

THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
 FY 2002 and FY 2003 PLAN FOR THE WHITE HOUSE INITIATIVE ON ASIAN AMERICANS AND PACIFIC ISLANDERS

Goal 1: Institutionalize each federal agency's implementation of the White House Initiative on Asian Americans (WHIAAPI).					
Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
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.	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.	FY 2002 - FY 2003	DMHCC meetings and staff discussions held periodically; integration of racial and ethnic minority issues, including those affecting AAPIs, into Division strategic, program, and budget planning. Plans developed for specific projects, opportunities for community comment/participation and implementation monitored.	Not applicable (N/A) A/C	Office of Minority Health (OMH) Office of Public Health and Science (OPHS) Nathan Stinson, Jr., PhD, MD Deputy Assistant Director for Minority Health 5515 Security Ln., Rm. 1000 Rockville, MD 20852 301-443-5084 301-594-0767 fax
Same objective	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.	FY 2002- FY 2003	AAPI Work Group meetings held periodically, information exchanged, issues identified and discussed, and assistance provided to support appropriate responses to requests concerning the WHIAAPI.	N/A B/C	OMH OPHS Betty Lee Hawks Special Assistant to the Director 5515 Security Ln., Rm. 1000 Rockville, MD 20852 301-443-5084 301-594-0767 fax bhawks@osophs.dhhs.gov

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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	Monthly internal agency discussions and meetings; integration of issues affecting AAPIs into agency strategic, program, and budget planning	N/A A/C	Administration on Children and Families (ACF) Administration on Children, Youth, and Families (ACYF) Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, D.C. 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	AoA GPRA performance measures will be used.	OAA Title II and Title III	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 encompass minority health activities.	FY 2002 - FY 2003	An active MHCC that focuses on the needs of target populations, including AAPIs; a new organizational focal point for minority health activities --Office for Priority Populations (OPPR); a new Coordinator for Minority Health hired and a new Director, OPPR.	N/A A/C	AHRQ Minority Health Coordinator – Vacant (2101 East Jefferson St., Suite 600 Rockville, MD 20852). In the interim, contact the Deputy Director, AHRQ (301-594-6662) and the Director, (OPPR), once position is filled.
Same objective	- Through an existing Centers for Disease Control (CDC)/Agency for Toxic Substances	FY 2002 - FY 2003	a. Quarterly meeting convened. b. AAPI activities reported	N/A B/C	CDC A. Sam Gerber, MS, RD

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	<p>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>		according to guidelines.		<p>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	<p>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.</p>	On-going	<p>(a) FY 2002 Annual Performance Report that is due on January 31, 2002, (b) Increased CMS participation in identifying and addressing AAPI issues, e.g., research and data collection, (c) continuation of CMS's minority summer internship program, and (d) expanding AAPI community outreach activities.</p>	N/A	<p>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 Knash@cms.hhs.gov.</p>
Same objective	<p>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.</p>	FY 2002 - FY 2003	Quality and frequency of access to agency programs and activities.	N/A B/C	<p>FDA Mary C. Wallace, Director of Consumer Programs Office of Consumer Affairs 5600 Fishers Lane Rm.16-85 Rockville, Maryland 20857 (301) 827-4406 (301) 827-3052 mwallace@oc.fda.gov</p>
Same objective	<p>1: The Health Resources and Services Administrations (HRSA) Office of Minority Health (OMH) will utilize its Minority Health Advisory Committee to support each bureau/office in their efforts to integrate</p>	FY 2002 - FY 2003	Enhanced HRSA-supported activities targeted at improving access to healthcare for the AAPI population.	N/A A/C	<p>HRSA/OMH Laura Shepherd, Health Policy Analyst 5600 Fishers Lane Rockville, MD 20857</p>

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	<p>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>				<p>(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 information, outreach, and other communications, public and private partnerships that also include community based and employee organizations, and recruitment and retention activities.</p>	FY 2002- FY 2003	<p>Enhanced NIH CID-supported activities targeted at improving and increasing research, research training,, information dissemination and employment for AAPI populations.</p> <p>Complete development of the Implementation Plan to include activities affecting AAPIs.</p> <p>Periodic reports and updates on the status of AAPIs as part of reporting requirements to NIH on the respective CID strategic plan.</p> <p>Evidence of increased efforts to include Special Populations in research, research training, health promotion and outreach and employment.</p>	N/A A/C	<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>
Same objective	<p>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.</p>	FY 2002 - FY 2003	<p>An approved action plan with programmatic refinements, definitive timelines and budget allocations.</p>	Staff manpower; A/C	<p>SAMHSA DeLoris L-James Hunter, PhD, Associate Administrator for Minority Health 5600 Fishers Ln., Rm. 10-75 Rockville, MD 20857</p>

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	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	Evidence based culturally competent elements integrated throughout the FY 2002 SAMHSA Strategic Plan and FY 2003 program initiatives. Funding.	Staff assignments; B/N	301-443-7265 dhunter@samhsa.gov 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 issues related to unmet mental health needs of AAPIs.	FY 2002 FY 2002 - FY 2003	A staff coordinator hired with lead responsibility for coordinating the development of the plan for tracking and monitoring new and ongoing AAPI initiatives and the draft Strategic Plan for Eliminating Health Disparities, including those among AAPIs. A yearly list of unmet mental health needs of AAPIs.	\$240,000 - SAMHSA/CMHS; A/C Logistic support from CMHS for community partners interaction; A/C.	SAMHSA/CMHS Teresa Chapa, Ph.D. Division of Program Development, Special Populations and Projects 5600 Fishers Ln. Rm 17C-05 Rockville, MD 20857 301- 443-4016 Tchapa@samhsa.gov
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	Maintain the position of Advisor for Minority Health within the OWH	A/C	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	FY 2002 -	Incorporate specific objectives	A/C	OWH OPHS

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	Women's Health Panel of Experts as to addressing AAPI women's health issues based on the Healthy People 2010 Objectives	FY 2003	relative to the AAPI population within the Minority Women's Health Panel of Expert goals		Fran Ashe-Goins, Director (DPPM) 200 Independence Ave., SW Washington, DC 20201 202-690-6373 202-401-4005 fax fashe-goins@osophs.dhhs.gov
Goa 2: Improve data collection, analysis, and dissemination for AAPIs.					
Conduct a comprehensive Congressionally-mandated study of HHS data collection systems and practices on the collection of data on race and ethnicity, including AAPIs.	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 by an HHS consortium, that includes OMH/OPHS, HRSA, CDC, and NIH.	FY 2002 - FY 2003	Accomplishment of study milestones including launching the study, establishing the panel of experts, and completion and dissemination of papers that address DHHS data collection systems and practices relating to collection of data on race and ethnicity. Specific sections of the study are expected to address issues related to AAPI data.	A/N, Contract with NAS. This is a new project.	ASPE Jim Scanlon, Director Division of Data Policy Rm. 440D, HHH Bldg. 202-690-7100, jscanlon@osaspe.dhhs.gov
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 collection.	On-going	Update assessment of HHS agencies collection of racial and ethnic data; participation at the Data Council meetings.	N/A; A/C	Data Council Working Group Co-chairs: Beatrice Rouse (SAMHSA) at 301-443-8005 and Olivia Carter-Pokras (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'	FY 2002 - FY 2003	AoA GPRA data	Title III and IV of the OAA	AoA Kenton Williams 202-619-3951 Dianne Freeman 202-619-3428

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	responses to the needs of AAPI elders.				
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 years 2004 and 2009. (3) Update OCSE electronic resource system web-site as necessary. Outreach to AAPIs via ACF database. (4) Make OCSE Technology Transfer Program funds available to AAPIs for state service provider and court administration training.	FY 2002	Survey instrument made available to the States. Report of baseline AAPI population data and projections for 2004 and 2009. Web-site available to AAPI community. Technology transfer funds available.	N/A A/C	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
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.	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.	FY 2002	Data on Asian children's physical and cognitive growth will be issued as available.	\$102,400 B/C	ACF K.A. Jagannathan Program Analyst 370 L' Enfant Promenade, 7 th Floor Washington, D.C. 20447 (202) 205-4829 (202) 205-3598 fax kjagannathan@acf.dhhs.gov ASPE Denise Bradley, HSP Rm. 450G, HHH Bldg. 202-690-6461 dbradley@osaspe.dhhs.gov
Improve and increase information concerning AAPI	Partner with the Chicago AAPI Health Coalition and the Asian American	FY 2002	Gathered baseline data and other information to identify how	N/A B/C (01)	ACF, Reg. V Hich Yamagata, Program

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populations in databases for internal Division and HHS use.	<p>Community Initiative to obtain and share information concerning AAPI populations.</p> <p>Collaborate with ROs of HRSA and HCFA to assist in gathering pertinent information on AAPIs.</p>		AAPIs lack access to medical and social services in the Reg. V States with the largest percentage of AAPIs.		<p>Specialist 233 N. Michigan Ave., Suite 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax hyamagata@acf.dhhs.gov</p>
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	Complete an assessment of AAPI representation in Regions Vand X, share report with regional staffs.	N/A B/C (01)	<p>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</p> <p>ACF 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	<p>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.</p> <p>2: Release timely and useful Medical</p>	FY 2002 - FY 2003	<p>1: Hawaii data will be made available to researchers inside AHRQ and in the NIS for researchers out of AHRQ.</p> <p>2: a) During FY 2002, release of timely and useful MEPS public use data. b) 1997 MEPS sample, create a new variable that combines race and Hispanic ethnicity into a single variable with the</p>	A/C	<p>AHRQ 1:Irene Fraser, Ph.D. Director, Center for Organization and Delivery Studies (CODS) 2101 East Jefferson St., Suite 605 Rockville, MD 20852 301-594-6824</p> <p>2: Karen Beauregard, Center for Cost and Financing Studies</p>

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	<p>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>established OMB categories:</p> <p>c) Produce MEPS Reports covering 1997 using the new R/E variable, pending approval.</p> <p>3: Use of new R/E categories in MEPS.</p>		<p>(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 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>Availability of data, as planned.</p>	<p>A/N, A/C</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>
<p>Increase the consumer friendliness of tools to measure consumers' assessments of their health plans and/or health care providers.</p>	<p>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).</p>	<p>FY 2002 - FY 2003</p>	<p>Visual form of CAHPS developed.</p>	<p>N/A, A/C</p>	<p>AHRQ CQMI David Byrd 2101 East Jefferson St., Suite 502 Rockville, MD 20852 301-594-0324</p>
<p>Enhance the amount of health services research focusing on AAPI populations.</p>	<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</p>	<p>FY 2002 - FY 2003</p>	<p>1: Support at least one grant to a PBRN with a focus on serving AAPI populations.</p> <p>2: Number of researchers assisted.</p> <p>3: Award one new grant or grant supplement dealing with quality of care focusing on AAPI populations during FY 2002.</p>	<p>1: \$100,000; A/C 2: A/C 3: B/N 4: N/A; A/C 5: A/N 6: A/C</p>	<p>AHRQ 1: David Lanier, M.D., Center for Primary Care Research. 301-594-1489 6010 Executive Blvd., Rm. 224 Rockville, MD 20852. 2: Senior Adviser for Minority Health (Vacant)</p>

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	<p>interested in conducting 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>6: Continue to support the multi-year grant "Promoting Effective Communication and Decision-Making for Diverse Populations."</p>		<p>Identify subgroups with sufficient numbers for analysis during FY 2002.</p> <p>4: The number of evidence reports and technology assessments that address clinical topics/conditions that are relevant to AAPI populations.</p> <p>5: Development of a process for disseminating information about evidence reports and other research information and tools relevant to AAPIs. Implement a tracking process to identify all products developed and disseminated under the evidence based practice activity that are relevant to AAPIs.</p> <p>6: Continued funding of grant.</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, M.D. Director, Center for Practice and Technology Assessment (CPTA) 301-594-4026 6010 Executive Blvd., Rm. 316 Rockville, MD 20852</p> <p>6: Dan Stryer, M.D. Center for Outcomes and Effectiveness Research (COER) 301-594-4038 6010 Executive Blvd., Suite 300</p>
<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.</p>	<p>Contract with Magna Systems, Incorporated</p>	<p>FY 2002</p>	<p>Reports, recommendations, effectiveness testing of informational materials (e.g., focus tests, expert panels, etc.), and evaluation strategies for dissemination pilots will be developed, as appropriate. CMS partnerships with AAPI CBOs to foster project goals.</p>	<p>\$600,000 - B/C</p>	<p>CMS Nancy Berson, Center for Beneficiary Choices 7500 Security Blvd. Woodlawn, MD 21244 (410) 786-0017 Nberson@cms.hhs.gov.</p>
<p>1) To gather baseline</p>	<p>Contract with the Center for Continuing &</p>	<p>September 1,</p>	<p>Creation of a database for disease</p>	<p>\$17,000 - B/C</p>	<p>CMS</p>

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information on the health status, behavior, and risk for chronic diabetes and cardiovascular disease among South Asians (Asian Indians) through community health surveys; and 2) Provide educational and health screenings through culturally and linguistically appropriate materials.	Outreach Education, Robert Wood Johnson Medical School, to conduct the surveys.	2001 - August 31, 2002	registry that affords greater identification and tracking of diabetes and cardiovascular disease. Monthly reports to CMS with registry, demographic, expenditure, and program participation information.		Nilsa Gutierrez, M.D., 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.
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	Contractor report used by CMS to develop a comprehensive research agenda for AAPIs. In conjunction with the other racial/ethnic experts' reports, OSP will identify areas for future research and for interventions.	Personal Services Contract \$25,000.00 A/C	CMS Marsha G. Davenport, M.D., M.P.H., Chief Medical Officer, Office of Strategic Planning 7500 Security Blvd. C3-20-11 Baltimore, MD 21244 410-786-6693 410-786-6511 fax: 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	Increased representation of Asian Americans and Pacific Islanders as study subjects in clinical trials.	N/A	FDA Susan F. Wood, PhD Director of Women's Health 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, Bureau of Primary Health Care (BPHC) supported programs will be required to submit racial/ethnic information on their users. Data on Asians and Native Hawaiians/Other Pacific Islanders will be collected separately. 2: Study patterns of HIV-related care	FY 2002 -FY 2003	1. Data report 2. Data report and analysis of	\$3,980,000; A/N, A/C and \$4,125,000; A/N, A/C	HRSA 1. BPHC Julie Moreno, Policy Analyst for AAPI Issues 4350 East West Highway Bethesda, MD 20814 (301) 594-4476 (301)- 594-2470 Fax

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	<p>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>AAPIs served by client level demonstration projects and by Titles I-IV of CARE Act grantees with 10% or more AAPI clients compared with CDC Reports.</p> <p>3. Cooperative agreement in place for the 2002-funding year. Data collection completed.</p> <p>4. Ability to report the number of AAPIs that have participated in the programs, and their status in the health professions pipeline or workforce.</p> <p>5. Report defining the demographic distribution of Asian Americans in rural areas.</p>	<p>\$0; A/C</p> <p>\$100,000; A/C</p> <p>\$0; A/C</p> <p>\$125,000; A/N</p>	<p>jmoreno@hrsa.gov.</p> <p>2. Bureau of HIV/AIDS (BHA) Faye Malitz, Chief 5600 Fishers Lane Rockville, MD 20857 (301) 443-3259 (301) 594-2511 Fax fmalitz@hrsa.gov.</p> <p>3-4. 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) Joan Van Nostrand, Director, (301) 443-0613 (301) 443-2803 Fax jVan_Nostrand@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 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</p>	<p>Ongoing</p> <p>Ongoing</p> <p>FY 2002</p>	<p>Initiatives and activities are implemented, as appropriate.</p> <p>Survey funded and completed with some results applicable to AAPI population.</p> <p>Conference brochures are published and widely distributed.</p>	<p>N/Available</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 rowem@mail.nih.gov (applies to a-d)</p>

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	conference findings. d. Research will be conducted on language ability and educational disparities in language minority children.	FY 2002	Solicitation issued and meritorious applications funded.		
<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. Project management study to be developed with input from the community to address the sociopolitical issues and logistics of the database.</p>	<p>a. Not Applicable</p> <p>b. FY 2002 \$2.27M (est.) FY 2003 \$2.32 (est.); A/C</p> <p>c. Project is in developmental stage and not yet approved.</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, Ph.D. Room 10158 6701 Rockledge Drive Bethesda, MD 20817 (301) 435-0050 petersoc@nhlbi.nih.gov.</p> <p>c. NHLBI/DHVD Abby Ershow, Ph.D. Room 9144 6701 Rockledge Drive Bethesda, MD 20817 (301) 435-0526 ershowa@nhlbi.nih.gov.</p>
To prevent or delay the development of diabetes in minority populations, including AAPIs.	<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:</p>	Ongoing	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. Plan for post DPP study is under development.	Estimated funding levels: FY2002, \$12M FY 2003, \$9M A/C	NIH/NIDDK Division of Diabetes, Endocrinology and Metabolic Diseases 6707 Democracy Blvd. Bethesda, Maryland 20892.

