designed to increase awareness of breast cancer and early detection; establish a network of other PI CBOs to facilitate linkages and to use the brochures as a prototype for other PI communities.	September 1, 2001 - August 31, 2002	Interviewed Samoan and Hawaiian breast cancer survivors and tested brochures by holding two focus groups in the Samoan and Hawaiian communities, which evaluated brochure effectiveness.	Completed brochures need to be reviewed, approved, and printed by CMS. Contractor willing to distribute brochures to Hawaiian and Samoan communities.	CMS Henry F. Tyson, Branch Manager, Division of Beneficiary Services 75 Hawthorne St., Room 408 San Francisco, CA 94105 (415) 744-3434 (415) 744-3771 Htyson@cms.hhs.gov
Provide access to timely consumer protection information on foods, drugs, cosmetics, medical devices, biologicals, and veterinary products.	Develop materials and provide discretionary translations and low literacy publications, audiovisuals, health alerts and other mediums based on level of risks associated with product consumption. Translations for informed consent documents relating to clinical trials are required.	FY 2002 - FY 2003	FDA formed partnerships with national and local AAPI community-based organizations.	Education materials were developed and translated in various languages including Chinese, Korean, Laotian, Vietnamese, Japanese, Filipino, Cambodian, Samoan, Marshallese, Native Hawaiian and Thai.	FDA Lawrence L. Bachorik, PhD, Associate Commissioner for Public Affairs 5600 Fishers Lane, Rm. 15-09 Rockville, Maryland 20857 301-827-6250 301-827-1219 FAX lbacorik@fda.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Increase the knowledge of available products and treatments for HIV/AIDS.	Leverage partnerships with other HHS operating divisions and AAPI community-based organizations.	FY 2002 - FY 2003	FDA sponsored a nationwide AIDS Health Fraud Task Force Network. Office of Special Health Issues (OSHI) with CDC, National Institute of Allergy and Infectious Diseases, and the National Library of Medicine, sponsored the AIDS Clinical Trials Information Service (ACTIS).	Demographic data was not collected. The impact on AAPIs cannot be determined.	FDA Richard M. Klein, Office of Special Health Issues Room 9-49 Rockville, Maryland 20857 (301) 827-4460 (301) 443-4555 FAX rklein@oc.fda.gov
Reduce the prevalence of risky food consumption behaviors and promote healthier food handling practices and consumption choices.	Using the Food Safety Initiative campaign, foster partnerships with national and local AAPI community-based organizations, centers and clinics, and media to broaden outreach and education capabilities.	FY 2002 - FY 2003	FDA continued to work with a coalition of Federal and state partners to provide greater protection for consumers by rapidly responding to food safety emergencies. The coalition supports a major food safety educational campaign, "Fight BAC."	Campaign materials were provided in various Asian languages and made available at conferences, health fairs, and festivals.	FDA Howard Seltzer, Center for Food Safety and Applied Nutrition 200 C Street, SW., Rm. 3831 Washington, DC 20204 (202) 205-9628 (202) 260-9653 FAX hseltzer@fda.gov
Increase knowledge of safety and efficacy of drugs.	Using the 'Take Time To Care' campaign, foster partnerships with national and local AAPI community-based organizations, other federal entities, states, the private sector, centers and clinics, and media to broaden outreach and education capabilities.	FY 2002 - FY 2003	FDA partnered with the American Diabetes Association and the National Association of Chain Drugstores to launch a 10-city pilot educational campaign, "Take Time to Care... About Diabetes."	Translated materials are accessible in 11 languages, including Marshallese, Japanese, and Thai. Other future translations are Samoan, Chinese, and Vietnamese.	FDA Marsha B. Henderson, Health Policy Analyst, Office of Women's Health Room 16-65 Rockville Maryland 20857 (301) 827-0350 (301) 827-3368 FAX mhenderson@fda.gov
Develop strategies to address AAPI health disparities and increase participation of AAPIs in major preventive health activities, with particular focus	Sample Strategies: 1: New York HRSA Field Office will continue to monitor the impact of the implementation of TANF on welfare and immigrant populations	FY 2002 - FY 2003 for all	No information provided.	No information provided.	HRSA 1a & 1b: MCHB, Claude Marie Colimon RMHC (212) 264-2127

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>on youth, domestic violence, HIV/AIDS, and the integration of mental health services into primary health care.</p>	<p>in New Jersey and New York and provide TA to the New York City Department of Health (NYCDH) and the Coalition for Asian American Children and Families in NYC.  Strategy 2: Malama A Ho' opili Pono: Project funded under the Healthy Start Initiative.  Strategy 3: Commonwealth of the Northern Mariana Islands Emergency Medical Services for Children Partnership Grant  Strategy 4: Guam EMSC Grant  Strategy 5: American Samoa EMS for Children Planning Grant  Strategy 6: Smart Moves with Abstinence Only Education Grant  Strategy 7: Abstinence Only Education Grant  Strategy 8: The Title V Block Grant Program  Strategy 9: State Systems Development Initiative  Strategy 10: Title I and Title II programs    Strategy 11: Support studies that evaluate innovative health service models  Strategy 12: The 2002 Special Projects of National Significance program</p>		<p>Funds provided for cultural competence training through Hawaiian Health Care System</p>	<p>Funding: \$1,100,000 support provided; AAPI women and children up to age 2 served</p>	<p>(212) 264-1324 Fax, ccolimon@osophs.ghhs.gov.  2.; MCHB Healthy Start Initiative  Juliann DeStefano  Project Officer  (301) 443-0883  (301) 594-0186 Fax  jdestefano@hrsa.gov.  3.; 4 &amp; 5: MCHB, Division of Child and Family Health  Cindy Doyle  (301) 443-3888  (301) 443-1296 Fax  cdoyle@hrsa.gov.  6 &amp; 7: Michelle Lawler  Program Manager  (301) 443-8152  (301) 443-9354 Fax  mlawler@hrsa.gov.  8: MCHB, Gary Carpenter  Branch Chief  (301) 443-0421  (301) 443-9354 Fax  gcarpenter@hrsa.gov.  9: MCHB Jerry Hood, State Systems Development Initiative,  (301) 443-0870  (301) 443-9354 Fax  jhood@hrsa.gov.  10: HAB, Doug Morgan,  Director  (301) 443-3726  (301) 443-8143 Fax  dmorgan@hrsa.gov.  11: HAB, Barbara Aranda-</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					Naranjo, Chief of Demonstration Program and Evaluation Branch (301) 443-9976 (301) 443-9976 Fax barandanaranjo@hrsa.gov.
Expand access and services in current service delivery sites to AAPIs.	<p>1: Through the BPHC-supported Native Hawaiian Care Program, expand access in current service delivery sites and add two new access points.</p> <p>2: Increase the capacity of existing health centers to serve AAPIs, and increase the number of new health centers that serve AAPIs.</p> <p>3: In partnership with the Association of Asian Pacific Community Health Organizations (AAPCHO), provide on-going TA to BPHC-supported programs serving AAPIs.</p> <p>4: Through BPHC supported health centers in the Pacific, expand access in the current service delivery sites and add one new health center.</p> <p>5: BPHC will implement two mental health substance abuse service expansions in two health centers that predominantly serve AAPIs.</p> <p>(4: Implement four mental health substance abuse service expansions in four health centers that predominantly serve AAPIs.)</p> <p>(5: Through the BPHC supported</p>	<p>FY 2002 - FY 2003</p> <p>FY 2002 - FY 2003</p> <p>FY 2002 - FY 2003</p> <p>FY 2002</p> <p>FY 2002</p> <p>FY 2003</p>	<p>Five Native Hawaiian Health Care Systems funded in FY 2002.</p> <p>BPHC funds health centers that serve all underserved AAPIs.</p> <p>AAPCHO conducted a Board training and a grant writing training seminar.</p> <p>There are a total of 5 health center grants awarded to 5/6 jurisdictions.</p> <p>2 AAPI-serving health centers added.</p>	<p>At least 880 new Native Hawaiian clients in Hawaii received health promotion, disease prevention, and primary care services. Approximately 330,000 AAPIs have access to primary health care (per CY 2001 UDS statistics.)</p> <p>\$536,155 (Amer. Samoa) \$828,062 (Guam) \$2,286,173 (Hawaii) \$506,369 (N.Mariana Islands) \$160,847 (Palau) \$565,941 (Micronesia Islands) \$250,204 (Marshall Islands)</p> <p>2,000 new users have access in American Samoa. 87,000 PIs received health care services through the health center.</p> <p>Not available</p>	<p>HRSA BPHC Avni Patel (301) 594-4467 apatel@hrsa.gov.</p> <p>Cassie Lauver MCHB, (DSCH) (301) 443-2204 (301) 443-9354 fax clauver@hrsa.gov.</p> <p>Robert Arrindell (301) 594-4334 rarrindell@hrsa.gov.</p> <p>Nora Lynn 301-594-4296 Bbuluran@hrsa.gov.</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	health centers in the Pacific, expand access in the current service delivery sites and add one new health center.)	FY 2003			
Improve the representation of volunteer AAPI hematopoietic stem cell donors on the national bone marrow donor registry.	Establish AAPI recruitment goals for each donor center and recruitment group in the U.S. in partnership with HRSA's contractor, the National Marrow Donor Program.	FY 2002 - FY 2003	No Information Provided	No Information Provided	HRSA Office of Special Programs Division of Transplantation Lynn Wegman, Director 5600 Fishers Lane, Rockville, MD 20857 (301) 443-7577 lwegman@hrsa.gov.
Improve access to organs & tissues for AAPIs requiring transplantation.	As part of the Administration's Gift of Life Donation Initiative, the Organ Bank in Los Angeles will develop, implement, and evaluate a public education and donation request strategy to improve organ donation rates among AAPIs.	FY 2002 - FY 2003	No Information Provided	No Information Provided	HRSA Office of Special Programs Division of Transplantation Lynn Wegman, Director 5600 Fishers Lane Rockville, MD 20857 (301) 443-7577 lwegman@hrsa.gov.
a. Improve communication with AAPI groups. Improve health behavior among AAPI groups, especially those that are underserved.	a. Develop culturally and linguistically sensitive heart health education materials for AAPI ethnic groups through collaboration with these groups, which include Filipinos, Vietnamese, Native Hawaiians, Hmong, Samoans, Laotians, and Cambodians.  Assess community needs and opportunities; focus outreach on underserved AAPI groups; and build partnerships with, and support from key AAPI community-based organizations.	Ongoing  Ongoing	Developed tailored, bilingual fact sheets that address 4 risk factors for heart disease: high blood pressure, physical inactivity, poor nutrition, and smoking.  Developed focus group reports detailing the health attitudes, behaviors, and beliefs in each community.	Funding: \$100,000, Community Based Organizations, target population reached over 95,000.	a. NIH/NHLBI/OPEC Greg Morosco, PhD Bldg. 31 Room 4A03 31 Center Drive Bethesda, MD 20852 (301) 496-5437 moroscog@nhlbi.nih.gov.

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
b. Increase AAPI presence in NHLBI (National Heart, Lung and Blood Institute (NHLBI) training programs.	b. Continue outreach and recruitment activities to attract AAPIs and support increased participation in NHLBI research training programs.	Ongoing			b. NHLBI/DBDR Charles Peterson, PhD Two Rockledge Center Room 10158 6701 Rockledge Drive Bethesda, MD 20817 (301) 435-0050, petersoc@nhlbi.nih.gov
Facilitate research in drug abuse among AAPIs, focusing on their biological as well as family, social, cultural and environmental factors.	Establish a Research Initiative	July 2002 to August 2003	No Information Provided	No Information Provided	NIH/NIDA Ana Anders, LICSW, Senior Advisor on Special Populations 6001 Executive Blvd. Bethesda, MD 20892-9567 301-443-0441 301-480-8179 Aa96o@nih.gov
a. Improve internet access for health professionals and the public.	a. The Internet Connections Grant (G08) and Information Access Grant (G07) provide internet access to health professionals and the public as community based information resources. The NLM (National Library of Medicine) has several grants that provide information outreach and access to the AAPI communities: (1) Leahi Hospital, Honolulu, Hawaii (2) Papa Ola Lokahi, Honolulu, Hawaii, a non-profit health organization mandated to serve Native Hawaiians in the State of Hawaii.  b. NLM continues to support the	a. Ongoing	Hawaii Medical Library Portal Access and Beyond: Kalihi-Palama Health Center  Hawaii Access to Computerized Health (HATCH) University Of Hawaii at Manoa	Improved access to health-related information. Funding: \$55,600  Funding: \$144,722	a. and b. NIH/NLM Milton Corn, PhD Associate Director for Extramural Programs Rockledge I, Suite 301 (301) 496-4621 (301) 402-2952 Milton_corn@nlm.nih.gov



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>b. Include under-represented minority scientists in biomedical and behavioral science.</p> <p>c. Provide advanced training in informatics science.</p>	<p>NIH program for “Research Supplements for Underrepresented Minorities” to include under-represented minority scientists in biomedical and behavioral science.</p> <p>c. The LHCBC has a Medical Informatics Training Program (MITP) for advanced training in informatics science at the NLM. Asian and Pacific Islanders are eligible and encouraged to participate. NLM announces its training programs in a representative set of professional journals and participates in conference recruitment fairs.</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>No Information Provided</p> <p>c. 12 students of AAPI origin, including college students, graduate students, postdoctoral fellows and visiting faculty members were trained at LHCBC in FY 2002.</p>	<p>No Information Provided</p> <p>c. Funding: \$369,000; 12 students trained</p>	<p>c. May Chey, Training Coordinator, LHCBC, Building 38A, 9E903 (301) 435-3193 (301) 496-0673</p>
<p>Support research into social comparison development and functional analysis; mapping personality trait structure; cultural investigation of self-improving motivations; stereotypes and social judgment; self-esteem; mapping genes for schizophrenia in founder population; cultural differences in self-reports of well being; measuring prejudice using event-related brain potential; and category differentiation and intergroup evaluative bias.</p>	<p>Work with grantees to ensure submission of competitive renewals.</p>	<p>FY 2002 - FY 2003</p>	<p>No Information Provided</p>	<p>No Information Provided</p>	<p>NIH/NIMH Molly Oliveri, PhD, Chief, Behavioral Science Research Branch (BSRB) 6001 Executive Boulevard Bethesda, MD 20892-9651 301-443-9400 301-443-1731Fax moliveri@mail.nih.gov.</p> <p>NIH/NIMH Steve Moldin, PhD, Chief, BSRB 6001 Executive Boulevard, Bethesda, MD 20892-9651 301-443-9869 301-443-1731Fax smoldin@mail.nih.gov.</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					NIH/NIMH Barry Lebowitz, PhD, 6001 Executive Boulevard Bethesda, MD 20892-9635 301-443-1185 301-594-6784 Fax blebowitz@mail.nih.gov.
Develop a brochure which describes Institute-wide minority Programs available to AAPIs.	Distribute brochures on request and at appropriate scientific meetings.	Ongoing	The NEI brochure will be published as an insert in the October 2003 issue of the Journal for Minority Medical Students.	N/A	NIH/National Eye Institute (NEI) Ralph Helmsen, PhD, Research Resources Officer 6120 Executive Blvd., Suite 350 Bethesda, MD 20892-71264 (301) 496-5301 (301) 402-0528 Fax rh27v@nih.gov
Recommend strategies to ensure the inclusion of language-minority populations in national studies addressing aging issues.	Adopt, as appropriate, enabling strategies for the inclusion of language-minority populations in aging-related research as appears in the report of the NIA, National Institute of Child Health and Human Development and the National Center on Minority Health and Health Disparities publication, Diverse Voices: The Inclusion of Language-Minority Populations in National Studies- Challenges and Opportunities, August 2001.	FY 2002- FY 2006	Distribution of the report, Diverse Voices, to requestors. See actual research studies for incorporation of suggested new technologies.	N/A	NIH/NIA J Taylor Harden, PhD, RN, Assistant to the Director for Special Populations, Bldg. 31, Room 5C35 31 Center Drive Bethesda, MD 20892-2292 301/496-0765 301/496-2525 fax Taylor_Harden@nih.gov
a. Increase as appropriate the participation of AAPIs in NIDCR's (National Institute of Dental and Craniofacial Research)	a. Utilize extramural funding opportunities to expand the number of AAPI researchers in oral and craniofacial research. DPHPS staff has developed a database for	a. FY 2002 (ongoing)/ FY 2003 (ongoing)	a. Co-Funded with NCMHD: * pilot grant on periodontal disease and preterm birth in diabetic AAPI women * planning grant to develop collaborations to study oral health	a. PI on the planning grant is with the University of Hawaii at Manoa	NIH/NIDCR a. Division of Population and Health Promotion Sciences Lorraine Jackson Building 45, Room 4AN24J,

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>research training and career development programs.</p> <p>b. Identify the types of linguistic access needed for AAPI populations.</p>	<p>monitoring the inclusion of minorities in the Institute's research training and career development programs. If appropriate, goals will be established to increase the representation of AAPIs in the extramural research training and career development programs.</p> <p>b. (1) Determine the specific AAPI subpopulations that should be included in the activities of the Centers for Research to Reduce Oral Health Disparities.</p> <p>b. (2) Identify organizations to assist in determining the various AAPI languages for translation of NIDCR health related information</p>	<p>b. (1) Oct. 2001-Dec. 2002</p> <p>b. (2) February 2003-June 2003</p>	<p>disparities in adult Asian and Pacific Islanders</p> <p>b. 1. Disseminated information to extramural communities on inclusion of AAPI subpopulations in the Centers.</p> <p>b. 2. The DHHS Office of Civil Rights and the Department of Justice were contacted.</p>	<p>b. 1. Ongoing</p> <p>b. 2. Chinese, Vietnamese, Korean, and Tagalong were identified as potential languages for translation.</p>	<p>45 Center Drive Bethesda, MD 20892 (301) 594-2616 b. (1) Same as a.</p> <p>b. (2) Office of the Director, Sharrell Butler, Diversity Program Manager 31 Center Drive MSC 2290 Building 31, Room 2C21 Bethesda, MD 20892-2290 (301) 402-7590 (301) 435-2901 fax (301) 435-2899 TTY Sharrell.Butler@nih.gov</p>
<p>Increase access to health information on osteoporosis and other bone diseases for AAPI populations through a cooperative agreement between the NIAMS and other NIH Institutes and the NIH Osteoporosis and Related Bone Diseases ~ National Resource Center (ORBD~NRC).</p>	<p>With NIH support, (ORBD~NRC) has formed a partnership with the National Asian Women's Health Organization in San Francisco to produce and disseminate health education material on osteoporosis and other metabolic bone diseases to Asian Americans. Initially, information will be translated into the Mandarin and Cantonese Chinese dialects and, later, into languages to reach Vietnamese and Laotian populations.</p>	<p>FY 2002 – FY 2003 (ongoing)</p>	<p>Developed culturally relevant education program for Asian American women and implementation kit to replicate the program.</p>	<p>Three pilot tests conducted in three languages (Chinese, Vietnamese and Laotian) with 207 Asian American women; disease awareness and knowledge increased from 63% to 97%. Implementation kits distributed to 350 community-based organizations serving Asian Americans; also available on Internet. Fact sheets produced in Chinese, Vietnamese, and Korean and distributed on Internet.</p>	<p>NIH/NIAMS Director, Office of Communication and Public Liaison Janet Austin, PhD Building 31, Room 4C05 Bethesda, MD 20892 (301) 496-8190 (301) 480-6069 fax austinj@mail.nih.gov.</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Expand diabetes education and outreach to populations disproportionately affected by diabetes.	Develop additional media strategies to increase awareness of the seriousness of type 2 diabetes and its control and promote a unified approach to diabetes care among minority populations with diabetes, health care providers, audiences at risk or undiagnosed payers, health care purchasers, and policy makers.	Ongoing	No Information Provided	No Information Provided	NIH/NIDDK Office of Communication and Public Liaison 31 Center Drive Bethesda, Maryland 20892.
	NIDDK will continue to disseminate health information to the AAPI communities through its clearinghouses, the National Diabetes Information Clearinghouse and the National Digestive Diseases Information Clearinghouse.	Ongoing	Make publications available for health care providers and patients.	Funding: \$500,000; N/A	Same as above
Enhance and refocus NCI's communications activities to provide a comprehensive, technology-supported capability for conveying information about cancer that is easily accessible, timely, and appropriate.	Enhance the accessibility and user-friendliness of NCI's databases and Websites.	a. Oct. 2001 – Sept. 2002 b. Oct. 2002 – Sept. 2003	Culturally sensitive audience specific materials are accessible to the public through cancer.gov and the NCI cancer information service (CIS). The CIS is working with AA/PI populations on clinical trials awareness, breast and cervical cancer awareness education, tobacco education and adapting NCI educational materials to be culturally appropriate to these audiences. The Office of Education & Special Initiatives is conducting an ongoing awareness initiative targeting AA/AP populations in the United States.	Funding: \$1.0M	NIH/NCI NCI Office of Communications 9000 Rockville Pike Bethesda, MD 20892 301- 495-7778 301-402-0894 fax
Implement plan to facilitate the inclusion of AAPI small businesses in all Program Support Center (PSC) procurement and	Provide counseling and notification of business opportunities to AAPI small businesses to ensure that these businesses understand the PSC	Ongoing.	A total of 100 small disadvantaged AAPI businesses received counseling on how to do business with the Federal Government and on the PSC requisition	Eight AAPI small and disadvantaged businesses received contracts from the PSC to provide services in	PSC Linda Danley 301-443-1715

