

WHITE HOUSE INITIATIVE ON ASIAN AMERICANS AND PACIFIC ISLANDERS  
HHS FISCAL YEAR 2001 PLAN

STRATEGIC GOAL #1: Institutionalize an agency-wide mechanism to address AAPI issues.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Improve coordination of racial and ethnic minority initiatives, including the AAPI initiative, in the Department and each agency.	The Departmental Minority Initiatives Coordinating Committee (DMICC) and similar coordinating committees in each agency and staff division will use existing processes: internal agency discussions, strategic, program, and budget planning.	FY 2001	Monthly internal agency discussions and meetings; integration of racial and ethnic minority issues, including those affecting AAPIs, into agency strategic, program, and budget planning	Office of Minority Health (OMH) Office of Public Health and Science (OPHS) Deputy Assistant Secretary for Minority Health (DASMH) Nathan Stinson, MD 5515 Security Lane, rm .1000 Rockville, MD 20852 (301) 443-5084 fax (301) 594-7067 <a href="mailto:nstinson@osophs.dhhs.gov">nstinson@osophs.dhhs.gov</a>
Coordination of issues affecting AAPI Initiative in each agency.	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 Committee on AAPI Unresolved Issues under the DMICC (see below).	FY 2001	Monthly internal agency discussions and meetings; integration of issues affecting AAPIs into agency strategic, program, and budget planning	Administration on Children and Families (ACF), Administration on Children, Youth, and Families (ACYF) Carl Montoya Special Assistant, Office of the Commissioner 370 L'Enfant Promenade Washington, D.C. 20447 (202) 205-8557 (202) 205-9721 <a href="mailto:cmontoya@acf.dhhs.gov">cmontoya@acf.dhhs.gov</a>
	Continue to direct Administration on Aging's (AoA) Minority Initiatives Committee to analyze issues and to develop strategies for projects and activities by the aging network that address AAPI and other minority issues. Identify Implementation strategy for AAPI Initiative within AoA; use Team within AoA to implement the strategy for Executive Order (EO) on AAPIs.	FY 2001 Continuing	AAPI Minority Aging component incorporated into AoA's strategic plan and AoA's organizational development plan.	AoA Evelyn Yee 200 Independence Ave., S.W Washington, D.C. 20201 202/401-2060 202/401-7741(fax) <a href="mailto:Evelyn.Yee@aoa.gov">Evelyn.Yee@aoa.gov</a>

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(Continued)	Support an ongoing forum focusing on AAPI needs, activities, etc. 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.	Ongoing	AHRQ will establish a standing MHCC that will focus on the needs of target populations, including AAPIs.	AHRQ Minority Health Coordinator (vacant) 2101 E. Jefferson St, Ste 600 Rockville, MD 20852
	Through an existing Minority Health Initiative Coordinating Committee (MHICC), AAPI initiative and other activities will be addressed. Sub-committee formed as needed to address specific AAPI issues.	Sept 2001	First meeting convened by Sept 2001.	Centers for Disease Control and Prevention (CDC), OMH A. Sam Gerber Minority Health Program Specialist for AAPIs 1600 Clifton Rd, NE, MS D-39 Atlanta, GA 30333 404-639-7225
	The Health Care Financing Administration (HCFA) has an AAPI workgroup that specifically addresses AAPI issues. HCFA's Deputy Administrator has regular monthly meetings to address minority health issues, which includes AAPI issues. HCFA has established a Program Executive position to coordinate all minority health issues, including issues related to AAPIs.	Indefinite	(a) FY 2001 Annual Performance Report that is due on January 31, 2001, (b) Increased HCFA participation in identifying and addressing AAPI issues, e.g., research and data collection, expanding AAPI community outreach activities.	HCFA Ava J. Chung, Deputy Regional Administrator (617) 565-1185 Achung@hcfa.gov

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(Continued)	The workgroup will include representation from all Bureau of Primary Health Care (BPHC) Divisions/Offices, Health Resources and Services Administration (HRSA). BPHC will implement a plan that increases access to health care and eliminates health disparities for the AAPI populations.	Workgroup will be in place by 10/31/01	Over 500,000 underserved AAPIs will have access to comprehensive primary care services. The Workgroup will meet quarterly to assess progress.	BPHC, HRSA Julie Stellman Moreno Division of Programs for Special Populations (301)-594-4476 jstellman@hrsa.gov
(Continued)	Establish a workgroup as a sub-component of the SAMHSA-wide Minority Health Coordinating Council to address substance abuse and mental health issues related to the AAPI community.	FY 2001	The formation of an AAPI workgroup.	SAMHSA DeLoris Hunter, Ph.D. Director, SAMHSA/OMH 5600 Fishers Lane, 10-75 Rockville, MD 20857 (301)443-7265 dhunter@samhsa.gov
	Appoint an employee to serve as the Office for Civil Rights (OCR) nationwide lead person for the AAPI Initiative. The lead person for the AAPI Initiative coordinates the OCR team.	Feb 2001	The designation of a lead person.	OCR Thomas Perez, Director 200 Independence Ave, SW, Rm. 506-F Washington, DC 20201 (202) 619-0403 (202) 619-3437 tperez@os.dhhs.gov
Regularly convene the HHS Pacific Health Policy Group to ensure greater Department coordination for Pacific jurisdiction activities.	Strengthen the existing Pacific Health and Human Services Policy Group by working with Agency representatives knowledgeable about health issues in the PI jurisdictions and engaging them in proactive planning discussions regarding ways to improve and coordinate services across HHS that target the Pacific jurisdictions.	Oct 2000 - Sept 2001	a) Identify appropriate Agency point of contacts b) Convene three Policy Group meetings c) Create a Listserv of members to improve information sharing	OPHS, Office of International and Refugee Health (OIRH) Tina Chung (301) 443-1410