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	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 study participants for the oral insulin trial of DPT-1.	FY 2002 - FY 2003 [TrialNet is funded through FY2008]	Continue to evaluate recruitment of minority groups in the TrialNet.	Estimated funding levels: FY2002, \$12.5M FY2003, \$12.5M	Same as above.
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.	Completion of the evaluation and correction of any identified problems	\$27,000, A/C	NIH/NIAID Lai Tan, M.S., 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. Plan for Reporting structure developed. b. To be determined.	a. N/A, A/C b. N/A, A/C	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	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.	All programs are part of ongoing NIAMS programs.	NIH/NIAMS Director for Women's and Minority Health Issues

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
and Skin Diseases) sponsored clinical research.					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.	Estimated funding level for FY 2002, \$2.1 M; FY 2003, \$2.3 M. – A/C	NIH/NIDDK Office of Minority Health Research Coordination, 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 accuracy and reliability of data on socioeconomic determinants of cancer rates and risk, and health behaviors.</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>Availability of new and improved data on AAPIs.</p> <p>Enhanced ability to measure health disparities in cancer-related health Behaviors and screening practices</p> <p>The connection of important socioeconomic and demographic information with prevention, risk factors, screening, treatment, and patterns of care in special populations.</p>	<p>a. \$6.0M A/C b. \$6.0M A/C</p> <p>a. \$4.0M A/C b. \$4.0M A/C</p> <p>a. \$9.0M, A/C b. \$9.0M, A/C</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, Suite 6144 Rockville, MD 20852 (301) 594-7294</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
					(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	Data sets on AAPI populations will be identified and analyzed.	A/N	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. Receipt of 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. No estimate available, A/C</p> <p>b. \$1,000,000, A/C</p>	<p>NIH/NIGMS</p> <p>a. Clifton Poodry, Ph.D., 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, Ph.D. 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>
a. Facilitate the discovery of large numbers of sequence variations in the human genome, particularly those	a. Promote utilization of the DNA Polymorphism Discovery Resource (PDR) assembled by NHGRI (National Human Genome Research Institute) and other	a. Annually	a. Tracking utilization of the DNA PDR from Coriell Cell Repositories, the distributors of this resource.	<p>a. \$0 A/C</p> <p>b. \$1,393,000 A/C</p> <p>c. \$0 A/C</p>	<p>NIH/NHGRI</p> <p>a. Lisa Brooks, Ph.D. Program Director, Genetic Variation</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
<p>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>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>b. Same as a.</p> <p>c. Same as a.</p>	<p>b. Inclusion of individuals representing the AAPI community.</p> <p>c. Monitor progress with the principal investigator of the grant</p>		<p>31 Center Drive, Building 3 Room B2B07 Bethesda, MD 20892 (301) 496-7531 (301) 480-2770 Fax lb157@nih.gov</p> <p>b. 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>c. Same as b.</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>Assess data gathered and use as a tool to possibly refine initiatives that include Special Populations in research and research training, health promotion and outreach and employment activity.</p>	<p>N/Available</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 candidates, and as investigators; systematic data collection of research portfolio on AAPI</p>	<p>a. Review current awards, code relevant new and current awards which have subjects of researchers from AAPI population groups, conduct needs assessment for increased representation, generate feedback information for steering committee; use existing relationship with journal editors to promote publishing opportunities.</p>	<p>a. May 2002 - Sept. 2002, continuous as per award cycle.</p>	<p>a. Baseline report written, information for further policy and planning generated, current and state-of-the art information and publications generated for dissemination to AAPI groups.</p>	<p>a. To Be Determined. A/C</p>	<p>a. NIH/National Institute of Nursing Research (NINR) Genevieve deAlmeida-Morris, Program Analyst Office of Science Policy and Public Liaison 31 Center Dr., Room 5B-10 Bethesda, MD 20892-2178</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
<p>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>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>b. Through Sept. 2003, continuous.</p>	<p>b. Baseline report with statistics of the numbers of: studies in targeted AAPI disease areas, AAPI subjects enrolled in clinical trials, AAPI nursing students and faculty supported in NINR research training, AAPI investigators supported, findings from completed studies in targeted AAPI disease areas; information for policy and planning generated, state-of-the art information for dissemination to AAPI groups; number of AAPI-related publications.</p>	<p>b. Same as above</p>	<p>(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); b. Fund grants collecting and analyzing data on CAM use in AAPI subpopulations.</p>	<p>FY 2002 - FY 2003</p>	<p>Collection of NHIS data on a representative sample of AAPI families. Receipt and funding of applications on data collection or analysis of CAM use in AAPI subpopulations; workshop on research methods on CAM in minority populations</p>	<p>Cooperative Agreement with CDC for NHIS - \$2,327,000 in FY 2002;and \$840,000 in FY 2003. (A/C)</p>	<p>NIH/ NCCAM (National Center for Complementary and Alternative Medicine) Morgan N. Jackson, M.D., M.P.H., 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	Measure	Funding/Activity	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. Statistical data on older populations by race and ethnicity published in a chartbook with co-funding from the National Institute on Aging.</p> <p>b. Research progress reported annually from funded grants and language translations of the Exercise Guide from the NIA.</p>	<p>a. \$81,000.00 A/C</p> <p>b. \$6,543,170.00 (Grant Listing) A/C</p>	<p>NIH/NIA a. 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>b. Same as a.</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>b. Continue to implement the plan developed under a.</p>	<p>Maintain support within the National Cancer Institute (NCI) of a Center to Reduce Cancer Health Disparities (CRCHD)</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</p>	<p>a. FY 2002 b. FY 2003</p> <p>a. FY 2002 b. FY 2003</p>	<p>Availability of resources necessary to support AAPI participation in NCI research activities.</p> <p>Increase in number of AAPI researchers and communities participating in health disparities research activities.</p>	<p>a. \$1.50M, A/C b. \$1.50M, A/C</p> <p>a. \$.50M, A/C</p>	<p>NIH/NCI Kenneth Chu, PhD, Program Director, CRCHD 6116 Executive Blvd., Suite.602, MSC 8341 Rockville, MD 20852 301- 496-8589 Fax: 301- 435-9225 Email: kc10d@nih.gov</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
c. Improve capacity and accelerate knowledge through fundamental cancer control and population research.	<p>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>Oct. 2001 - Sept. 2002.</p>	<p>The hiring and continued support of staff for the four centers.</p> <p>The presentation of data leading to the formulation of new research questions.</p>	<p>a. \$8.0M, A/C b. \$8.0M, A/C</p> <p>a. \$4.0M, A/C \$4.0M, A/C</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>
To study the mental and physical health of Cambodian refugees in southern California; to investigate the developmental trajectories of elementary school-aged immigrant (Vietnamese & 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.	Fund research grants for new data collection on the mental health of AAPIs.	FY 2002-FY 2003	The award of 3 grants to researchers studying Asian and Pacific Island populations and of 2 minority supplement grants to Asian researchers.	<p>FY2002: \$607,310 FY2003: \$333,659.</p> <p>(HD Cofunder) FY2002 \$418,967; FY2003 \$430,813.</p> <p>FY 2002: \$47,851*1 FY2003 \$299,786. Est. FY 2002,</p>	<p>NIH/NIMH Karen Bourdon Developmental Psychopathology & Prevention Research Branch 6001 Executive Blvd., NSC 6198-9617 Bethesda, MD 20852-9617 kbourdon@mail.nih.gov.</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
				\$2.1 M; FY 2003, \$2.3 M. – A/C	
<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>1. Issue an RFA inviting applications to study promising interventions that would target environmental factors contributing to inappropriate weight gain in children, adolescents and adults.</p> <p>2. Create an environment supportive of organ donation using multiple strategies, e.g., increasing donation from non-traditional donors.</p> <p>Establishment of 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 NAS; recruitment from all ethnic/racial groups including AAPIs.</p>	<p>Estimated funding level for FY2002, \$3.0 M.; FY 2003, \$3.0 M – A/N</p> <p>Estimated funding level for FY2002, \$1.6 M; FY 2003, \$1.6M. – A/C</p> <p>Estimated funding level for FY2002, \$1.5 M; FY 2003, \$3.0 M. - A/N</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 prevention grant data collection system to include the collection of data on AAPIs and other racial and ethnic minority populations.</p>	<p>Conduct a systematic review of all 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.</p>	<p>FY 2002</p>	<p>Develop a substance abuse prevention plan with fiscal, program and policy implications to reach OMB revised classification standards, that include, e.g., two categories: "Asian" and "Native Hawaiian or other Pacific Islander."</p>	<p>Staff Assignment; B/N</p>	<p>SAMHSA/Center for Substance Abuse Prevention (CSAP) Beverlie Fallik, Ph.D., OPP 5600 Fishers Lane Rockwall II, Suite 910 301-443-5827 Bfallik@samhsa.gov</p>
<p>Continue to improve mental</p>	<p>Collect and report data, when appropriate,</p>	<p>FY 2002</p>	<p>Published data findings related to</p>	<p>Not Available</p>	<p>SAMHSA CSAP</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
health data collection system for AAPI populations	on AAPIs at the State level and through surveys, discretionary grants, cooperative agreements and purchase orders.		the mental health of AAPI sub-populations.	(N/Av) Staff assignment and a small purchase order; B/C	Ronald Mandersheid, Ph.D. 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	Expert panel recommendations of substance abuse related core measures and evaluation instruments for use with AAPIs and other minority groups.	N/A Logistic support to travel experts for quarterly meetings; A/N.	SAMHSA CSAP Beverlie Fallik, Ph.D., Office of Policy and Planning 5600 Fishers Ln., Rockwall II, Suite 910 301-443-5827 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	Evaluation and dissemination of culturally appropriate mental health products and product outcomes.	\$99,980 Ongoing purchase order; B/C.	SAMHSA CMHS Shelly Hara, M.S.W., Public Health Advisor, Division of Program Development, 5600 Fishers Ln., Rm 17C-05 Rockville, MD 20857 301-443-7790 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,	FY 2002 - FY 2003	Accomplishment of study milestones	A/C, Grant to a consortium of researchers from New York University, University of Pennsylvania, and the Rand Corporation	ASPE David Nielsen, HSP Rm. 450G, HHH Bldg. 202-401-6642 dnielsen@osaspe.dhhs.gov

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	e.g., those born in Vietnam, India, Korea or China, will be done.				
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	Involve expert advice by program advisory group; phase I report completed, which involved on-line and hard copy research via subject and data element(s); phase II involves onsite interviews at selected states.	N/Av A/C	OMH, Division of Policy and Data (DPD) Violet Ryo-Hwa Woo 5515 Security Ln., Rm. 1000 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—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 format for recording and reporting uniform data elements.	FY 2002	Research, development and pilot test of the uniform data set complete; analyzing the technical feasibility of implementing the uniform data set; developing website demo to show how the UDS can be accessed/used via the web.	N/Av A/C	OMH, DPD Violet Ryo-Hwa Woo Project Officer 5515 Security Lane, Rm.1000 Rockville, MD 20852 (301) 443-9923 (301) 443-8280 fax
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	Submit formal data request to the National Center for Health Statistics	A/N - A/C	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	Increase in useful data collected	A/C	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

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
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	Allocate funding for research materials and tuition and receive women's reproductive health information on AAPI women and subgroups data.	A/N	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
Goa 3: Ensure access, especially linguistic access and cultural competence, for AAPIs.					
Improve access to ACF child care services. The Child Care Bureau (CCB) will provide research, if available, and TA to the Hawaii CCDF Administrator.	The National Child Care Information Center, a contractor to the CCB, will continue to assign a Regional State Liaison to be available to work with the Hawaii CCDF Administrator, upon request.	FY 2002 - FY 2003	By Sept. 30, 2002 and continuing in FY 2003, a Regional State Liaison will provide research and other TA on CCDF related-subjects to the Hawaii CCDF Administrator.	Funding required will vary depending on the needs of the Hawaii CCDF Administrator. A/C	ACF 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
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	ADD will fund at least one PNS to address the needs of the AAPI community. Information will be shared with the developmental disabilities networks and AAPIs.	N/A A/C	ACF ADD Isadora Wills, Program Specialist 370 L'Enfant Promenade Washington, D.C. 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	The number of elderly Asian American refugees who are provided culturally and linguistically appropriate services with opportunities for increased independent living.	approximately \$2.9 million. A/C	ACF Division of Community Resettlement (DCR)/ORR Nga Nguyen, Program Specialist 370 L'Enfant Promenade, SW Washington, D.C. 20447 (202) 401-4570

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
					(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 women, in the English language, and related to domestic violence or shelters for runaway youths.	FY 2002	Availability of family strengthening services to refugee communities.	Approximately \$5.8 million are funded programs serving Asian Americans. A/C	ACF ORR/DCR AnnaMary Portz, Program Specialist 370 L'Enfant Promenade Washington, D.C. 20447 (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	Availability of culturally and linguistic appropriate preventive health screening, preventive therapy, and follow-up to Asian refugee communities.	Of the \$9 million available for preventive health, approx. \$2.2 million are in programs servicing Asian American refugees. A/C	ACF ORR/DCR AnnaMary Portz, Program Specialist 370 L'Enfant Promenade Washington, D.C. 20447 (202) 401-1196 (202) 401-0981 fax aportz@acf.dhhs.gov

Objective	Strategy	Timeframe	Measure	Funding/Activity	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>Diversity workshops presented. Summary of issues identified. Compile best practices.</p>	<p>N/Av A/C</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>same as above.</p> <p>same as abpve.</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>Technology transfer funds available. Increase in technology transfer funds over FY 2002.</p>	<p>N/A B/C</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>Articles published on AAPI child support enforcement program services.</p>	<p>N/A B/C</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 technical assistance (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 (LEP) clients.</p>	<p>FY 2002</p>	<p>Technical assistance provided to Region V Head Start grantees serving AAPI, particularly Hmong, populations, on cultural awareness training of staff, training and recruitment of Hmong employees, and translation resources to enhance communication with LEP clients.</p>	<p>N/A B/C</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>
<p>Implement ACF's Limited English Proficiency (LEP) Plan in both central and regional offices.</p>	<p>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</p>	<p>FY 2002</p>	<p>ACF program offices advised grantees of Title VI requirements and of HHS Office of Civil Rights (OCR) LEP policy guidance that outlines compliance with Title VI. ACF also prepared a</p>	<p>Existing Resources, A/N</p>	<p>ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, D.C. 20447</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	Civil Rights Act.		compendium of available foreign language documents and placed them on a central ACF web page.		(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	The completeness of each LEP plan goals and objectives by States participating in the Refugee Resettlement Program.	N/Av A/C	ACF/ORR Gayle Smith, Director 370 L'Enfant Promenade SW, Washington D.C. 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 Reg. IX, CMS and OCR will obtain concurrence from the state on the need to continue to improve access to TANF and Medicaid services for recipients with LEP.	N/Av A/C	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 AAPI populations.	Reg. IX will work to improve the quality of Head Start and Early Head Start Services to AAPIs through training/technical assistance (T/TA) to grantees to support their needs in all elements of the Performance Standards.	FY 2002	Continue to work with the QICs to provide T/TA (literacy, translated materials, and community linkages) to seven Hawaii Head Start and Early Head Start and eight Outer Pacific Head Start grantees that primarily serve AAPIs to ensure conformance with Head Start performance standards.	N/Av A/C	ACF Marilyn Nakamura, Program 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