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
contracting processes.	requisition process and are aware of business opportunities.		process.	FY 2002.	
Disseminate science-based substance abuse prevention model program information to AAPI communities and help implement model programs.	Translate prevention model program curriculum into Asian languages for program implementation.	FY 2002	Model substance abuse prevention program curriculum available in Vietnamese, Cambodian, Hmong, Korean, and Chinese. Program Coordinating Center cross-site instruments containing Government Performance and Results Act (GPRA) measures, translated into Chinese and Hmong.	Applying culturally competent standards, grantees were able to use substance abuse prevention curriculum written in their native language. Survey results were more accurate.	SAMHSA CSAP Charles Rukus, Public Health Advisor, Division of Knowledge Development and Evaluation (DKDE) 5600 Fishers Lane, Rockwall II, 10 <sup>th</sup> floor Rockville, MD 20857 301-443-9286 Crukus@samhsa.gov
Disseminate culturally appropriate drug abuse prevention and treatment information to AAPI parents.	Development of a series of specific Asian language brochures in response to calls received as a result of the Office of National Drug Control Policy's National Youth Anti-Drug Media Campaign.	FY 2002	A total of 960 requests for brochures made to the Asian language lines: 65 Korean inhalant brochures; 71 Chinese inhalant brochures; 75 Vietnamese inhalant brochures; 213 Chinese marijuana brochures; 256 Korean marijuana brochures; 128 Cambodian marijuana brochures; and, 152 Vietnamese marijuana brochures.	A variety of Asian language translations of SAMHSA materials were distributed in response to requests.	SAMHSA CSAP Nelia Nadal, Public Health Analyst, Division of Prevention Application and Education 5600 Fishers Lane Rockwall II, Ste. 800 Rockville, MD 20857 301-443-7410 Nnadal@samhsa.gov
Support the implementation of a national AAPI mental health agenda, in partnership with the National Asian American Pacific Islander Mental Health Association (NAAPIMHA).	Continued support and TA to NAAPIMHA and other allied groups, as they strengthen collaborations, partnerships and leadership at the State and local levels.	FY 2002	No Information Provided	No Information Provided	SAMHSA CMHS Kana Enomoto, MA, Public Health Advisor, Division of Knowledge, Development and System Changes 5600 Fishers Ln., Rm 11C-21 Rockville, MD 20857 301-443-9324 Kenomoto@samhsa.gov
Increase the number of mental health professionals to work with AAPIs.	Continue to provide more funding to the SAMHSA Minority Fellowship Program (MFP).	FY 2002	No Information Provided	No Information Provided	SAMHSA CMHS Paul Wohlford, Division of States and Community

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	Promote the CMHS workforce training grant established to train AAPI mental health professionals.	FY 2002			Systems Development 5600 Fishers Ln., Rm 15C-18 Rockville, MD 20857 301-443-5850 Pwohlfor@samhsa.gov
Enhance the cultural appropriateness of substance abuse treatment's Knowledge Application Products (KAP) for AAPI communities.	Annual meetings of CSAT/KAP Cultural Competency Workgroup to review and participate in product development for AAPI providers and consumers.  Develop a long term strategy for translating selected mental health materials into targeted languages for persons with LEP in AAPI communities.	FY 2002 - FY 2003  FY 2002 - FY 2003	KAP established the Cultural Competency and Diversity Network (CCDN) consisting of AAPI professionals working in the substance abuse treatment arena.	Funding: \$40,000 for one meeting of the CCDN Workgroup; 12 of the 15 AAPI Workgroup members attended, along with two AAPI facilitators.	SAMHSA CSAT Karl D. White, EdD, Public Health Analyst, OESAS 5600 Fishers Lane Rockwall II, 8th Floor Rockville, MD 20857 301-443-8448 Kwhite@samhsa.gov  Teresa Chapa, PhD, MPA Division of Program Development 5600 Fishers Ln., Rm 17C-05 Rockville, MD 20857 301- 443- 4016 Tchapa@samhsa.gov
Implement the requirements of the Victims of Human Trafficking and Violence Prevention Act of 2000.	Work with the Office of Refugee Resettlement/ACF, OGC, DOJ and other federal agencies' staff, to identify and resolve policy and implementation issues for the HHS certification program that ensures that trafficking victims (persons from other countries forced to provide labor or commercial sex acts in the U.S. through physical force, fraud, or coercion) get quick access to benefits and services. Many of these victims, both adults and	FY 2002 - FY 2003	In FY 2002, 99 letters were provided to victims of trafficking (80 certification letters to adults, 19 eligibility letters to minors under age 18) to allow them access to the critical assistance and services necessary to rebuild their lives. With 198 letters from FY 2001, ORR has issued a total of 297 letters in the first two years of the program. The 99 victims in FY 2002 came from Honduras (36.4%) and Mexico, (35.4%), Bangladesh, Cambodia, China, El Salvador, Ghana, Guatemala, Indonesia,	Grants totaling \$3.37 million were awarded to 14 organizations in the U.S. to provide services and outreach to victims, and for training and information dissemination to governmental and non-governmental organizations and groups. This is in addition to 8 organizations awarded FY 2001 grants totaling \$1.25 million to	ASPE David Nielsen, HSP Rm. 450G, HHH Bldg. 202-401-6642 dnielsen@osaspe.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	minors, are AAPIs.		Jamaica, Philippines, Sri Lanka, Thailand, and Vietnam.	accomplish the same goals which continue in FY 2002.	
Increase the number of AAPI serving organizations in ODPHP database by 25%.	Develop inventory of AAPI organizations and add any not currently in ODPHP database.	FY 2002 - FY 2003	100 new organizations were added, which is 5% of previous year total. Target percentage not reached due to lack of dedicated staff for outreach of this type.	N/A	ODPHP OPHS Omar Passons 202/260-1746
Educate providers and health educators on the disproportionate prevalence of chronic diseases affecting AAPI populations.	Sponsor a professional journal with a theme on health disparities which includes strategies/interventions impacting AAPIs.	Terminates May 2002	OMH co-sponsored the health disparities issue in <i>Health Promotion and Practice</i> that was published in May 2002.	Copies of the journal issue were distributed to organizations and individuals who have responsibilities for and/or interests in health disparity issues.	OMH, OPHS Valerie Welsh Project Officer 1101 Wootton Parkway Suite 600 Rockville, MD 20852 (301) 443-9923 (301) 443-8280 fax
Encourage greater participation of organizations that serve AAPI populations in OMH grant programs	Provide TA, workshops and other support to promote increased participation of organizations that serve AAPI populations in OMH grant programs.	October 2002 - September 2003; October 2003 - September 2004	Results of FY 02 competitive round for Health Disparities in Minority Health Program, compared to FY 01 round: increased number of submitted applications that included AAPIs (40 compared to 23); increased number of approved applications that included AAPIs (37 compared to 11); decreased number of awards for such approved applications (3 compared to 5). Analyses of other OMH grant programs were not feasible due to lack of a FY 02 round or program changes affecting comparability.	For the Health Disparities in Minority Health Program, increases in numbers of submitted and approved applications with a focus on AAPIs; decrease in number of approved new grants in FY 2002.	OMH OPHS Cynthia Amis, Director Division of Program Operations (DPO) 1101 Wootton Parkway Suite 600 Rockville, MD 20852 (301) 594-0769 (301) 443-5655 fax

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Expand and enhance health promotion, disease prevention, health advocacy, and health services research opportunities for AAPIs.	Support projects under cooperative agreements for the purpose of carrying out activities to: educate and raise awareness of health issues impacting AAPI communities; disseminate culturally and linguistically appropriate materials and provide information on available resources; promote health care access; and develop, promote, and manage health intervention, education and training programs.	September 2002 - August 2003; September 2003 - August 2004	In FY 2002, 6 projects continued under cooperative agreements.	Funding: \$750,000	OMH OPHS Cynthia Amis, Director DPO Office of Minority Health 1101 Wootton Parkway Suite 600 Rockville, MD 20852 (301) 594-0769 (301) 443-5655 fax
Build the knowledge base on how best to serve clients and constituents who are non-English speaking or with LEP.	Continue to support a project to assess the language needs of populations with LEP who obtain reproductive health care through the Title X Family Planning Program.	On-going	No Information Provided	No Information Provided	OPA OPHS Mariana Kastrinakis, MD 301-594-7611 mkastrinakis@osophs.dhhs.gov
Develop evaluation tools to test the impact of a minority health education and public awareness campaign among AAPI women.	Develop strong partnerships with the National Asian Pacific American Women's Forum to promote the Pick Your Path To Health Campaign, by collaborating with AAPI lay spokespersons.	FY 2002 - FY 2003	AAPI community stakeholders were established and partnered with OWH to promote the Pick Your Path To Health (PYPTH) Campaign.	An Asian American and Pacific Islander PYPTH calendar was developed.	OWH OPHS Carol Krause, Director of Communications 200 Independence Ave., SW Washington, DC 20201 202-205-2551 fax 202-205-2631 ckrause@osophs.dhhs.gov
Establish three National Community Centers of Excellence (CCoEs) in Women's Health.	Implement CCoEs to provide comprehensive health service delivery; train lay and professional health providers; conduct community-based research; public education/outreach; and develop leadership within the community, including AAPIs.	FY 2002 - FY 2003	OWH established three National CCOEs in Women's Health.	One of the CCOEs is located in Honolulu, Hawaii, targeting AAPIs exclusively.	OWH OPHS Sue Clark, DPM 200 Independence Ave., SW Washington, DC 20201 301-443-1389 301-443-1384 fax sclark@osophs.dhhs.gov



<b>Objective</b>	<b>Strategy</b>	<b>Timeframe</b>	<b>Results</b>	<b>Outcomes</b>	<b>Lead Entity/Contact</b>
Translate materials into Chinese and Vietnamese and ensure accuracy of translations	Develop a translation infrastructure including computer technology and teams of translators through the University of California, San Francisco CoE and others	FY 2002 - FY 2003	Allocated funding for the translation of OWH health education materials into Chinese and Vietnamese.	Consulted with the University of California, San Francisco COE and others to translate several OWH health education materials.	OWH OPHS Carol Krause, Director of Communications 200 Independence Ave., SW Washington, DC 20201 202-205-2551 fax 202-205-2631 ckrause@osophs.dhhs.gov
Improve “Health Guide” by making it culturally and linguistically appropriate for use with Chinese patients	Collaborate with the Wake Forest CoE and the University of California, San Francisco CoE to translate and modify the comprehensive health education and health record, Health Guide.	FY 2002 - FY 2003	NAv	NAv	OWH OPHS Sue Clark, DPM 200 Independence Ave., SW Washington, DC 20201 301-443-1389 301-443-1384 fax sclark@osophs.dhhs.gov
Support health promotion projects for Cambodian, Chinese, Korean, Laotian, Samoan, Thai, and Vietnamese woman.	Establish a partnership between the University of California, Los Angeles CoE and the Los Angeles County Office of Women’s Health to identify educational materials.	FY 2002 - FY 2003	NAv	NAv	OWH Sue Clark, DPM 200 Independence Ave., SW Washington, DC 20201 301-443-1389 301-443-1384 fax sclark@osophs.dhhs.gov
Deliver culturally competent community-based education to the Hmong community.	Collaborate with the University of Wisconsin CoE and the University of Wisconsin-Milwaukee Nursing School faculty and staff to provide outreach to the Hmong community.	FY 2002 - FY 2003	NAv	NAv	OWH OPHS Sue Clark, DPM 200 Independence Ave., SW Washington, DC 20201 301-443-1389 301-443-1384 fax sclark@osophs.dhhs.gov
Update the information on the website targeting AAPIs.	Develop guidelines for revising the women’s health information on the web that relates to AAPIs.	FY 2002 - FY 2003	NM – delayed to FY 2003	NM – delayed to FY 2003	OWH OPHS Carol Krause, Director of Communications 200 Independence Ave., SW Washington, DC 20201

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					202-205-2551 fax 202-205-2631 ckrause@osophs.dhhs.gov
Advance media outreach efforts/project addressing AAPI health issues.	Develop a task force to contact, monitor, and query local media networks about their coverage of AAPI health issues.	FY 2002 - FY 2003	NAv	NAv	OWH OPHS Carol Krause, Director of Communications 200 Independence Ave., SW Washington, DC 20201 202-205-2551 fax 202-205-2631 ckrause@osophs.dhhs.gov
Continue to partner with other federal agencies for purposes of expanding resources and programs.	Develop an inter-agency resource bank that will house information, programs, statistics, and initiatives directed to address the needs of the AAPI population	FY 2002 - FY 2003	OWH trained staff in database management.	OWH created its collaboration database to capture partners, including AAPI organizations, use as a resource for programs and the development of materials	OWH OPHS Fran Ashe-Goins, Director DPPM 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Establish a series of women's integrative health centers based at existing health centers in Hawaii.	Implement active women's health program aimed at AAPI women focusing on conventional western medicine, complementary and alternative medicine, and traditional indigenous healing.	FY 2002 - FY 2003	NAv	NAv	OWH OPHS Fran Ashe-Goins, Director DPPM 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Develop a partnership with a national AAPI health policy organization for quality assurance evaluations of AAPI health information.	Collaborate with the Asian Pacific Islander American Health Forum (APIAHF) to ensure data in AAPI fact sheets are accurate and culturally competent.	FY 2002 - FY 2003	NM – delayed to FY 2003	NM – delayed to FY 2003	OWH OPHS Fran Ashe-Goins, Director DPPM 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					fashe-goins@osophs.dhhs.gov
Increase use of the American Cancer Society 1-800 # for information and referrals for cancer prevention, detection and treatment resources among Native Hawaiian, Filipino, Vietnamese and other AAPI groups.	Encourage participation in the “Do It For Your Family- Call 1-800-ACS-2345” a proactive, grassroots, multi-media campaign .	FY 2002 - FY 2003	NM – continued in FY2003	NM – continued in FY2003	OWH OPHS Fran Ashe-Goins, Director DPPM 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Improve culturally and socially competent care management efforts addressing mental health, substance abuse and treatment programs for AAPI women.	Support educational efforts for health care providers to insure culturally and socially competent care management	FY 2002 - FY 2003	N/A	N/A	OWH OPHS Fran Ashe-Goins, Director DPPM 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
<b>Goal 4: Protect civil rights and equal opportunity for AAPIs</b>					
Continue to tailor mental health programs to target AAPI populations.	Disseminate findings of the Surgeon General’s Report on Race, Ethnicity and Culture and promote grants, contracts and cooperative agreements that focus on the elimination of disparities among AAPI populations.	FY 2002	No Information Provided	No Information Provided	SAMHSA CMHS Teresa Chapa, Ph.D, MPA, Division of Program Development 5600 Fishers Ln., Rm 17C-05 Rockville, MD 20857 301- 443- 4016 Tchapa@samhsa.gov
Help create a better understanding of AAPI issues. Increase awareness and understanding of the major health problems confronting the AAPI population.	Collaborate with the OCR on special projects and public education activities designed to promote equal opportunity for AAPIs in using aging networks services.	FY 2002 - FY 2003	No Information Provided	No Information Provided	AoA Kenton Williams 202-619-3951 or Dianne Freeman 202-619-3458

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Update OCSE's Information Memorandum (IM) issued to all State Child Support Enforcement agencies about the HHS/OCR's Guidance on services for customers with LEP. States distribute this to all state and local service providers.	Issue updates of IM through established distribution system for regulatory material.	FY 2002	No updates necessary to the Information Memorandum on LEP regarding meaningful access to benefits and services through effective language assistance: <a href="http://www.acf.dhhs.gov/programs/cse/">http://www.acf.dhhs.gov/programs/cse/</a>	N/A	ACF OCSE Frank Fajardo, Minorities Initiatives Coordinator, P.O. Box 44203, Denver, Colorado 80201, (303) 844-3100, ext. 312, (303) 844-2394 fax ffajardo@acf.dhhs.gov
Increase participation of Hawaiians and Pacific Islanders in HHS training and HHS sponsored training programs.	The Administration for Native Americans (ANA) will utilize its web page to keep Hawaiians and Pacific Islanders informed of notices of training opportunities.	FY 2002	Notice provided to ANA contractors to gather data on participation.	ANA developed a web site to keep Hawaiians and Pacific Islanders informed.	ACF ANA Sharon McCully, Acting Director, Division of Program Operations (DPO) 370 L'Enfant Promenade, 348F, Washington, DC 20447 (202) 690-5780 (202) 690-7441 fax smccully@acf.dhhs.gov
Continue to contract with Hawaiian and Pacific Islander organizations to provide services to ANA and its constituency. ANA will also increase the recruitment of AAPI staff when available.	To recruit a Hawaiian/Pacific Islander firm to provide services that HHS personnel would do. Advertise with Hawaiian and Pacific Islander community when job opportunities become available.	FY 2002	Increase the number of contracts by one or two and ANA staff.	Contract was awarded to a Native Hawaiian organization to provide TA to AAPIs.	ACF ANA Sharon McCully, Acting Director, DPO 370 L'Enfant Promenade 348F Washington, DC 20447 (202) 690-5780 (202) 690-7441 fax smccully@acf.dhhs.gov
Increase the number of participants in the Head Start Peer Review training that represent the AAPI population.	Obtain a listing of qualified reviewers. Invite interested AAPI people to attend the upcoming training to be held Sept. 2001, and 2002.	FY 2002	ACF staff's review of Peer Reviewers for Region VIII 0Head Start revealed 5% of reviewers are Asian or have an Asian background. Currently three (1.73%) of the 173 reviewers; are AAPI. ACF. Staff have a goal of 5%.	N/A	ACF Reg. VIII Robert Nanto Program Support Unit 303-844-1183 rnanto@acf.dhhs.gov
Improve monitoring review process with culturally competent	Reg. X will conduct meetings with the AAPI community to recruit peer	FY 2002	Ten Asian peer consultants were used in HS, EHS, CFSR and RHY monitoring	Percent increase of consultants undeterminable	ACF Pacific Hub Caron Dwyer, Program

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
AAPI peer consultants.	consultants for monitoring reviews of RHY, DD, Head Start, and Child Welfare program reviews.		reviews. RHY peer consultant training in September 2003 to recruit a more diverse pool of consultants. Referral to CO of Asian practitioner to be on the panel of Federal grants reviewers. Fostered awareness of diversity in consultant pool. Will reevaluate outcome of 10% increase in AAPI participation and set a baseline.	at this time. The Region fostered awareness and participation of AAPIs within the consultant pool.	Specialist 2201 Sixth Avenue, Suite 600 Seattle, WA 98121 (206) 615-3656 (206) 615-2574 fax cdwyer@acf.dhhs.gov
Work with the Community Action Agencies to assure that AAPI have access to information and services that are available.	Reg. IX will promote establishment of a Hawaii Memorandum of Understanding (MOU) between the Head Start Association, the State Community Services Block Grant Office, and the Community Action Agencies that takes into account that services will be provided to AAPIs. In California, revisit the existing MOU to assure that AAPIs receive information and are connected to services provided by the partners who signed the MOU.	FY 2002	NM - Delayed to FY 2003.	Delayed to FY 2003.	ACF Pacific Hub J. Gene Walker, Office of Community Services Liaison 50 United Nations Plaza Room 485 San Francisco, CA 94102 (415) 437-8474 jwalker@acf.dhhs.gov
Work with states and grantees to assure AAPI have access to information and services that are available.	Collect information on state use of LEP materials in Child Welfare, Developmental Disabilities, TANF, and Child Support Enforcement. Develop an LEP plan for FY 2002 to ensure that the region's states, grantees and contractors provide meaningful access to benefits and services through adequate translations of information. At least two ACF sponsored meetings will have presentations on LEP guidelines for HHS. Technical Assistance on the DHHS LEP	FY 2002	Team leaders asked to contact state/grantees/tribes to see if services/materials are provided in other languages. ACF-service providers were contacted and LEP inventory prepared. Culturally competent materials and services are being identified and provided to clients. ACF-sponsored conferences provide available language translation of materials.	Increased knowledge and understanding of LEP by staff, State, and grantees. Fostered and promoted State and grantee efforts in this area. Programs gathered information on LEP materials provided for AAPIs.	ACF Pacific Hub Caron Dwyer, Program Specialist 2201 Sixth Avenue, Suite 600 Seattle, WA 98121 (206) 615-3656 (206) 615-2574 fax cdwyer@acf.dhhs.gov