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Coordination among Federal programs in the Outer Pacific Insular jurisdictions.	HHS, ACF, and ACF Region IX have formed a work group to coordinate regional and national efforts in the Pacific Insular jurisdictions. The work group consists of representatives from the Departments of HHS, Interior (DOI), Labor (DOL), Commerce, Transportation, HUD, EPA, Education, and Agriculture. The group will inform HHS, DOI, and the DOS, Office Insular Affairs on developing issues and in support of renegotiating the Compact of Free Association.	FY 2001	Improved communication and coordination of service delivery and limited resources. Extensive data collection using Federal resources.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 <a href="mailto:jcoakley@acf.dhhs.gov">jcoakley@acf.dhhs.gov</a>
Ensure AAPI community input in HHS's and its agencies' programs and policies affecting AAPIs.	Hold meetings, e.g., Town Hall, roundtables, and community meetings; consultations; and site visits to hear from AAPI communities and gain a better understanding of their issues. Request public comment on draft policies and proposed programs that would impact AAPIs.	FY 2001	Numbers of such meetings, consultations, and site visits. Opportunities created for community comment on policies and programs.	OMH/DASMH Nathan Stinson MD Tuei Doong 301) 443-5084 And Agency counterparts
Implement Minority Initiatives Steering Committee Communities Outreach Initiative.	Regional Offices (ROs)/Hubs will continue outreach efforts to the APPI population. Minority Initiatives Coordinators will update the ACF Minority Communities Database. This database includes AAPI organizations and can be used to distribute information on grants, contracts, employment, etc.  ACF will develop an Information and Services Directory to highlight services and contacts in minority communities.	FY 2001	The ACF Minority Communities Database will be reviewed to include additional community organizations.  The compilation of an ACF Information and Services Directory that will support outreach activities to AAPIs.	ACF, ACYF Carl Montoya Office of the Commissioner 370 L'Enfant Promenade Washington, D.C. 20447 (202) 205-8557 (202) 205-9721 <a href="mailto:cmontoya@acf.dhhs.gov">cmontoya@acf.dhhs.gov</a>

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Develop and implement a Region IX AAPI Action Plan.	The Plan's four goal areas are Limited English Proficiency (LEP); Pacific Island Capacity Building; Education; and Domestic Violence and Youth Gangs.	Ongoing  Oct 1, 2000 (plan development and completion)  Sept 30, 2001 (plan implementation)	Identification of the issues and impacts affecting ACF program clients and applicants with LEP; work with grantees and the OCR to address issues.  Pacific Islander capacity building plan and strategy for Reg. IX.	ACF Pacific Hub Sharon M. Fujii Regional Hub Director 50 United Nations Plaza, rm 450 San Francisco, CA 94102 (415) 437-8400 (415) 437-8444 fax sfujii@acf.dhhs.gov
Develop and/or strengthen an intra-agency reporting structure on AAPI activities.	Work with the Aging Network, National Association for Area Agencies on Aging, etc., AAPI and other minority organizations to involve them in the implementation strategy on AAPI and other minority initiatives.  Presentations by AoA staff at National Council on Aging, COA, APHA, GSA, and other conferences and meetings on how to develop culturally appropriate services for AAPI and other minority elders.	FY01 Continuing	AAPI Minority Aging Component Incorporated into AoA's strategic plan and AoA's organizational Development Plan	AoA Evelyn Yee 200 Independence Ave, S.W Washington, D.C. 20201 202/401-2060 202/401-7741(fax) <a href="mailto:Evelyn.Yee@aoa.gov">Evelyn.Yee@aoa.gov</a>
	Customize and develop guidelines as necessary for reporting AAPI activities.	Sept.2001 Reporting deadline is Jan 2002.	Plan for reporting structure developed.	CDC, OMH A. Sam Gerber 1600 Clifton Rd, NE, MS D-39 Atlanta, GA 30333 404-639-7225

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(continued)	The Minority Initiatives Coordinating Committee (MICC) will meet to develop an intra-agency reporting structure for AAPI activities.	April 2001	Plan for reporting structure developed.	OCR Thomas Perez 200 Independence Ave, SW, rm 506-F Washington, DC 2020 (202) 619-0403 (202) 619-3437 tperez@os.dhhs.gov
Designate staff for the AAPI Initiative.	Commit Program Support Center (PSC) staff resources to focus on implementation of AAPI Initiative activities.	Dec. 2000	Appoint a part time AAPI program manager.	PSC, Office of Equal Employment Opportunity Donald Innis, Director (301) 443-1144

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

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Expedite the implementation of new OMB Federal Standards for racial and ethnic data (which created five categories including "Asian" and "NHOPI")	Coordinate through the HHS Data Council Work Group on Racial and Ethnic data; review budget proposals and advocate for budget needs; provide technical assistance (TA) to agencies; review OMB implementation guidance and develop HHS supplemental guidance.	FY 2001 - FY 2002	Increase in budgets to support implementation; Increase in TA to agencies; Development of an HHS supplemental guidance.	HHS Data Council Work Group Assistant Secretary for Planning and Evaluation (ASPE) Humphrey Building 200 Independence Ave, SW Washington, DC 20201 (202) 690-7858; OMH (301 443-9923
Monitor the HHS Inclusion policy for racial and ethnic data which covers all HHS funded programs and requires compliance with the new OMB Federal Standards.	Each agency is required to describe their implementation of this policy for inclusion in FY 2001OMH Report to Congress.	FY 2001	Agency narratives submitted and analyzed.	HHS Data Council Assistant Secretary for Planning and Evaluation (202) 690-7858 See above information.
Determine customer satisfaction with child support services, and target improvements needed for access by specific populations.	Office of Child Support Enforcement (OCSE) will make available to states a customer satisfaction survey instrument for use in surveying their various population groups.	Ongoing	Survey instrument made available to the States.	ACF/OCSE Frank Fajardo Minority Initiatives Coordinator P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312 (303) 844-2394 fax ffajardo@acf.dhhs.gov