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
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	Collaboration with HHS agencies to prepare a document listing available translators and interpreters for placement on the HHS website. Additionally, HHS is maintaining and expanding a central website that features foreign language links to the various HHS agencies.	Current Resources, A/N	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, D.C. 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov
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>Increase the 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>	FY 2002	<p>At least one new applicant for HS or EHS each Fiscal Year is either an AAPI organization or serves a significant number of AAPIs.</p> <p>Increased services (quantity and quality) to the Region VIII AAPI communities in applicable regions using FY 1999 statistics as baseline. Anticipate an increase in the number of AAPI children served in Head Start for FY 2002 and FY 2003. The same would be true of other ACF programs.</p>	<p>Not possible to specify funding (subject to competitive grant process); A/C</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</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	<p>Continue to encourage Head Start and Early Head Start programs to reach out to AAPI communities sharing information about early care 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 the 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>nlong1@acf.dhhs.gov</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>
<p>Develop specific goals in RO plans to address the WHIAAPI.</p>	<p>The ACF Pacific Hub has identified four goal areas in its plan, i.e., Limited English Proficiency (LEP); Pacific Island Capacity Building; Education; and Domestic Violence (DV) and Youth Gangs.</p>	<p>FY 2002</p>	<p>Identification of issues and impacts affecting ACF program clients and applicants with LEP; work with grantees and the OCR to address issues.</p> <p>Participation in one meeting with PI representatives to support capacity building (increase knowledge of ACF programs and services, and promote opportunities to seek federal</p>	<p>N/Av A/C</p>	<p>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</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			funds). Provided TA to AAPI DV grantees in the Region.		
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	<p>At least one meeting with AAPI organizations in the Hub (Seattle); at least one meeting with AAPI organizations in Northern and Southern California; at least one meeting with Native Hawaiian and Pacific Islanders in Hawaii. At least one site visit to an AAPI grantee in the Hub (Seattle); at least one site visit to AAPI grantees serving Native Hawaiians and Pacific Islanders in Region IX.</p> <p>Compile information (including research studies) about the needs and issues affecting AAPIs, especially related to ACF programs; identify solutions or remedies to these issues and problems, which ACF can address.</p> <p>Identify two collaborations that target Pacific Islanders in ACF programs.</p>	N/Av A/C	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.	FY 2002	Strengthen access and utilization of ACF services and programs by AAPI communities. Set cultural competency standards, which will improve delivery of culturally competent services to AAPI families.	N/A A/C	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	Measure	Funding/Activity	Lead Entity/Contact
	Hold at least two ACF Regional meetings with AAPI community group and staff AAPI ministerial groups, who will be trained on cultural competency and protecting AAPI civil rights				
Expand outreach to AAPI populations.	1: Identify new conduits to disseminate consumer information to AAPI populations. 2: Translate AHRQ-produced literature into AAPI languages and disseminate through AAPI channels to the AAPI communities. 3: Exhibit at professional conferences that focus on AAPI health issues. 4: Market AHRQ website to AAPI organizations. 5: Explore ways to develop partnerships with organizations representing AAPI populations to increase and improve dissemination of AHRQ products	FY 2002 - FY 2003	1: Identify two new resources for disseminating AHRQ consumer publications to AAPI populations. 2: Translate one document into AAPI languages during FY 2002. 3: Number of AAPI conferences at which AHRQ exhibits. 4: Evidence of identifying and disseminating information on the AHRQ website to AAPI organizations. 5: Establish partnerships with two organizations representing AAPI populations to increase and improve dissemination of AHRQ products.	N/Av, B/C	AHRQ Christine Williams, Director Office of Health Care Information 2101 East Jefferson St., Suite 501 Rockville, MD 20852. 301-594-1360
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 jurisdictions.	FY 2002 - FY 2003	a. Site visits to the Pacific entities and training discussed b. Funds for travel approved	N/Av; B/C	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	Identify funds to support travel and cultural competent HIV prevention training.	FY 2002 - FY 2003	AAPI capacity building providers funded through HIV prevention cooperative agreements.	N/Av; B/C	CDC NCHSTP Valerie Richmond-Reese Public Health Analyst 1600 Clifton Road, MS E-07 Atlanta, Georgia 30333, 404-

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
to develop HIV prevention and interventions that are culturally and linguistically appropriate; address how inter-island migration and travel impacts HIV prevention efforts.					639-8996, fax 404-639-8629 varl@cdc.gov
<p>Facilitate linkages into the AAPI communities to provide TA and training on culturally competent and linguistically appropriate breast and cervical cancer screening program.</p> <p>Replicate and disseminate cultural competency training on Breast and cervical cancer in Asian women for a broad base of health care providers</p> <p>Reduce infant mortality by county and ethnicity among AAPIs in Hawaii</p>	<p>Provide funding to Asian American and Native Hawaiians and other Pacific Islanders (AA&NHOP) organizations</p> <p>a. Provide funding through cooperative agreement to the National Asian Women's Health Organization (NAWHO) to replicate and disseminate cultural competency training on breast and cervical cancer in Asian women for health care providers, allied health personnel, and other personnel employed by CBOs. 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>	<p>FY 2002 - FY 2003</p> <p>September 2002 and 2003.</p> <p>September 2002 and 2003.</p>	<p>The effectiveness of health delivery services improved as evidenced by increased screening rates by AA & NHOP women.</p> <p>a. Awareness, knowledge and cultural competence of health care providers increased; capacity of cancer control programs and general awareness in Asian American communities regarding breast and cervical cancers increased. b. Training material entitled "Communicating Across Boundaries" developed and implemented.</p> <p>No more than 5 infant deaths per 1,000 live births.</p>	<p>\$806,431, A/C</p> <p>\$416,918 B/C</p> <p>\$50,000, B/C</p>	<p>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</p> <p>Applies to all.</p>
Develop and implement a model based on scientific	Through the NAWHO, the program will help the Asian American women build	FY 2002 - FY 2003	A model based on scientific evidence for preventing sexual	N/Av, B/C	CDC NCIPC Thomas Blakeney, Deputy

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
evidence for preventing sexual and intimate partner violence among college-aged Asian American women.	leadership skills and empower them to engage in healthy, non-violent relationships and to advocate for change in responding to sexual and intimate partner violence.		and intimate partner violence among college-aged Asian American women developed and implemented.		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 sexual violence among Native Hawaiian perpetrators and victims.	a. Through the Turning Point for Families, Inc. Hilo, Hawaii, develop, implement, and evaluate a culturally competent intimate partner violence and sexual violence intervention among Native Hawaiian perpetrators and victims. b. Decrease the incidence, severity, and types of violence perpetrated by Native Hawaiian men against their intimate partners and family members. c. Enhance self-care and agency among Native Hawaiian women who experience violence.	FY 2002 - FY 2003	The incidence, severity, and types of violence decreased; a culturally competent intimate partner violence and sexual violence intervention developed and implemented.	N/Av; B/C	CDC NCIPC Thomas Blakeney, Deputy Director Operations MS K-61 Atlanta, Georgia 770-488-1481 770-488-5509 fax teb2@cdc.gov
Provide Community Education Workshops to: 1) Increase awareness about Hepatitis B; 2) Promote behaviors that will reduce transmission of the disease in the Greater Boston Vietnamese community; and 3) Gather baseline data.	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.	September 1, 2001 - August 31, 2002	At end of workshops, attendees will complete a questionnaire. Using demographic data from the vaccination clinics, VACA will evaluate outreach and education to specific community subgroups who are not receiving or completing their vaccination series.	\$17,999 - B/C	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 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	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.	August 1, 2002 - July 31, 2003	Assess all performance measures from the current contracts listed under FY2002 Goal #3. CMS staff to evaluate the reports on translated brochures, focus groups, number of AAPIs reached by media, educational and clinical activities, and reports	Unavailable	CMS Unavailable

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
messages; and educational workshops and clinical services.			summarizing best practices and recommendations.		
Build an effective Medicare outreach campaign, provide translated Medicare materials, and develop an on-going partnership with CMS to meet the Medicare needs of the Hmong community.	Contract with the Stone Soup Facility, a community building resource center, to conduct focus groups and prepare a needs assessment report among the Hmong community.	August 1, 2001 - July 31, 2002	Translate basic Medicare and State buy-in program information, design culturally appropriate cover for materials, duplicate and distribute materials to the Hmong community by December 2001 and continue through July 2002.	\$24,000, B/C	CMS Shirley Bordelon, Project Officer, Division of Beneficiary Services 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	Quarterly meetings with the Project Officer summarizing progress. Written report of project completion stating outcomes, number and age of individuals reached. Tear sheets of ads and VHS copy of TV spot for CMS.	\$24,000 - B/N	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.	August 1, 2001 - July 31, 2002	A compiled broadcast report, including a list of the radio stations involved and details of each spot broadcast, and evaluation of the project, citing available Arbitron ratings and radio station audience data. Monthly reports to CMS.	\$24,999 - B/C	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
	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.	same	Qualitative and quantitative data will be translated, coded, and analyzed. Findings will be reported by group and by location, with a final report of	\$24,730 - B/C	

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			conclusions and recommendations across sites.		
Create an outreach program to help diminish the incidence of hepatitis B viral (HBV) infection and eliminate health disparities in HBV infection within the Chinese and Vietnamese population of Greater Boston.	Contract with AAPI CBO, Hepatitis B Initiative (HBI), to gather baseline and assessment information; conduct outreach, health promotion, and education workshops; encourage media coverage; design educational materials; and provide screenings, vaccinations, patient counseling and referrals.	September 1, 2001 - August 31, 2002	Final report will document clinical and outreach activities to determine clinical efficacy, and to assess community outreach through changes in mean population awareness of hepatitis B. It will discuss lessons learned, best practices, and recommendations about strategies for the AAPI community.	\$10,000 - B/C	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
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	Report program results in month four and ten of the contract. SCCHC will report the number of new patients who received Hepatitis B brochures, number newly enrolled in Medicare/Medicaid, number tested for exposure to the virus, and number vaccinated by January 15, 2002 and August 15, 2002.	\$24,999 - A/B/N/C	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 (KCS) 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	Reports to CMS on the development of culturally and linguistically sensitive HBV information, and utilizing KCS' HIV/AIDS Website to include HBV education, educational workshops/presentations, and community outreach.	\$20,000 -B/C	CMS Nilsa Gutierrez, M.D. 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	Contract with AAPI community-based organization, Chinatown Health Clinic	September 1, 2001 -	Develop an evaluation method to assess the significance and	\$24,999 - B/C/N	CMS Nilsa Gutierrez, M.D. Medical

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
or prostate cancer diagnosis in the Chinatown community through an education and outreach program and a Cancer Support Program.	(CHC), to assess cancer awareness among AAPIs in the community and identify successful screening models as well as conduct outreach and educational workshops.	August 31, 2002	impact level of the education and outreach campaign and the pilot Cancer Support Program. CHC will track, e.g., the utilization of the support program and the media coverage, and conduct a patient satisfaction survey. Monthly reports to CMS. The final report will include recommendations.		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.
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 will assess the effectiveness of their WWC outreach program. The final report will document outreach activities, analysis of community health survey results, statistics on referrals made to other public health providers, lessons learned, best practices, and recommendations for addressing barriers to health care for the Korean American community and next steps.	\$20,000 - A/B/N/C	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	1) Conduct interviews among Samoan and Hawaiian breast cancer survivors; and 2) Conduct two focus groups in the Samoan and Hawaiian communities to evaluate brochure effectiveness; and 3) Provide a final report on the results of the focus groups including participants' comments and suggestions, SNNA's assessments of the findings, and recommendations for product improvement.	\$24,000 - B/N/C	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

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
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	Increased knowledge of the safety, efficacy, and wholesomeness of products regulated by FDA through culturally sensitive and educational and informational materials and customer services.	B/N	FDA Lawrence L. Bachorik, PhD, Associate Commissioner for Public Affairs 5600 Fishers Lane, Room 15-09 Rockville, Maryland 20857 301-827-6250 301-827-1219 FAX lbacorik@fda.gov
Increase the knowledge of available products and treatments for HIV/AIDS.	Leverage partnerships with other DHHS operating divisions and AAPI community-based organizations.	FY 2002 - FY 2003	Increased knowledge of available products and treatments for HIV/AIDS and increased participation of AAPIs in clinical trials.	B/N	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	Increased understanding of risk management associated with food handling, storage, and sanitation.	A/C	FDA Howard Seltzer, Center for Food Safety and Applied Nutrition 200 C Street, SW., Room 3831 Washington, D.C. 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	Increased understanding of risk management associated with the consumption of medications.	A/C	FDA Marsha B. Henderson, Health Policy Analyst, Office of Women's Health Room 16-65, Rockville Maryland 20857 (301) 827-0350