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	sources, including AAPI advocacy organizations or Asian publications, for appropriate use; and  4) personal letters from senior AHRQ managers to identified AAPI individuals/networks, as appropriate.		was not able to develop additional recruitment sources for the AAPI community.  NM: Due to limited staff, there were no personal letters from senior AHRQ staff identifying AAPI individuals / networks as appropriate for senior positions.	N/A  N/A	
Ensure confidentiality of patient information, funding parity, and equal access to all federal resources.	a. Hire AAPI in key positions that will advocate for their areas of needs. b. Distribute funding notices electronically. c. Continue to develop the capacity of the local health departments and Ministry of Health to provide comprehensive HIV prevention programs and services.	September 2002 and 2003.	All job vacancy notices for project officer and team leader positions are mailed to AIDS Directors in the Pacific Islands. Also, there was discussion with the Division Director of DHAP to create a GS-13, Public Health Advisor field position that would be stationed in Guam to support the programmatic needs of the 6 territories. All DHAP funding notices are distributed to our grantees in hard copy and electronic formats.	No applications were received. DHAP did not have an FTE to implement the GS-13 PHA field position. In FY 2002, DHAP made available \$600,000 to be distributed to the 6 Pacific Island jurisdictions to increase their base awards for the purpose of strengthening their HIV prevention programs at all levels.	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax varl@cdc.gov.
Enhance AAPI knowledge of Medicare, Medicaid, State Children's Health Insurance Program (CHIP), and the operations of such Federal and State government health care programs.	Continue with the twelve-week Diversity Summer Internship program, which includes students of AAPI descent.	Summer months of 2002 - 2003	In FY 2002, 8 AAPI interns were hired (compared to 5 in FY 2000 and 7 in FY 2001).	CMS continued the Diversity Summer Internship Program in 2002 and increased the knowledge of AAPI students about our programs.	CMS Ava J. Chung, Associate Regional Administrator JFK Federal Bldg., Rm. 2375 Boston, MA 02203 (617) 565-1322 (617) 565-3856 fax achung@cms.hhs.gov
Integrate compliance with civil rights laws into the fabric of all CMS program operations and activities and ensure compliance with civil rights laws by recipients of CMS funds.	In conjunction with the HHS Office for Civil Rights, the Office of Equal Opportunity and Civil Rights/CMS provides a course entitled "Protecting the Civil Rights of Our Beneficiaries" to CMS employees to	FY 2002 & 2003 (This training for new CMS employees is	CMS provided the necessary resources to train new CMS employees.	New CMS employees hired in FY 2002 were trained.	CMS Beverly Moore, EEO Manager Office of Equal Opportunity and Civil Rights 7500 Security Boulevard -2-22-16

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	assure that employees are aware of the provisions of Title VI and related laws and their responsibilities. Over 2900 employees have attended this course.	announced annually)			Baltimore, Maryland 21244 410-786-5127 410-786-9549 Fax bmoore1@cms.hhs.gov.
Increase the recruitment and retention of AAPIs.	Maintain a Diversity Data Bank to assist managers in identifying qualified candidates to fill vacancies. Advertise training opportunities for Asian American, Pacific Islander, and Native Hawaiian employees to assist FDA in increasing outreach and participation of AAPIs in HHS training programs.	FY 2002 - FY 2003	FDA conducted an extensive recruitment effort for the counter-terrorist initiative  FDA continued to used a summer intern program to provide training for undergraduates.	FDA hired 80 Asian Americans or 12% percent of 680 entry-level positions.  One Asian American student took part in the summer intern program.	FDA Joann H. Crowder, Office of Equal Opportunity 5600 Fishers Ln., Rm. 8-72 Rockville, Maryland 20857 (301) 827-4830 (301) 480-6167 Fax jcrowder@fda.gov Margie L. Dexter (301) 827-4040 (301) 594-0690 Fax mdexter@fda.gov
Ensure health centers that serve AAPIs have appropriate interpreter services as identified in guidance issued by the OCR	Work with AAPCHO and other partners to identify health centers in need of TA and provide a model of care for implementation in accordance with the DHHS OCR.	FY 2002 - FY 2003	No Information Provided	No Information Provided	HRSA BPHC Avril Patel, Policy Analyst for Asian American and Pacific Islander Issues 4350 East West Highway Bethesda, MD 20814 (301) 594-4467 (301)- 594-2470 Fax jmoreno@hrsa.gov.
Increase the number of AAPIs on peer review panels for the Health Careers Opportunity Program (HCOP), CoE program, and Minority Faculty Fellowship Program	Invite under-represented AAPIs to participate in the peer review training and serve as reviewers to evaluate the technical merit of new and competitive renewal applications.	FY 2002 - FY 2003	There was one Pacific Islander reviewer participating in the FY 2002 Centers of Excellence Program's peer review.	N/A	HRSA BHPR Daniel Reed, Program Analyst 5600 Fishers Lane Rockville, MD 20857 (301) 443-2100 (301) 443-4943 Fax dreed@hrsa.gov



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Provide TA for the HCOP and CoE Program to community-based programs, schools and school districts that serve a significant number of under-represented AAPIs.	Provide TA for the HCOP and CoE Program to community-based programs, schools and school districts that serve a significant number of underrepresented AAPIs.	FY 2002 - FY 2003	No Information Provided	No Information Provided	HRSA BHPR Daniel Reed, Program Analyst 5600 Fishers Lane Rockville, MD 20857 (301) 443-2100 (301) 443-4943 Fax dreed@hrsa.gov
Commit research and programmatic resources for developing a diverse and culturally competent workforce as a means of eliminating health disparities for all minorities, including AAPIs.	<p>1: BPHC will develop a Web based guide entitled Provider's Guide to Quality &amp; Culture, and develop 5 video vignettes on dealing with patients of different cultures.</p> <p>2: Explore the issue of cultural competence and bridging language barriers; disseminate the findings in a report with Bureau recommendations.</p> <p>3: The University of Hawaii's School of Medicine will receive continued funding for a COE grant program for: enhancing participants' academic performance and research skills; offering training in providing health care services; faculty development.</p> <p>4: In collaboration with other BHPR divisions, the Division of Health Professions Diversity will develop action steps and guidelines for developing a diverse health professions workforce.</p>	<p>FY 2002</p> <p>FY 2003</p> <p>FY 2002 - FY 2003</p> <p>FY 2002 - FY 2003</p>	<p>No Information Provided</p> <p>237 Native Hawaiians participated in COE programs in FY 2002.</p>	<p>No Information Provided</p> <p>Funding: \$587,000 awarded</p>	<p>1: BPHC Len Epstein 4350 East West Highway Bethesda, MD 20814 (301) 594-3803 (301)- 594-5224 Fax lepstein@hrsa.gov.</p> <p>2. same as above</p> <p>3. and 4. HRSA BHPR Daniel Reed, Program Analyst 5600 Fishers Lane Rockville, MD 20857 (301) 443-2100 (301) 443-4943 Fax dreed@hrsa.gov</p>
a. Promote adequate representation of AAPIs in the NHLBI workforce.	a. Recruit and retain qualified personnel from the AAPI population group and subgroups.	Ongoing	No Information Provided	No Information Provided	a. and b. NIH NHLBI/OD/OSC Mishyelle Croom, Director,

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
b. Promote inclusion in NHLBI Federal Advisory Committee Act Chartered Committees.	b. Identify qualified individuals to serve as authorized members.	Ongoing			Bldg. 31, Room 4A28 31 Center Drive Bethesda, MD 20852 (301) 496-1763 croomm@nhlbi.nih.gov.
Enhance Minority Training and Career Development.  Increase of CORE faculty trained in clinical investigation, behavioral science, and epidemiology.	<p>NIDDK (National Institute of Diabetes and Digestive and Kidney Diseases) plans to issue an RFA on Training of Minority Students through NIDDK centers. It is essential that there be adequate numbers of physician researchers trained to focus on problems related to health disparities and bring incisive research to these areas.</p> <p>As part of the HHS effort to eliminate racial and ethnic disparities in health, a need has been identified to expand the training of clinical research at Minority Serving Institution (MSIs) as one approach to fostering careers in clinical research addressing health disparities</p> <p>NIDDK plans to continue to support Charles R. Drew University of Medicine and Science Clinical Trials Unit. Drew University serves a culturally diverse community which includes 10 percent Asian/Pacific Islanders.</p>	<p>FY 2002</p> <p>Ongoing</p> <p>Ongoing</p>	No Information Provided	No Information Provided	<p>NIH/NIDDK Office of Minority Health Research Coordination 6707 Democracy Blvd. Bethesda, Maryland 20892.</p> <p>Same as above</p> <p>Same as above</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Expand investments in Educational Programs and Scientific links with AAPI scientific conferences and symposia.	Provide up-to-date information to the AAPI community on research, training and career development opportunities at the NINDS (National Institute of Neurological Disorders and Stroke) and NIH. Participate in meeting and conferences and conduct workshops concerning clinical and basic research training opportunities at the NINDS that will help close the health disparity gap in the AAPI population.	FY 2002 and 2003	Several Asian students have been selected for research training opportunities in brain and nervous system research in the NINDS.	Funding: \$76,000; in FY 2002, 16 Asian students were selected for the Institute's Summer Program in the neurosciences. Four were medical students. Also trained Asian medical student for one year in the NINDS research lab.	NIH/NINDS Levon O. Parker, Director, Summer Program in the Neurological Sciences 9000 Rockville Pike Bldg. 31, Room 8A21 Bethesda, Maryland 20892 301-496-5332 301-402-9438 fax lp33s@nih.gov
Access to NINDS opportunities.	Maintain the NINDS website to include new and current information.	FY 2002 and 2003	No Information Provided	No Information Provided	Marian Emr, Director, Office of Communication and Public Liaison, 31 Center Drive Bldg. 31, Room 8A06 Bethesda, Maryland 20892 301-496-5924 301-402-2186 fax me20t@nih.gov
a. Inclusion of minority and underserved communities in National Human Genome Research Institute (NHGRI) operations including: research, training, education and outreach workforce.	a. Ensure current and newly developed policies and activities include discussions of and action plan to ensure the inclusion of individuals from minority and underserved communities, including AAPI. Identify NHGRI staff responsible for oversight and compliance.	a. Ongoing	August 2002, NHGRI selected a senior level consultant, who is an authority regarding issues of race, ethnicity, and genetics and health disparities, to join its Office of the Director.	\$N/A, Not Available	NIH/NHGRI a. (Research & workforce) Vence Bonham, J.D., 301-402-0955 301-402-0837 bonhamv@mail.nih.gov  Ron King, PhD 301-402-2537, 301-402-9722, rjk@nhgri.nih.gov (Training)

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
b. Increase the number of underrepresented minority students majoring in disciplines that are relevant to the long-term goals of the Human Genome Project.	b. Develop partnership with the NIGMS to provide supplements to ongoing Minority Access to Research Careers Undergraduate Student Training in Academic Research institutions that wish to participate in this initiative.	b. Annually	NM; NHGRI did not receive any applications in FY 2002.	\$N/A	b. Bettie Graham, PhD, 301-406-7531, 301-480-2770, bg30t@nih.gov; (Workforce)
c. Update college faculty from institutions with substantial minority enrollment on the latest developments in genetic technology, medical genetics, gene therapy, as well as ethics and grant writing skills.	c. Continue to recruit faculty from diverse communities to participate in the annual Current Topics in Genetic Research Short Course hosted by the NHGRI Intramural Program.	c. Annually	NHGRI held its annual Current Topics in Genetics Research Short Course, in which 41 faculty members from national universities and colleges with substantial minority enrollment participated in the program in FY02	Funding: \$40,000	Jeffre Witherly 301-402-3035, 301-480-3897, jlw@nhgri.nih.gov
d. Provide high school, college, and graduate school students an opportunity to participate in biomedical research in the intramural laboratories at NHGRI.	d. Continue to recruit students from diverse communities to participate in the NHGRI Summer Internship Program.	d. Annually	NHGRI hosted 43 students in 2002 Summer Student Program.	\$N/A, 10 AAPI students participated (23%).	Vence Bonham, J.D., 301-402-0955, 301-402-0837 bonhamv@mail.nih.com
e. Continued support and development of the Annual NHGRI Consumer Day program.	e. Promote participation from individuals from diverse communities.	e. Annually	NHGRI co-sponsored "The Human Genome Project Conference: The Challenges and Impact of Human Genome Research for Minority Communities," Nov. 9 - 11, 2001 to inform the public, students and healthcare providers in minority communities about the scientific advances and the ethical, legal and societal impact of the Human Genome Project.	Funding: \$45,000, The two-day conference included representatives from the minority communities (African Americans, Hispanics, Asian Americans, Native Americans)	e. Monique Mansoura, PhD, 301-402-0955 301-402-0837 mm325z@nih.gov
f. Continued support of the	f. Development of a Diversity Initiative to enrich the Coalition's	f. Annually			

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
National Coalition for Health Professional Education in Genetics (NCHPEG)	inclusion of minority and underserved populations and ensure that Coalition activities are applicable and appropriate across cultures.		The AAPCHO is among the NCHPEG 120 members of diverse consumer and voluntary groups, government agencies, private industry, managed care organizations, and genetics professional societies.	\$N/A, 1 CBO is included in the membership.	f. Lisa Lanier, PhD 301-402-0955 301-402-0837 ll94s@nih.gov
Ensure that AAPI populations are equitably represented in employment and intramural research training opportunities.	<p>a. Utilize the National Institute of Dental and Craniofacial Research (NIDCR) Affirmative Action Plan for Minorities and Women to monitor the employment representation of AAPIs, and establish AAPI goals where warranted.</p> <p>b. Utilize the intramural research training awards and summer program internships to provide AAPI students with training opportunities.</p>	<p>a. Oct. 2001 - Sept. 2004</p> <p>b. Oct. 2001 - Sept. 2004</p>	<p>* AAPIs accounted for 26% of the NIDCR workforce</p> <p>* AAPIs accounted for 28% of new hires</p> <p>* The percentage of AAPIs exceeded the available labor force for all six NIDCR AAP employment categories.</p> <p>* AAPIs received 20% of the promotions</p> <p>* AAPIs accounted for 49% (64) of intramural research trainees in FY 2002</p> <p>* AAPIs were selected for 26% (9) of the summer program positions.</p>	<p>121 AAPIs were employed in permanent or research training positions in FY 2002.</p> <p>The representation of AAPIs in the intramural training programs significantly exceeded their representation in the academic labor force.</p>	<p>a. and b.</p> <p>NIH/NIDCR</p> <p>Sharrell Butler, Diversity Program Manager</p> <p>31 Center Drive MSC 2290 Building 31, Room 2C21 Bethesda, MD 20892-2290 (301) 402-7590 (301) 435-2901 fax (301) 435-2899 TTY Sharrell.Butler@nih.gov</p>
Same objective.	<p>Develop a corporate approach to recruiting and retaining AAPI individuals in the workforce.</p> <p>Establish affirmative action program (AAPI) goals to correct under-representation in employment and training opportunities.</p>	Oct. 2002 - August 2003 (ongoing)	<p>Sent job announcement to over 300 minority faculty and research staff of U.S. medical schools.</p> <p>Participated in recruitment events and NIH program initiatives.</p> <p>Acknowledged work performance through NIH Merit Awards, NIH Director Awards, and cash awards.</p> <p>NIAMS staff increased in numbers to a total of 322 in FY 2002.</p>	<p>Increased visibility of NIAMS job opportunities. Minority employees acknowledged for excellence in work performance.</p> <p>The number of Asian American employees increased in FY 2002, an 11% increase in Asian</p>	<p>NIH/NIAMS</p> <p>Janette D. Gabriel, Equal Employment Opportunity (EEO) Outreach and Training Manager</p> <p>Building 31, Room 4C09 Bethesda, MD 20892 (301) 402-1152 (301) 402-7523 fax jg23z@nih.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
				males and a 7% increase in Asian females.	
Ensure adequate AAPI representation in NLM workforce.	Recruitment of highly qualified technical and administrative staff.	Ongoing	No Information Provided	No Information Provided	NIH/NLM David Nash, EEO Officer Building 38, 2S12 (301) 496-1046 (301) 480-9241fax david_nash@nlm.nih.gov
Ensure representation and protect civil rights of AAPIs in the NICHD workforce.	Monitor the representation of all minorities, including AAPIs, in the NICHD workforce as well as in time-limited appointments.	a. Ongoing  b. FY 2003	No Information Provided	No Information Provided	NIH/NICHD Sherrie Davis, Equal Employment Manager, 31 Center Dr. Rm 2A11 Bethesda, MD 20892 301-496-2153, ph, 301-402-1104 fax daviss@mail.nih.gov
Increase NIH Workforce Participation in NIH Operations.	NIDDK will continue to make information available to the public about employment vacancy positions through public announcements and the NIH Web site.	Ongoing	Increase in the number of AAPIs in NIH Workforce.	N/A; As of July 2002, approximately 237 AAPI were employed in NIDDK either in federal or non-federal status.	NIH/NIDDK Office of Human Resource Management 6707 Democracy Blvd., Bethesda, Maryland 20892.
Build a stable, racially and ethnically diverse cadre of basic, clinical, behavioral, and population scientists trained to work together effectively.	Increase minority access to training and career development opportunities.	FY 2002 - FY 2003	The NCI Comprehensive Minority Biomedical Branch (CMBB) administers the CURE program (Continuing Umbrella of Research Experience). The goal of this program is to increase the pool of trained researchers including persons having origins in any of the original peoples of the Hawaiian Islands or the Pacific Islands. Included in this group are: Guamanians, Samoans, Fijians, Polynesians, Tongans, Micronesians, Tahitians, Marshallese, Melanesians, Other Pacific Islanders, and	Funding: \$1.0M	NIH/NCI Office of Diversity, and the Comprehensive Minority Biomedical Program Sanya Springfield, NCI 6116 Executive Blvd ., #7018A MSC 8341 Rockville, MD 20852 (301) 496-7344 springfs@mail.nih.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
			Native Hawaiians.		
Evaluate NIAID effort to increase number of AAPIs in the NIAID workforce by 25% by 2003.	Evaluate NIAID effort to increase number of AAPIs in the NIAID workforce by 25% by 2003.	Analysis to be completed by Oct. 31, 2003.	To be completed by FY 2003 as previously reported.	Funding: \$25,000	NIH/NIAID Betty Fleming, Special Concerns Program Officer Bldg 31, Room 7A-18 Bethesda, MD 20852 (301) 496-1012 (301) 496-8729 fax bf38c@nih.gov
Increase AAPI capacity in biomedical research by increasing research and training awards to AAPI grantees, under various funding mechanisms.	<p>1. Use Research Supplements to Underrepresented Minorities (RSUM) Program to increase the number of AAPIs participating in the NIAID research agenda. Supplements are awarded to R01 recipients of NIAID funding for the purpose of supporting underrepresented minorities at all levels —high school, undergraduate, graduate, postgraduate, postdoctoral, junior researcher, assistant professor—on their research project.</p> <p>2. Establish Enhancement Training Award to aid in the retention of minority scientists in the pipeline by providing support for scientifically meritorious research studies and insuring mentoring by senior scientists.</p> <p>3. Increase number of Fellowship Awards to AAPIs. Fellowship Awards provide research training support to junior research scientists.</p>	<p>This is a continuing effort.</p> <p>Program Announcement is planned for publication in FY 2002.</p> <p>This is continuing.</p>	<p>Two applications from self-identified AAPIs received. One was approved for funding.</p> <p>NM: Program Announcement delayed due to administrative corrections. Due for release FY 2003.</p> <p>The numbers of AAPIs who self identified and awarded Training grants were 65 and 15 Fellowship awards.</p>	<p>Funding: \$36,115 One AAPI served.</p> <p>Pending: \$250,000; Awaiting final NIH level approval for announcement.</p> <p>Funding: \$3.1 million dollars; number of AAPIs receiving awards 80</p>	<p>1., 2., and 3. NIH/NIAID Milton J. Hernandez, PhD, Director, Office of Special Populations and Research Training; 6700-B Rockledge Drive, Room 2133 Bethesda, MD 20852 (301) 496-3775 (301) 496-8729 fax mh35c@nih.gov.</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>4. Continue to invite AAPIs to the NIAID Bridging the Career Gap for Underrepresented Scientists Seminar. The Bridge seminar is for minority researchers supported under the RSUM Program. The seminar provides information on career opportunities, the importance of securing good mentor, grants to support various career stages, an overview of the NIH peer review system and what to expect regarding administrative support from their home institution and NIH/NIAID program staff.</p> <p>5. Continue to promote attendance by AAPI college students at NIAID's Introduction to Biomedical Research Program (IBRP), which is targeted to outstanding college students (juniors and seniors) and to first year medical and graduate students.</p>	<p>Training seminar is held biannually.</p> <p>Annual program.</p>	<p>Number of AAPI attendees: 2. Dependent upon the number of awards made under Strategy 1 (RSUM).</p> <p>Three AAPI applicants applied and attended the IBRP in FY 2002 out of 23 total attendees.</p> <p>Three AAPI applicants applied and attended the IBRP in FY 2002 out of 23 total attendees.</p>	<p>Funding: \$9,000</p> <p>Funding: \$19,174 ; 3 AAPIs served.</p>	<p>4. and 5. NIH/NIAID Joyce Hunter Woodford, M.P.P., Minority Health and Research Training Program Coordinator; 6700-B Rockledge Drive Room 2130 Bethesda, MD 20852 (301) 496-6722 (301) 496-8729 Fax jw25v@nih.gov</p>
<p>Increase the number of minorities entering and remaining in biomedical research careers.</p>	<p>NIDDK plans to continue its Research Supplements for Underrepresented Minorities Program which supports underrepresented minority students and investigators in biomedical or behavioral research through administrative supplements on active NIH research grants.</p> <p>Continue to provide support for the Minority High School Student Summer Research Training</p>	<p>Ongoing</p> <p>Ongoing</p>	<p>Increase in the number of AAPIs to pursue careers and expand research in areas significant to technical, basic, clinical and behavioral research.</p> <p>Increase participation of AAPIs.</p>	<p>Total funding: \$7,729,152; AAPI data is not available.</p> <p>Funding: \$100,000; 10 AAPI student participated in the program.</p>	<p>NIH/NIDDK Office of Minority Health Research Coordination 6707 Democracy Blvd., Bethesda, Maryland 20892.</p> <p>Dr. Lawrence Agodoa, Office of Minority Health Research Coordination</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Promote participation in NIDDK operations.	<p>Program.</p> <p>NIDDK will continue to make a consistent effort to include minorities, including Asian Americans and Pacific Islanders on its study sections, review groups, and National Advisory Council.</p>	Ongoing	NIDDK currently has eight AAPIs serving on its Advisory Committees. NIDDK plans to nominate at least one new AAPI member on its Advisory Committee.	N/A; 8 AAPIs serving on Advisory Committees.	<p>6707 Democracy Blvd., Bethesda, Maryland 20892.</p> <p>NIH/NIDDK Division of Extramural Activities 6707 Democracy Blvd., Bethesda, Maryland 20892. godaL@extra.niddk.nih.gov</p>
Increase the number of AAPI researchers in the behavioral and social sciences and to increase the number of scientists with competence in AAPI drug abuse issues.	Expand existing training and mentorship mechanisms to facilitate AAPI participation.	July 2002 to July 2003	5 AAPI undergraduate students participated in Summer Research with NIDA; 2 AAPI students participated in supplement program	Summer income provided to undergraduate students; tuition/stipend and research support to supplement scientists; all participants are better prepared to pursue research in drug abuse and addiction	<p>NIH/NIDA Ana Anders, LICSW, Senior Advisor on Special Populations 6001 Executive Blvd. Bethesda, MD 20892-9567 301-443-0441 301-480-8179 fax Aa96o@nih.gov</p>
Support research, clinical, and other training opportunities for racial and ethnic minorities, and increase the number of under-represented AAPIs in the workforce.	Selected sample of training and employment related projects, programs, and activities follow.	See below.	See below.	See below.	See below.
Enhance minority training and career development.	Encourage candidates from minority groups to participate in all aspects of research that the Phoenix Epidemiology and Clinical Research Branch (PECRB), NIDDK conducts into the causes and consequences of obesity and diabetes among the members of the Gila River Indian Community.	On-going	This proposal will increase training opportunities in obesity and diabetes research at PECRB by providing two 3-year training slots at each level (M.D., Ph.D., and predoctoral) for members of minority groups.	Funding: \$120,000; one Pacific Islander pre-doctoral IRTA	<p>NIH/NIDDK Dr. Clifton Bogardus, Phoenix Epidemiology and Clinical Research Branch, NIDDK.</p>
Use existing training programs	In the Honors Research Training	FY2002-	No Information Provided	No Information Provided	NIH/NIMH