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<p>Provide additional funding to over-sample Asian American children under a study of physical and cognitive growth among children from infancy to the early years of formal schooling.</p>	<p>ACF/Office of Planning, Research, and Evaluation (OPRE) provided funding to the National Institute of Child Health and Human Development (NICHD) to over-sample Asian American infants in the Early Childhood Longitudinal Study (ECLS-B). ECLS-B will follow a nationally representative sample of children from birth through the early years of formal schooling. This study will collect data on children's physical and cognitive growth and relate trajectories of growth and change to variations in the children's home environment, early care, and education. The study also offers an opportunity to understand the possibly very different health and development experiences of young children as a function of their racial and ethnic origin.</p>	<p>FY2000-FY 2001</p>	<p>Funding amount FY 2000 \$10,000; FY 2001 \$15,000</p>	<p>ACF/OPRE                      K.A. Jagannathan                      Program Analyst                      370 L'Enfant Promenade,                      7<sup>th</sup> Floor                      Washington, D.C. 20447                      (202) 205-4829                      (202) 205-3598 fax  <a href="mailto:kjagannathan@acf.dhhs.gov">kjagannathan@acf.dhhs.gov</a></p> <p>(Additional funding for this over-sample has been and will be provided by other HHS agencies/offices as well.)</p>
<p>Technical assistance (TA) contractors will provide specific counts of Hawaiian and Pacific Islander populations seeking grants and TA.</p>	<p>Regional contractors (in ACF/ Administration for Native Americans (ANA) Regions V-Pacific and VI-National) will provide ANA with data on the demographics and needs of Hawaiian and Pacific Islander populations so that ANA can better understand and address the future programming and access to services needs of these communities.</p>	<p>FY 2001</p>	<p>Each ANA regional contractor maintains a database and transmits data to ANA.</p>	<p>ACF/ANA                      Jean Luka, Director                      Division of Program Operations                      370 L'Enfant Promenade, Rm. 348F                      Washington, D.C. 20447                      (202) 690-6324                      F-(202) 690-7441  <a href="mailto:j@acf.dhhs.gov">j@acf.dhhs.gov</a></p>



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Gather baseline data and other information to identify how AAPI lack access to medical and social services in the Region (Reg.) V States with the largest percentage of AAPIs.	Partner with the Chicago AAPI Health Coalition and the Asian American Community Initiative to obtain and share information concerning AAPI populations.  Collaborate with ROs of HRSA and HCFA to assist in gathering pertinent information on AAPIs.	FY 2001	Complete a needs assessment of AAPIs' access to medical and social services.	ACF Region V Hich Yamagata Program Specialist, ANA 233 North Michigan Avenue, Ste 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax <a href="mailto:hyamagata@acf.dhhs.gov">hyamagata@acf.dhhs.gov</a>
Decrease the number of underserved AAPI populations in Reg. VIII and work to keep States and grantees informed of the AAPI population trends and any research about the AAPI population.	Review the Head Start, and Early Head Start Program Information Reports (PIRs) for information about AAPI representation.  Collect data about the AAPI population from the Office of Refugee Resettlement and the Census Bureau.  Obtain and peruse available research from ORR, States, Institutes, and other agencies.	May 2001  Ongoing	Complete an assessment of AAPI representation in Reg. VIII.	ACF Region VIII Vo Van Ha Program Specialist 1961 Stout Street Denver, Colorado 90294 (303) 844-3100, ext. 375 (303) 844-3642 fax <a href="mailto:vovanha@acf.dhhs.gov">vovanha@acf.dhhs.gov</a>
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 Temporary Assistance to Needy Families (TANF) and Child Care and Development Fund (CCDF) programs. In addition, Reg. IX is working with those jurisdictions to implement automated systems, to compete for bonus awards, and to avoid penalties in the TANF and CCDF programs.	Ongoing	Timely, accurate, and complete program and financial reports from Pacific jurisdictions, including specific numbers on AAPI clients and recipients. We anticipate that Hawaii will be awarded a High Performance Bonus for TANF and will avoid TANF penalties. We also anticipate that the State will receive Child Support Enforcement incentive payments.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 <a href="mailto:jcoakley@acf.dhhs.gov">jcoakley@acf.dhhs.gov</a>

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Strengthen knowledge base on the AAPI older population	Regions IV and VI (headquartered in Dallas and Atlanta) have the lead on aggregating and reporting minority data.	FY 01 Continuing	AoA Report on the Demographic and Socio-Economic Characteristics of the older AAPI population.	AoA Evelyn Yee 200 Independence Ave., S.W Washington, D.C. 20201 202/401-2060 202/401-7741(fax) Evelyn.Yee@aoa.gov
	Analyze National Aging Programs Information System annual series of service utilization information for AAPI older population.	FY 01 Continuing	Include in annual State Program Report (SPR) a section on Older Americans Act services provided to AAPI and other minority populations	AoA Carol Crecy 330 Independence Ave., S.W. Washington, D.C. 20201 202/619-0011 202/260-1012 (fax) <a href="mailto:Carol.Crecy@aoa.gov">Carol.Crecy@aoa.gov</a>
Maximize the amount of evidence-based health services research information on clinical topics/conditions that are relevant to AAPI populations.	<p>Maximize the relevance of evidence reports and technology assessments to issues of concern to AAPI populations. Establish a process to increase the dissemination of these results in AAPI communities.</p> <p>Evidence-based Practice Centers (EPCs) develop evidence reports and technology assessments on clinical topics that are common, expensive, and/or are significant to Medicare and Medicaid populations. EPCs work as “science partners” with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of clinical practice.</p>	Ongoing	<p>The number of evidence reports and technology assessments that address clinical topics/conditions that are relevant to AAPI populations.</p> <p>Development of a process for dissemination of research information and tools relevant to AAPIs.</p> <p>Implement a tracking process to identify all products developed and disseminated under the evidence based practice activity that are relevant to AAPIs.</p>	AHRQ Douglas Kamerow, M.D., Director. Center for Practice and Technology Assessment (CPTA). 6010 Executive Blvd., Rm. 316 Rockville, MD 20852 ( 301) 594-4026

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<p>Improve representation of AAPI populations in AHRQ datasets.</p>	<p>Continue its data collection efforts among AAPIs within the Healthcare Cost and Utilization Project (HCUP). Hawaii was added to the dataset last year because of its relatively large proportion of AAPIs compared with the rest of the nation. HCUP involves collection of administrative data from states, transformation of the disparate datasets into a uniform format, use of data for intramural research, and re-release of data for research purposes.</p>	<p>Hawaii data will continue to be incorporated into the nationwide inpatient sample during FY2001.</p>	<p>Hawaii data will be made available to researchers inside AHRQ and will be included in the Nationwide Inpatient Sample in FY2000 and FY2001 for researchers outside AHRQ.</p>	<p>AHRQ Jenny Schnaier Project Officer Center for Organization and Delivery Studies 2101 East Jefferson St. Rockville, MD 20852. (301) 594-6827</p>
<p>Increase understanding of health plan assessments by AAPI populations.</p>	<p>From the National Consumer Assessment of Health Plans (CAHPS) Benchmarking Database (NCBD), AHRQ has data on CAHPS responses of at least 5,000 AAPI members of commercial health plans. AHRQ staff plan to examine the adequacy of numbers in various subsets to do analyses comparing AAPI responses to those of other population groups. It will thus be possible to examine the extent to which AAPI respondents viewed the quality and accessibility of services they received through their health plans more or less positively than other populations.</p>	<p>May 2000-Jan. 2001</p>	<p>Number of studies.</p>	<p>AHRQ Judy Sang Center for Quality Measurement and Improvement (CQMI) 2101 East Jefferson St Suite 502 Rockville, MD 20852 (301) 594-1702.</p>