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
					(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 on youth, domestic violence, HIV/AIDS, and the integration of mental health services into primary health care.	<p>Sample Strategies:</p> <p>1: New York HRSA Field Office will continue to monitor the impact of the implementation of TANF on welfare and immigrant populations 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.</p> <p>2: Malama A Ho' opili Pono: Project funded under the Healthy Start Initiative.</p> <p>Strategy 3: Commonwealth of the Northern Mariana Islands Emergency Medical Services for Children Partnership Grant</p> <p>Strategy 4: Guam EMSC Grant</p> <p>Strategy 5: American Samoa EMS for Children Planning Grant</p> <p>Strategy 6: Smart Moves with Abstinence Only Education Grant</p> <p>Strategy 7: Abstinence Only Education Grant</p> <p>Strategy 8: The Title V Block Grant Program</p> <p>Strategy 9: State Systems Development Initiative</p> <p>Strategy 10: Title I and Title II programs</p> <p>Strategy 11: Support studies that evaluate innovative health service models</p> <p>Strategy 12: The 2002 Special Projects of National Significance program</p>	FY 2002 - FY 2003 for all.	<p>N/A</p> <p>N/A</p> <p>Grant programs will submit a final report no later than 90 days after project period has ended.</p>	<p>1.\$0; A/C</p> <p>2. \$1,100,000; A/C</p> <p>3. \$35,000; A/C</p> <p>4. \$250,000; A/C</p> <p>5. \$50,000; A/C</p> <p>6. \$131,519; A/C</p> <p>7.\$69,495; A/C</p> <p>8. \$5,033,685; A/C</p> <p>9 \$700,000; A/C</p> <p>10. \$0; A/C</p>	<p>HRSA</p> <p>1a & 1b: MCHB, Claude Marie Colimon, RMHC (212) 264-2127 (212) 264-1324 Fax, ccolimon@osophs.ghhs.gov.</p> <p>2:, MCHB Healthy Start Initiative, Juliann DeStefano, Project Officer (301) 443-0883 (301) 594-0186 Fax jdestefano@hrsa.gov.</p> <p>3 , 4 & 5: MCHB, Division of Child and Family Health, Cindy Doyle (301) 443-3888 (301) 443-1296 Fax cdoyle@hrsa.gov.</p> <p>6 & 7: Michelle Lawler, Program Manager (301) 443-8152 (301) 443-9354 Fax mlawler@hrsa.gov.</p> <p>8: MCHB, Gary Carpenter, Branch Chief (301) 443-0421 (301) 443-9354 Fax gcarpenter@hrsa.gov.</p> <p>9: MCHB Jerry Hood, State Systems Development Initiative, (301) 443-0870 (301) 443-9354 Fax jhood@hrsa.gov.</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
				11. \$0; A/C 12. \$0; A/C	10: HAB, Doug Morgan, Director (301) 443-3726 (301) 443-8143 Fax dmorgan@hrsa.gov. 11: HAB, Barbara Aranda-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.	1: Through the BPHC-supported Native Hawaiian Care Program, expand access in current service delivery sites and add two new access points. 2: Increase the capacity of existing health centers to serve AAPIs, and increase the number of new health centers that serve AAPIs. 3: In partnership with AAPCHO, provide on-going TA to BPHC-supported programs serving AAPIs. 4: Through BPHC supported health centers in the Pacific, expand access in the current service delivery sites and add one new health center. 5: BPHC will implement two mental health substance abuse service expansions in two health centers that predominantly serve AAPIs. 4: Implement four mental health substance abuse service expansions in four health centers that predominantly serve AAPIs. 5: Through the BPHC supported health centers in the Pacific, expand access in the current service delivery sites and add one new	FY 2002 - FY 2003 FY 2002 - FY 2003 FY 2002 - FY 2003 FY 2002 FY 2002 FY 2003 FY 2003	1. Tracked through the Uniform Data System (UDS), 7000 Native Hawaiians have access to health promotion and disease prevention services. 2. Per the UDS, over 575,000 Asian and Native Hawaiian/ Other Pacific Islanders have access to comprehensive primary care services. 3. 8 BPHC-funded programs receive TA. 4. 80,000 Pacific Islanders have access to primary health care services. 5. Two expansions operational. 4. Four expansions operational. 5. Number of Pacific Islanders that	\$5.3 million; B/N and TBD; B/C \$4,125,000; A/C \$80,000; B/C \$1.65 million; B/C \$200,000; A/N \$400,000; A/N \$2 million; B/C	HRSA BPHC Julie Moreno, Policy Analyst for Asian American and Pacific Islander Issues 4350 East West Highway Bethesda, MD 20814 (301) 594-4476 (301)- 594-2470 Fax jmoreno@hrsa.gov.

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	health center.		have access to primary health care services increased from 88,000.		
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	Increase in the number of AAPI donors added to the national registry.	\$3.5 million; A/C	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	Increase in the number of AAPI organ and tissue donors in Los Angeles.	\$258,000; A/C and \$318,000; A/C	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	Have secured 15 AAPI community-based organizations across the U.S. to serve as strategic partners. Consumer interviews and community discussions are to be conducted.	a. FY 2002 \$100K (est.); FY 2003 \$150 K (est.); A/C Note: This budget covers Objectives a and c of Goal #3.	a. NIH/NHLBI/OPEC Greg Morosco, PhD Bldg. 31 Room 4A03 31 Center Drive Bethesda, MD 20852 (301) 496-5437 moroscog@nhlbi.nih.gov.
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 training programs support qualified AAPI applicants.	b. FY2001 \$24.7M for training programs; FY 2002 and 2003	b. NHLBI/DBDR Charles Peterson, PhD Two Rockledge Center Room 10158 6701 Rockledge Drive Bethesda, MD 20817

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
				estimates not yet available; A/C	(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	Participation of the NIDA AAPI Workgroup will increase.	A/N	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
<p>a. Improve internet access for health professionals and the public.</p> <p>b. Include under-represented minority scientists in biomedical and behavioral science.</p> <p>c. Provide advanced training in informatics science.</p>	<p>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.</p> <p>b. NLM continues to support the NIH program for “Research Supplements for Underrepresented Minorities” to include under-represented minority scientists in biomedical and behavioral science.</p> <p>c. The LHNCBC 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</p>	<p>a. Ongoing</p> <p>Same as a.</p> <p>Same as a</p>	<p>a. Number of awards</p> <p>b. Number of awards</p> <p>c. The MITP program receives a number of applications from AAPIs and trains several AAPIs each year.</p>	<p>a. A/C</p> <p>b. A/C</p> <p>A/C (\$75,000 – 2003)</p>	<p>a. 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</p> <p>b. Same as a.</p> <p>c. May Chey, Training Coordinator, LHNCBC, Building 38A, 9E903, cheh@nlm.nih.gov (301) 435-3193</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	its training programs in a representative set of professional journals and participates in conference recruitment fairs.				(301) 496-0673
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.	Work with grantees to ensure submission of competitive renewals.	FY 2002 - FY 2003	Competitive renewal is successful.	N/A A/C	<p>NIH/NIMH Molly Oliveri, Ph.D., 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, Ph.D., Chief, BSRB 6001 Executive Boulevard, Bethesda, MD 20892-9651 301-443-9869 301-443-1731Fax smoldin@mail.nih.gov.</p> <p>NIH/NIMH Barry Lebowitz, Ph.D., 6001 Executive Boulevard Bethesda, MD 20892-9635 301-443-1185 301-594-6784 Fax blebowitz@mail.nih.gov.</p>
Develop a brochure which describes Institute-wide minority Programs available to AAPIs.	Distribute brochures on request and at appropriate scientific meetings.	Ongoing	Development of the brochure on minority programs has been completed and distribution of brochures is being carried out.	N/Av	NIH/National Eye Institute (NEI) Ralph Helmsen, Ph.D., Research Resources Officer 6120 Executive Blvd., Suite 350 Bethesda, MD 20892-71264

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
					(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, <i>Diverse Voices: The Inclusion of Language-Minority Populations in National Studies- Challenges and Opportunities</i> , August 2001.	FY 2002- FY 2006	Research recommendations incorporating strategies to use new technologies through innovative sampling approaches rather than research strategies that would screen the general population. Research including language translations done by professional bilingual translators with back translations by monolingual speakers of the target language.	A/C	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
<p>a. Increase as appropriate the participation of AAPIs in NIDCR's (National Institute of Dental and Craniofacial Research) research training and career development programs.</p> <p>b. Identify the types of linguistic access needed for AAPI populations.</p>	<p>a. Utilize extramural funding opportunities to expand the number of AAPI researchers in oral and craniofacial research. DPHPS staff has developed a database for 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>a. FY 2002 (ongoing)/ FY 2003 (ongoing)</p> <p>b. (1) Oct. 2001-Dec. 2002</p> <p>b. (2) February 2003-June</p>	<p>a. Increase in number of AAPIs in the Institute's research training and career development programs.</p> <p>b. (1) Dissemination of information to extramural communities on inclusion of AAPI subpopulations in the Centers.</p> <p>b. (2) Identified AAPI languages for translation of NIDCR health related</p>	<p>a. N/A, A/C b. (1) N/A, A/N</p> <p>b. (2) N/A</p>	<p>NIH/NIDCR</p> <p>a. Division of Population and Health Promotion Sciences Lorraine Jackson Building 45, Room 4AN24J, 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>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
		2003	information.		
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).	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.	FY 2002 – FY 2003 (ongoing)	Increase in the number of AAPIs that receive health information on bone diseases.	N/Av	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.
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	The AAPI work group will work to continue to promote NDEP messages, including its newest campaigns to promote the connection between cardiovascular disease and diabetes and the results of the Diabetes Prevention Program clinical trial. The campaigns will be tailored for the AAPI population, educational and media materials will be translated into a number of languages, and strategies and activities will be made culturally relevant.	Estimated funding level for FY 2002, \$1.9 M; FY 2003, \$1.9 M – A/C	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. Make publications available for health care providers and patients.	Estimated funding level for FY 2002, \$3.0 M; FY 2003, \$3.1 M – A/C	Same as above
Enhance and refocus NCI's	Enhance the accessibility and user-	a. Oct. 2001	A variety of low literacy print	a. \$1.0M, B/C	NIH/NCI

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
communications activities to provide a comprehensive, technology-supported capability for conveying information about cancer that is easily accessible, timely, and appropriate.	friendliness of NCI's databases and Websites.	– Sept. 2002 b. Oct. 2002 – Sept. 2003	and electronic materials products in various AAPI languages.	b. \$1.0M, B/C	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 contracting processes.	Provide counseling and notification of business opportunities to AAPI small businesses to ensure that these businesses understand the PSC requisition process and are aware of business opportunities.	Ongoing.	20 percent more AAPI small businesses doing business with the PSC.	N/A	PSC Linda Danley 301-443-1715
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	Selected model substance abuse prevention program curriculum available in Vietnamese, Cambodian, Hmong,, Korean, and Chinese.	NA	SAMHSA CSAP Charles Rukus, Public Health Advisor, Division of Knowledge Development and Evaluation (DKDE) 5600 Fishers Lane, Rockwall II, 10 th 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	Available brochures on topics, e.g., inhalants and marijuana, in Chinese, Korean, Vietnamese, and Cambodian for distribution through SAMHSA's National Clearinghouse on Alcohol and Drug Information (NCADI).	\$5,000, B/C	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	Continued support and TA to NAAPIMHA and other allied groups, as they strengthen	02	Identified TA and consultative support to key AAPI mental	\$10,000 Interagency	SAMHSA CMHS Kana Enomoto, MA, Public

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
agenda, in partnership with the National Asian American Pacific Islander Mental Health Association (NAAPIMHA).	collaborations, partnerships and leadership at the State and local levels.		health providers, researchers and consumer groups.	Agreement and Staff assignment; B/N.	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). Promote the CMHS workforce training grant established to train AAPI mental health professionals.	FY 2002 FY 2002	Monitor training dollars and outcomes of grants and fellowships. Availability of training grant funding and the funding of training grants and fellowships.	\$750,000 for MFP, A/C Approximately \$300,000 for training grants; B/N.	SAMHSA CMHS Paul Wohlford, Division of States and Community Systems Development 5600 Fishers Ln., Rm 15C-18 Rockville, MD 20857 301-443-5850 Pwohlfor@samhsa.gov same
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 Limited English Proficiency (LEP) in AAPI communities.	FY 2002 - FY 2003 FY 2002 - FY 2003	At least one KAP developed annually for the AAPI population. Small purchase order awarded for AAPI language experts to assist CMHS in developing a strategy for translating/adapting mental	\$48,655, A/C (subject to funds availability) Multi-year grants, or cooperative agreement; B/C	SAMHSA CSAT Karl D. White, Ed.D., Public Health Analyst, OESAS 5600 Fishers Lane Rockwall II, 8th Floor Rockville, MD 20857 301-443-8448 Kwhite@samhsa.gov Teresa Chapa, Ph.D., MPA Division of Program Development 5600 Fishers Ln., Rm 17C-05

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			health materials for AAPIs with LEP.		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 minors, are AAPIs.	FY 2002 - FY 2003	Implementation issues resolved through negotiations and coordination with INS/DOJ, OMB, and other federal participants.	A/C, Internal policy development by HHS staff	ASPE David Nielsen, HSP Rm. 450G, HHH Bldg. 202-401-6642 dnielsen@osaspe.dhhs.gov
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	Objective will be met if target percentages reached each year.	N/A	ODPHP OPHS Omar Passons 202/260-1746
Educate providers and health educators on the disproportionate prevalence of chronic diseases affecting API populations.	Sponsor a professional journal with a theme on health disparities which includes strategies/interventions impacting APIs.	Terminates May 2002	Subject publication developed and issues.	N/Av A/N	OMH, OPHS Valerie Welsh Project Officer 5515 Security Ln., Rm. 1000 Rockville, MD 20852 (301) 443-9923 (301) 443-8280 fax
Encourage greater participation of organizations that serve AAPI populations in Office of Minority Health (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	Increased number of applications submitted by organizations that focus on, or include AAPIs as one of the target populations to be served. Increased number of applications submitted by organizations that focus on, or include AAPIs as one	\$2.5 million/A/N&C	OMH OPHS Cynthia Amis, Director Division of Program Operations (DPO) 5515 Security Lane Rockville, MD 20852 (301) 594-0769 (301) 443-5655 fax

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			<p>of the target populations to be served that are approved.</p> <p>Increased number of awards to organizations that focus on, or include AAPIs as one of the target populations to be served.</p>		
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	Increased number of cooperative agreement projects that focus on, or include AAPIs as one of the target populations to be served.	\$375,000 /A/N&C	OMH OPHS Cynthia Amis, Director DPO Office of Minority Health 5515 Security Lane 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	Progress reports reviewed; information/findings discussed with Office of Population Affairs (OPA), OPHS staff for potential program improvement	N/Av A/C	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	Establish a group of community stakeholders.	B/C	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	FY 2002 - FY 2003	Allocate funding for the establishment of the new Centers.	A/N - A/C	OWH OPHS Sue Clark, DPM 200 Independence Ave., SW Washington, DC 20201 301-443-1389

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	within the community, including AAPIs.				301-443-1384 fax sclark@osophs.dhhs.gov
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	Allocate funds for translation services.	B/C	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	Allocate funds for translation services.	B/C	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	Allocate funds for the development, evaluation, and distribution of health materials.	B/C	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	Allocate funds for the implementation of outreach activities.	B/C	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	FY 2002 - FY 2003	Provide communications director with all relevant AAPI	B/C	OWH OPHS Carol Krause, Director of

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	A APIs.		information for web publication.		Communications 200 Independence Ave., SW Washington, DC 20201 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	Schedule standing meetings to review marketing efforts.	B/C	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	Database of all AAPI information from departmental agencies developed.	A/C	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	Allocate funding and provide materials for the establishment of the Health Centers.	B/N	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	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	Schedule conference calls with representatives of the APIAHF to review materials.	B/C	OWH OPHS Fran Ashe-Goins, Director DPPM 200 Independence Ave., SW

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
health information.					Washington, DC 20201 202-690-6373 202-401-4005 fax 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	Allocate funds for culturally sensitive media messages.	A/C	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	Provide educational materials for health care providers and follow-up on the utility and efficacy on patient outcomes.	A/C	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
Goal 4: Protect civil rights and equal opportunity for AAPIs.					
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	Development of a strategic plan for distributing the Surgeon General’s Report and tracking all grants, cooperative agreements and purchase orders that target AAPI populations.	Staff assignment; A/C.	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	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	AoA will arrange three seminars for OCR to present a workshop on civil rights.	Title II of the OAA	AoA Kenton Williams 202-619-3951 or Dianne Freeman

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
health problems confronting the AAPI population.					202-619-3458
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 Limited English Proficiency. States distribute this to all state and local service providers.	Issue updates of IM through established distribution system for regulatory material.	FY 2002	Issuance of IM.	N/Av A/C	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 all Hawaiian and Pacific Islander groups; Regional contractors (Pacific and National) keep data on number of participants in the Pacific and national regions.	Pacific Contract \$300,000, A/C National Contract \$390,000, A/C	ACF ANA Sharon McCully, Acting Director, Division of Program Operations 370 L'Enfant Promenade, 348F, Washington, D.C. 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 in the number of contracts to these firms by one or two. Increase in Pacific Islander personnel to ANA staff by one.	Pacific Contract \$300,000, A/C National Contract \$390,000, A/C	ACF ANA Sharon McCully, Acting Director, Division of Program Operations 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	Obtain a listing of qualified reviewers. Invite interested AAPI people to attend the upcoming training to be held Sept. 2001, and 2002.	FY 2002	Region VIII will have at least five percent of participants in the Head Start Peer Review training represent the AAPI population.	N/A A/C	ACF Reg. VIII Robert Nanto Program Support Unit 303-844-1183

