

C. Information on HHS Employment
Summary of Table 1
AAPI Profile in HHS

Representation of AAPIs in HHS at the end of FY 2002
and changes since the end of FY 2001

- The representation of AAPIs in the HHS permanent workforce at the end of Fiscal Year (FY) 2002 was 5.3 percent (3,100), an increase from their representation of 4.9 percent (2,804) at the end of FY 2001.
- The representation of AAPIs in the HHS Senior Executive Service at the end of FY 2002 was 2.4 percent, an increase from their representation of 1.9 percent at the end of FY 2001.
- The representation of AAPIs in the HHS Senior Biomedical Research Service (SBRS) at the end of FY 2002 was 8.8 percent, an increase from 8.2 percent at the end of FY 2001.
- The representation of AAPIs in the HHS Commissioned Corps (CC) at the end of FY 2002 was 5.3 percent. By occupational categories within CC positions at the end of FY 2002, the representation of AAPIs in professional positions was 5.5 percent (an increase from 5.1 percent in FY 2001) and in administrative positions was 3.7 percent (an increase from 2.4 percent in FY 2001).
- The representation of AAPIs in HHS GS/GM positions at the end of FY 2002 was 5.5 percent. By occupational categories within GS/GM positions at the end of FY 2002, the representation of AAPIs in professional positions was 9.3 percent, in administrative positions was 3.5 percent, and in technical positions was 2.5 percent.
- The representation of AAPIs among all HHS supervisors at the end of FY 2002 was 3.3 percent, an increase from 3.2 percent at the end of FY 2001. This includes 3.3 percent of all GS/GM supervisors, an increase from 3.1 percent at the end of FY 2001; 2.6 percent of SES supervisors, an increase from 2.1 percent at the end of FY 2001; 8.7 percent of SBRS supervisors, an increase from 8.4 percent at the end of FY 2001; and 3.4 percent of CC supervisors, a decrease from 3.6 percent at the end of FY 2001.

[NOTE: SBRS employees are in the professional occupation category. SES employees are in the administrative occupation category.]

Strategies for increasing diversity in the HHS workforce (excerpt from the Executive Summary provides examples of Division actions that address AAPI recruitment, training, and career development efforts)

HHS divisions carried out a variety of efforts to encourage greater and more equitable AAPI participation in its workforce at all levels. To make AAPIs aware of employment opportunities, Divisions share mailing lists of AAPI community organizations, distribute vacancy

announcements at conferences, and conduct other outreach activities.

FDA hired 80 Asian Americans or 12% percent of 680 entry-level positions to support the counter-terrorism initiative. FDA filled positions for chemists, consumer safety officers, microbiologists, and criminal investigators. The counter-terrorism initiative serves to protect the nation's food supply, increase the presence along the border to conduct field exams and sample collection and analysis, and to increase domestic inspections and laboratory analysis.

CDC is seeking to find more effective ways to hire AAPIs who are working in the public health field to work at CDC so that CDC programs can benefit from their expertise. Strategies include aggressive marketing to the target populations through the web site, newsletters, and funded grantees. CDC's National Institute for Occupational Safety and Health is providing support for AAPI National Research Council scientists. This post-doctoral visiting fellowship program provides educational and training opportunities, and these outstanding scientists and engineers are afforded the opportunity to conduct research of their choice. The program helps to advance their knowledge and abilities, as well as alleviate the shortage of occupational safety and health professionals facing us today.

CMS continues to hold a 12-week Diversity Summer Internship Program for college students, including AAPIs. The purpose of the program is to enhance student knowledge about CMS, its programs, mission, vision and goals; the operation of health programs at the Federal level; and to familiarize participants with other State and local health care programs serving underserved and uninsured populations. In FY 2002, 8 AAPI summer interns participated in the CMS program.

The HHS Divisions work with their respective AAPI employee organizations, such as in CDC, NIH, FDA, and with regional Federal AAPI employee organizations, such as Asian Pacific American Network, Council of Asian Pacific American Federal Employee Organization, Federal Asian Pacific American Council, and Asian American Government Executives Network, to disseminate vacancy announcements and help distribute information on career advancement opportunities.