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>and establish new ones to ensure racial/ethnic minority persons, including AAPIs, are represented in the research workforce.</p> <hr/>	<p>Program in Neurosciences, work with investigator to ensure submission of competitive renewal application.</p> <p>In the NIMH COR Honors Undergraduate Research Training Program, work with investigator to ensure submission of competitive renewal application.</p> <p>In the Pacific People's Mental Health Research Support Program, a project at the University of Hawaii with a focus on epidemiology of the development of psychopathology from early adolescence to young adulthood in Hawaiians and non-Hawaiians (i.e., Japanese, Filipino Caucasian and others), work with investigator to ensure submission of competitive renewal application.</p>	<p>FY2005</p> <p>FY1981- FY2002</p> <p>FY2002- FY2005</p>	<p>Improve research data and one additional AAPI researcher funded.</p>	<p>Funding: \$42,350</p>	<p>Sherman L. Ragland, Deputy Director for Special Populations, Office of the Director 6001 Executive Boulevard, NSC 8125-9659 Bethesda, MD 20892-9659 301-443-2847 301-443-8022(Fax) sragland@mail.nih.gov.</p>
<p>Increase outreach and recruitment efforts to AAPIs and AAPI organizations with information about HHS and employment opportunities.</p>	<p>Direct mailings and broadcast faxes to AAPI organizations, postings on AAPI Listserv of vacancies and other related announcements.</p>	<p>Ongoing.</p>	<p>Results: Disseminated information on job vacancies to minority organizations, including AAPI organizations.</p>	<p>Percentage of AAPIs in the PSC workforce decreased from 4.4 % in FY 2001 to 4.2% in FY 2002 due to attrition. The percentage of AAPIs in the civilian labor force is 4 percent.</p>	<p>PSC Cheryl Mott 301/443-5895</p>
<p>Protect civil rights and equal opportunity for Asian Americans</p>	<p>Maintain an updated mailing list of major AAPI organizations and</p>	<p>FY 2002 - FY 2003</p>	<p>No Information Provided</p>	<p>No Information Provided</p>	<p>SAMHSA Pat Bransford, Division of</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
and Pacific Islanders.	<p>representatives in order to share SAMHSA employment announcements with the AAPI community.</p> <p>Consider AAPI candidates for placement through the SAMHSA Student Internship Program and the Presidential Management Intern Program (PMI).</p>	FY 2002 - FY 2003	No Information Provided	No Information Provided	<p>Human Resources Management 5600 Fishers Lane, Rm 14C-14 Rockville, MD 20857 301-443-3804 Pbransfo@samhsa.gov</p> <p>Sherry Pruesch, Division of Human Resources Management 5600 Fishers Lane, Rm 14C-14 Rockville, MD 20857 301-443-5407 Spruesch@samhsa.gov</p>
Increase nondiscriminatory quality health care for minorities.	<p>Process and resolve discrimination complaints.</p> <p>Conduct compliance reviews.</p> <p>Provide training and TA to HHS recipients and other interested parties on Title VI.</p>	FY 2002 - FY 2003	<p>Achieved corrective action in 36 AAPI and health care discrimination complaints.</p> <p>Conducted 10 AAPI and health care compliance reviews of health care facilities.</p> <p>Provided 195 training and technical assistance sessions on LEP.</p>	<p>Removal of potential discriminatory barriers to access to critical health and human services.</p> <p>Prevention of potential discrimination by providing outreach and technical assistance.</p> <p>Increased AAPI access to civil rights information.</p>	<p>OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>
Ensure that immigrant AAPI populations have nondiscriminatory access to critical health and human services.	<p>Process and resolve discrimination complaints.</p> <p>Conduct compliance reviews.</p>	FY 2002 - FY 2003	<p>Corrective action achieved in 36 AAPI and health care discrimination complaints.</p> <ul style="list-style-type: none"> <li>• Conducted 10 AAPI and health care compliance reviews.</li> <li>• Conducted 53 complaint investigations</li> </ul>	<p>Removal of potential discriminatory barriers to access for immigrants to critical health and human services.</p> <p>Prevention of potential discrimination by providing civil rights outreach and</p>	<p>OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>Provide training and TA to HHS recipients and other interested parties on OCR's Policy Guidance on Language Assistance to LEP Persons. Outreach to AAPI populations about the Departments of HHS and Agriculture Policy Guidance Regarding Inquiries into Citizenship, Immigration Status and Social Security Numbers in State Applications for Medicaid, State Children's Health Insurance Program (SCHIP), TANF, and Food Stamp Benefits.</p> <p>Translate various OCR documents into various Asian languages, into hard copy and post to OCR's website.</p>		<p>regarding the TANF program;</p> <ul style="list-style-type: none"> <li>• Conducted 90 compliance reviews regarding the TANF program.</li> <li>• Provided civil rights outreach (training, technical assistance) to 430 recipients of HHS funds.</li> <li>• Provided 195 LEP training and technical assistance sessions.</li> <li>• Reviewed and improved 173 state applications and application materials.</li> <li>• Translated 38 documents into 4 Asian languages; posted 2 Asian language documents to the OCR website.</li> </ul>	<p>technical assistance. Increased access to information on civil rights for AAPI communities.</p>	
<p>Increase access for minorities and persons with disabilities to nondiscriminatory services in managed care settings.</p>	<p>Process and resolve discrimination complaints.</p> <p>Conduct compliance reviews.</p> <p>Provide training and TA to HHS recipients and other interested parties on Title VI, Section 504 and the Americans with Disabilities Act (ADA) requirements.</p>	<p>FY 2002 - FY 2003</p>	<p>Processed and closed 37 investigations and reviews of managed care facilities.</p> <p>Conducted a total of 19 T/TA activities specific to managed care settings.</p>	<p>Addressed potential discriminatory barriers for minorities and persons with disabilities to services in managed care settings. Prevented potential discriminatory barriers to services in managed care settings for minorities and persons with disabilities through T/TA.</p>	<p>OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Increase the provision of health and human services in most-integrated settings for persons with disabilities.	<p>Process and resolve discrimination complaints.</p> <p>Conduct compliance reviews.</p> <p>Provide training and TA to HHS recipients and other interested parties on Title VI, Section 504 and ADA requirements</p>	FY 2002 - FY 2003	<p>Processed 356 complaints regarding most integrated setting issues.</p> <p>Conducted 3 reviews regarding most integrated setting issues.</p> <p>Performed 59 outreach activities regarding most integrated setting issues.</p>	More individuals with disabilities receiving services in the community and not institutionalized. More states are engaged in comprehensive planning to increase services for persons with disabilities.	<p>OCR</p> <p>Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>
Increase the number of state and local welfare agencies and service providers administering TANF that are in compliance with Title VI, Section 504 and the ADA.	<p>Process and resolve discrimination complaints.</p> <p>Conduct compliance reviews.</p> <p>Provide training and TA to HHS recipients and other interested parties on Title VI, Section 504 and ADA requirements.</p>	FY 2002 - FY 2003	<p>Processed 53 TANF-related complaints.</p> <p>Conducted 90 TANF-related compliance reviews. Conducted 76 TANF-related outreach (training and technical assistance) activities.</p> <p>Provided 195 LEP training and technical assistance sessions. Reviewed and improved 173 state applications and application materials</p>	Addressed potential discriminatory barriers to TANF for minorities and persons with disabilities. Prevented potential discriminatory barriers to TANF for minorities and persons with disabilities through training and technical assistance.	<p>OCR</p> <p>Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>
Increase the number of AAPIs aware of employment opportunities with OCR.	<p>Use the AAPI serving institutions and organizations database developed in Strategic Goal #1 to do outreach on employment opportunities.</p> <p>Take vacancy announcements of current OCR job openings to conferences, training sessions, etc.</p>	FY 2002	No Information Provided	No Information Provided	<p>OCR</p> <p>Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>
Increase the Office of the Inspector General (OIG) outreach to and participation of all minorities in OIG and in its training programs.	a. OIG's Office of Investigations will increase hiring of all minorities through the Student Career Experience Program (SCEP) and its regular intern program in order to	FY 2002 - FY 2003	The OIG hired 13 AAPI staff during FY 2002. Of this number, 4 were hired under the Office of Investigation's minority recruiting program, 1 was hired under the SCEP program, and none was	The OIG hired 13 AAPI staff in FY 2002.	<p>OS OIG</p> <p>Beth Blackwood Administrative Officer Office of Management &amp; Policy, OIG</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>attract these individuals to the OIG.</p> <p>b. The OIG's Office of Counsel to the IG plans to increase its hiring of AAPIs by sending staff to professional development events (sponsored by the Asian-Pacific American Bar Association of Washington, DC) for lawyers and law students.</p>		<p>hired as a result of events with AAPI bar association contacts.</p>		<p>330 Independence Ave., SW Washington, DC 20201 202- 205-8235 202-619-1487 bblackwo@os.dhhs.gov</p>
<p>Partner with HHS agencies and advocacy groups to educate Medicare beneficiaries on how to recognize and report Medicare fraud and abuse.</p>	<p>a. Working with community-based groups and organizations to provide consumer outreach materials that are tailored to the linguistic, educational, and cultural needs of relevant AAPI communities, i.e., those that contain significant numbers of AAPI program beneficiaries and care givers. (OIG with AoA and CMS)</p> <p>b. Continue distributing OIG's Medicare brochure entitled "What You Can Do to Stop Medicare Fraud" that has been translated into Chinese. It provides examples of Medicare fraud and instructions on how to protect oneself from fraud, including use of the OIG hotline. Obtaining a Chinese-speaker to be available for hotline.</p>	<p>FY 2003</p> <p>FY 2003</p>	<p>Since initial contact with AAPI community-based organizations in FY 2001, OIG has continued to provide consumer outreach materials, if requested.</p> <p>There were no requests for the OIG Medicare brochure in Chinese. Since September 2001, the hotline has had instructions in Mandarin Chinese to allow Chinese-speaking individuals to leave voice messages. Each day a Chinese interpreter has contacted callers who have left messages.</p>	<p>No additional copies have been requested.</p> <p>In FY 2002, the hotline processed 500 calls from Chinese-speaking persons.</p>	<p>a. and b. OS OIG Rada Spencer, Program Analyst Office of Evaluation and Inspections 330 Independence Ave., SW Washington, DC 20201 202-205-0564 202-401-0556 rspencer@os.dhhs.gov</p>
<p>Increase to 10 the number of AAPI serving organizations that are targeted for partnership around HP 2010.</p>	<p>ODPHP and OMH contacts will be used to identify national and regional AAPI serving organizations. These groups will be</p>	<p>FY 2002 - FY 2003</p>	<p>NM: No new partnerships were added.</p>	<p>N/A</p>	<p>OPHS ODPHP Omar Passons 202-260-1746</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	contacted about partnering around implementing HP 2010.				
<b>Goal 5: Strengthen and sustain AAPI community capacity</b>					
Enhance programs and initiatives directed at the unmet needs of AAPIs .	Continue working with the various AoA programs and services to address the unmet needs of AAPIs.	FY 2002 - FY 2003	Numbers for minority participation in Senior Medicare Patrols are collected in the aggregate. The AoA GPRA measures include the total number of beneficiaries served; breakouts for separate minority groups, both volunteers and participants, are unavailable.	N/A	AoA Kenton Williams 202-619-3951 or Dianne Freeman 202-619-3428
Develop and establish databases of minority serving organizations, including AAPI community based and other organizations that will enhance HHS dissemination of health and human services information, grants, contracts, employment, training, technical assistance information and opportunities for utilization by individuals, organizations, and communities.	Minority Initiatives Coordinators will update the ACF Minority Communities Database, using a contractor. This database includes AAPI organizations and is a strategic communications tool for use in distributing information on grants, contracts, employment, etc. ACF also plans user-friendly enhancements for more effective information dissemination to AAPI communities. ACF's Directory of Program Services that highlights its services and contacts in minority communities, will be updated and include Korean, Chinese, and Vietnamese-- Office of Child Support Enforcement (OCSE ) translations.	FY 2002	To encourage use by agency program offices, the database has been enhanced and is now web-based. It includes broadcast e-mail and fax features to facilitate communications with the AAPI communities. The Directory of Program Services was translated into Chinese and Korean.	The AAPI communities are made aware of significant agency grant funding opportunities, as well as other agency activities due to the database and Directory.	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, DC 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov
Ensure that HHS programs and initiatives meet the needs of AAPIs by strengthening	Region VI will provide AAPI Community Organizations with information regarding ACF	FY 2002	In-house produced newsletters regarding CSE, DD, Domestic Violence, Child Care and Child Welfare mailed to AAPI	Outreach to 2,300 AAPI individuals at 4 CBO events, and to 140 AAPI	ACF West Central Hub Reg. VI: A. Pinter, Minorities Initiatives Coordinator