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population.					rnanto@acf.dhhs.gov
Improve monitoring review process with culturally competent AAPI peer consultants.	Reg. X will conduct meetings with the AAPI community to recruit peer consultants for monitoring reviews of RHY, DD, Head Start and Child Welfare program reviews.	FY 2002	Reg. X will have a 10 percent increase in the percentage of AAPI participation as peer consultants.	N/A A/C	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
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	Improved program performance by the agencies that signed the MOU in serving the AAPI population.	N/Av A/N	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
move?LEP	Collect information on state use of limited English Proficiency (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 guidelines will be provided by Regional OGC and OCR.	FY 2002	Culturally competent materials and services are identified and provided. Increase knowledge and understanding of LEP by staff, state, and grantees.	N/A A/C	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
Develop strategies to increase the participation, promotion,	AHRQ will continue to actively encourage participation of minorities and minority	FY 2002 - FY 2003	Number of AAPIs participating in AHRQ training programs.	N/A, B/N	AHRQ Francis Chesley, M.D.,

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and professional development of AAPI investigators in HHS research and evaluation programs.	institutions in its training programs including: Predoctoral Fellowship Awards for Minority Students; Health Services Research Dissertation Awards; Independent Scientist Awards; Individual Postdoctoral Fellowship Awards; Institutional Training Grants; Institutional Training Innovation Incentive Awards; Kerr White Visiting Scholars Program; Mentored Clinical Scientist Development Awards; and numerous summer internship programs, including ones for AAPI students.				Director, Office of Research Review, Education, and Policy 2101 East Jefferson St., Suite 401 Rockville, MD 20852 301-594-1398.
Enhance strategies for increasing the recruitment of senior level AAPIs to SES and other line positions in HHS agencies as well as appointments of AAPIs to the AHRQ National Advisory Committee (NAC).	Increase outreach efforts to encompass a wider distribution of vacancies to include: 1) staff participation in at least one AAPI national conference or job fair; 2) provide co-sponsored funding for AAPI heritage month activities and dissemination of existing AHRQ vacancy information at heritage month activities; 3) develop additional recruitment 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.	FY 2002 - FY 2003	Participation of AAPIs on the NAC, funding of AAPI heritage month activities and increased AAPI representation in applicant pools for vacancy announcements as reflected by the Race and National origin identification form submitted by applicants.	N/A, On-going	AHRQ Dan Ellerman, Director, Division of Human Resource Management 2101 East Jefferson St., Suite 502 Rockville, MD 20852 301-594-6665
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.	a. Resources and characteristics of AAPI employees surveyed by Human Resource Management Office, Procurement and Grant Office, and Centers, Institute and Offices distributed. b. HIV prevention capacity building providers funded.	None, B/Cont.	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	Continue with the twelve-week Diversity	Summer	Hire at least same number of	N/Av - A/C	CMS

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Medicare, Medicaid, State Children's Health Insurance Program (SCHIP), and the operations of such Federal and State government health care programs.	Summer Internship program, which includes students of AAPI descent.	months of 2002 - 2003	AAPI interns as in summer 2001 (7). CMS will continue the Summer Internship Program in 2002.		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 assure that employees are aware of the provisions of Title VI and related laws and their responsibilities. Over 2900 employees have attended this course.	FY 2002 & 2003 (This training for new CMS employees is announced annually)	CMS will provide resources to support this training.	\$6,000 , A/C	CMS Beverly Moore, EEO Manager Office of Equal Opportunity and Civil Rights 7500 Security Boulevard N-2-22-16 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	Enhanced diversity at all levels, in all occupations, and in all career opportunities for AAPIs.	N/A A/C	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	Two additional interpreter services added.	\$78,000; B/N	HRSA BPHC Julie Moreno, Policy Analyst for Asian American and Pacific Islander Issues 4350 East West Highway Bethesda, MD 20814 (301) 594-4476 (301)- 594-2470 Fax

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					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	Number of under-represented AAPIs on all peer review panels increased.	\$0; A/C	HRSA BHPR Daniel Reed, Program Analyst 5600 Fishers Lane Rockville, MD 20857 (301) 443-2100 (301) 443-4943 Fax dreed@hrsa.gov
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	Increase the number of community-based programs, schools and school districts, with significant numbers of AAPIs participating in the TA workshops.	\$0; A/	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.	1: BPHC will develop a Web based guide entitled Provider's Guide to Quality & Culture, and develop 5 video vignettes on dealing with patients of different cultures. 2: Explore the issue of cultural competence and bridging language barriers; disseminate the findings in a report with Bureau recommendations. 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. 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.	FY 2002	Web based guide developed. Two of 5 vignettes include AAPI patients and providers.	\$225,000; A/N	1: BPHC Len Epstein 4350 East West Highway Bethesda, MD 20814 (301) 594-3803 (301)- 594-5224 Fax lepstein@hrsa.gov.
		FY 2003	Report and Bureau recommendations.	\$0; A/N	2. same as above
		FY 2002 - FY 2003	Increase the number of underrepresented AAPIs participating in the CoE program at the University of Hawaii's School of Medicine (baseline of 14 in 2001).	\$746,398; B/C	3.HRSA BHPR Daniel Reed, Program Analyst 5600 Fishers Lane Rockville, MD 20857 (301) 443-2100 (301) 443-4943 Fax dreed@hrsa.gov
		FY 2002 - FY 2003	Publish a report outlining the action steps and guidelines for increasing the number of	\$TBD; A/N	4: same as above

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			underrepresented AAPIs in the health professions workforce.		
a. Promote adequate representation of AAPIs in the NHLBI workforce.	a. Recruit and retain qualified personnel from the AAPI population group and subgroups.	Ongoing	a. AAPIs now represent 15.7% of the NHLBI workforce.	N/A	NIH NHLBI/OD/OSC Mishyelle Croom, Director, Bldg. 31, Room 4A28 31 Center Drive Bethesda, MD 20852 (301) 496-1763 croomm@nhlbi.nih.gov.
b. Promote inclusion in NHLBI Federal Advisory Committee Act Chartered Committees.	b. Identify qualified individuals to serve as authorized members.	Ongoing	b. AAPIs represent 5.1% (40 of 783) of members of Federal Advisory Committee Act Chartered Committees.	Not Applicable	Same as above
Enhance Minority Training and Career Development.	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.	FY 2002	NIDDK hopes to attract students in the early stages of their medical careers; provide research training and mentoring with outstanding investigators actively engaged in biomedical research; and encourage the students to continue in research career after completing medical school and clinical training.	Estimated funding level for FY2002, \$270,000; FY 2003, \$270,000 - A/N	NIH/NIDDK Office of Minority Health Research Coordination, 6707 Democracy Blvd. Bethesda, Maryland 20892.
	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	Ongoing	NIDDK in collaboration with NCMHD and NIAMS, invites MSIs with professional schools in one or more of the health care disciplines to apply for a planning grant to develop a Master of Clinical Research Program.	Estimated funding level for FY 2002, \$540,000; FY 2003, \$540,000 - A/C	Same as above
Increase of CORE faculty trained in clinical	NIDDK plans to continue to support Charles R. Drew University of Medicine and Science	Ongoing	Evaluate the infrastructure development of CORE clinical		Same as above

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investigation, behavioral science, and epidemiology.	Clinical Trials Unit. Drew University serves a culturally diverse community which includes 10 percent Asian/Pacific Islanders.		researchers at the University.		
Expand investments in Educational Programs and Scientific links with AAPI scientific conferences and symposia. Access to NINDS opportunities.	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 Maintain the NINDS website to include new and current information.	FY 2002 and 2003 FY 2002 and 2003	Meeting Attendance. Public Comment	Costs included as part of on-going activities, B/C Costs included as part of on-going activities, B/C	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 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. b. Increase the number of underrepresented minority students majoring in	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. b. Develop partnership with the NIGMS to provide supplements to ongoing Minority Access to Research	a. Ongoing b. Annually	a. Representation of AAPI community in NHGRI operations in: research, training, outreach, and workforce. b. Ensure representation of individuals in AAPI communities.	a. Undetermined A/C \$750,000 A/N (2002); \$780,000 (2003)	NIH/NHGRI a. (Research & workforce) Monique Mansoura, Ph.D. 301-402-0955 301- 402-0837 mm325z@nih.gov Ron King, Ph.D. 301-402-2537, 301-402-9722, rjk@nhgri.nih.gov (Training) b. Bettie Graham, Ph.D.,

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
<p>disciplines that are relevant to the long-term goals of the Human Genome Project.</p> <p>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.</p> <p>d. Provide high school, college, and graduate school students an opportunity to participate in biomedical research in the intramural laboratories at NHGRI.</p> <p>e. Continued support and development of the Annual NHGRI Consumer Day program.</p> <p>f. Continued support of the National Coalition for Health Professional Education in Genetics (NCHPEG)</p>	<p>Careers Undergraduate Student Training in Academic Research institutions that wish to participate in this initiative.</p> <p>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.</p> <p>d. Continue to recruit students from diverse communities to participate in the NHGRI Summer Internship Program.</p> <p>e. Promote participation from individuals from diverse communities.</p> <p>f. Development of a Diversity Initiative to enrich the Coalition's inclusion of minority and underserved populations and ensure that Coalition activities are applicable and appropriate across cultures.</p>	<p>c. Same as b</p> <p>d. Same as b</p> <p>e. Same as b</p> <p>f. Same as b</p>	<p>c. Same as b.</p> <p>d. Same as b.</p> <p>e. Same as b.</p> <p>f. Same as b</p>	<p>c. \$34,000 A/C (2002); \$35,000 (2003)</p> <p>d. Same as a.</p> <p>e. \$70,000 A/C (2002); \$73,000 (2003)</p> <p>f. \$0 A/C (2002); \$0 A/C</p>	<p>301-406-7531, 301-480-2770, bg30t@nih.gov; (Workforce)</p> <p>c. Galen Perry 301-402-3035, 301-480-3897, gpp@nhgri.nih.gov</p> <p>d. Same as c.</p> <p>e. Monique Mansoura, Ph.D., 301-402-0955 301-402-0837 mm325z@nih.gov</p> <p>f. Lisa Lanier, PhD 301-402-0955 301-402-0837 ll94s@nih.gov</p>
<p>Ensure that AAPI populations are equitably represented in employment and intramural research training opportunities.</p>	<p>a. Utilize the National Institute of Dental and Craniofacial Research (NIDCR) Affirmative Action Plan for Minorities and Women to monitor the employment representation</p>	<p>a. Oct. 2001 - Sept. 2004</p>	<p>a. Ratio of AAPIs in NIDCR's work force is equitable to their representation in the Available Labor Force for each occupational</p>	<p>N/A, A/C</p>	<p>NIH/NIDCR Sharrell Butler, Diversity Program Manager 31 Center Drive MSC 2290 Building 31, Room 2C21</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	<p>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>b. Oct. 2001 - Sept. 2004</p>	<p>category for AAPIs.</p> <p>b. Ratio of AAPIs in the intramural training awards and AAPI representation in the Summer Programs is equitable to their representation in the available academic labor force.</p>	<p>b. Same as a.</p>	<p>Bethesda, MD 20892-2290 (301) 402-7590 (301) 435-2901 fax (301) 435-2899 TTY Sharrell.Butler@nih.gov</p> <p>Same as a.</p>
<p>Same objective.</p>	<p>Develop a corporate approach to recruiting and retaining AAPI individuals in the workforce. Establish affirmative action program (AAPI) goals to correct under-representation in employment and training opportunities.</p>	<p>Oct. 2002 - August 2003 (ongoing)</p>	<p>Improved representation index for AAPI populations as compared against the civilian labor force available for each AAPI job category.</p>	<p>N/A</p>	<p>NIH/NIAMS Janette D. Gabriel, Equal Employment Opportunity Outreach and Training Manager Building 31, Room 4C09 Bethesda, MD 20892 (301) 402-1152 (301) 402-7523 fax jg23z@nih.gov</p>
<p>Ensure adequate AAPI representation in NLM workforce.</p>	<p>Recruitment of highly qualified technical and administrative staff.</p>	<p>Ongoing</p>	<p>Hiring of highly qualified AAPI staff.</p>	<p>N/Av, AC</p>	<p>NIH/NLM David Nash, EEO Officer Building 38, 2S12 (301) 496-1046 (301) 480-9241 fax david_nash@nlm.nih.gov</p>
<p>Ensure representation and protect civil rights of AAPIs in the NICHD workforce.</p>	<p>Monitor the representation of all minorities, including AAPIs, in the NICHD workforce as well as in time-limited appointments.</p>	<p>a. Ongoing b. FY 2003</p>	<p>a. Establishment of effective recruitment strategies that result in improved diversity of the NICHD workforce. b. Accomplishment of Affirmative Action Plan goals set for AAPIs.</p>	<p>N/A</p>	<p>NIH/NHLBI 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</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
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	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	Increase in AAPI participation in training and developmental programs.	FY 2002 \$1.0M FY 2003 \$1.0M A/C	NIH/NCI Office of Diversity, and the Comprehensive Minority Biomedical Program 6116 Executive Boulevard Suite 702, MSC 8341 Rockville, MD 20852 Same as a.
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.	N/A	\$10,000, B/C	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.	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.	This is a continuing effort. Program Announcement is planned for publication in FY 2002.	Number of awards. Dependent on the number of applications received. All scientifically meritorious applications will be funded.	\$210,000, A/C	NIH/NIAID Milton J. Hernandez, Ph.D., 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.
	2. Establish Enhancement Training Award to aid in the retention of minority scientists	This is	Number of awards. Dependent	\$250,000, A/N	Same as above

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	<p>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>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>continuing.</p> <p>Training seminar is held biannually.</p> <p>Annual program.</p>	<p>on the number of applications received (number of applications is dependent on representation of AAPIs in the field).</p> <p>Number of awards made. Dependent on number of applications received</p> <p>Number of AAPI attendees. Dependent upon the number of awards made under Strategy 1 (RSUM).</p> <p>Dependent on the number of applications received from AAPI community. Generally, 33 percent of the annual class is from the AAPI community.</p>	<p>\$43,000, A/C</p> <p>\$9,000, A/C</p> <p>\$36,000, A/C</p>	<p>Same as above</p> <p>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>Same as above</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>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>Estimated funding level for FY 2002, \$4.2 M ; FY 2003, \$4.4- A/C</p> <p>Estimated funding</p>	<p>NIH/NIDDK Office of Minority Health Research Coordination 6707 Democracy Blvd., Bethesda, Maryland 20892.</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
Promote participation in NIDDK operations.	<p>Continue to provide support for the Minority High School Student Summer Research Training 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>	<p>Ongoing</p> <p>Ongoing</p>	<p>Increase participation of AAPIs</p> <p>NIDDK currently has eight AAPIs serving on its Advisory Committees. NIDDK plans to nominate at least one new AAPI member on its Advisory Committee.</p>	<p>level for FY2002, \$120,000; FY 2003, \$125,000- A/C</p> <p>No Answer</p>	<p>Same as above.</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	A minimum of one grant-writing training a year will be conducted.	\$40,000 A/N	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
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	Currently the PECRB has one Pacific Islander pre-doctoral associate. 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.	Estimated funding level for FY 2002, \$343,000; FY 2003, \$356,000 – A/C	NIH/NIDDK Dr. Clifton Bogardus, Phoenix Epidemiology and Clinical Research Branch, NIDDK.