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

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<p>Increase and improve collection, analyses, and dissemination of health services research and health services research data about the AAPI population.</p>	<p>Medical Expenditure Panel Survey-- Household Component (MEPS-HC) provides comprehensive information on health care utilization, expenditures, sources of payment, insurance coverage, employment characteristics, and health status that characterize individuals and their families.</p> <p>The MEPS-HC is designed to be representative of the U.S. civilian non-institutionalized population. This ongoing survey includes a sample of AAPI individuals of sufficient size (approximately 1,000 persons, beginning with 1997 data) to permit national estimates for the total AAPI population and to make cross-tabulations by specific demographic measures. (AAPI sample size is dependent upon the type of provider use.)</p> <p>Release of MEPS public use data for the 1996 population in FY 2000 and the 1997 population in FY 2001.</p> <p>Beginning with the 1997 MEPS sample, create a new variable that combines race and Hispanic ethnicity into a single variable with the following categories AAPI, American Indian and Alaska Native, Black non-Hispanic, White non-Hispanic, and Other.</p>	<p>Oct. 2000-Oct. 2001</p>	<p>MEPS reports covering 1997 using the new race/ethnic variable.</p> <p>Implementation of new OMB Federal Standards for racial and ethnic data (which divides the AAPI population into two groups) into the MEPS-HC.</p>	<p>AHRQ            Karen Beauregard            Center for Cost and Financing Studies.            Suite 500            2010 East Jefferson St.,            Rockville, MD 20852            (301) 594-0454.</p>

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<p>Ensure the inclusion of AAPIs in primary care research projects that examine health care issues and concerns that impact these populations.</p>	<p>The Center for Primary Care Research (CPCR) staff regularly interact with grantees, potential grantees and applicants on an ongoing basis around primary care research issues.</p> <p>Review of research concepts submitted to the Center offers an opportunity for CPCR staff to encourage the inclusion of AAPIs as research subjects as well as to encourage the inclusion of AAPIs as co-investigators.</p>	<p>FY 2001</p>	<p>The number of applications whose study population includes substantial numbers of AAPIs.</p> <p>The number of applications submitted by AAPI researchers.</p>	<p>AHRQ Carole Dillard Center for Primary Care Research Rm. 220 6010 Executive Blvd. Rockville, MD 20852 (301) 594-1358.</p>
<p>To fund one or more studies that will be focused on the effectiveness, quality or appropriateness of health care services for Asian Americans and Pacific Islanders.</p>	<p>This objective will be achieved through investigator-initiated work and/or targeted initiatives including Centers of Excellence (CoEs) dedicated to eliminating disparities in health for racial and ethnic minority populations, Translating Research Into Practice II and Violence Against Women Request for Applications (RFAs). Also, opportunities to include AAPI populations in the initiative on worker health will be identified. Applications will be encouraged and TA will be offered to investigators interested in focusing on studies that will identify effective health care interventions to improve outcomes for AAPIs or to improve the quality of their care. This may include studies to incorporate cultural issues into daily practice.</p>	<p>Oct. 2001</p>	<p>Number and costs of grants funded in these areas during each fiscal year.</p>	<p>AHRQ Dan Stryer, M.D. Center for Outcomes and Effectiveness Research (COER), Rm. 354 6010 Executive Blvd. Rockville, MD 20852 (301) 594-4038</p>

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Increase funded projects addressing AAPI populations and issues	Examine reviewed grant applications assigned to the Center for Quality Measurement and Improvement (CQMI) with special attention to the possibility of separate analyses regarding AAPI issues.	3 annual funding meetings—Dec/Jan, April/May, August/Sept 2001	Number of applications reviewed; number of applications with possibility of AAPI-specific analyses.	AHRQ Elinor Walker, CQMI 2101 E Jefferson St., Suite 502, Rockville, MD 20852 (301) 594-2049
Improve data collection on AAPI populations and sub-populations by national origin.	Collect, analyze, and disaggregate vital statistics on AAPIs including health surveillance and utilization, national health interview survey, behavioral risk factor survey and ongoing survey programs by national origin/ethnicity groups.	September 2001	Data on AAPIs collected, analyzed, and disaggregated into regional groups with similar characteristics such as Southeast Asians, East Asians, Native Hawaiians, other Pacific Islanders, and by the following focused areas: (1) Underserved AAPI demographic populations such as women, adolescents and elderly. (2) Health issue areas such as domestic violence, mental health, substance abuse, HIV/AIDS, cancers, diabetes, cardiovascular and cerebral vascular diseases, tuberculosis, and hepatitis B. (3) Key measures such as languages, country of birth and immigration status for surveillance and survey programs.	CDC, OMH A. Sam Gerber 1600 Clifton Rd, NE, MS D-39 Atlanta, GA 30333 (404) 639-7225

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<p>Improve Research: The results of research and policy changes are disseminated to AAPI communities working to improve health.</p>	<p>Develop research agenda focusing on identified risk factors for AAPI in such areas as women's health, HIV/AIDS, cancers, cardiovascular and cerebral vascular diseases, hepatitis B, diabetes, tuberculosis, occupational health and safety, gang and domestic violence, mental health and substance abuse, tobacco control and prevention, environmental health and safety, nutrition, teen pregnancy, and infant mortality.</p>	<p>September 2001</p>	<p>Results of the research and policy changes are applied in the identified areas to improve health of AAPIs.</p>	<p>CDC A. Sam Gerber See above.</p>
<p>Identify the location of Medicare-eligible AAPI sub-populations in the U. S., and identify culturally competent communication materials and media channels to better address their health care needs.</p>	<p>Contract with: Magna Systems, Incorporated</p>	<p>2000-2001</p>	<p>Individual work plan and deliverables due to HCFA in 2000 for utilization in 2000 - 2002, and beyond: (1) Nationwide demographic data to locate AAPI populations, specifically linguistic and ethnic subgroups, and to present their demographic characteristics; (2) Targeted Demographic Report to identify media markets in areas with identified AAPI populations, (3) Communication Plan to develop focus group questionnaires on initial responses to Medicare information materials.</p>	<p>HCFA Nancy Berson Project Officer Center for Beneficiary Services (CBS) Baltimore, MD (410) 786-0017</p>