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>partnerships with AAPI community organizations.</p>	<p>Programs and special initiatives.</p> <p>Region VI will request state agencies and grantees to recruit and/or appoint AAPIs to governing boards and review teams.</p> <p>Region VI program staff will be urged to inform grantees and States of the need for outreach activities to the AAPI community.</p> <p>Region VI will provide speakers, panel members, and/or will conduct town hall meetings for organizations' upcoming events in such areas as Domestic Violence, Teen Pregnancy Prevention and Substance Abuse, Runaway and Homeless Youth, Adoption Initiatives, Fatherhood Initiative, and Welfare to Work.</p> <p>Region VI will partner with other HHS operating divisions to provide</p>		<p>CBOs. ACF-program information in Chinese, Vietnamese and English shared at AAPI CBO events</p> <p>Program staff encouraged Louisiana Healthy Marriage Demonstration project grantee to add representative from ACF ORR-funded "Marital Enrichment Education Program for Vietnamese" to Steering Committee. Staff encouraged at in-house training events to include this strategy in their TA to grantees.</p> <p>Provided list of CSE State Directors and AAPI State organizations to Central Office OCSE for inclusion in OCSE Asian-American Forum. Staff facilitated collaborative effort between Louisiana Healthy Marriage Demonstration Project and ORR-funded "Marital Enrichment Education Program for Vietnamese." Staff encouraged at in-house training events to include this strategy in their TA to grantees.</p> <p>Increased number of AAPI organizations participating in ACF's Regional conferences, State conferences, grantee conferences and meetings, and other special events.</p> <p>Co-sponsored Region VI AAPI Heritage Celebration with CMS, Office of Women's Health and Program Support Center. Topics covered health for adults as well as children.</p>	<p>CBOs via ACF program newsletters.</p> <p>One AAPI CBO represented on Louisiana Statewide Healthy Marriage Steering Committee. Other outcomes - N/Av.</p> <p>One collaborative arrangement with AAPI community and ACF Healthy Marriage Initiative. Other outcomes - N/Av</p> <p>N/Av</p> <p>N/Av</p>	<p>1301 Young St., Suite 945 Dallas, Texas 75202-5433 (214) 767-2972 (214) 767-8890 fax tpinter@acf.dhhs.gov</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	Child Health Information.				
Same objective	<p>Establish and improve partnerships and collaborations with representative AAPI organizations and other state and community entities serving the population. Partner with the faith-based community serving AAPI families to enhance ACF services, e.g., discussions about parental responsibility related to child support and paternity establishment, to this population. Continue to develop and distribute language appropriate child support pamphlets and publications in Region VII states.</p> <p>Partner with the Kansas Department of Social and Rehabilitation Services and local AAPI community organizations to improve service delivery to AAPI populations</p>	FY 2002	<p>The Iowa Department of Human Services (DHS) Refugee Service Bureau with the Iowa DHS Office of Child Support distributed and posted language posters in State Offices assisting AAPIs in receiving the proper translation services.</p> <p>Launched first annual "Asian- American Achievement Program", honoring individuals and organizations that 'made a difference' in the Asian-American community in Iowa.</p> <p>Translation services to AAPIs are provided by: Kansas State University in partnership with the Kansas Department of Social Service; Missouri Child Support Offices for custodial and non-custodial parents; and Nebraska Department of Social Services.</p> <p>Continued to partner with faith and CBOs serving AAPIs, such as the Local Investment Commission, in the Kansas City Metro area to ensure provision of appropriate social services.</p> <p>Two ACF Federal staff continue to serve on the Region VII Federal Executive Board (FEB) and Asian-Pacific Council focusing on Region wide AAPI initiatives.</p> <p>Increased number of coordinated programs delivering culturally competent</p>	<p>Posters located in DHS Offices throughout Iowa.</p> <p>Increased visibility of AAPI community throughout Iowa and their importance to the State's ongoing economic growth.</p> <p>Ongoing provision of services.</p> <p>Ongoing service availability.</p> <p>Ongoing partnering.</p> <p>Hosted monthly meetings where AAPI community leaders provided input to the Council. The Council hosted the annual Regional Conference which</p>	<p>ACF Reg. VII Nancy L. Long, Special Assistant, ACF R. VII Federal Building Room 276 601 E. 12th Street Kansas City, MO 64106 (816) 426-3584, ext. 153 (816) 426-2888 fax nlong1@acf.dhhs.gov (Applies to all strategies)</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
			services to AAPI population in Region VII through ongoing dialogue between the Federal and local communities. Federal Job Openings distributed to Regional AAPI organizations leading to increased applications and hiring from the AAPI community.	highlights contributions of regional AAPIs. Increased access to and knowledge of services and employment options for the AAPI community. Statistics not available.	
Same objective	Reg. VIII will encourage States and grantees to hire AAPI staff if they serve AAPI customers. Region VIII will ask States and grantees to use AAPI languages on their application forms, newsletters and other written material if they serve AAPI customers.	FY 2002	NM - Scheduled for 2003	NM - Scheduled for 2003	ACF Reg. VIII Robert Nanto Program Support Unit 303-844-1183 rnanto@acf.dhhs.gov
Support ACF Hub and Regional Offices in their partnership with States and communities to target program services in areas with proportionally large AAPI populations.	Review plans by ACF Hub and Regional Offices for AAPI programs/activities and offer assistance by OCSE.	FY 2002	OCSE provides on-going support for ACF's Regional Offices in their partnership with States.	Nothing to Report	Frank Fajardo, Minorities Initiatives Coordinator - OCSE, P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312 (303) 844-2394 fax ffajardo@acf.dhhs.gov
Promote AAPI access to child support enforcement program services by promoting initiatives directed at unmet needs of AAPIs.	OCSE will host AAPI national forum(s) to seek input from AAPI national leaders and CBOs to obtain both their input on the child support enforcement system, and their advice on improving service delivery to the AAPI communities. In addition, use these forums to inform the communities of the broad range of ACF services as well as provide information on grants, contracts and employment opportunities.	FY 2002	NM - Nothing to report (AAPI national forum cancelled due to lack of funds). Language included for targeted minority outreach in the Special Improvement Projects grant announcement.	Nothing to Report.	Frank Fajardo, Minorities Initiatives Coordinator - OCSE, P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312 (303) 844-2394 fax ffajardo@acf.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Implement Minority Initiatives Steering Committee Communities Outreach Initiative.	Regional Offices (ROs)/Hubs will continue outreach to AAPI community-based organizations (CBOs) and begin developing and promoting ongoing working relationships to support community-based health and human services efforts.	FY 2002 On-going	Due to FY 2002 funding limitations, ACF emphasized outreach with the Hispanic/Latino communities, with a special focus on faith and community-based organizations and staff participated at national conferences and invited Latino/Hispanic community organization representatives to ACF's conferences. Key priorities were healthy marriages, responsible fatherhood and positive youth development. This approach proved successful and ACF has already committed funds for FY 2003 to support active participation at WHAAPI conferences in Honolulu, Hawaii and in Orange County, California.	The initiative is gradually increasing the participation of the AAPI and other underserved communities in ACF's programs.	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, DC 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov
Support community outreach objective.	Reg. V will work on strengthening its relationship with AAPI organizations in its region for information exchange and outreach.	FY 2002	Attended 5 AAPI community meetings; participated at 2 AAPI conferences	Federal program information shared - 140 individuals representing 21 AAPI social/medical service providers (estimated numbers).	ACF, Reg. V Hich Yamagata, Program Specialist 233 N. Michigan Ave., Suite 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov
Consider the use of targeted minority outreach/cultural and language areas, including AAPI community, for Sec. 1115 projects and Special Improvement Projects.	OCSE will research, develop and obtain approval for target minority area for Sec. 1115 grant announcements.	FY 2002	Consider the use of targeted minority outreach/cultural and language areas for Section 1115 and Special Improvement Projects (SIP).	N/A	ACF OCSE Frank Fajardo, Minorities Initiatives Coordinator - P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312 (303) 844-2394 fax ffajardo@acf.dhhs.gov
Promote refugee economic	ORR funds public and private non-	FY 2002	Asian American refugees and asylees	Funding : \$12,423,859.	ACF Division of Community

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
independence.	profit agencies to help eligible refugees increase their ability to save by establishing, supporting and managing individual development accounts (IDAs). The program increases their ability to save for education, home ownership, or gaining access to capital. Financial training, counseling, and TA is available. About a third of the participants in the IDA program are Asian Americans.		gained access to IDA matched savings accounts that improved their economic independence.	1,843 Asians participated in the IDA programs during FY 2002. Asians were 27 percent of the total participants.	Resettlement (DCR)/ORR Henley Portner, Program Specialist 370 L'Enfant Promenade Washington, DC 20447 (202) 401-5363 (202) 401-0981 fax hportner@acf.dhhs.gov
Ensure that conferences sponsored by ACF focus on the needs of AAPI children and families where appropriate.	The Northwest Hub will Identify opportunities at each conference to focus on the needs of AAPI families and children by having presentations and presenters that represent the AAPI community.	FY 2002	NM: Annual Region II child care conference included Asian American human services organizations. With Region II HHS and federal partners, targeted the Asian community in lower Manhattan for information sessions about Post-Traumatic Stress Disorder and Project Liberty mental health services.	60 CBOs and CHCs serving lower Manhattan participated in Project Liberty sessions.	ACF Mary Ann Higgins Regional Administrator, 26 Federal Plaza, Rm. 4114 New York, New York 10278 (212) 264-2890, ext.103 (212) 264-4881 fax mhiggins@acf.dhhs.gov
Identify and disseminate any announced opportunities for AAPI related research and demonstration projects	Reg. V will review Federal Register and other resources for announcements. Develop a mailing list of AAPI organizations that could benefit from the information.	FY 2002	12 announcements shared with AAPI through ACON (Asian Community Online Network) - Chicago web site.	Majority of AAPI organizations and service providers are members of this web site.	ACF, Reg. V Hich Yamagata, Program Specialist 233 N. Michigan Ave., Suite 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov
Disseminate information derived from the Minority Initiative Outreach project	In partnership with the Asian Health Coalition of Illinois disseminate information on ACF programs at AAPI conferences. Brief AAPI agencies and Regional Office staff of the findings from the Asian	FY 2002	2 briefings - report from the Minority Initiative Outreach program (2nd year dissemination)	6 AAPI service provider representatives (most obtained information in the 1st year). Project completed.	ACF, Reg. V Hich Yamagata, Program Specialist 233 N. Michigan Ave., Suite 400 Chicago, Illinois 60601

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	Health Coalition of Illinois's survey of AAPI serving agencies about use of, knowledge of, and barriers to accessing ACF programs.				(312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov
Increase availability of training opportunities that encourage laboratorians, Tuberculosis (TB) program coordinators and other related health professionals to address TB and HIV laboratorian testing proficiency and capacity.	<p>a. Promote and promulgate a 2.5 days training in Hawaii for 10 people, 3 sites.</p> <p>b. Training would include acid-fast staining collection, preservation, packing and shipping of specimens, and an overview of methods used for mycobacterial culture and drug susceptibility testing.</p>	July or August 2002 and 2003.	Completed 5 day training ; 7 sites. Focus on TB/STD benchwork techniques; all participants certified in packing/shipping per IATA; shipping to reference lab improved.	Funding: \$40,000; 10 faculty from CDC, WHO, California and Hawaii trained 10 lab supervisors from Guam, Palau, Federated States of Micronesia, Marshall Islands, and American Samoa.	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax var1@cdc.gov.
Contract with the Advocate Initiatives for Grassroots Access (AIGA) to further develop the collaboration of Pacific Islander (PI) health and social service providers in the greater Los Angeles area to include other major pockets in California where PIs reside.	CMS will 1) compile a resource directory of existing community resources; and 2) create a structure that enables real time communication among the various PI community groups; and 3) use focus groups to develop culturally sensitive outreach strategies.	August 1, 2001 - July 31, 2002	In addition to quarterly reports on the overall progress of the project, focus group discussions were summarized into action items and next steps.	Identified existing community resources for PIs, facilitated communication of information of PI community groups, and developed effective outreach strategies.	CMS Henry F. Tyson, Branch Manager, Division of Beneficiary Services 75 Hawthorne St. Room 408 San Francisco, CA 94105 (415) 744-3434 (415) 744-3771 fax Htyson@cms.hhs.gov
Collaborate with the Advocate Initiative for Grassroot Access (AIGA) to initiate planning and implementation of the first annual Pacific Islander health conference on health concerns specific to the PIs residing in the U.S. and Pacific Rim.	Contract with AIGA to: 1) Identify PI organizations involved in health related activities; and 2) Identify both PI and non-PI health professionals/providers who have worked with PI communities; and 3) Gather information from PI groups for conference program	August 1, 2001 - July 31, 2002	The contractor conducted two Medicare workshops for leaders in the Pacific Islander communities.	Regional representative from Medicare joined the contractor in conducting training to thirty community leaders. Train-the-trainer sessions were first training sessions to train Pacific Islander	CMS Henry F. Tyson, Branch Manager, Division of Beneficiary Services 75 Hawthorne St., Room 408 San Francisco, CA 94105 (415) 744-3434

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	development; and 4) Establish a steering committee representing Hawaii, the Pacific Rim, and the continental U.S.			leaders on Medicare.	(415) 744-3771 fax Htyson@cms.hhs.gov
Increase participation of AAPIs on FDA advisory bodies.	Recruit AAPIs as candidates to serve on 32 technical advisory committees and panels and to represent consumer organizations which assist in identifying qualified consumer and patient representatives.	FY 2002 - FY 2003	FDA's recruitment policy is to encourage representation of women and minorities.	Seventeen Asian Americans served on eight out of thirty-two FDA Advisory committees.	FDA OCA Maureen A. Hess, MPH, RD, Room 16-85 Rockville, Maryland 20857 (301) 827-4471 (301) 827-305fax mhess@oc.fda.gov Magdalene L. Covington (301) 827-4460 (301) 443-4-555 fax lcovington@fda.gov
Increase FDA's knowledge of AAPI community needs and the community's knowledge of regulatory and health policy issues.	Convene a series of forums with AAPIs constituents.	FY 2002 - FY 2003	FDA convened a series of forums with its stakeholders to discuss the bioterrorism policy issues.	Asian Americans have consistently participated in FDA forums.	FDA Mary C. Hitch, Director of Consumer Programs, OCA 5600 Fishers Ln., Rm.16-85 Rockville, Maryland 20857 (301) 827-4406 (301) 827-3052 mhitch@oc.fda.gov
Encourage eligible AAPI nonprofit organizations and small businesses to participate in FDA's grant and procurement programs.	Maintain a proactive outreach program for increasing small, disadvantaged and women-owned business participation in acquisitions. Participate in conferences such as regional networking and procurement opportunities expositions.	FY 2002 - FY 2003	FDA maintains a proactive outreach program for increasing small, disadvantaged and women-owned business participation in acquisitions.	FDA awarded two food safety grants where two Asian Americans were the prime investigators. FDA adjusted the Small Scientific Conference Grants to address "Healthy People 2010" objective to reduce morbidity and mortality and to improve the quality of life.	FDA Olia Hopkins, Director, Division of Contracts, Procurement, and Management 5640 Fishers Ln., Rm. 2190 Rockville, MD 20857 (301)827-7184 (301)826-7103 fax ohopkins@fda.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Strengthen capacity in AAPI communities to improve health status of AAPIs.	Primary Care Associations to assist with community development in the AAPI communities in their state.	FY 2002 - FY 2003	12 Primary Care Associations are targeting AAPI CBOs in their state.	Funding: \$900,000	HRSA BPHC Scott Dugas sdugas@hrsa.gov.
Strengthen the skill capacity of primary care providers in the U.S. associated Pacific jurisdictions	In partnership with BHPR and University of Washington, provide continuing clinical education in primary care, oral health, and behavioral health to the medical officers and health aides in the U.S. associated Pacific jurisdictions.	FY 2002	N/A	N/A	HRSA BPHC Tyson Nakashima (301) 443-2101 tnakashima@hrsa.gov.
Expand the number of Native Hawaiians in health professions.	Through the Native Hawaiian Health Care Program, provide scholarships for health professions training to Native Hawaiian students.	FY 2003	No Information Provided	No Information Provided	HRSA BPHC Shirl Taylor-Wilson 4350 East West Highway Bethesda, MD 20814 (301) 594-4456 staylorwilson@hrsa.gov.
Increase the number of AAPI youth who are advocates for health care in their communities.	Ensure AAPI are represented in the BPHC supported Youth Summit that promotes health care and academic achievement.	FY 2003	No Information Provided	No Information Provided	HRSA BPHC Sherine Blagrove 4350 East West Highway Bethesda, MD 20814 (301) 594-3804 sblagrove@hrsa.gov.
Develop performance-based partnerships with organizations that represent and advocate for expanded capacity for AAPIs.	Maximize existing partnerships and recruit other organizations to partner with BPHC in improving AAPI health status	FY 2002	BPHC/AACHO to align the White House EO on AAPIs with the Presidential Health Center Growth Initiative.	PIHN and AIGA will be invited to an AAPI capacity building training for potential new health center applicants.	HRSA BPHC Avni Patel (301) 594-4467 apatel@hrsa.gov.
a. Improve alcoholism treatment approaches for Asian Americans, Native Hawaiians and Other Pacific Islanders by making	a. In FY 2002 address AANHOPI issues specifically in a workshop to improve alcoholism treatment.	a. FY 2002	A "Workshop on Treatment Research Priorities and Health Disparities" was held in Washington DC in September 2002. Discussion of AAPI issues in	FY 2002 - \$74,000 spent on meeting	NIH/National Institute on Alcohol Abuse and Alcoholism (NIAAA) Dr. Charlene LaFauve,