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Use existing training programs and establish new ones to ensure racial/ethnic minority persons, including AAPIs, are represented in the research workforce.	<p>In the Honors Research Training 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, work with investigator to ensure submission of competitive renewal application.</p>	<p>FY2002-FY2005</p> <p>FY1981-FY2002</p> <p>FY2002-FY2005</p>	<p>Competitive renewal is successful.</p> <p>Competitive renewal is successful.</p> <p>Competitive renewal is successful</p>	<p>FY2002, \$162,873</p> <p>FY2002, \$168,853</p> <p>FY2002, \$598,996 (TC)</p>	<p>NIH/NIMH 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>Same as above for 2.and 3.</p>
Increase outreach and recruitment efforts to AAPIs and AAPI organizations with information about HHS and employment opportunities.	Direct mailings and broadcast faxes to AAPI organizations, postings on AAPI Listserv of vacancies and other related announcements.	Ongoing.	Numbers of such mailings and faxes.	N/Av	PSC Cheryl Mott 301/443-5895
Protect civil rights and equal opportunity for Asian Americans and Pacific Islanders.	<p>Maintain an updated mailing list of major AAPI organizations and 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>	<p>FY 2002 - FY 2003</p> <p>FY 2002 - FY 2003</p>	<p>Documented receipt of SAMHSA vacancy announcements by AAPI individuals and organizations.</p> <p>Selection of at least one AAPI candidate as a SAMHSA funded PMI (two year program) and employment of at least four AAPI student interns per year.</p>	<p>Not available</p> <p>Approximately \$62,000 for the PMI, B/N and \$40,000 estimated for interns, B/C.</p>	<p>SAMHSA Pat Bransford, Division of 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</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
<p>Increase nondiscriminatory quality health care for minorities.</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</p>	<p>FY 2002 - FY 2003</p>	<p>The increased number of health care providers, medical schools, faith- and CBOs, professional organizations, HHS agencies, and state and local agencies working in coalitions to improve nondiscriminatory quality health care for minorities.</p> <p>The increased number of corrective actions and reviews.</p> <p>The number of training, TA, outreach and collaborative activities provided that directly and indirectly affect AAPI populations.</p>	<p>N/A</p>	<p>Spruesch@samhsa.gov</p> <p>OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax</p>
<p>Ensure that immigrant AAPI populations have nondiscriminatory access to critical health and human services.</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 OCR's Policy Guidance on Language Assistance to Limited English Proficient (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>FY 2002 - FY 2003</p>	<p>The increased number of corrective actions and no violation findings derived from complaint investigation and compliance review activities that affect AAPI populations.</p> <p>The number of training and TA activities provided that directly and indirectly affect AAPI populations.</p> <p>The number of training, TA, and outreach activities provided on the HHS/USDA policy guidance.</p> <p>The number of Asian languages selected; the number of</p>	<p>N/A</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	Measure	Funding/Activity	Lead Entity/Contact
	Translate various OCR documents into various Asian languages, into hard copy and post to OCR's website.		documents translated into hard copy; and the number of translated documents posted to OCR's website.		
Increase access for minorities and persons with disabilities to nondiscriminatory services in managed care settings.	<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>	FY 2002 - FY 2003	<p>The number of managed care plans found to be in compliance with Title VI, Section 504 and the ADA .</p> <p>The increased number of corrective actions and reviews.</p> <p>The number of training, TA, outreach and collaborative activities provided that directly and indirectly affect AAPI populations.</p>	N/A	<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 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>The number of HHS Divisions staffs, grantees, program providers, and faith-based and CBOs that received training and TA on civil rights requirements to provide health and human services in most-integrated settings to persons with disabilities.</p> <p>The increased number of corrective actions and reviews.</p> <p>The number of training, TA, outreach and collaborative activities provided that directly and indirectly affect AAPI populations.</p>	N/A	<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>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			The increased number of people with disabilities receiving services in the most integrated setting.		
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>The number of state and local welfare agencies and service providers, faith- and CBOs that acquire knowledge and understanding of Title VI, Section 504 and ADA requirements in the administration of TANF.</p> <p>The increased number of corrective actions and reviews.</p> <p>The number of training, TA, outreach and collaborative activities provided that directly and indirectly affect AAPI populations.</p>	N/A	<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	<p>The number of vacancy announcements and the number of conferences, training sessions, etc., where job openings were distributed.</p> <p>The number of AAPIs selected for hire.</p>	N/A	<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.	<p>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 attract these individuals to the OIG.</p> <p>b. The OIG's Office of Counsel to the</p>	FY 2002 - FY 2003	Number of AAPIs hired and participating in HHS or HHS-sponsored training programs.	<p>\$ unknown</p> <p>A/C</p>	<p>OS OIG</p> <p>Beth Blackwood Administrative Officer Office of Management & Policy, OIG 330 Independence Ave., SW Washington, DC 20201</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	Inspector General plans to increase its hiring of AAPIs by sending a representative to professional development events (sponsored by the Asian-Pacific American Bar Association of Washington, DC) for lawyers and law students.				202- 205-8235 202-619-1487 bblackwo@os.dhhs.gov
Partner with HHS agencies and advocacy groups to educate Medicare beneficiaries on how to recognize and report Medicare fraud and abuse.	<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>The number of copies produced; the number of people reached, approximately, by these public information materials</p> <p>The number of copies produced; The approximate number of people reached, by these public information materials.</p>	<p>N/Av</p> <p>\$8,000 to \$10,000 (for cost of reprinting brochure in Chinese, Spanish and English.</p>	<p>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>Same.</p>
Increase to 10 the number of AAPI serving organizations that are targeted for partnership around HP 2010.	ODPHP and OMH contacts will be used to identify national and regional AAPI serving organizations. These groups will be contacted about partnering around implementing HP 2010.	FY 2002 - FY 2003	Five organizations contacted by 5/30/02 will constitute partial success in year one. Five organizations contacted by 9/30/02 will constitute complete success in year one.	N/A	OPHS ODPHP Omar Passons 202-260-1746
Goal 5: Strengthen and sustain AAPI community capacity.					
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	Number of AAPIs recruited and volunteering in the Senior Medicare and Medicaid Patrol programs identified by the grantee’s performance report for	Title II and Title IV of the Older Americans Act	AoA Kenton Williams 202-619-3951 or Dianne Freeman 202-619-3428

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			the program; AoA's GPRA report.		
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	The ACF Minority Communities Database will be reviewed to include additional community organizations. Update of the ACF Directory to include Chinese and Korean translations; copies made available to communities; Directory used to support outreach to AAPIs; new e-mail broadcast feature to inform communities about ACF activities implemented.	Existing resources A/C \$5,000 for translations and printed copies A/C	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, D.C. 20447 (202) 205-8557 (202) 205-8446 cmontoya@acf.dhhs.gov
Ensure that HHS programs and initiatives meet the needs of AAPIs by strengthening partnerships with AAPI community organizations.	Region VI will provide AAPI Community Organizations with information regarding ACF Programs and special initiatives. Region VI will request state agencies and grantees to recruit and/or appoint AAPIs to governing boards and review teams. Region VI program staff will be urged to inform grantees and States of the need for outreach activities to the AAPI community. 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,	FY 2002	Increased number of AAPI organizations participating in ACF Regional Hub conferences, State conferences, grantee conferences and meetings, and other special events. Outreach activities initiated in Region VI areas where a large AAPI population exists. Speaking engagements and/or exhibits in five AAPI organization activities.	NA A/C	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

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	<p>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 Child Health Information.</p>				
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. Partner with the Kansas Department of Social and Rehabilitation Services and local AAPI community organizations to improve service delivery to AAPI populations</p>		<p>Increased number of coordinated programs delivering culturally competent services to more AAPI families in Region VII.</p> <p>Improved delivery of culturally competent services to AAPI families in Region VII through the collaboration of the ACF Regional Office, State and community AAPI partners</p>	<p>NA B/C</p> <p>\$8,000 A/C</p> <p>Note: Funding for this strategy will be apportioned on the basis of the program providing the TA.</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 below)</p>
Same objective	<p>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.</p>	FY 2002	<p>Increase the number of services available to the AAPI population.</p>	N/A A/C	<p>ACF Reg. VIII Robert Nanto Program Support Unit 303-844-1183 rnanto@acf.dhhs.gov</p>
Support ACF Hub and Regional Offices in their partnership with States and communities to target program services in areas with	<p>Review plans by ACF Hub and Regional Offices for AAPI programs/activities and offer assistance by OCSE.</p>	FY 2002	<p>Respond to requests for assistance from ACF Hub and Regional Offices in targeting program services in areas with proportionally large AAPI</p>	N/A A/C	<p>Frank Fajardo, Minorities Initiatives Coordinator - OCSE, P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
proportionally large AAPI populations.			populations.		(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	AAPI national forum(s) conducted and summary report prepared.	N/Av A/N	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
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	Engage AAPI CBOs and begin developing and promoting ongoing working relationships so as to inform communities of program initiatives and activities and grants, contracts, employment and internship opportunities.	\$40,000, budget permitting B/C	ACF Carl Montoya Community Outreach Coordinator 370 L'Enfant Promenade Washington, D.C. 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	Reg. V- continue relationship with the Asian Health Coalition of Illinois (AHCI) whose mission is to strengthen the capacity of Midwest AAPI organizations. Activities include sharing information on ACF programs and serving on discussion panels with the AHCI representatives.	N/A B/C	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.	OCSE will research, develop and obtain approval for target minority area for Sec. 1115 grant announcements.	FY 2002	Minority target area in grant announcement	N/A A/N	ACF OCSE Frank Fajardo, Minorities Initiatives Coordinator - P.O. Box 44203

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
1115 projects and Special Improvement Projects.					Denver, Colorado 80201 (303) 844-3100, ext. 312 (303) 844-2394 fax ffajardo@acf.dhhs.gov
Promote refugee economic independence.	ORR funds public and private non-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.	FY 2002	The number of IDAs established for refugees and refugee families, and the number of refugee families who are able to save to advance their education, and/or home ownership.	Of the \$12.2 million, it is estimated that approximately \$4 million are funded projects serving Asian Americans. A/C	ACF Division of Community Resettlement (DCR)/ORR Henley Portner, Program Specialist 370 L'Enfant Promenade Washington, D.C. 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	75 percent of targeted conferences will have some focus on the AAPI families and children.	(Conferences will be supported with existing ACF T&TA resources); A/C	ACF 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
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	Number of announcements discovered and AAPI organizations with whom information was shared.	N/A A/C	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.	FY 2002	Number of briefings and AAPI sponsored conferences where information on ACF programs is	N/A A/C	ACF, Reg. V Hich Yamagata, Program Specialist

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	Brief AAPI agencies and Regional Office staff of the findings from the Asian Health Coalition of Illinois's survey of AAPI serving agencies about use of, knowledge of, and barriers to accessing ACF programs.		disseminated.		233 N. Michigan Ave., Suite 400 Chicago, Illinois 60601 (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.	a. Promote and promulgate a 2.5 days training in Hawaii for 10 people, 3 sites. b. Training would include acid-fastening staining collection, preservation, packing and shipping of specimens, and an overview of methods used for mycobacterial culture and drug susceptibility testing.	July or August 2002 and 2003.	a. (Short-term) Number of staff attended training from each site increased. b. (Long-term) number of sites shipping to reference lab in Berkeley and Hawaii and number of shipments per culture confirmed case methods improved.	\$40,000, B/N	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	Quarterly progress reports; focus group discussions that summarize action items and next steps. This activity will inform the planning and structuring of a health conference, which is part of another CMS/AAPI contract.	\$24,500 - B/N	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	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 development; and 4) Establish a	August 1, 2001 - July 31, 2002	Quarterly status reports to CMS.	\$24,000 - B/N	CMS Henry F. Tyson, Branch Manager, Division of Beneficiary Services 75 Hawthorne St., Room 408 San Francisco, CA 94105

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
residing in the U.S. and Pacific Rim.	steering committee representing Hawaii, the Pacific Rim, and the continental U.S.				(415) 744-3434 (415) 744-3771 fax Htyson@cms.hhs.gov
Further strengthen AAPI communities through capacity building.	Contract with non-profit grassroots organizations to facilitate collaboration across the various AAPI communities in the country; create a communication network among the various AAPI communities; and maintain a resource directory of community resources that the AAPI population can access.	August 1, 2002 - July 31, 2003	CMS to evaluate exiting capacity building contracts, FY 2002 Goal #5, and determine next steps to reach the above stated goal and strategy.	Unavailable	Unavailable
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	Increased understanding of AAPI concerns and involvement of the AAPI community in agency decision-making processes.	A/C	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	Increased understanding of AAPI concerns and involvement of the AAPI community in agency decision-making processes.	B/C	FDA Mary C. Wallace, Director of Consumer Programs, OCA 5600 Fishers Ln., Rm.16-85 Rockville, Maryland 20857 (301) 827-4406 (301) 827-3052 mwallace@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	FY 2002 - FY 2003	Increased percentage of awards to AAPI non-profits and small businesses.	A/C	FDA Olia Hopkins, Director, Division of Contracts, Procurement, and Management

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	expositions.				5640 Fishers Ln., Rm. 2190 Rockville, MD 20857 (301)827-7184 (301)826-7103 fax ohopkins@fda.gov
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 community development for AAPI communities in their state.	\$600,000; A/N, A/C	HRSA BPHC Susan Lumsen, Public Health Analyst 4350 East West Highway Bethesda, MD 20814 (301) 594-4488 (301) 480-7833 fax slumsen@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	175 medical officers and/or health aides received clinical training in primary care, oral health, and/or behavioral health	\$80,000; B/C	HRSA BPHC Julie Moreno, Policy Analyst for Asian American and Pacific Islander Issues 4350 East West Highway Bethesda, MD 20814 (301) 594-4476 (301)- 594-2470 Fax jmoreno@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	12 new Scholarships awarded to Native Hawaiian Students.	\$825,000; A/C	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	600 teens and 200 adults (with AAPI representation) participate and are supplied with positive messages about health care.	\$1.5 million; A/N	HRSA BPHC Sherine Blagrove 4350 East West Highway Bethesda, MD 20814 (301) 594-3804 sblagrove@hrsa.gov.