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

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<p>Increase and improve collection, analysis, and dissemination of research and data about AAPI populations and sub-populations to encourage and strengthen full participation and inclusion of this special needs population in the Medicare and Medicaid programs in Washington, Alaska, and Idaho.</p>	<p>Contracted in 1999 with PRO-West, the National Asian Pacific Center for Aging, the National Indian Council on Aging; and RAND (a non-profit research institute)</p> <p>Contract requirements: To develop demographic reports based on research of AAPI populations in Washington, Idaho, and Alaska.</p>	<p>Aug. 2001  1999-2002</p>	<p>Demographic reports, AAPI sub-population support systems, recommendations, and environmental scans. HCFA is currently using data to identify AAPI "hot spots" nationwide to target projects and potential partnerships with AAPI community based organizations (CBOs).</p>	<p>HCFA Michael Katz CBS Baltimore, MD (410) 786-1568</p>
<p>Track AAPI populations receiving training or funds under Bureau of Health Professions (BHP) programs.</p>	<p>Continue to collect data on Asian sub-populations from grantee reports under the Comprehensive Performance Management System.</p>	<p>2000-2003</p>	<p>BHP will establish a baseline and continue data collection.</p>	<p>HRSA, BHP Marylin Biviano Director, Office of Research and Planning (301)443-9792</p>
<p>Collect data on AAPIs served by their programs to ensure over 500,000 AAPIs have access to BPHC supported programs. Data on Asian Americans (AAs) and Native Hawaiians/ Other Pacific Islanders (NHOPIs) will be collected separately.</p>	<p>Use the Uniform data system, to supporting programs that are required to submit racial/ethnic information on their users.</p>	<p>Data will be available June 2001</p>	<p>Over 500,000 Asians and NHOPIs will have access to primary health care services.</p>	<p>HRSA, BPHC Julie Stellman Moreno Division of Programs for Special Populations (301)594-4476 jstellman@hrsa.gov</p>



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Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Collect data to assess the efficacy, cost effectiveness, and appropriateness of enabling services for AAs and NHOPIs.	In conjunction with the Association of Asian Pacific Community Health Organizations (AAPCHO), BPHC will collect relevant data from 12 health centers that predominantly serve AAPIs and analyze data to formulate recommendations to health centers.	The study will begin Oct 1, 2000. Findings to be available 8/31/2001.	BPHC will provide recommendations for health centers on what enabling services should be utilized to effectively reach out to and provide care to AAPIs.	HRSA/BPHC Julie Stellman Moreno See above.
Support local maternal and child health initiatives in the Pacific Jurisdictions for collection and analysis data.	<p>Maternal and Child Health Bureau (MCHB) will continue to support the Federated States of Micronesia (FSM) State Systems Development Initiative Project to assure the development of an administrative infrastructure and staff training in all four States of the FSM.</p> <p>MCHB will continue to support the State Systems Development Initiative, American Samoa. This project is designed to create a computerized, networked, interagency data tracking system for infants, toddlers, and children through age 21 with special health and learning needs.</p> <p>MCHB will continue to support the Commonwealth of the Northern Mariana Islands (CNMI) Maternal and Child Health (MCH) Services Federal Set-Aside Program to improve, upgrade, and expand three major local MCH initiatives in the data collection and analysis areas.</p>	<p>FSM State Systems Development Initiative Project period is scheduled to conclude in FY 2001 (9/29/01).</p> <p>State Systems Development Initiative, American Samoa - project period is scheduled to conclude in FY 2001 (9/29/01).</p> <p>CNMI MCH project period is scheduled to conclude in FY 2001 (9/29/01).</p>	Discretionary grant programs will submit a final report no later than 90 days after the project period has ended.	HRSA, MCHB Jerry Hood Division of State and Community Health Parklawn, Room 18-331 Rockville, MD (301)443-2204 fax- (301)443-9354

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Generate data to better assess the rural health care needs of the AAPI community.	The ORHP will a) recruit an intern to conduct a literature search, identify major data gaps & information needs; b) partner with a rural research center and conduct a study on the research/data needs of AAPI groups; c) contract with a consultant to assess the data needs of the AAPI.	1 Year	Report drafted	HRSA Office of Rural Health Policy (OHRP) Roberto Anson Parklawn Building, Rm 9-05, (301) 443-0835 Fax- (301) 443-2803
Conduct an oral health status survey in Guam and Palau.	Provide TA to conduct a survey on oral health status (modeled after Hawaii).	Begin Sept. 2000	Two dentists from these jurisdictions will be trained by the Hawaii State Dental Director to use the same survey methodology.	HRSA Region IX Reginald Louie, DDS Regional Dental Consultant (415) 437-8101
Improve public health surveillance in the Pacific Islands to enable Pacific Basin jurisdictions to identify health problems and to generate adequate public health responses.	Conduct training in epidemiology surveillance (EPInfo) to appropriate Pacific Basin health workers through the Secretariat of the Pacific Community.	Sept /October 2000	Health staff will be trained on surveillance activities and develop local epidemiological capacity and understanding to carry out surveillance activities in the jurisdictions	HRSA Lynnette Araki Office of Planning, Evaluation, and Legislation (301)443-6204 Laraki@hrsa.gov

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Increase and improve collection of data on HIV-related care provided to AAPIs.</p>	<p>Continue to study patterns of HIV-related care provided to AAPIs. HIV/AIDS Bureau's (HAB's) client level demonstration projects are designed to collect data about individuals who receive Ryan White CARE Act eligible services. Analysis of data from sites, including jurisdictions with relatively high concentration of AAPIs, will be conducted. HAB's Title I-IV grantee annual data report represent client encounters. Both data sets will be analyzed to determine whether patterns of HIV-related care, which include both medical and support services, differ by race/ethnicity.</p>	<p>Annual data analysis FY 2000/2001</p>	<p>Conduct a data report and analysis of 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 AIDS Care Reports and Cumulative AIDS Care Reports.</p>	<p>HRSA, HAB Faye Malitz Office of Science and Epidemiology (301)443-3573</p>
<p>Review HIV/AIDS programs to determine the adequacy of services provided to AAPI populations and identify gaps.</p>	<p>Continue to support studies that evaluate innovative health service models that improve underserved and vulnerable populations' access to and use of HIV services by bridging language barriers and assisting them to navigate through mainstream health services. Consider using the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA) curriculum materials as a model for non-API and API service providers. Continue to integrate information and findings from a previous grant to APICHA. HAB's SPNS program will develop future funding priorities based on input from individuals knowledgeable about the health needs of AAPIs living with HIV.</p>	<p>FY 2001/2002  FY 2001 Program announcement publication for 2001 Special Projects of National Significance program.</p>	<p>Assessment completed.  Notice of funding availability publication (expected spring of 2001).</p>	<p>HRSA, HAB Barbara Aranda-Naranjo Office of Science and Epidemiology (301)443-3573</p>