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>treatment research and delivery strategies culturally appropriate and effective.</p> <p>b. Increase the capability of clinicians and faculty in institutions that serve Asian Americans, Native Hawaiians and Other Pacific Islanders to conduct alcohol research.</p> <p>c. Increase the capability of clinicians and faculty in institutions that serve Asian Americans, Native Hawaiians and Other Pacific Islanders to conduct alcohol research.</p>	<p>b. By FY 2005 support a developmental project(s) where new AANHOPi investigators work collaboratively with and under the mentorship of established alcohol researcher scientists to further develop research skills and address alcohol research issues.</p> <p>c. By FY 2002 support a collaborative project where new AANHOPi investigators work collaboratively with and under the mentorship of established alcohol researcher scientists to develop research skills and project proposals that address alcohol research issues in minority populations.</p>	<p>b. Ongoing</p> <p>c. FY 2002-FY2006</p>	<p>alcohol treatment was included in the discussion on Health Disparities.</p> <p>NIAAA issued a contract to foster and support the development of a collaboration between AAPI and other researchers at the University of Hawaii and a senior researcher scientist in Health Disparities. This resulted in the submission of a grant application to establish an alcohol research center focusing on AAPI issues.</p> <p>NIAAA received an application for a grant from the University of Hawaii to support a Collaborative Minority Serving Institution Alcohol Research (CMSIAR) Program utilizing a cooperative agreement mechanism (U56). The proposed CMSIAR would (1) increase the capability at the University of Hawaii to conduct research among AAPI populations, (2) foster AAPI investigator career development, and (3) disseminate alcohol information to AAPI and other Hawaiian populations. Although the application was not funded, NIAAA will continue to seek means to support this project and/or provide TA so as to continue development of capacity in AAPI communities.</p>	<p>FY 2002 - \$74,000 for contract</p> <p>FY 2002-FY 2006</p>	<p>6000 Executive Blvd. Bethesda MD 20892-7003 301-402-9401 clauve@mail.nih.gov.</p> <p>NIH/National Institute on Alcohol Abuse and Alcoholism (NIAAA), Dr. Faye Calhoun, Director, Office of Collaborative Research, 6000 Executive Blvd., Suite 302, Bethesda, MD 20892-7003, 301-443-1269 (office), 303-480-2358 (fax), fcalhoun@mail.nih.gov (for b &amp; c)</p>
<p>Establish an information network for the exchange of information between community-based drug</p>	<p>Conduct workshops and/or conferences for networking among AAPI Providers and researchers.</p>	<p>July 2002 to August 2003</p>	<p>No Information Provided</p>	<p>No Information Provided</p>	<p>NIH/NIDA Ana Anders, LICSW, Senior Advisor on Special</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
abuse providers and drug abuse researchers.					Populations 6001 Executive Blvd. Bethesda, MD 20892-9567. 301-443-0441 301-480-8179 fax Aa96o@nih.gov
Continue to develop and fund programs that focus on improving access to health information for minority and underserved populations of health professionals and consumers.	NLM (National Library of Medicine) supports a number of projects to improve access to electronic health information for the public that target AAPIs through NLM's National Network of Libraries of Medicine (NN/LM). The Digitization of Foreign Language Consumer Health Information Pilot Project focuses on consumer health information materials in languages other than Spanish or English, i.e., Vietnamese, Korean, Cantonese, Cambodian, Mandarin, Tagalog and Japanese and to place them on the Web, linked with MEDLINEplus.	Ongoing	No Information Provided	No Information Provided	NIH/NLM Angela Ruffin, PhD, Head, National Network Office NIH building 38, B1E03F (301) 496-4777 (301) 480-1467 fax angela_ruffin@nlm.nih.gov
Provide support for programs to increase the research capacity of institutions serving Pacific Islanders, who are underrepresented in the biomedical research community.	Provide research and research training grant support to institutions with large AAPI populations through the NIGMS Minority Opportunities in Research Division.	a. FY 2002  b. FY 2003	Participation of Pacific Islanders in NIGMS's minority research and research training programs	Funding: \$116,467,000 in support for NIGMS programs to increase institutional research capacity and strengthen the research skills of minority students and faculty. Includes funding for training programs at three institutions in the Pacific islands and support for Pacific Islanders at other	NIH NIGMS Minority Opportunities in Research Division (MORE) Clifton Poodry, PhD, Director 45 Center Drive, MSC 6200, Room 2AS.37H Bethesda MD 20892-6200 (301) 594-3900 (301) 480-2753 Fax poodryc@nigms.nih.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>Support research on AAPI communities in environmental and occupational health in order to build community capacity through education and skills building that will help to strengthen environmental programs and improve health in these communities. Aims of five projects are:</p> <p>a. To build the capacity of Southeast Asian girls and their communities to create and implement their own research and action agenda and to improve available reproductive health services.</p> <p>b. To empower community residents and workers, to improve environmental and occupational health, and promote pollution prevention and clean production in electronics manufacturing.</p> <p>c. To institutionalize community base efforts to improve environmental health, prevent pollution and reduce toxic use for Lowell’s Cambodian and Laotian residents.</p>	<p>a. To create a model process for linking and institutionalizing communication vehicles through work with community-serving family planning clinics, and to train these Southeast Asian girl leaders so they can educate others about these hazards and reproductive health.</p> <p>b. This project will involve low income people of color in Santa Clara County, California as community members and workers in assessing environmental and occupational healthy hazards and setting the research agenda through a partnership with researchers and health providers.</p> <p>c. The University of Massachusetts Lowell Center for Family, Work and Community/CIRCLE (Center for Immigrant and Refugee Community Leadership Empowerment),Lowell</p>	<p>a. FY 2002- FY 2003</p> <p>b. FY 2002- FY 2003</p> <p>c. FY 2002- FY 2003</p>	<p>This project has increased the pool of Southeast Asian girls that can serve as liaison between the researchers and health professionals and their communities.</p> <p>Pool of Southeast Asian girls trained as community health workers are creating culturally and linguistically appropriate health education materials for their community.</p> <p>This project has improved the ability of the community to assess and identify environmental and occupational health issues.</p>	<p>institutions.</p> <p>Funding: \$ 1,697,000 The increase in the pool of Southeast Asian girls as liaison has improved the communication between the professionals and their communities.</p> <p>Funding: \$239,150; a variety of reproductive health educational materials are available for the community.</p> <p>Funding: \$252,819; this low income community can identify and prevent expose to hazardous chemical in their community.</p>	<p>For projects a. through e.: NIH/National Institute of Environmental Health Sciences (NIEHS) Frederick L. Tyson, Program Administrator 79 Alexander Drive Research Triangle Park, N.C. 27709 (919) 541-0176 (919) 316-4606 fax tyson2@niehs.nih.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>d. To improve environmental health, prevent pollution and reduce toxic exposure of Cambodian, Laotian and other residents of Lowell, MA which has a number of environmental hazards.</p> <p>e. Continue to develop partnerships to help the immigrants and refugees to strengthen their environmental health and community programs to reduce their environmental problems.</p>	<p>Community Health is conducting this project.</p> <p>d. The University of Massachusetts Lowell Center for Family, Work and Community/CIRCLE), Lowell Community Health Center; and the Coalition for Better Acre are partners in this project to improve the environmental health for 40,000 immigrants and refugees, including Cambodian and Laotian residents.</p> <p>e. Through this environmental justice partnership for Lowell, Mass, the project will develop environmental educational that will be both culturally and linguistically accessible, and available to the community at any time.</p>	<p>d. FY 2002- FY 2003</p> <p>FY 2003 (continues to Sept. 2004)</p>	<p>This project has made this community more aware of pollution and other environmental issues from Brownfield sites and other toxic waste sites in their community.</p>	<p>Funding: \$252,819; this project has provided information about 120 toxic sites to over 40,000 immigrants and refugees from more than twelve Asian Nations.</p>	
<p>Build capacity to conduct CAM research in the AAPI community.</p>	<p>Provide training opportunities in CAM research for AAPI students and Investigators.</p>	<p>FY 2002 - FY 2003</p>	<p>NCCAM funded 4 Asian American and Pacific Islander trainees through 3 (of 8) T32 National Research Service Award Institutional (NRSA) Training Grants</p>	<p>Actual Funded Amount: \$150,000 (est.) Number of AAPIs Served: 4</p>	<p>NIH/NCCAM OSP Morgan N. Jackson, MD, MPH Director, OSP 6707 Democracy Blvd., Suite 106 Bethesda, MD 20892-5475 301-402-1278 301-480-3621fax mj145m@nih.gov.</p>
<p>a. Increase outreach to AAPI communities to establish public-private partnerships that will promote appropriate linguistically and culturally competent</p>	<p>a. Establish partnerships with two AAPI organizations to promote development of outreach activities.</p>	<p>a. Oct. 2001 – Dec. 2002</p>	<p>The DHHS Office of Civil Rights and the Department of Justice were contacted.</p>	<p>Chinese, Vietnamese, Korean, and Tagalong were identified as potential languages for translation.</p>	<p>NIH/NIDCR a. Office of the Director. Sharrell Butler, Diversity Program Manager 31 Center Drive MSC 2290,</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>services.</p> <p>b. Continue to inform the extramural community at all levels of education about training and career opportunities available in dental, oral health and craniofacial research.</p>	<p>b. Staff will continue to analyze data collected on the inclusion of AAPIs in training and career development programs to determine areas of deficiency.</p>	<p>b.FY 2002 (ongoing)</p>			<p>Building 31, Room 2C21 Bethesda, MD 20892-2290 (301) 402-7590 (301) 435-2901 fax (301) 435-2899 TTY Sharrell.Butler@nih.gov</p> <p>b. Division of Population and Health Promotion Sciences Lorrayne Jackson Building 45, Room 4AN24J 45 Center Drive Bethesda, MD 20892 (301) 594-2616.</p>
<p>Increase participation of AAPIs in NIAMS's research training and career development programs through the use of research supplements, through the Collaborative Arthritis and Musculoskeletal and Skin Diseases Sciences Award program and through the Clinical Research Education and Career Development program. These programs are intended to attract and encourage minority individuals to pursue health-related research careers in areas within the mission areas of the NIAMS.</p>	<p>Conduct a mailing of Extramural Program training and career development opportunities to the research community. Monitor data collected on the inclusion of AAPIs in training and career development programs to determine areas of deficiency. Strengthen partnerships with research intensive institutions.</p>	<p>FY 2002 – FY 2003 (ongoing)</p>	<p>Notification of the research community about NIAMS research training and career opportunities for special populations</p>	<p>Letters were sent to 493 grantees eligible to submit applications for research supplements to support underrepresented minorities.</p>	<p>NIH/NIAMS Janette Gabriel, EEO Officer (301) 402-1152</p>
<p>a. By Sept. 2002, expand and enhance cancer control interventions research in prevention, early detection,</p>	<p>a. Fund up to 6 additional Special Populations Networks project sites to enhance research infrastructure and training in minority/underserved</p>	<p>a. FY 2002</p>	<p>The number of SPN's remained constant at 18. However, 3 new Asian American Communities were added to the Asian American Network for Cancer</p>	<p>Funding: \$3.724M</p>	<p>a. and b. NIH/NCI Kenneth Chu, Program Director, CRCHD</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>treatment, and communications.</p> <p>b. Continue expanding and enhancing cancer control interventions research in prevention, early detection, treatment, and communications.</p>	<p>communities.</p> <p>Provide additional funds for pilot cancer control research within SPNs.</p> <p>b. Enhance the additional Special Populations Networks project sites in minority/underserved communities. Encourage the submission of applications for new pilot cancer control research within SPNs.</p>	<p>b. FY 2003</p>	<p>Awareness Research and Training; Hawaii, Houston and Sacramento. The other 3 AA/PI SPN's continued to make significant progress in cancer awareness and training.</p> <p>4 pilot studies were funded in 2002 and 4 pilots were funded in 2003.</p>	<p>Include in Outcome 1A</p> <p>Funding: \$200,000 in FY 2002 \$200,000 in FY 2003</p>	<p>6116 Executive Boulevard, Suite 602, MSC 8341 Rockville, MD 20852 (301)496-8589 (301) 435-9225 Fax</p>
<p>Increase AAPI participation in major preventive health activities.</p>	<p>Support national and regional organizations' activities to increase awareness, adapt programs and/or evaluate current substance abuse prevention models for specific minority populations with disparities.</p>	<p>FY 2002- FY 2003</p>	<p>CSAP's Community Disparities Program supported two national organizations serving AAPIs to increase awareness of mental health and substance abuse issues, adapt culturally sensitive program models, and evaluate the impact of these activities. Increase in the number of substance abuse prevention programs adapted and developed specifically for AAPIs and other minority populations. Funding has increased for AAPI and other minority populations.</p>	<p>Grantee organizations increased awareness of and access to mental health services, build capacity in 20 (est) AAPI communities. Services provide to 2,000 (est) AAPI individuals. FY 2002, AAPI grant funding increased, \$724,000 to \$4.3 million.</p>	<p>Laura Flinchbaugh, PhD DKDE 5600 Fishers Lane Rockwall II, 10<sup>th</sup> floor Rockville, MD 20857 301-443-4564 Lflinchb@samhsa.gov</p>
<p>Encourage AAPI CBOs to participate in grants TA workshops for Knowledge Development and Application (KDA) and Targeted Capacity Expansion (TCE) funding</p>	<p>Target sessions to address the concerns of racial and ethnic minorities, including AAPIs at SAMHSA-sponsored national and regional TA workshops.</p>	<p>FY 2002 - FY 2003</p>	<p>NM: The workshops were done under the auspices of the Office of the Administrator's pre-application workshops.</p>	<p>NA</p>	<p>SAMHSA CSAT Jane Taylor, PhD, Director, Division of Practice and Systems Development 5600 Fishers Lane, Rockwall II - 7<sup>th</sup> Floor Rockville, MD 20857</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					301-443-6534 Jtaylor@samhsa.gov
Continue to promote partnerships and community involvement in improving the mental health among AAPI populations.	Develop and implement an approach that ensures the inclusion of representatives of the AAPI population for participation in SAMHSA grants, cooperative agreements, purchase orders, announcements and technical assistance.	FY 2002 - FY 2003	No Information Provided	No Information Provided	SAMHSA/CMHS Teresa Chapa, PhD, Division of Program Development 5600 Fishers Ln., Rm 17C-05 Rockville, MD 20857 301- 443-4016
Increase access to substance abuse treatment materials for AAPI providers and consumers.	Convene annual meetings of the SAMHSA AAPI Cultural Competency Group to review and participate in first language product development for AAPI substance abuse treatment providers and consumers.	FY 2002 - FY 2003	Cultural adaptations of KAP materials developed with the consumers as the target audience.	Funding: \$45,000 to develop the following three KAP products in Chinese, Vietnamese, Korean, Tagalong, and Cambodian: (1) Aging, Medicines, and Alcohol; (2) Good Mental Health is Ageless; (3) Helping Yourself Heal.	SAMHSA CSAT Karl D. White, EdD, Public Health Analyst, OSEAS 5600 Fishers Lane Rockwall II, 8th Floor Rockville, MD 20857 301-443-8448 Kwhite@samhsa.gov
Improve and enhance outreach and joint projects with AAPI serving institutions and organizations.	Develop and maintain database of AAPI serving institutions and organizations. Disseminate database to Regional Offices.  Develop outreach and joint project plan. Each Region will incorporate this plan into a regional project plan for FY 2003. OCR will continue collaborating with other HHS components and other federal agencies to improve partnerships with AAPI serving	FY 2002 - FY 2003	No Information Provided	No Information Provided	OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	institutions and organizations.				
Increase AAPI serving institutions and organizations' capacity to address civil rights issues in health and human services programs raised by communities in partnership with OCR.	Through outreach and joint projects developed under Strategic Goal 1 above, one result will be the strengthening of AAPI community capacity.	FY 2002 - FY 2003	No Information Provided	No Information Provided	OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax
Provide learning experiences for AAPI students on OCR's mission and programs.	Recruit AAPI students for paid and volunteer positions in OCR's Student Academic Internship Program through the WHIAAPI intern program, the Organization of Chinese Americans' intern program, and through student associations such as the National Asian Pacific American Law Students Association and the Asian Pacific American Medical Students Association.	FY 2002 - FY 2003	Recruited and hired 6 AAPI students for paid and volunteer positions.	Five AAPI students were provided learning experiences on OCR's mission and programs.	OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax
Coordinate development and establishment of a HHS database of minority organizations.	Explore establishment of an HHS database of minority organizations, serving AAPI, African-Americans, Latino/Hispanic, and American Indian/Alaska Native communities, for programmatic, information dissemination efforts of the Divisions.	FY 2002 - FY 2003	Discussed with HHS AAPI Workgroup, including using the ACF Minority Organization Database as the core set of AAPI organizations to which Divisions would add additional organizations. Discussed with the OMH RC.	No outcomes to report. Plan to share respective Division organization AAPI databases in FY 2003.	OMH OPHS Betty Lee Hawks Special Assistant to the Director 1101 Wootton Parkway, Suite 600 Rockville, MD 20852 301-443-5084 301-594-0767 fax bhawks@osophs.dhhs.gov
Establish a group of community stakeholders.	Develop strong partnerships with the National Asian Pacific American Women's Forum to promote the Pick Your Path To Health Campaign, by collaborating with	FY 2002 - FY 2003	OWH continued its Pick Your Path To Health education and awareness campaign for minority women.	The National Asian Pacific American Women's Forum and other AAPI health organizations partnered to promote this campaign.	OWH OPHS Carol Krause, Director of Communications 200 Independence Avenue, SW, Washington, DC 20201

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	AAPI lay spokespersons				202-205-2551 202-205-2631 fax ckrause@osophs.dhhs.gov
<b>Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.</b>					
Continue to provide funding to Hawaiian and Pacific Islander organizations:	Six organizations involved in Native Hawaiian health practices, grass-roots health advocacy, cultural preservation, practices and enhancement, business development through enterprise development such as fisheries and small businesses, and educational training of native teachers will be provided with continued funding from ANA.	FY 2002	ANA will award another 15 to 20 new grants totaling \$2.5 to \$3 million.	18 grants awarded totaling \$3,786,601 in FY 2002 to AAPIs.	ACF ANA Sharon McCully Acting Director, DPO 370 L'Enfant Promenade, 348F Washington, DC 20447 (202) 690-5780 (202) 690-7441 fax smccully@acf.dhhs.gov
Promote expansion of medical coverage to low-income children in Hawaii and the Insular Pacific jurisdictions.	Reg. IX will follow up with CMS to ensure effective utilization of State Child Health Insurance Program, (SCHIP) in Hawaii and American Samoa through outreach to maximize children's access to and use of SCHIP resources.	FY 2002	ACF programs serving AAPI clients are aware of potential for increased medical resources to low income AAPI children via SCHIP funding.	American Samoa and CNMI have expended 100 percent of SCHIP funds and have overmatched SCHIP with local funds. Guam expended 100 percent of SCHIP funds through FY 1999 and the RO is working with CMS to assure full use of SCHIP funds for FY 2000 through FY 2003. The three flag Territories receive \$1.9M annually in SCHIP funds.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov
Work to improve program and financial management of grantees serving developmentally disabled individuals in Hawaii, American Samoa, CNMI, and Guam.	Reg. IX is working with SAMHSA on financial management issues with a Developmental Disabilities, (DD) grantee in American Samoa. Discussions are also underway to have the Department of the Interior,	FY 2002	ACF funded a technical expert to provide intensive TA onsite to the DD networks in Guam and CNMI. Additional follow-up was provided via meetings, mail and conference calls.	All DD grantees in the Pacific jurisdictions are in full compliance with program and financial management requirements and 100 percent of DD	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	the OIG, or other Federal agencies conduct a fiscal audit. Also working to insure timely, accurate, and complete program and fiscal reports for all Pacific Insular jurisdictions (American Samoa, CNMI, Guam).			clients in those jurisdictions are AAPI clients.	(415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov
Continue outreach to Hawaiian and Pacific Islander communities about ANA grant, consultant, and evaluator opportunities in the continental U.S., Hawaii, American Samoa, Guam, Commonwealth of the Northern Marianas Islands, (ANMI) and the Republic of Palau.	Development of an ANA outreach plan, maintenance of Hawaiian and PI listing, and PI activities.	FY 2002	Increase ANA outreach and programs by 10 percent.	A TA contract was awarded to a Native Hawaiian organization to increase ANA outreach.	ACF ANA, Sharon McCully, Acting Director, DPO 370 L'Enfant Promenade 348F Washington, DC 20447 (202) 690-5780 (202) 690-7441 fax smccully@acf.dhhs.gov
Coordinate among Federal programs in the Outer Pacific Insular jurisdictions in order to support individual and community health and human service efforts.	HHS, ACF, and ACF Region IX comprise a federal work group coordinating regional and national efforts in the Pacific Insular jurisdictions, with other members from the Departments of Interior, Labor, Commerce, Transportation, HUD, EPA, Education, and Agriculture. The group will inform HHS, DOI, and the DOS/ Office of Insular Affairs of issues and their impact on renegotiating the Compact of Free Association (CFA).	FY2002	ACF is working with its Central Office, the Department of Interior, the Department of State, and others to facilitate the transition to locally administered social services in the Federated States of Micronesia, (FSM) and the Republic of the Marshall Islands, (RMI). Region IX ACF staff participate in a multi-agency Federal work group to coordinate and improve Federal programs in the Pacific jurisdictions. Also, coordinates the transition from HHS funded to Compact funded social services under the Compact of Free Association.	In FY 2003, we expect the FSM and RMI to finalize the Compact of Free Association to allow for the transition from US to local administration of social and human services. There are about 200,000 Pacific Islanders residing in the two jurisdictions.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov
Provide specific counts of Hawaiian and Pacific Islander populations seeking grants and TA.	Regional TA contractors (in ACF/ Administration for Native Americans (ANA) Regions V-Pacific and VI-National) will provide ANA with data on the	FY 2002	Contractor will maintain database and submit to ANA.	The Native Hawaiian organization will develop and submit data to ANA.	ANA Sharon McCully, Acting Director, DPO 370 L'Enfant Promenade 348F

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	demographics and needs of Hawaiian and Pacific Islander populations so that ANA can better understand and target effectively the future programming and access to services needs of these communities.				Washington, DC 20447 (202) 690-5780 (202) 690-7441 fax smccully@acf.dhhs.gov
Continue to fund a grant to provide childcare services to Native Hawaiian children and families.	Child Care Bureau (CCB) will continue a grant for a Native Hawaiian organization subject to availability of funds.	FY 2002	In March 2002, CCB awarded \$1,000,000 for second year funding of a Native Hawaiian organization so it can continue operating a Native Hawaiian Child Care Assistance Project.	Funding: \$1,000,000. 347 Native Hawaiian children from 271 families received CCDF-funded child care, which exceeds the number of children projected to receive child care assistance.	Ginny Gorman, National Tribal Child Care Specialist, CCB, 330 C Street, SW, Rm. 2046 Washington DC 20447 (202) 401-7260 (202) 690-5600 fax ggorman@acf.shhs.gov
Continue to support attendance by key state and grantee organizations in meetings to enhance administrative capacities	CCB will continue to support attendance by representatives of the State CCDF Lead Agencies in Hawaii, American Samoa and the Northern Mariana Islands at the CCB's Annual State Administrator's Meeting where training on various CCDF topics will be provided, e.g., effective strategies and model program practices for enhancing their administrative infrastructures, and administrative issues.	FY 2002	State Funds were made available for CCDF Lead Agency administrators in Hawaii and the Pacific Rim to attend CCB'S annual State Administrators' Meeting. This enhanced knowledge of State Administrators regarding CCB priorities and CCDF.	State and Territorial Administrators and their immediate staff attended the national State Child Care Administrators' Meeting in August 2002. State and Territorial Administrators and their immediate staff attended ACF Region IX child care conferences.	Ginny Gorman, National Tribal Child Care Specialist, CCB, 330 C Street, SW, Rm. 2046 Washington DC 20447 (202) 401-7260 (202) 690-5600 fax ggorman@acf.shhs.gov
Improve data collection and reporting for ACF programs serving Hawaii and the Outer Pacific.	Reg. IX staff are providing TA to Hawaii and the Outer Pacific to implement and improve reporting on ACF programs, particularly new reporting requirements for the TANF and CCDF programs. In addition, Reg. IX is working with those	FY2002	Hawaii and the Territories are meeting ACF reporting requirements in all programs except the TANF program in Guam. The RO continues to provide Guam with TA to improve their data collection and reporting.	ACF is in a better position to evaluate program effectiveness in these AAPI jurisdictions.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza Rm. 352 San Francisco, CA 94102 (415) 437-8554

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	jurisdictions to implement automated systems across the TANF, Child Support Enforcement, CCDF, and DD programs.				(415) 437-8437 jcoakley@acf.dhhs.gov
Provide TA to a Native Hawaiian CBO that provides child care for children of low income Native Hawaiian families.	Reg. IX will provide TA to ALU LIKE, Inc. Native Hawaiian Child Care Project to assist the grantee to increase the affordability, accessibility, and quality of child care to children of low-income Native Hawaiian families	FY 2002 - FY 2003	The provider, ALU LIKE, INC. of Honolulu has received a number of ACF-funded technical assistance services, including on-site, traveling to the Mainland, and via email and phone.	Grantee is in the fifth of six years of ACF-funded child care services. In FY 2003 and FY 2004 they will receive about \$1M per year in funding. They continue to provide affordable, accessible, and culturally appropriate child care services to 400 children from low-income Native Hawaiian families monthly.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov
Improve program and financial reporting for all Outer Pacific Head Start grantees.	Continue to provide training and TA (T/TA) to all Outer Pacific Head Start (HS) grantees.	FY 2002	Increased capacity for providing improved program and financial reporting. ACF will continue to provide annual T/TA to Hawaii HS grantees to improve program and financial reporting, including numbers on AAPI children. Hawaii and Outer Pacific EHS/HS grantees did not submit expansion in FY 2002.	Four Hawaii grantees received T/TA prior to the monitoring review to ensure that the Federal Regulation is followed. 200 staff and parents from eight Outer Pacific grantees were provided training, which addressed programmatic and financial processes that would result in improved reporting.	ACF Marilyn Nakamura, Program Specialist for Hawaii grantees 808-541-2914 808-541-3674 fax mnakamura@acf.san Richard Ybarra, Program Specialist for Outer Pacific grantees, 415-437-7996, FAX 415-438 -8438 rybarra@acf.san
Work to improve program performance (TANF, child care, child welfare, child support, and developmental disabilities) through a better understanding of program requirements, issues and best practices.	ACF will support the travel by RO staff to Pacific jurisdictions to provide TA and by grantees to Hawaii and the continental U.S. and Hawaii for training and TA conferences. Ongoing TA on program requirements, policies, and	FY 2002	ACF Region IX: provides ongoing TA to Hawaii and Guam on welfare reform;. promoted onsite TA to disability programs in Guam and CNMI; ACF Region IX will lead a child welfare review in FY 2003 onsite in Hawaii. The Federal Regional Council is supporting	The RO continues to assure that AAPI clients receive effective, appropriate, and equitable services in the AAPI jurisdictions of the Pacific Basin.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	procedures; on improving performance and efficiency; increasing the use of technology, and other grantee needs will be provided. Reg. IX is working with the Federal Regional Council to fund improved telecommunications with Insular areas of the Pacific, including the Internet, televideo and other media vehicles.		an ACF test of video telecommunications to the Pacific Basin, including Hawaii, the Territories, and the Freely Associated States.		(415) 437-8437 jcoakley@acf.dhhs.gov
Improve surveillance system by utilizing the CDC developed Tuberculosis Information System (TIMS) in Guam, Republic of Palau (Palau),	Meet with World Health Organization (WHO) about using a standard data collection tool.	September 2002 and 2003.	Cases in TB patients are being reported from Guam, Palau, and CNMI using the CDC developed software. Other U.S. associated Pacific Island Jurisdictions reported TB cases using WHO registry. Ongoing collaboration is planned.	AAPIs from the 6 Pacific Island Jurisdictions benefit from accurate and timely morbidity reporting.	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax var1@cdc.gov
Establish and maintain a consistent and routine HIV and AIDS case reporting system in all six funded Pacific Island jurisdictions by using the electronic HIV and AIDS Reporting System or a modified manual system.	Set up meetings with Division of HIV and AIDS Prevention Surveillance and Epidemiology Surveillance Branch to determine a strategy to establish this system.	September 2002 and 2003.	No Information Provided	No Information Provided	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax var1@cdc.gov
Collect results and analyze Youth Risk Behavior Survey (YRBS) from the Pacific Region including American Samoa, RMI, CNMI, Palau, Guam, and Hawaii.	a. Publish results and analysis of data collected in the 2001 YRBS from the Pacific Region. b. The Pacific Region will conduct the 2002 YRBS to all public middle and high schools.	September 2002 and 2003.	Analyzed data from YRBS 2002/2003	Funding: \$45,000	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway MS K-42