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
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	Two organizations join BPHC in the AAPI initiative and actively advocate for or support AAPI projects.	\$80,000; B/N	HRSA BPHC Julie Moreno, Policy Analyst for Asian American and Pacific Islander Issues 4350 East West Highway Bethesda, MD 20814 (301) 594-4476 (301)- 594-2470 Fax jmoreno@hrsa.gov.
<p>a. Improve alcoholism treatment approaches for Asian Americans, Native Hawaiians and Other Pacific Islanders by making 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>a. In FY 2002 address AANHOPi issues specifically in a workshop to improve alcoholism treatment.</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>a. FY 2002</p> <p>b. Ongoing</p> <p>c. FY 2002- FY2006</p>	<p>a. Workshop is convened. AANHOPi issues are discussed at the meeting.</p> <p>b. The number of faculty/clinicians in institutions that serve Asian Americans, Native Hawaiians, and Other Pacific Islanders who are working with established alcohol researchers to develop new research projects.</p> <p>c. Two new investigators in institutions that serve Asian Americans, Native Hawaiians, and Other Pacific Islanders compete successfully for grant support to conduct alcohol research.</p>	<p>a. \$100,000, A/C</p> <p>b. \$250,000, B/C</p> <p>c. \$400,000, B/N</p>	<p>NIH/National Institute on Alcohol Abuse and Alcoholism (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> <p>Same as above</p>
Establish an information network for the exchange of	Conduct workshops and/or conferences for networking among AAPI Providers and	July 2002 to August 2003	One workshop a year will be conducted	\$25,000 A/N	NIH/NIDA Ana Anders, LICSW, Senior

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
information between community-based drug abuse providers and drug abuse researchers.	researchers.				Advisor on Special 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	NLM is engaged in a variety of activities to evaluate consumer use of NLM's health information web sites. Evaluation activities include contracting with various web usage monitoring, visitor profiling, and custom survey companies	a. Sept. 2001-February 2003 (\$39,971); July 2001-June 2002 (\$40,000). A/C. July 2001-Oct. 2002; (\$50,000), A/C.	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.	a. \$97,629,000, A/C b. \$108,578,000, A/C	NIH NIGMS Minority Opportunities in Research Division (MORE) Clifton Poodry, Ph.D., Director 45 Center Drive, MSC 6200, Room 2AS.37H Bethesda MD 20892-6200 (301) 594-3900 (301) 480-2753 Fax poodryc@nigms.nih.gov
Support research on AAPI communities in environmental and occupational health in order to build community					

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
<p>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>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>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 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>a. FY 2002- FY 2003</p> <p>b. FY 2002- FY 2003</p> <p>c. Same as a</p>	<p>a. Increase the pool of Southeast Asian girls who can educate communities about environmental hazards and reproductive health; improved reproductive health services available to this community.</p> <p>b. The empowerment of affected community residents and workers to improve their environmental and occupational health and to participate in setting the research agenda for their community.</p> <p>c. Same as c.</p> <p>d. University becoming better partners and strengths in environmental health and community partnerships to develop more sustainable responsive community/ research partnerships.</p> <p>e. The development of</p>	<p>a. \$239,150, B/C</p> <p>b. \$252,819, B/C</p> <p>c. \$252,819, B/C</p> <p>d. \$253,000, B/C</p> <p>e. \$253,000, B/C</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	Measure	Funding/Activity	Lead Entity/Contact
e. Continue to develop partnerships to help the immigrants and refugees to strengthen their environmental health and community programs to reduce their environmental problems.	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.	Same as a. FY 2003 (continues to Sept. 2004)	environmental education materials that is linguistically and culturally appropriate for the Lowell's Cambodian and Laotian residents. The effectiveness of the partnerships to develop sustainable and responsive community programs to reduce or eliminate their environmental problems.		
Build capacity to conduct CAM research in the AAPI community.	Provide training opportunities in CAM research for AAPI students and Investigators.	FY 2002 - FY 2003	Numbers of AAPI trainees in NCCAM-sponsored CAM research training programs and receiving NCCAM-funded training grants.	National Research Service Award training mechanisms; K awards. (code A/C)	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.
a. Increase outreach to AAPI communities to establish public-private partnerships that will promote appropriate linguistically and culturally competent services. b. Continue to inform the extramural community at all levels of education about training and career opportunities available in	a. Establish partnerships with two AAPI organizations to promote development of outreach activities. b. Staff will continue to analyze data	a. Oct. 2001 – Dec. 2002 b. FY 2002 (ongoing)	a. (1) : Identify AAPI organizations that address health education/science issues (Dec. 2001). a. (2) Meet with two AAPI identified organizations to discuss public-private partnerships (June 2002). a. (3) Establish MOUs with two AAPI organizations (Dec. 2002) b. Staff will continue to participate in special forums at S	a. N/A, B/N b. Same as a.	NIH/NIDCR a. 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 b. Division of Population and Health Promotion Sciences Lorraine Jackson

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prevention, early detection, treatment, and communications.	minority/underserved communities. Encourage the submission of applications for new pilot cancer control research within SPNs.			\$6.0M, A/C	
Increase AAPI participation in major preventive health activities.	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.	FY 2002- FY 2003	An increase in the number of programs which are adapted or developed specifically for racial/ethnic minority groups, and the number of models evaluated for specific minority populations, including AAPIs.	\$724,785, B/C	SAMHSA CSAP Laura Flinchbaugh, Ph.D. DKDE 5600 Fishers Lane Rockwall II, 10 th floor Rockville, MD 20857 301-443-4564 Lflinchnb@samhsa.gov
Encourage AAPI community-based organizations (CBOs) to participate in grants TA workshops for Knowledge Development and Application (KDA) and Targeted Capacity Expansion (TCE) funding	Target sessions to address the concerns of racial and ethnic minorities, including AAPIs at SAMHSA-sponsored national and regional TA workshops.	FY 2002 - FY 2003	SAMHSA sponsored TA workshops with specialty sessions for AAPI representatives.	Not available	SAMHSA CSAT Jane Taylor, Ph.D., Director, Division of Practice and Systems Development 5600 Fishers Lane, Rockwall II - 7 th Floor Rockville, MD 20857 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	A plan for monitoring and tracking the inclusion of diverse representation from the AAPI community in SAMHSA TA activities for contracts, grants, cooperative agreements and purchase orders.	\$3,500,000 (multi-year grants, cooperative agreements) B/C; \$750,000 (multi-year training and TA program) B/C	SAMHSA/CMHS Teresa Chapa, Ph.D. Division of Program Development 5600 Fishers Ln., Rm 17C-05 Rockville, MD 20857 301- 443-4016 Tchapa@samhsa.gov
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	Translation/adaptation and posting online (electronically) of SAMHSA's Knowledge Application Products in selected AAPI languages through the	\$53,190, A/C (subject to fund availability)	SAMHSA CSAT Karl D. White, EdD, Public Health Analyst, OSEAS 5600 Fishers Lane Rockwall II, 8th Floor

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
			SAMHSA-funded KAP Multi-Language Translation Initiative (MULTI).		Rockville, MD 20857 301-443-8448 Kwhite@samhsa.gov
Improve and enhance outreach and joint projects with AAPI serving institutions and organizations.	<p>Develop and maintain database of AAPI serving institutions and organizations. Disseminate database to Regional Offices.</p> <p>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 institutions and organizations.</p>	FY 2002 - FY 2003	Database set up and staff identified to maintain it. Plan developed.	N/Av	OCR Deeana Jang Senior Civil Rights Analyst 200 Independence Ave., SW Washington, DC 20201 202-619-1795 202-619-3818 fax
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	The number of collaborations with other HHS components and other federal agencies to improve partnerships with AAPI serving institutions and organizations. (This duplicates the last performance measure under Strategic Goal 1 above.)	N/Av	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	<p>The number of students successfully recruited.</p> <p>The salaries expended on the students.</p>	N/Av	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	FY 2002 - FY 2003	Divisions consulted regarding agreement to pursue common database. Discussions held with program	N/Av A/N	OMH OPHS Betty Lee Hawks Special Assistant to the Director

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	communities, for programmatic, information dissemination efforts of the Divisions.		and technical (computer) staff on content of and process for compiling and maintaining such database; plan developed.		5515 Security Ln., Rm. 1000 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 AAPI lay spokespersons	FY 2002 - FY 2003	Develop evaluation tools to test the impact of a minority health education and public awareness campaign for AAPI	B/C	OWH OPHS Carol Krause, Director of Communications 200 Independence Avenue, SW, Washington, DC 20201 202-205-2551 202-205-2631 fax ckrause@osophs.dhhs.gov
Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.					
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 15-20 new grants, totaling about \$2.5 to \$3 million.	\$3 million, A/C	ACF ANA Sharon McCully, Acting Director, Division of Program Operations, 370 L'Enfant Promenade, 348F Washington, D.C. 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 CHIP in Hawaii and America Samoa through outreach to maximize children's access to and use of CHIP resources.	FY 2002	Continue programs serving children at LBJ hospital.	N/A A/C	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437

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					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 DD grantee in American Samoa. Discussions are also underway to have the Department of the Interior, 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).	FY 2002	Verification of expenditures for ACF DD, SAMHSA, and Department of Education Rehabilitation Services programs in American Samoa. Further TA needs for financial management will also be identified.	N/A A/C	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
Continue outreach to the 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, and the Republic of Palau.	Development of an ANA outreach plan, maintenance of Hawaiian and PI listing, and PI activities.	FY 2002	Increase PI populations on mailing lists by 10 percent; increase PI applications for funding; increase number of grants to PI populations by a factor of 2-3 grants; increase the number of qualified PI consultants used by our contractors; and increase the number of ANA evaluators by at least 2 new reviewers.	Pacific Contract \$300,000, A/C Grants \$350,000, A/C	ACF ANA, Sharon McCully, Acting Director Division of Program Operations 370 L'Enfant Promenade 348F Washington, D.C. 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	Continue to improve communication about ACF funded grantees, both better coordinate service delivery and use limited resources in the Insular areas, and support Compact negotiations and/ implementation.	N/A A/C	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	Regional TA contractors (in ACF/ Administration for Native Americans (ANA) Regions V-Pacific and VI-National) will	FY 2002	Each ANA regional contractor maintains database and transmits data to ANA.	Pacific Contract \$300,000, A/C	ANA Sharon McCully, Acting Director, Division of Program

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and TA.	provide ANA with data on the 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.			National Contract \$390,000, A/C	Operations, 370 L'Enfant Promenade 348F Washington, D.C. 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.	CCB will continue a grant for a Native Hawaiian organization subject to availability of funds.	FY 2002	By April 1, 2002, second-year funding will be awarded to a Native Hawaiian organization.	\$1 million, B/C	Ginny Gorman, National Tribal Child Care Specialist, CCB, 330 C. Street, SW, Rm. 2046 Washington D.C. 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	Enhancement of administrative infrastructures of State CCDF Lead Agency in Hawaii and American Samoa.	Funding amount will vary depending on current travel costs. A/C	Ginny Gorman, National Tribal Child Care Specialist, CCB, 330 C. Street, SW, Rm. 2046 Washington D.C. 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 jurisdictions to implement automated systems across the TANF, Child Support Enforcement, CCDF, and DD programs.	FY2002	Timely, accurate, and complete program and finance reports from Pacific jurisdictions, including specific numbers on AAPI clients and recipients. Receipt of detailed performance and outcome data on the DD programs in the Pacific jurisdictions, and data on participation by AAPI ethnicity.	N/A A/C	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

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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	ACF anticipates that about 400 Native Hawaiian children will receive quality child care as a result of this program.	\$1,000,000 for the period of March 2002 to February 2003; B/C	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 grantees.	FY 2002	Continue to provide T/TA to Hawaii and Outer Pacific Head Start grantees to improve program and financial reporting, including numbers on AAPI children. Increased number of AAPI children served through Head Start expansion (increase of 300 preschool children) and Early Head Start expansion (increase of 40 infants and toddlers) by Sept. 30, 2002.	N/Av A/C	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, phone 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 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.	FY 2002	Improved program performance (TANF, child care, child welfare, child support, and developmental disabilities) by ACF funded grantees serving the AAPI population. Identification of specific performance measures.	A/C	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 surveillance system by utilizing the CDC	Meet with World Health Organization (WHO) about using a standard data	September 2002 and	TIMS in patient medical records used.	N/Av, B/C	CDC NCHSTP Valerie Richmond-Reese

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
developed Tuberculosis Information System (TIMS) in Guam, Republic of Palau (Palau), Commonwealth of Northern Mariana Islands (CNMI), American Samoa, Federated States of Micronesia (FSM), and Republic of Marshal Islands (RMI).	collection tool.	2003.			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.	a. Routine HIV and AIDS case reporting system established and maintained. b. HIV/AIDS Surveillance Report on timely and update case reporting indicated.	N/Av, B/ Continue expansion and enhancement of existing funding for HIV Surveillance.	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.	a. The results of the 2001 YRBS data analyzed and used to guide programming in the Pacific region. b. The results of the 2003 YRBS analyzed and published for the Pacific entities.	\$45,000.00, B/C	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway MS K-42 Atlanta, Georgia 30341 770-488-6458 770-488-5962 kts3@cdc.gov/ tfs4@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.	September 2002 and 2003.	The existence of more sensitive and precise indicators of neurotoxic damage in humans utilizing methods validated in over ten years of animal research that are directly transferable from experimental research to clinical	\$107,369, A/C	CDC Pam Wilkerson, Extramural Community Liaison, NIOSH, 1600 Clifton Road, Mail Stop D -35, Atlanta, Georgia 30333, 404-639-4384

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	c. Determine levels of glial fibrillary acidic protein present in specimens documented by clinical and neuropathologic historical assessment		and epidemiologic research established.		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.	Quantitative and qualitative research conducted. b. Infant mortality decreased.	\$90,071, B/C	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 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.	September 2002 and 2003.	Risk and protective factors for infant mortality in Hawaii and the 5 U.S.- associated Pacific jurisdictions identified	800,00 to Hawaii Dept of Health, \$120,000 each to 5 U.S.-associated Pacific jurisdictions, B/Cont.	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 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,	September 2002 and 2003.	a. National Program of Cancer Registries planned and implemented. b. Model legislation and regulations for states to enhance the viability of registry operations	\$51,345 to Palau, B/C	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway MS K-42

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	<p>timeliness, and quality to provide training for registry personnel.</p> <p>d. Establish a computerized reporting and data-processing system that provide useful feedback for evaluating progress toward cancer control in all states and territories.</p>		<p>developed.</p> <p>c. Standards for data completeness, timeliness, and quality to provide training for registry personnel developed.</p> <p>d. A computerized reporting and data-processing system that provide useful feedback for evaluating progress toward cancer control in all states and territories established.</p>		<p>Atlanta, Georgia 30341 770-488-6458 770-488-5962fax kts3@cdc.gov/ tfs4@cdc.gov</p>
<p>Expand CDC based training for goal and promote visits to Pacific Island entities to enhanced cultural competence; promote existing educational products.</p>	<p>Hold annual cultural competence training with representative from the Pacific Island jurisdictions.</p>	<p>September 2002 and 2003.</p>	<p>a. Site visits to the Pacific entities and training discussed.</p> <p>b. Funds for travel approved.</p>	<p>N/Av, B/ Continue variable amount depending on time necessary for visit.</p>	<p>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</p>
<p>Use Native Hawaiian values, beliefs, and practices to address intimate partner violence and sexual violence among Native Hawaiian perpetrators and victims.</p>	<p>a. Through the Turning Point for Families, Inc. Hilo, Hawaii, develop, implement, and evaluate a culturally 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 efficacy among Native Hawaiian women who experience violence.</p>	<p>2002 and 2003 (project period FY 2001 to 2005)</p>	<p>The incidence, severity, and types of violence decreased; a culturally competent intimate partner violence and sexual violence intervention developed and implemented.</p>	<p>N/Av, B/C</p>	<p>CDC NCIPC Thomas Blakeney, Deputy Director Operations MS K-61 Atlanta, Georgia 770-488-1481 770-488-5509 fax teb2@cdc.gov</p>
<p>Resolve the problem surrounding the transshipment of infectious or</p>	<p>Set up meetings between CDC, project officers, program consultants and medical officers with various stakeholders in the</p>	<p>September</p>	<p>Shipping problems reduced or eliminated in PIB.</p>	<p>N/Av, B/N</p>	<p>CDC NCHSTP Valerie Richmond-Reese Public Health Analyst</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
diagnostic goods throughout the communities of FSM, RMI, American Samoa, Republic of Palau, Guam, CNMI and Hawaii to the mainland as necessary.	Pacific Island Basin (PIB) such as the Pacific Basin Medical Association, the Pacific Islands Health Officers Association (PIHOA), WHO, 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				1600 Clifton Road, MS E-07 Atlanta, Georgia 30333 404-639-8996 404-639-8629 fax 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	\$250,000, B/C	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-base hepatitis coordinators; establish 5 new sites	Recruit hepatitis coordinators.	September 2002 and 2003.	a. 39 hepatitis B coordinators recruited. b. 5 new sites established	\$3,000,000, A/C	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 Insular Affairs, provide funding for Hepatitis B research and implementation of Hepatitis B control programs to the U.S.-associated Pacific jurisdictions.	Sign memorandum of understanding with Office of Insular Affairs to provide 5 years funding for Hepatitis B research and implementation of Hepatitis B control programs.	September 2002 and 2003 (project period September 2002 to 2005).	Hepatitis B research funded, Hepatitis B control program implemented.	None, B/C	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