STRATEGIC GOAL: #2 Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Improve SAMHSA's overall grant data collection system to collect data on AAPIs as well as other minorities.</p>	<p>Enhance the State Grant Information Management System (SGIMS) to collect data on AAPI populations.</p> <p>Design and implement a data system consistent with new Federal Standards for racial and ethnic data from OMB.</p>	<p>Ongoing</p>	<p>An operational data systems that is user friendly and easily accessible for the purpose of reporting and disseminating information on programs serving AAPI populations.</p>	<p>SAMHSA Joe Faha, Director, Office of Legislation 5600 Fishers Lane, 13C-15 Rockville, MD 20857 (301)443-4640 jfaha@samhsa.gov</p>
<p>Build capacity for epidemiologic data collection pertaining to alcohol and other drug abuse problems, and related to physical and mental health conditions in the six U.S. Associated Pacific Island jurisdictions.</p>	<p>Support the Epidemiologic Surveillance Project.</p>	<p>FY 01</p>	<p>Establishment of a Regional Epidemiological Work Group with representation among all six Pacific Islands; Provision of training sessions for epidemiologic surveillance and data collection.</p>	<p>SAMHSA Bruce Grant, Ph.D. Division of State and Community Assistance 5600 Fishers Lane, RW II, 8<sup>th</sup> Fl Rockville, MD 20857 (301)443-9396 bgrant@samhsa.gov</p>
<p>Increase and improve collection of mental health data on AAPIs.</p>	<p>Collect and review data on the unmet mental health needs of AAPIs, including a review of block grants funds available in each State/Territory. An in-depth analysis of the availability and accessibility of essential community mental health services for AAPI children and adults in approximately 7 States/Territories.</p>	<p>FY00-01</p>	<p>A final report on the unmet need for mental health services in the AAPI community.</p>	<p>SAMHSA Shelly Hara, MSW Public Health Analyst, CMHS State Planning and Systems Development Branch Parklawn15C-26 (301)443-4257 shara@samhsa.gov</p>

STRATEGIC GOAL: #2 Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase and improve collection of mental health data on AAPIs.	Provide targeted TA on data collection to the Pacific Basin.	FY 01	An increase in the number of contacts with representatives from the Pacific Basin to discuss improving their mental health statistics data collection capacity.	SAMHSA Ron Manderscheid, Ph.D., Branch Chief Survey and Analysis Branch, CMHS Parklawn 15C-18 (301)443-3343 rmander@samhsa.gov
Gain knowledge related to improving the diagnosis and treatment of the major health and mental health and human service related problems facing AAPI communities.	Pilot test the appropriateness of curriculum for training primary care providers caring for AAPI patients to, screen for, recognize, refer or treat mental illness.	FY 01	The development of a training curriculum for primary care providers and a brief mental health screening instrument appropriate for AAPIs in primary care settings. The development of outcomes data collection and client tracking system.	SAMHSA Kana Enomoto, MA Public Health Analyst Division of Knowledge Development and Systems Change, CMHS Parklawn 11C-21 (301)443-9324 kenomoto@samhsa.gov
Increase AAPI representation in ongoing crosscutting research on health and human services issues, in developing new survey instruments, and by involving researchers familiar with AAPI issues in review groups and advisory panels.	Support a study on Aging, Mental Health, Substance Abuse and Primary Care with New York City Chinatown Action for Progress (as part of SAMHSA's multisite Aging study) to: collect baseline data on either integrated or referral mental health services provided to approximately 300 Chinese American persons aged 65 or older and to collect and analyze follow-up data.	FY99-01	Identification of effective models for delivering mental health and substance abuse services in a primary care setting.	SAMHSA Paul Wohlford, Ph.D. Psychologist Survey and Analysis Branch, CMHS Parklawn 15C-18 (301)443-5850 pwohlford@samhsa.gov

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase the development, expansion and synthesis of research and evaluation on prevention principles and practices across diverse populations. Increase the capacity of the field to conduct culturally sensitive and relevant research, training, instrumentation, recruitment of minority researchers.	Identify culturally relevant measures for substance abuse prevention in the AAPI community.	6/00 - 12/01 6/01 - 12/02	An AAPI database of culturally relevant information about AAPI groups; AAPI evaluation instruments expected in FY 2001.	SAMHSA Ruth Sanchez-Way, Ph.D. Acting Director, CSAP 5515 Security Lane, Rm 900 Rockville, MD 20857 (301)44-0369 rsanchez@samhsa.gov
Develop a long-term strategy for improving HHS race/ethnic data (HHS Data Council's Working Group on Racial and Ethnic Data)	The HHS Data Council's Working Group on Racial and Ethnic Data will develop a detailed implementation plan--action items, priorities, responsible office(s), resource estimates--and establish an oversight/coordinating entity.	On-going	Detailed implementation plan and oversight/ coordinating entity are established.	Data Council Working Group on Racial and Ethnic Data Co-chairs: ASPE and OMH
Determine how immigrant families and communities have been affected by welfare and immigration reform	1. Analyze survey results from an Urban Institute study of immigrants in Los Angeles and New York City. 2. Participate in funding consortium for the New Immigrant Survey  3. Begin conducting study of how agency policies and practices affect immigrants.	1 year  3 years  18 months	Study report completed and disseminated.  Initial survey conducted, database on new immigrants available for research and policy analysis. Study completed, briefings and report completed	ASPE David Nielsen Office of Human Services Policy (202) 401-6642