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
					Atlanta, Georgia 30341 770-488-6458 770-488-5962 kts3@cdc.gov
Establish relations between cause and effect hampered by a lack of defined human cohorts, verification of exposure and the lack of quantitative index of brain tissue damage.	a. Recruit men with Parkinson's disease and Alzheimer's dementia in the autopsy subset of the Honolulu Heart Program cohort. b. Examine the interrelations among markers of pesticide exposure, quantifiable tissue injury, and clinical and pathological evidence of parkinsonism and dementia. c. Determine levels of glial fibrillary acidic protein present in specimens documented by clinical and neuropathologic historical assessment	September 2002 and 2003.	Publication documented indicators of brain damage in AAPI patients with Alzheimer's and Parkinson's disease.	Funding: \$523,026 8,006 (est) AAPIs enrolled.	CDC NIOSH Pam Wilkerson, Extramural Community Liaison, 1600 Clifton Road, Mail Stop D -35, Atlanta, Georgia 30333 404- 639-4384 404-639-2248 fax pxj2@cdc.gov.
Establish a Pregnancy Risk Assessment Monitoring System (PRAMS) in Hawaii.	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.	September 2002 and 2003.	Conducted quantitative and qualitative research; decreased infant mortality.	Funding: \$136,479	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov.
Identify risk and protective factors for infant mortality.	a. Conduct quantitative and qualitative research through community involvement, media, policies and surveillance and evaluation. b. Discourage youth access to	September 2002 and 2003.	Identified risk and protective factors.	Funding: Funding: \$800,000 and \$120,000 each to 5 U.S. associated Pacific jurisdictions.	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	tobacco products. c. Decrease exposure to secondhand smoke. d. Encourage youth and adults to quit smoking. e. Empower youth through advocacy projects. f. Create media campaigns through television, radio, cinema ads, mall kiosk ads and media advocacy events.				Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Develop National Program of Cancer Registries (NPCR) in Palau.	a. Plan and implement National Program of Cancer Registries. b. Develop model legislation and regulations for states to enhance the viability of registry operations. c. Set standards for data completeness, timeliness, and quality to provide training for registry personnel. d. Establish a computerized reporting and data-processing system that provide useful feedback for evaluating progress toward cancer control in all states and territories.	September 2002 and 2003.	Planned and implemented National Program of Cancer Registries and enhanced the viability of registry. Developed training for registry personnel. Established computerized reporting.	Funding: \$14,574 to Palau	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Resolve the problem surrounding the transshipment of infectious or diagnostic goods throughout the communities of FSM, RMI, American Samoa, Republic of Palau, Guam, CNMI and Hawaii to the mainland as necessary.	Set up meetings between CDC, project officers, program consultants and medical officers with various stakeholders in the Pacific Island Basin (PIB) such as the Pacific Basin Medical Association, the Pacific Islands Health Officers Association (PIHOA), WHO,	September	Meeting was held in July 2002: 30 participants, including those indicated under the strategy, attended. Discussion on safer, reliable and legal shipments of infectious and diagnostic laboratory specimens.	Continental Air Mirconesia has rescinded restrictions on shipping diagnostic specimens throughout Micronesian routes to Hawaii; however, no flights to continental U.S. are authorized. Gemini Air	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	selected principals from TB and HIV programs, representatives from airlines servicing the Pacific Islands Basin, representatives from the International Air Transport Association via live video conference or onsite			Cargo carries lab specimens from American Samoa to Hawaii; Asian Pacific Airlines carries specimens from Majuro, Marshall Islands to Hawaii. TNT and Courier Corp of Hawaii forward specimens to California with help from Hawaii lab staff.	var1@cdc.gov
Evaluate the impact of Hepatitis B immunization in AAPI children and their family members	Begin Hepatitis B virus survey program in Georgia involving 500 to 1,000 AAPI children and family members, and 1,000 to 3,000 AAPI first graders in Hawaii. The program is waiting for approval from the Institution Review Board.	March 2002 and 2003.	Hepatitis B survey program implemented, outreach activities developed.	Funding: \$250,000. Enrollment of participants in Georgia has begun. Currently 137 families with 665 persons including 213 children born after 1992 have been enrolled. Completed enrollment of participants in Hawaii (target 2,500; enrolled: 2,471). Clinics have been completed and immunization data are being validated.	CDC NCID Ernestine Flint, Supervisory Staff Specialist, Office of Minority and Women's Health One 6029 Decatur, Georgia 404-371-5309 404-371-5487 fax ebf7@cdc.gov
Provide funding for 34 state-based hepatitis coordinators; establish 5 new sites.	Recruit hepatitis coordinators.	September 2002 and 2003.	Provided funding for 48 Hepatitis C coordinators; recruited coordinators to fill 39 of 48 positions.	Funding: \$3,000,000	CDC NCID Ernestine Flint, Supervisory Staff Specialist, Office of Minority and Women's Health One 6029 Decatur, Georgia 404-371-5309 404-371-5487 fax ebf7@cdc.gov
In collaboration with the Department of Interior, Office of	Sign memorandum of understanding with Office of Insular Affairs to	September 2002 and	No Information Provided	No Information Provided	CDC NCID Ernestine Flint, Supervisory

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Insular Affairs, provide funding for Hepatitis B research and implementation of Hepatitis B control programs to the U.S.-associated Pacific jurisdictions.	provide 5 years funding for Hepatitis B research and implementation of Hepatitis B control programs.	2003 (project period September 2002 to 2005).			Staff Specialist, Office of Minority and Women's Health One 6029 Decatur, Georgia 404-371-5309 404-371-5487 fax ebf7@cdc.gov
The Asian-Pacific Economic Cooperation (APEC) Telecommunications Network for emerging infectious disease continues to develop and enhance its communications technology-based approach to prevent emerging infectious diseases related to trade and travel within the 21 economies of the APEC consortium.	<p>a. Create and/or enhance working relationships among organizations responsible for trade, travel, and public health on the Pacific Rim.</p> <p>b. Extend the capacity of APEC's developing economies to use information technology and the Internet for alerts and surveillance information locally, nationally, and internationally.</p> <p>c. Provide health professionals with technical content, direction, and Internet-based resources for learning and technical content direction, and Internet-based resources for learning and teaching about emerging</p>	September 2002 and through FY 2003.	<p>Communications technology-based approach to prevention of emerging infectious disease related to trade and travels developed and enhanced.</p> <p>Communications technology-based approach to prevention of emerging infectious disease related to trade and travel developed and enhanced.</p> <p>Two epidemiologists were assigned to the Asia Pacific region in late 2002.</p>	<p>Funding for CDC's APEC EINET, launched in late 1990s, ended in FY 2001. APEC EINET has enabled health professionals in these countries to compare first-hand experience in diagnosing and managing cases of SARS at a very early stage of the epidemic.</p> <p>An APEC Action Plan on SARS has been developed, and will be introduced at the next meetings of APEC Senior Officials (SOMII) and of Ministers Responsible for TRADE (MRT). The Plan will emphasize transparency and containment and build public confidence.</p> <p>These epidemiologists will continue to synergize the efforts of APEC EINET, PacNet, and other regional infectious disease surveillance networks, and</p>	CDC NCID Ernestine Flint, Supervisory Staff Specialist, Office of Minority and Women's Health One 6029 Decatur, Georgia 404-371-5309 404-371-5487 fax ebf7@cdc.gov



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>infectious diseases in Asia and Pacific regions.</p> <p>d. Bring academic institutions closer together and create a collaborative learning environment.</p>		<p>Communications technology-based approach to prevention of emerging infectious disease related to trade and travels developed and enhanced.</p>	<p>develop the “network of networks” for monitoring emerging health threats in the Asia Pacific region.</p> <p>With APEC funding, APEC EINET intensified its Seattle site and updated course materials on emerging infectious diseases.</p>	
<p>Establish and strengthen school health education programs that address youth risk behaviors that result in HIV infection, sexually transmitted disease, and unintended pregnancy.</p>	<p>Provide funding to State and territorial education agencies.</p>	<p>September 2002 through FY 2003.</p>	<p>Developed and trained school personnel and held the Annual PRTHIV Conference. Continued the training of school personnel. Evaluated effectiveness of HIV prevention program. Developed an at-risk prevention plan at the schools and completed AIDS supplementary guide in Hawaii. Provided assistance to high-risk youth through RMI Ministry of Education. Successfully piloted a health education curriculum for middle school.</p>	<p>Funding: \$594,055.</p>	<p>CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov tfs4@cdc.gov</p>
<p>Develop strategies to eliminate health disparities among Asian Americans, Native Hawaiians and other Pacific Islanders.</p>	<p>Provide funding to community coalitions through REACH 2010 Demonstration Project (Three projects working with Asian American and Pacific Islander populations funded via competitive process).</p>	<p>September 2002 and 2003 (5 years project; 1999-2003).</p>	<p>Built capacity. Action targeted. Changed systems. Change in risk and behavior. Initiated change in health disparity.</p>	<p>Funding: \$2,382,546 total base program budget</p>	<p>CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov</p>
<p>Support effective youth violence prevention research that involves</p>	<p>National Academic Centers of Excellence on Youth Violence,</p>	<p>September 2002 and</p>	<p>Empowered community and developed effective youth violence interventions.</p>	<p>N/A</p>	<p>CDC NCCDPHP Kimberly Sledge-Clay/</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
communities.	University of Hawaii at Manoa, will promote interdisciplinary research to foster collaboration between researchers and communities, and empower communities to address youth violence.	2003 (project period FY 01 to FY 05).			Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Provide resources for rape prevention and education programs to rape crisis centers, State and Territory sexual assault coalitions, and other public and private nonprofit entities	<ul style="list-style-type: none"> <li>a. Education seminars.</li> <li>b. Operation of hotlines.</li> <li>c. Training programs for professionals.</li> <li>d. Preparation of informational material.</li> <li>e. Education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.</li> <li>f. Education and training to increase awareness about drugs to facilitate rapes or sexual to increase awareness in underserved communities and awareness among individuals with assaults.</li> <li>g. Efforts to increase awareness about, or to help prevent, sexual assault, including disabilities (Guam and Hawaii Department of Health).</li> </ul>	September 2002 and 2003.	Held educational seminars -established hotlines, and conducted training programs for professionals. Prepared informational material and conducted educational and training programs for students. Increased drug awareness and the awareness how to prevent sexual assaults.	N/A	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Develop, implement, and evaluate system-based Diabetes Prevention and Control Programs (DCPs).	Conduct DCPs in AAPI communities in the U.S.-associated Pacific Island jurisdictions and in states that have significant numbers of AAPIs.	September 2002 and 2003.	Implemented and evaluated access to and quality of care for populations with diabetes. Reduced death, disability, and costs related to diabetes.	Funding: \$320,394 to Hawaii Dept of Health, \$74,832 to American Samoa, \$115,161 to Guam,	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
				\$47,860 to Palau, \$70,378 to Micronesia, and \$488,399 to Northern Marianas.	Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Maintain a Regional Center to foster community involvement and action to address the burden of diabetes in the Pacific Basin.	Utilize and build upon CDC's "Diabetes Today" community planning model.	September 2002 and 2003.	Provided community training sessions 2 to 3 times per year.	Funding: \$472,512 to Papa Ola Lokahi Diabetes Training Center	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Through the National Diabetes Education Program (NDEP), develop program to reduce morbidity and premature mortality due to diabetes.	<p>a. Fund two national organizations representing AAPI populations to address the NDEP, and to facilitate delivery of culturally appropriate NDEP prevention and control messages through community-based delivery channels and interventions.</p> <p>b. Target NDEP awareness campaigns for AAPI populations, translate campaign materials, distribute media kit and a press release, and diabetes facts, information e.g., radio scripts, print ads.</p> <p>c. Conduct activities to tailor NDEP messages to be culturally and linguistically relevant to the AAPI populations through the Community Intervention Workgroup with an active AAPI subgroup.</p>	September 2002 and 2003.	Funded two national organizations to represent AAPI populations. Developed NDEP awareness campaigns for AAPI populations. Translated campaign materials and distributed media kits. Conducted activities that tailored messages to be culturally and linguistically relevant.	Funding: \$409, 856 to the Association of Asian Pacific Community Health Organizations and \$361,122 to the National Asian Women's Health Organization.	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962 fax kts3@cdc.gov/ tfs4@cdc.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Develop and implement a multi-center collaborative Diabetes Translation Research Initiative and Translating Research into Action for Diabetes (TRIAD) within managed care settings in Hawaii.	Collaborate with the Pacific Health Research Institute (PHRI) to improve the quality of health care for persons with diabetes focusing on managed health care plans in Hawaii.	September 2002 and 2003.	TRIAD within managed care setting and developed a multi-center Diabetes Translation Research Initiative.	Funding: \$586,518	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Support initiative to mobilize for the prevention and control of tobacco use through the National Tobacco Prevention and Control Program.	Provide funding to 50 states, seven territories, and the District of Columbia: a. Provide resources, training, program guidance, information and education. b. Implement state and local tobacco prevention and control initiatives. c. Provide additional funding to 11 national organizations that reach and serve specific racial/ethnic populations at high risk of using tobacco. d. Build culturally appropriate tobacco control programs.	September 2002 and 2003.	Provided resources, training, program guidance, information and education, and implemented state and local tobacco prevention and control initiatives. Provided additional funding to 11 national organizations to serve at risk populations. Initiated culturally appropriate programs.	Funding: Hawaii \$623,533, American Samoa \$114,730, Guam \$154,528, Micronesia \$154,551, CNMI \$71,654, and Republic of Palau \$176,765.	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Utilize cooperative agreements (COAG) to fund TB prevention, control and laboratory efforts in the Pacific Islands Basin and Hawaii.	a. Send out, promote and promulgate the COAG. b. Conduct routine site visits to discuss goals and objectives	August 20, 2002 and 2003 (5 years competitive cycles).	All PI jurisdictions and Hawaii received TB funding; All sites except American Samoa had on-site visits. American Samoa was able to attend special training.	Technical experts from CDC, WHO, and the California Regional Reference lab have visited TB lab supervisors, TB program managers, and TB physicians on site in Guam, Palau, FSM, RM1, CNMI, and Hawaii.	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax var1@cdc.gov
Further develop and strengthen	a. Increase mechanisms for	September	The CDC/DHAP Prevention Program	These meetings help to	CDC NCHSTP

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
the relationship between CDC/DHAP and the Native Hawaiian and Pacific Islander HIV prevention partners currently funded through HIV prevention cooperative agreement.	communication and feedback from Native Hawaiian and Pacific Islanders HIV prevention programs that will assure more representation and inclusion. b. Conduct routine site visits.	17, 2002 and FY 2003.	Branch Project Officer (PO) conducts monthly conference calls, communicates via e-mail with the Pacific Islands Program Coordinators, and conducts two on-site visits a year. The Pacific Island grantees are required to attend 2 national programmatic meetings a year in the States; Community Planning Leadership Summit and the National HIV, STD, and TB Prevention Conference. In FY 2002 DHAP traveled all 6 Pacific Island HIV Coordinators to Hawaii to improve their understanding of CDC program requirements and address various programmatic and training issues.	strengthen relationships between CDC/DHAP and the Native Hawaiian and Pacific Islander HIV prevention partners.	Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax var1@cdc.gov
Provide technical consultation to the Pacific Islander Health Officers Association.	Provide technical advice and laboratory capacity to support the investigations of Hepatitis B and Hepatitis C control programs in the Pacific jurisdictions.	Sept. 2002 through FY 2003.	Supplies for laboratory services purchased; laboratory technical capacity support and investigations of Hepatitis B and C provided.	Assisted Palau in the formation of an institutional review board. Prepared for Hepatitis B program evaluation that took place in Palau (2002). Enrollment has begun of participants to a study in Palau to evaluate long-term Hepatitis B vaccine efficacy.	CDC NCID Ernestine Flint, Supervisory Staff Specialist, Office of Minority and Women's Health One 6029 Decatur, Georgia 404-371-5309 404-371-5487 fax ebf7@cdc.gov
Provide National Research Council (NRC) Post-doctoral visiting fellowship program. The purpose program is to provide education and training to help alleviate the critical shortage of occupational safety and health manpower	a. Conduct the Resident Research Associate ship Programs in cooperation with the National Institute for Occupational Safety and Health (NIOSH) laboratories in Cincinnati, Morgantown, Spokane, and Pittsburgh.  b. The Research Council conducts a national competition to make awards	July 31, 2002 and 2003 (project period 2002 to 2005).	Advance training and experience of AAPI scientists that contributed to the productivity of NIOSH's research.	Funding: \$337,560 8 AAPIs employed	CDC NIOSH Pam Wilkerson, Extramural Community Liaison I 1600 Clifton Road, Mail Stop D -35 Atlanta, Georgia 30333 404- 639-4384 404-639-2248 pxj2@cdc.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	to outstanding scientist and engineers at recent postdoctoral and experienced senior levels for tenure as guest researchers at NIOSH.				
Demonstrate evidence of AAPI women being screened through minimum data elements reported twice yearly by each screening program to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).	In collaboration with Departments of Health, provide breast and cervical cancer screening in Hawaii, American Samoa, CNMI, Guam and Palau.	September 2002 and 2003.	Screened AAPI women in the U.S. associated jurisdictions.	Funding: \$829,660 to Hawaii, \$323,856 to American Samoa, \$692,311 to Palau, \$134,267 to CNMI, and \$320,581 to Guam.	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Support Preventive Health and Health Services Block Grant to support categorical programs to states that have insufficient funds.	Fund at least 33 health problems and 100 health status objectives of Healthy People 2010 in the areas of breast and cervical cancer, diabetes, HIV/AIDS prevention, nutrition, etc.	September 2002 and 2003.	GPRA measure: 85% of the total required data from all programs.	Funding: \$1,071,661 to Hawaii, \$302,345 to Guam, \$72,981 to American Samoa, \$29,046 to Palau, \$3,6031 to RMI, \$88,201 to FSM, and \$55,423 to CNMI.	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov
Develop, implement and evaluate culturally relevant outreach, preventive health screening, and health education programs to serve the Waimanalo community.	Implement the Maui Ola ("spirit of life"), a comprehensive community-wide outreach and preventive health program within the Waimanalo ahupua`a (a traditional Hawaiian integrated, self-sustaining, geographically- defined community) of Native Hawaiians and other AAPIs living in rural agricultural southeast Oahu.	FY 2000 - 2005 (Funding period is September 2000 - September 2005)	This program is measured by the changes in modifiable health risk factors for participants such as weigh loss, decreased blood glucose, blood pressure, and cholesterol. The project aims to achieve 9,000 direct contacts over the 5-year program, reaching nearly 90% of the Waimanalo community.	First 2-years of the project, nearly 1,500 people have been screened for diabetes, cholesterol and other risk factors for cardiovascular disease, and diagnosed 50 individuals with diabetes.	CMS Mary Kapp, Office of Strategic Planning 7500 Security Blvd. Baltimore, MD 21244-1850 (410) 786-0360 (410) 786-5515 fax Mkapp@cms.hhs.gov.