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<p>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>	<p>a. Create and/or enhance working relationships among organizations responsible for trade, travel, and public health on the Pacific Rim. 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. 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 infectious diseases in Asia and Pacific regions. d. Bring academic institutions closer together and create a collaborative learning environment.</p>	<p>September 2002 and through FY 2003.</p>	<p>Communications technology-based approach to prevention of emerging infectious disease related to trade and travels developed and enhanced.</p>	<p>None, B/C</p>	<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</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>a. Pacific Region HIV, STD, and unintended pregnancy prevention skills based training to school personnel continued and developed. b. The annual Pacific Region Trainer of Trainers HIV Conference held. c. The Hawaii Department of Education and Hawaii University, College of Education Summer Institute on HIV/STDs prevention education for school personnel continued. d. The evaluation of the effectiveness of the HIV prevention education programs conducted.</p>	<p>\$650,000, B/C</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>

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			<p>e. Guam Department of Education, middle school parents and those from private organizations recruited; an at-risk prevention plan at the schools developed.</p> <p>f. In Hawaii, the AIDS Supplementary Guide completed; the project staff and Gay, Lesbian, Bi-sexual, Transgender youth services participated in committee and Community Planning Groups meetings.</p> <p>g. RMI Ministry of Education provided assistance to high-risk youth.</p> <p>h. Successful piloting of Bringing Guam Into Your Classroom, a health education curriculum for middle school.</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 from 1999-2003).</p>	<p>a. Capacity building. b. Targeted action. c. Systems change and change among change agents. d. Widespread change in risk and protective behaviors. e. Changes in health disparity (morbidity/mortality) initiated.</p>	<p>Each Project receives approx. \$1,000,000 annually, \$35,000,000 total base program budget, B/Cont. N/Av, A/C</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 communities.</p>	<p>National Academic Centers of Excellence on Youth Violence, University of Hawaii at Manoa, will promote interdisciplinary research to foster collaboration between researchers and communities, and empower communities to address youth violence.</p>	<p>September 2002 and 2003 (project period FY 01 to FY</p>	<p>Communities empowered, scientific infrastructure built, application of effective youth violence interventions developed.</p>	<p>N/Av, B/C</p>	<p>.CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program Analyst 4770 Buford Highway, MS K-42</p>

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
		05).			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	a. Education seminars. b. Operation of hotlines. c. Training programs for professionals. d. Preparation of informational material. e. Education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities. 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. g. Efforts to increase awareness about, or to help prevent, sexual assault, including disabilities (Guam and Hawaii Department of Health).	September 2002 and 2003.	a. Educational seminars held. b. Operation of hotlines established. c. Training programs for professionals conducted. d. Informational material prepared. e. Education and training programs for students conducted, the incidence of sexual assault at colleges and universities reduced. f. Awareness about drugs to facilitate rapes or sexual assaults increased. g. Awareness increased about preventing sexual assault in underserved communities and individuals with disabilities.		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.	a. Prevention, intervention and control strategies to improve access to and quality of care for AAPIs and all racial/ethnic populations with diabetes implemented and evaluated. b. Death, disability, and costs related to diabetes and its complications reduced.	\$335,162 (HI) Dept. of Health, \$62,424 to (American Samoa), \$117,464 (Guam), \$76,500 (RMI), \$71,786 (FSM), \$88,434 to (CNMI), \$59,763 (Palau), B/cont	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
Maintain a Regional Center to foster community involvement and action to address the	Utilize and build upon CDC's "Diabetes Today" community planning model.	September 2002 and 2003.	Provide community training 2 to 3 times per year.	\$500,000 to Papa Ola Lokahi Diabetes Training	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
burden of diabetes in the Pacific Basin.				Center	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.	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. 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. 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.	September 2002 and 2003.	a. Two national organizations representing AAPI populations to address the NDEP funded. b. Target NDEP awareness campaigns for AAPI populations developed. c. Campaign materials in 11 AAPI languages translated. d. Media kit with appropriate information distributed. e. Activities conducted to tailor NDEP messages to be culturally and linguistically relevant to the AAPI populations through the community intervention workgroup.	\$273,000 to the Association of Asian Pacific Community Health Center (AAPCHO), and \$251,420 to the National Asian Women's Health Association, B/Cont.	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 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 a multi-center collaborative Diabetes Translation Research Initiative developed and implemented.	N/Av, B/C	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	Provide funding to 50 states, seven territories, and the District of Columbia: a. Provide resources, training, program	September 2002 and 2003.	a. Resources, training, program guidance, information and education provided.	by Sept. 2002; A/C	CDC NCCDPHP Kimberly Sledge-Clay/ Thelma Sims, Program

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National Tobacco Prevention and Control 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.		b. State and local tobacco prevention and control initiatives implemented. c. Additional funding to 11 national organizations that reach and serve specific racial/ethnic populations at high risk of using tobacco provided. d. Culturally appropriate tobacco control programs initiated.		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).	a. Goals and objectives to promote TB prevention and control established. b. Routine site visits conducted.	N/Av, B/C cooperative agreement funds.	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 the relationship between CDC/DHAP and the Native Hawaiian and Pacific Islander HIV prevention partners currently funded through HIV prevention cooperative agreement.	a. Increase mechanisms for communication and feedback from Native Hawaiian and Pacific Islanders HIVprevention programs that will assure more representation and inclusion. b. Conduct routine site visits.	September 17, 2002 and FY 2003.	Relationship between CDC/DHAP and the Native Hawaiian and Pacific Islander HIV prevention partners developed. HIV prevention cooperative agreement funded.	N/Av, B/C	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
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.	None, B/C	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

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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 to outstanding scientist and engineers at recent postdoctoral and experienced senior levels for tenure as guest researchers at NIOSH.	July 31, 2002 and 2003 (project period 2002 to 2005).	The critical shortage of occupational safety and health manpower decreased.	\$16,309, A/C	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
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.	AAPI women in the U.S.- associated Pacific jurisdictions screened.	\$1,039,888 to Hawaii, \$165,093 to American Samoa, \$662,074 to Palau, \$134,267 to CNMI, \$400,000 to Guam, B/Cont.	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.	\$1,249,963 (HI), \$323,537 (Guam) \$88,860 (Am. Samoa), \$31,143 (Palau), \$61,172 (CNMI), \$107,070 (FSM), and \$42,521 to RMI, B/Cont.	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	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,	FY 2000 - 2005 (Funding period is September	Program effectiveness will be measured by changes in modifiable health risk factors for program participants -e.g., weight loss, decreased blood	\$2,500,000 over 5 years	CMS Mary Kapp, Office of Strategic Planning 7500 Security Blvd. Baltimore, MD 21244-1850

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the Waimanalo community.	geographically-defined community) of Native Hawaiians and other AAPIs living in rural agricultural southeast Oahu.	2000 - September 2005)	glucose, blood pressure, and cholesterol. The project aims to achieve 9,000 direct contacts over the five-year program, reaching nearly 90% of the Waimanalo community.		(410) 786-0360 (410) 786-5515 fax Mkapp@cms.hhs.gov.
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>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 AAPIs 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>Quarterly and oral reports with the Project Office, documenting outcomes regarding health education, promotion, outreach, interpretation and translation of materials and demographic information.</p> <p>Same</p> <p>Quarterly written and oral reports with the Project Officer, documenting data collected in the field, progress notes, and encounter data.</p>	<p>\$24,000 total - A/B/N</p> <p>\$24,000 - A/B/N</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>
Continue to improve the health and well-being of the elderly Asian and Pacific Islanders in Hawaii who have	Contract with the appropriate non-profit organizations on the Hawaiian Islands to continue to increase education, access, and utilization of CMS programs.	FY 2002- FY2003	CMS to evaluate performance measures of existing contracts and determine whether to continue, change, or expand the	Unavailable	CMS Unavailable

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either Medicare or Medicaid. To provide effective community-based care and services which prevent hospitalization.			projects.		
Improve emergency preparedness to hospitals serving PIs.	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.	FY 2002	Number of hospitals with emergency preparedness plans in place.	\$0; A/N	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
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>Enhanced attention to Native Hawaiian/Pacific Islander health issues and community awareness of Institute resources and procedures.</p> <p>Same as above</p>	<p>a. \$.50 M, A/N</p> <p>b. \$.50 M, A/N</p>	<p>NIH/NCI CRCHD 6116 Executive Boulevard, Suite 602, MSC 8341 Rockville, MD 20852 301-496-8589 301- 435-9225 fax</p> <p>Same as above.</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.	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.	a. Ongoing	a. The number of publications in refereed journals from NIAAA-supported studies. Publications provide information that adds to our understanding of various factors associated with alcohol consumption behaviors in Asian Americans and the causes of alcohol abuse and dependence in specific subgroups.	a. \$600,000, A/C	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.

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
	b. Support four studies to derive more precise estimates and clarify the causes of major alcohol-related variables such as immigration effects, alcohol consumption levels, and alcohol-related problems in AANHUPI populations.	b. FY 2002 - FY 2005	b. Same as a.	b. \$600,000, A/C	Same as above.
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	NIAID's ability to report accurate information on Native Hawaiians and Pacific Islanders	\$50,000 (e), B/N	NIH/NIAID Milton J. Hernandez, Ph.D., 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	Prevalence and trends of drug use among Hawaiians will be identified.	A/N	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	The receipt of acceptable minority recruitment plans from institutions receiving NIGMS support.	None, A/C	NIH/NIGMS John Norvell, Ph.D. 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	Through outreach activities, encourage grant	FY 2002 -	Number of grant applications	Research project	NIH/NCCAM

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
subjects and researchers, of Native Hawaiians and Pacific Islanders in NCCAM-sponsored CAM research.	applications from Native Hawaiians and Other Pacific Islanders (NHOPI) for CAM research, focusing on training grants, the Traditional and Indigenous Systems of Medicine Program Announcement, and other appropriate initiatives.	FY 2003	submitted; number of grant applications funded	grants and research training grants (A/C)	Morgan N. Jackson, M.D., M.P.H., Director 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	a. MORE Division adequately staffed b. Active involvement of Council members in the review and approval of new and continuing programs at PI-serving institutions.	None, A/C None/AC	NIH/NIGMS Minority Opportunities in Research Division Clifton Poodry, Ph.D. 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	Listing of activities that include Native Hawaiians and Pacific Islanders. Identification of additional activities that can/should include Native Hawaiians and Pacific Islanders.	To be determined, B/N Same as above.	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	Monitor the enrollment of AAPIs in NIAMS supplemental programs. Strengthen partnerships with research intensive institutions.	Oct. 2002 - Sept. 2003 (On-going)	Participate in conferences/meetings that target the AAPI community.	To be determined	NIH/NIAMS Julia B. Freeman, PhD 45 Center Drive 5AS 19F Bethesda, MD 20892-6500

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
and Musculoskeletal and Skin Diseases) initiatives and program activities.					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	NIAID's ability to report information on Native Hawaiians and Pacific Islanders.	\$50,000 (e), B/N	NIH/NIADS Milton J. Hernandez, Ph.D., 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	Submission of fiscal expenditure data to determine if the State of Hawaii has expanded treatment capacity and made funding available to Native Hawaiians.	Estimated at \$2,142,720, subject to fund availability, A/C	SAMSHA CSAT Bruce Grant, Ph.D., Public Health Advisor, Division of State and Community Assistance 5600 Fishers Lane, Rockwall II, 8 th Floor Rockville, MD 20857 301- 443-9396 Bgrant@SAMHSA.gov
Deliver culturally appropriate substance abuse prevention specialist training in the Pacific Jurisdictions. Continue to support the efforts of the Pacific Substance Abuse and Mental Health Collaborating Council (PSAMHCC) to become a	Identify and convene key prevention providers to participate in the week long substance abuse prevention specialist training in the Pacific Jurisdictions. 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 2002 FY 2003	A training workshop conducted for at least 35 substance abuse specialists in the Pacific Jurisdictions. Budget allocation and logistical funding to support at least two meetings for mental health and substance abuse staff to address with the Council key issues	\$40,000, B/C \$50,000 B/N	SAMHSA CSAP Boris Aponte, Ph.D. Program Management Officer 5600 Fishers Lane, Suite 800 Rockwall II Rockville, Maryland 20857 301-443-2290 Baponte@samhsa.gov SAMHSA CSAT Bruce Grant, Ph.D., Public Health Analyst

Objective	Strategy	Timeframe	Measure	Funding/Activity	Lead Entity/Contact
freestanding entity. 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	related to their becoming a freestanding entity. Increased participation of AAPIs in CMHS funding opportunities and TA.	Not Available, A/C	301-443-9396, Bgrant@samhsa.gov 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	The number of joint projects and outreach activities developed specifically for Native Hawaiians and Pacific Islanders and completed.	N/Av	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	Objective will be met if target percentages reached each year.	N/A	ODPHP OPHS Omar Passons 202/260-1746
Coordinate intra-agency briefings, meetings, and discussions of issues related to improving the health and human services to Native Hawaiians and Pacific Islanders.	Convene the intra-agency work group, comprising representatives of CDC, HRSA, and SAMHSA that 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.	FY 2002- FY 2003	PI work group meetings held periodically, information exchanged, issues identified and discussed, and briefings held with external organizations on specific projects, models, and potential collaborations affecting the PI region.	N/A B/C	OMH Betty Lee Hawks Special Assistant to the Director 5515 Security Ln., Rm. 1000 Rockville, MD 20852 301-443-5084 301-594-0767 fax bhawks@osophs.dhhs.gov
Assist in the development and implementation of the	Work with community representatives from Asian American and Native Hawaiian	FY 2002 - FY 2003	Provision of copies of Initiative, when completed, to Pacific Basin	Staff assignment, B/C	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy

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WHIAAPI.	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.		stakeholders. Solicitation of input from stakeholders.		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	Assistance provided to HHS components in developing and implementing their work plans.	None	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 renegotiation of the CFA with RMI and FSM. Respond to questions on the impact of the CFAs on Guam, CMNI, and Hawaii. Provide statistical data, program and budget information related to the compact process per requests from DOI, Department of State, etc.	FY 2002 - FY 2003	Number of inquiries responded to and consultations provided that relate to the compact negotiations process.	Staff assignment, B/C	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102
Work on emergency preparedness/ mitigation projects for the Jurisdictions.	Develop a hazard assessment for biological and physical hazards that emergency response personnel may encounter in the various Jurisdictions if deployed there. Develop a mitigation plan for Samoa/ American Samoa and the RMI (or one of the states of FSM) on preventing morbidity and	FY 2002 - FY 2003	Completed plans for the remaining countries, Guam and CNMI, within the course of the next 12 months, contingent on continuing financial support.	B/C	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102

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	mortality in the event of natural disaster.				
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>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>	FY 2002 - FY 2003	<p>PHHS work group meetings held; provided and received information.</p> <p>Divisions represented in meetings with jurisdictional representatives</p> <p>Work with FRC and other agency Pacific Basin Workgroups</p>	N/A; B/C	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102
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	Disseminated the report completed in 2001 that evaluated the Pacific telehealth needs, described the area's telehealth infrastructure, and identified specific areas for improvement. Held meetings with staff of PEACESAT, Pacific Resources for Education and Learning, etc. about a telehealth conference for the Pacific.	N/A; B/C	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	Number of meetings with agencies and organizations about Native Hawaiian health care, and outcomes for followup.	Staff assignment, B/C	OPHS OPHHS Reg IX Patrick Rogers, Senior Policy Advisor for the US Affiliated Pacific OS 50 United Nations Plaza, #345 SF, CA 94102

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Utilize contacts from the 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	Facilitate the exchange of culturally relevant women's health information from MWHPE and CCOEs and COEs pertaining to Native Hawaiians and Pacific Islanders	A/C	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

Activity Legend:

- A = Projected Participation of AAPIs in major agency programs and services
- B = Planned Projects and Initiatives specifically for AAPIs
- N = New Activity
- C = Continuing Activity

Monitoring Official:

Tuei Doong, MHA, Deputy Director, Office of Minority Health/OPHS/OS