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase information on AAPI Children	Continue supporting the Department of Education's Early Childhood Longitudinal Survey – Birth Cohort, including the Chinese subsample. (Also under ACF's plan)	4 years	Survey completed, database widely available for research and policy analysis	ASPE Linda Mellgren & Martha Moorehouse Office of Human Services Policy (202) 690-6806
Revise forms in regard to data collection for Hill-Burton activities to conform with the new OMB Federal Standards to collect AAPI data in two categories ("Asian" and "NHOP")	Modify data collection forms for future Hill-Burton related survey activities.	Fourth Quarter FY 2001	Submission of modified forms to OMB for clearance.	OCR Steven Melov Director, Management Information and Analysis Division, OCR, HHS 200 Independence Ave, SW rm 506-F Washington, DC 20201 (202) 619-0503 Fax (202) 619-3818 Smelov@os.dhhs.gov
To assess the difference in kinds and quality of health care received by US racial and ethnic minorities and non-minorities, explore factors that may contribute to differences, and recommend policies and practices that eliminate inequities.	Contract with the Institute of Medicine.	Ongoing - FY 2002	Literature review completed; papers commissioned; Convening of expert study committee; Convening public workshops with consumer, provider, and health system representatives.	OPHS, OMH Joan Jacobs Project Officer, Division of Policy and Data 5515 Security Lane, rm 1000 Rockville, MD 20852 (301) 443-9923 fax (301) 443-8280 Jjacobs@osophs.dhhs.gov

STRATEGIC GOAL #2: Improve research and data collection on the AAPI population and its sub-populations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Grant data standards evaluation project	to be provided.	FY 20010-2002		OPHS/OMH Violet Woo Project Officer, Division of Policy and Data 5515 Security Lane, rm 1000 Rockville, MD 20852 (301) 443-9923 fax (301) 443-8280 Vwoo@osophs.dhhs.gov
Obtain data from the CDC National Center for Health Statistics (NCHS) on the current health status of women by state and US territory.	Release an updated version of the Women's Health Data by State and U.S. Territory: Mortality report to OMH and OWH ROs.	Dec. 2000	Submit formal data request to the NCHS.	OPHS/Office of Women's Health Shirley Dabney Advisor for Minority Health 200 Independence Ave., SW Washington, DC 20201 (202) 401-4004
Improve Culturally and Socially Competent Care Management Efforts among AAPI women	Evaluate behavioral health and substance abuse prevention and treatment programs covering AAPI populations and facilitate the usage of health and human services programs for AAPI	January 2001	Plan for periodic evaluation activities every 3 months.	OPHS/OWH Shirley Dabney in conjunction with Minority Women's Health Panel of Experts and Hale Na'au Pono Center.
Improve data collection and research techniques on AAPI women's health	Use multifactorial research designs and oversampling of AAPI women to gather more specified women's health data	Jan. 2001	Acquire national and local data sets for analysis,	OPHS/OWH Shirley Dabney See above.
Develop research and data on the reproductive health of AAPI women and sub-groups	Develop and facilitate pre and post tests, and focus groups  Allocate funding for research materials and tuition to assist a University of Hawaii graduate student in public health.	Jan. 2001	Pre and post tests, and focus groups, developed and conducted	OPHS/OWH Region IX Kay Strawder Women's Health Coordinator Carolyn Lofgren Regional Coordinator (202) 260-4449 200 Independence Avenue, SW Washington, DC 20201



STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Each agency, program, and activity of HHS shall provide timely, quality language assistance services to persons with LEP .</p>	<p>Convene the Language Access Steering Committee to develop and begin to implement HHS and agency-specific plans.</p> <p>Develop HHS and Agency-specific plans to improve access for LEP individuals. Disseminate widely HHS OCR LEP Guidance issued Aug. 2000.</p> <p>Support the achievement of 7 elements that represent a process for meeting the needs of individuals with LEP (see performance measures).</p>	<p>Sept 2000 - Ongoing</p>	<p>Complete an assessment of needs and capacity for each agency, program, and activity.</p> <p>Arrange for oral language assistance services, written translations, specific policies and procedures; notification of the right to language services; staff training; and monitoring accessibility and quality.</p>	<p>Language Access Plan Steering Committee - co-chaired by ASPE and ASMB</p>
<p>Provide guidances, policy, and research outcomes on CLAS to health providers, health care users, decisionmakers, and others to encourage greater understanding of the right of every person, regardless of language ability or proficiency, to be able to communicate her/his health needs and preferences, and be understood.</p>	<p>Publish final recommended national standards for Culturally and Linguistically Appropriate Services (CLAS) in health care, and a research agenda, in the Federal Register.</p>	<p>By mid-FY2001</p>	<p>Recommended national standards for CLAS utilized by providers, policymakers, and educators</p>	<p>OMH Guadalupe Pacheco 5515 Security Lane, rm 1000 Rockville, MD 20852 (301) 443-5084 fax (301) 594-7067 gpacheco@osophs.dhhs.gov</p>
<p>See specific agency activities and projects related to LEP and CLAS in this section.</p>	<p>Survey of managed care organizations nationwide for their provision of CLAS. Cosmos, Inc. was contracted in 1999 to conduct the survey, collect and analyze data, and write final report.</p>	<p>FY 2001 (to be completed in FY 2002)</p>	<p>OMB package approved, survey conducted, data analyzed, report drafted.</p>	<p>OMH Betty Lee Hawks 5515 Security Lane, rm 1000 Rockville, MD 20852 (301) 443-5084 fax (301) 594-7067 bhawks@osophs.dhhs.gov</p>



STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Implement programs, projects, and activities that will improve services for and access by Native Hawaiians and Pacific Islanders. (continues)	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.	Continued funding through FY 2001.	By FY 2001 ANA will award another 15-20 new grants, totaling about \$2.5 to \$3.0 million.	ACF/ANA Jean Lukar Division of Program Operations 370 L'Enfant Promenade, 348F Washington, D.C. 20447 (202) 690-6324 (202) 690-7441 fax jluka@acf.dhhs.gov
	Award 2 grants to provide child care services for Native Hawaiian children and families. New competitive grants will fund (1) a Native Hawaiian organization and (2) a private nonprofit organization serving youth who are Indians or Native Hawaiian. Two grants will be funded up to \$1 million each in FY 2001, subject to availability of funds.	FY 2001	In FY 2000, issue a program announcement  By April 1, 2001, two 3 -year grants will be awarded.	ACF Ginny Gorman National Tribal Child Care Specialist, Child Care Bureau 330 C Street, SW, rm 2046 Washington, DC 20447 (202) 401-7260 (202) 690-5600 fax ggorman@acf.shhs.gov
	Provide TA to ALU LIKE, Inc. Native Hawaiian Child Care Project to assist the grantee in increasing the affordability, accessibility, and quality of child care to children of low income Native Hawaiian families.	Through Feb 2001	It is anticipated that about 400 Native Hawaiian children will receive quality child care as a result of this program.	ACF Pacific Hub John Coakley 50 United Nations Plaza, 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 jcoakley@acf.dhhs.gov