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
<p>Improve the health of elderly AAPIs who have either Medicare or Medicaid and to provide effective community-based care and services that prevent institutionalization.</p>	<p>Kokua Kalihi Valley Comprehensive Family Services (KKV) will annually provide 85 elderly AAPIs with case management and assessment that ensures integrated health care; ensure that at least 75% of the clients enrolled remain in their own homes; and improve or stabilize the functional ability of 75% elderly in the program and help them access additional funding.</p> <p>Translate, test, duplicate, and evaluate health education materials for Samoan and Ilocano languages on high-risk health problems and preventative services.</p> <p>KKV will improve the health and well-being of elderly AAAPIs who have Medicare or Medicaid by providing services, e.g., counseling, escort, interpretation, health education, and advocacy, to increase access to, and utilization of, health and human services.</p>	<p>July 1, 2001 - June 30, 2002</p> <p>Same</p>	<p>92% of elderly served were AAPI and had Medicare and/or Medicaid. * Client satisfaction survey showed satisfaction rates of 97% to 100% in all areas.</p>	<p>4.3 encounters of health education/interpretation services per elder served. 8.7 counseling hours per elder; 10.8 one-way trips per elder; advocated for 3.8 encounters per elder; distribution of 2.2 items of equipment per elder.</p>	<p>CMS Henry F. Tyson, Branch Manager, Division of Beneficiary Services 75 Hawthorne St., Room 408 San Francisco, CA 94105 (415) 744-3434 (415) 744-3771 Htyson@cms.hhs.gov</p>
<p>Improve emergency preparedness to hospitals serving PIs.</p>	<p>Work in partnership and coordination with the DoD and the CDC in enhancing disaster mitigation for hospitals located in American Samoa, Guam, the Marshall Islands, the Marianna Islands, Palau, and Federated States of Micronesia.</p>	<p>FY 2002</p>	<p>No Information Provided</p>	<p>No Information Provided</p>	<p>HRSA Office of Special Programs, Division of Facilities and Loans Bill Tan, Director 5600 Fishers Lane Rockville, MD 20857 (301) 443-5371 btan@hrsa.gov</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Strengthen existing NCI-sponsored cancer and cancer health disparities research activity among AAPI populations.	<p>a. Include appropriate Native Hawaiian/Pacific Islander representation on various Boards and encourage participation in Institute programs and services.</p> <p>b. Continue the search for appropriate NHPI representation on various Boards and participation in Institute programs and services.</p>	<p>a. FY 2002</p> <p>b. FY 2003</p>	<p>In FY 2002, led by CRCHD/NCI and NCMHD/NIH, a team of health care experts from the Pacific Rim community supported through the NCI's Special Populations Network Papa Ola Lokahi, in Hawaii to develop a needs assessment tool and administer this tool to community leaders and health professionals in six jurisdictions throughout the Pacific Rim: the Republic of the Marshall Islands, Republic of Palau, Federated States of Micronesia, Commonwealth of the Northern Marianas, Guam, and American Samoa. The team examined a number of issues including health infrastructure needs, socio-economic factors, current sources of health services, quality of care and adequacy of health care providers, as well as the knowledge, attitudes and behaviors of the Pacific Rim Islanders to cancer care.</p>	<p>Funding: \$250,000</p> <p>Co-Funding: \$100,000</p>	<p>NIH/NCI Frank Jackson 6116 Executive Boulevard, Suite 602, MSC 8341 Rockville, MD 20852 301-496-8680</p> <p>Same as above.</p> <p>NIH/NCMHD</p>
By Dec. 2005, learn more about drinking patterns and the risk and protective factors for alcohol problems in Asian Americans, Native Hawaiians, and other Pacific Islanders and their subgroups. To identify AANHOPi groups/ subgroups at high risk for alcohol problems.	<p>a. Support three studies to derive more precise estimates and a better understanding of major alcohol-related variables such as alcohol consumption, driving under the influence of alcohol, and other alcohol-related problems in AANHOPis.</p> <p>b. Support four studies to derive more precise estimates and clarify the causes of major alcohol-related variables such as immigration</p>	<p>a. Ongoing</p> <p>b. FY 2002 - FY 2005</p>	No Information Provided	No Information Provided	<p>NIH/NIAAA Dr. Faye Calhoun, Director, Office of Collaborative Research 6000 Executive Blvd. Bethesda MD 20892-7003 301-443-1269 301-480-2358 fax fcalhoun@mail.nih.gov.</p> <p>Same as above.</p>



Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	effects, alcohol consumption levels, and alcohol-related problems in AANHUPI populations.				
Evaluate implementation of use of the OMB racial and ethnic identity groups, including that for Native Hawaiians and other Pacific Islanders, for data collection efforts	Verify all databases used to collect racial and ethnic data have been modified to reflect new AAPI racial groups mandated by OMB	Oct. 1, 2003	Reporting of Native Hawaiian and Pacific Islander data for clinical trials and research supplement awards.	Funding: \$50,000 development of Supplement Tracking System (STS) and implementation of NIH Populations Tracking System (POP) for Native Hawaiians and Pacific Islanders.	NIH/NIAID Milton J. Hernandez, PhD, Director, Office of Special Populations and Research Training 6700-B Rockledge Dr., #2133 Bethesda, MD 20852 (301) 496-3775 (301) 496-8729 fax mh35c@nih.gov
Identify prevalence rates and trends of drug use among AAPI subgroups.	To identify and investigate existing data sets that have been collected at the national and local levels, particularly health insurance data set from Hawaii Department of Health.	August 2002 to Sept. 2003	No Information Provided	No Information Provided	NIH/NIDA Ana Anders, LICSW, Senior Advisor on Special Populations, 6001 Executive Blvd. Bethesda, MD 20892-9567 301-443-0441 301-480-8179
Encourage the participation of Pacific Islanders in NIGMS's Institute-wide training programs.	Require acceptable recruitment plans at institutions serving Pacific Islanders	FY 2002- FY 2003	Acceptable minority recruitment plans were received from 283 institutions receiving NIGMS support.	NIGMS training programs are ensured of having adequate plans to recruit underrepresented minorities, including AAPIs, into training.	NIH/NIGMS John Norvell, PhD Assistant Director for Research Training, 45 Center Drive, MSC 6200, Room 2AS.13B Bethesda MD 20892-6200 (301) 594-0533 (301) 480-2004 Fax norvellj@nigms.nih.gov.
Increase participation, as both subjects and researchers, of Native Hawaiians and Pacific	Through outreach activities, encourage grant applications from Native Hawaiians and Other Pacific	FY 2002 - FY 2003	NCCAM's Director, Dr. Stephen Straus, participated in an NIH workshop on grantsmanship held in Honolulu and met	Actual Funded Amount: N/A Number of NHOPI Served:	NIH/NCCAM Morgan N. Jackson, MD, MPH, Director

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Islanders in NCCAM- sponsored CAM research.	Islanders (NHOPI) for CAM research, focusing on training grants, the Traditional and Indigenous Systems of Medicine Program Announcement, and other appropriate initiatives.		with Native Hawaiian Healers at a community health center to discuss CAM research opportunities. (November 2001) Although the number of applications has increased, none has been funded to date.	Unknown	6707 Democracy Blvd., Suite 106 Bethesda, MD 20892-5475 301-402-1278 301-480-3621 fax mj145m@nih.gov
a. Provide a central organizational entity for the support of research training for Pacific Islanders, who are under-represented in the biomedical research community.	Maintain the NIGMS Minority Opportunities in Research Division as the focal point for NIGMS efforts.	a. FY 2002 b. FY 2003	The MORE Division is currently home to six full- or part-time program administrators, along with support staff. New and continuing programs administered by the Division at AAPI-serving institutions are regularly reviewed and approved by the National Advisory General Medical Sciences Council.	The participation of all underrepresented minority groups, including AAPIs, is encouraged through coordinated programs of the MORE Division.	NIH/NIGMS Minority Opportunities in Research Division Clifton Poodry, PhD Director, MORE 45 Center Drive, MSC 6200 Room 2AS.37H Bethesda, MD 20892-6200 (301) 594-3900 (301) 480-2753 Fax poodryc@nigms.nih.gov
Determine the level of inclusion of Native Hawaiians and Pacific Islanders in NIDCR (National Institute of Dental and Craniofacial Research) initiatives and program activities.	Identify activities of the Implementation Plan for the Surgeon General's Report on Oral Health that address Native Hawaiians and Pacific Islanders.  Update activities of the Implementation Plan for the Surgeon General's Report on Oral Health that address Native Hawaiians and Pacific Islanders.	FY 2002  FY 2003	No Information Provided	No Information Provided	NIH/NIDCR Division of Population and Health Promotion Sciences, Dushanka V. Kleinman, DDS, MscD, Director Building 31, Room 2C39 31 Center Drive Bethesda, MD 20892 (301) 496-9469.
Assess the level of inclusion of Native Hawaiians and Pacific Islanders in NIAMS (National Institute of Arthritis and	Monitor the enrollment of AAPIs in NIAMS supplemental programs.	Oct. 2002 - Sept. 2003 (On-going)	In FY 2002, NIAMS awarded 46 supplements to support the training of underrepresented minority scientists.	One Native Hawaiian supported.	NIH/NIAMS Julia B. Freeman, PhD 45 Center Drive 5AS 19F Bethesda, MD 20892-6500

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Musculoskeletal and Skin Diseases) initiatives and program activities.	Strengthen partnerships with research intensive institutions.		Participate in conferences/meetings that target the Native Hawaiian and Pacific Islanders community.	Two Program Directors participated in the International Health Disparities Meeting in Hawaii in December 2002, attended by scientists from the leading minority-serving medical institutions.	Phone: (301) 594-5052 Fax: (301) 480-4543 freemanb@exchange.nih.gov
Implement new racial and ethnic identity groups as identified by OMB, including the new grouping for Native Hawaiians and Pacific Islanders, for data collection efforts.	Modify all databases used to collect racial and ethnic data so that the databases include the new AAPI racial groups as mandated by OMB.	Oct. 1, 2003	Reporting of Native Hawaiian and Pacific Islander data for clinical trials and research supplement awards.	Funding: \$50,000 development of Supplement Tracking System (STS) and implementation of NIH Populations Tracking System (POP) for Native Hawaiians and Pacific Islanders.	NIH/NIADS Milton J. Hernandez, PhD, Director, Office of Special Populations and Research Training 6700-B Rockledge Dr., Rm. 2133 Bethesda, MD 20852 (301) 496-3775 (301) 496-8729 Fax mh35c@nih.gov
Ensure that the State of Hawaii continues to make a proportion of the State's annual allotment under the Substance Abuse Prevention and Treatment (SAPT) Block Grant available to carry out the program for Native Hawaiians.	Work with the State of Hawaii to expand treatment capacity for Native Hawaiians and other indigenous persons.	FY 2002 -FY 2003	The State of Hawaii is statutorily mandated to spend at least 20 percent of its allotted funding for Native Hawaiians.	Funding: \$2,119,697 allocated from the SAPTBG	SAMSHA CSAT Bruce Grant, PhD, Public Health Advisor, Division of State and Community Assistance 5600 Fishers Lane, Rockwall II, 8 <sup>th</sup> Floor Rockville, MD 20857 301- 443-9396 Bgrant@SAMHSA.gov
Deliver culturally appropriate substance abuse prevention specialist training in the Pacific Jurisdictions.	Identify and convene key prevention providers to participate in the week long substance abuse prevention specialist training in the Pacific Jurisdictions.	FY 2002	Increase in AAPI substance abuse prevention specialists and increase networking. Increase in number of science-based programs implemented.	The State of Hawaii agency staff members trained on science-based substance abuse prevention. 150 est., prevention service	SAMHSA CSAP Boris Aponte, PhD Program Management Officer 5600 Fishers Lane, Suite 800 Rockwall II

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
				providers in Hawaii and the Pacific Jurisdictions receive a quarterly substance abuse prevention newsletter.	Rockville, Maryland 20857 301-443-2290 Baponte@samhsa.gov
Continue to support the efforts of the Pacific Substance Abuse and Mental Health Collaborating Council (PSAMHCC) to become a freestanding entity.	Conduct two meetings with the PSAMHCC to discuss regional cross cutting mental health and substance abuse issues during the Council's regional planning cycle.	FY 2003	Provided funding for one meeting for substance abuse and mental health staff to discuss with PSAMHCC key issues necessary to become a freestanding entity.	Funding: \$25,000 for one meeting of the PSAMHCC	SAMHSA CSAT Bruce Grant, PhD, Public Health Analyst 301-443-9396, Bgrant@samhsa.gov
Enhance outreach to AAPI communities and increase opportunities for funding of grants, cooperative agreements and contracts to AAPIs.	Provide targeted TA to AAPI populations, through CMHS staff, partners and community mental health organizations.	FY 2002 - FY 2003	No Information Provided	No Information Provided	SAMHSA CMHS Kana Enomoto, Public Health Advisor 5600 Fishers Lane, Rm. 11C-21 Rockville, MD 20857 301-443-9324 Kenomoto@samhsa.gov
Develop joint projects and outreach to Native Hawaiians and Pacific Islander serving institutions and organizations.	As part of Strategic Goal 1, Region IX and other Regions (e.g., X, VIII) with significant NH/PI communities will also include specific objectives regarding these communities in their plans for joint projects and outreach.	FY 2002 - FY 2003	Conducted/participated in 11 collaborative, outreach and sponsorship activities	Greater awareness of Native Hawaiian and Pacific Islander serving institutions and organizations regarding OCR's mission and programs	OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax
Increase by 25% the number of NH/PI serving organizations in the ODPHP database.	Develop inventory of NH/PI organizations and add any not currently in ODPHP database.	FY 2002 - FY 2003	NM: Target percentage not reached this year	N/A	ODPHP OPHS Omar Passons 202/260-1746
Coordinate intra-agency briefings, meetings, and discussions of issues related to	Convene the intra-agency work group, comprising representatives of CDC, HRSA, and SAMHSA that	FY 2002- FY 2003	With input from Division leads for AAPI issues, organized several informational briefings on potential training and	N/A	OMH Betty Lee Hawks Special Assistant to the

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
improving the health and human services to Native Hawaiians and Pacific Islanders.	have Pacific Island networks, and other Division representatives who work on PI issues, to hold briefings and ensure appropriate and timely attention to relevant issues.		technical assistance opportunities for the PI jurisdictions, e.g., Pacific Resources for Education and Learning.		Director 1101 Wootton Parkway, Suite 600 Rockville, MD 20852 301-443-5084 301-594-0767 fax bhawks@osophs.dhhs.gov
Assist in the development and implementation of the WHIAAPI.	Work with community representatives from Asian American and Native Hawaiian communities to review community input and Division plans; work with HHS, other Federal agencies, and community groups like AAPCHO to discuss how to best meet the needs of these populations.	FY 2002 - FY 2003	Region IX offices provide technical assistance and program consultation, including but not limited to the following areas: women's health, issues related to population affairs, emergency planning, disaster mitigation, grants/financial management, STDs/HIV, and specific minority health issues.	This activity continues to be successful, and is an essential everyday component of the Region IX office and its relationship to activities in the Pacific.	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102
Regional health issues: Assist Divisions in their work to improving health and human services in the Jurisdictions.	Work with OPHS components, regional representatives, Regional Immunization Coordinator, and other Divisions to develop and implement their work plans for improving health and human services in the Jurisdictions. Assist the Regional Emergency Preparedness Coordinators in efforts related to emergency response in the Region and the Nation.	FY2002	Because of budgetary limitations, improving health care in the area of immunizations was temporarily suspended until further funding was secured.	This activity is still pending	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102
Continue activities in support of HHS, Department of Interior (DOI), and other departments' responsibilities to the Jurisdictions impacted by the Compacts of Free Association (CFA).	Provide consultation to all federal parties on the impact of the CFAs with the Republic of Palau, the Republic of the Marshall Islands (RMI), and the Federated States of Micronesia (FSM). Work with Office of Intergovernmental Affairs (OIA) to develop HHS policy regarding the	FY 2002 - FY 2003	The compacts were under negotiation in FY 2002, however, are expected to be fully re-negotiated and signed by the State Department and respective freely associated states in FY 2003.	Negotiations of new compacts continued in FY 2002 and should be completed, signed, and ratified in FY 2003..	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
	<p>renegotiation of the CFA with RMI and FSM. Respond to questions on the impact of the CFAs on Guam, CMNI, and Hawaii.</p> <p>Provide statistical data, program and budget information related to the compact process per requests from DOI, Department of State, etc.</p>				
<p>Work on emergency preparedness/ mitigation projects for the Jurisdictions.</p>	<p>Develop a hazard assessment for biological and physical hazards that emergency response personnel may encounter in the various jurisdictions if deployed there.</p> <p>Develop a mitigation plan for Samoa/ American Samoa and the RMI (or one of the states of FSM) on preventing morbidity and mortality in the event of natural disaster.</p>	<p>FY 2002 - FY 2003</p>	<p>An HHS assessment team has visited each US affiliated Pacific Island jurisdiction and completed a disaster mitigation evaluation for each. Each country now has a report with an evaluation and action plan for disaster mitigation.</p>	<p>All of the evaluations are completed and submitted to the countries for review, except for YAP State in FSM, which will be completed by June 2003.</p>	<p>OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102</p>
<p>Continue coordinating the Pacific Health and Human Services (PHHS) Working Group activities in support of HHS goals related to services issues in the Jurisdictions</p>	<p>Convene the Working Group periodically to assess the progress each Division component has made to coordinate their efforts related to the Jurisdictions internally. Represent Divisions as requested in meeting with Jurisdictional representatives.</p> <p>Attend PIHOA meetings to represent HHS and Divisions as requested.</p> <p>Work with the FRC for Pacific Issues, as well as the HRSA Pacific Basin workgroup.</p>	<p>FY 2002 - FY 2003</p>	<p>This activity has been indefinitely suspended due to organizational changes within DHHS and budgetary constraints.</p>	<p>Activity outcome is suspended and incomplete.</p>	<p>OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102</p>

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
Enhance the capabilities of the Jurisdictions to institute telehealth, teleconferencing, and telemedicine activities.	<p>Work with PEACESAT, Tripler Army Medical Center, PIHOA, and other organizations to advance telecommunications and telehealth activities.</p> <p>Develop a plan for additional phases of telecommunications enhancement for the Jurisdictions.</p> <p>Contingent on funding, plan for a Telehealth Conference to be held in the Pacific Basin.</p>	FY 2002 - FY 2003	<p>This activity was completed at the end of FY 2002. A report was issued and distributed to all interested parties.</p> <p>NM</p> <p>NM</p>	<p>A report was completed detailing the various telecommunication infrastructures in the Pacific.</p> <p>No Information Provided</p> <p>No Information Provided</p>	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102
Improve the health status of Native Hawaiians.	<p>Participate in forums to provide information on the special needs of Native Hawaiians to policy makers.</p> <p>Work with Divisions on matters affecting the Native Hawaiian Health Care Systems (NHHCS). Identify and work with individuals or agencies, e.g., NHHCS, Papa Ola Lokahi, HRSA/BPHC staff, and other local entities to implement the Native Hawaiian Health Care Improvement Act.</p>	FY 2002 - FY 2003	No Information Provided	No Information Provided	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102
Utilize contacts from the Minority Women's's Health Panel of Experts, (MWHPE) that represent Native Hawaiians and Pacific Islander populations and COE and CCOE connections to insure inclusion	Maintain relationships between the University of California, San Francisco COE, and the Asian and Pacific Islander American Health Forum and with the MWHPE to facilitate inclusion of Native Hawaiians and Pacific Islanders in federal programs and services	FY 2003	OWH increased the Asian American, Pacific Islander, and Native Hawaiian representatives on its Minority Women's Health Panel of Experts (MWHPE).	The MWHPE Asian American, Pacific Islander, and Native Hawaiian members, as well as the CCOEs and COEs that primarily target AAPIs partnered with OWH to facilitate health education and promotion programs through communications,	OWH OPHS Fran Ashe-Goins, Director, Division of Policy and Program Management 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov

Objective	Strategy	Timeframe	Results	Outcomes	Lead Entity/Contact
				and outreach efforts, and OWH-funded sponsorships.	

Legend:      NM = Not Met  
                  N/A = Not Applicable  
                  NAV =Not Available

Monitoring Official:    Twei Doong, MHA, Deputy Director, Office of Minority Health/OPHS/OS