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Implement programs, projects, and activities that will improve services for and access by Native Hawaiians and Pacific Islanders. (continued)</p>	<p>Support a program to enable 45,500 Native Hawaiians to have access to health promotion and health prevention services. BPHC will continue to fund the Native Hawaiian Health Care program; develop a new service delivery site in Hana on the island of Maui; continue to expand access in the existing service delivery sites through increased outreach.</p>	<p>To be completed Aug 2001.</p>	<p>As tracked through the Uniform Data System, if 45,500 Native Hawaiians have access to health promotion and prevention services.</p>	<p>HRSA, Bureau of Primary Health Care (BPHC) Julie Stellman Moreno, Division of Programs for Special Population (301)594-4476 jstellman@hrsa.gov</p>
	<p>Conduct analyses of the major health and mental health problems facing the AAPI communities in Hawaii. Continue to support an Evaluation of Hawaii's Healthy Start Program to reduce infant mortality. The ethnic composition of the sample includes Native Hawaiian, Filipino, Samoan, Chinese, and Japanese.</p>	<p>Hawaii Healthy Start Program project period concludes on 5/31/01.</p>	<p>Discretionary grant programs will submit a final report no later than 90 days after project period has ended.</p>	<p>HRSA/Maternal Child Health Bureau (MCHB) Ann Drum Hawaii Healthy Start, Division of Division of Research, Training and Education 18a-55 (301)443-0761 Fax- (301)443-4842</p>
	<p>Fund a plan for reducing the disproportionately high rates of infant mortality among Native Hawaiians. MCHB will continue to fund an enhancement of the Malama A Ho`opili Pono project to integrate perinatal programs into a collaborative model for new standards of care for the delivery of services to pregnant women in Hawaii.</p>	<p>HSI project period scheduled to conclude in FY 2001.</p>	<p>Discretionary grant programs will submit a final report no later than 90 days after project period has ended.</p>	<p>HRSA/MCHB Jose Belardo HSI, Division of Perinatal Systems and Women's Health PkIn, 11a-31 (301)443-5934 Fax-(301)594-0186</p>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Implement programs, projects, and activities that will improve services for and access by Native Hawaiians and Pacific Islanders. (continued)</p>	<p>Outreach to Hawaiian and Pacific Islander communities on the continental US, in Hawaii, American Samoa, Guam, Commonwealth of the Northern Marianas Islands, and the Republic of Palau for granting, consultant, and evaluator opportunities. National contractor will develop an outreach plan that will target PI communities. Maintain Native Hawaiian and Pacific Islander listing and activities.</p>	<p>FY 2000 - FY 2001</p>	<p>Increase the: (1) PI populations on mailing lists by 10 percent; (2) PI applications for funding; (3) number grants to PI populations by 2-3 grants; (4) number of qualified PI consultants used by our contractors; (5) number of PI evaluators by at least 2 reviewers.</p>	<p>ACF/ANA Jean Luka, Director Division of Program Operations 370 L'Enfant Promenade Washington, DC 20447 (202) 690-6324 (202) 690-7441 fax jluka@acf.dhhs.gov</p>
	<p>Support training, TA (T/TA), and travel for grantees in Hawaii and the Pacific Jurisdictions on program requirements, issues, and best practices to improve program performance of grantees (RO, child care, child welfare, child support, and developmental disabilities) and, most importantly, to increase their use of technology.</p>	<p>Ongoing through FY 2001</p>	<p>Improved program performance (TANF, child care, child welfare, child support, and developmental disabilities) by ACF funded grantees serving the AAPI population.</p>	<p>ACF Pacific Hub John Coakley See above.</p>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Implement programs, projects, and activities that will improve services for and access by Native Hawaiians and Pacific Islanders. (continued)	TB prevention and control activities will be enhanced in Guam, Republic of Marshall Island, Federate States of Micronesia, and Commonwealth of Northern Mariana Island by using computers, laboratory equipment and vehicles to increase efficiency in Directly Observed Therapy (DOT) provisions. Directly observed Therapy provides medical researchers with ways to recommend treatment and provide case management to TB positive patients and to ensure that patients take their medications.	Sept.2001	TB prevention and control enhanced. The effectiveness of Directly observed Therapy (DOT) provision increased with computers, laboratory equipment and vehicles in Guam and the U.S.-associated Pacific jurisdictions.	CDC, National Center for HIV/STD/TB Prevention (NCHSTP) A. Sam Gerber See above.
	Collaborate with State and local health departments, Department of Education to establish and strengthen comprehensive school health education program that addresses youth risk behaviors that result in HIV infection, sexually transmitted disease and unintended pregnancy through the Pacific Region Trainer-of Trainers Program, and Youth Risk Behavior Survey (YRBS).	Sept.2001	Youth risk behaviors that result in HIV infection, STD and unintended pregnancy reduced in the U.S.-associated Pacific Island jurisdictions as evidenced by positive results of YRBS.	CDC A. Sam Gerber See above.
	Reach 82,000 Pacific Islanders residing in the U.S. Associated Pacific Jurisdictions to provide access to comprehensive primary care services. BPHC is developing a new health center in the Pacific region and expanding a health center in the Pacific region,	To be completed 9/30/2001	As tracked through the Uniform Data System, if 82,000 Pacific Islanders residing in the U.S. Associated Pacific Jurisdictions have access to primary care services.	HRSA/BPHC Julie Stellman Moreno See above.

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Implement programs, projects, and activities that will improve services for and access by Native Hawaiians and Pacific Islanders. (continued)</p>	<p>Fund a project to enhance access to primary care services in the U.S. associated Pacific jurisdictions in collaboration with other HHS components by targeting issues on a jurisdiction-by-jurisdiction basis:</p> <ol style="list-style-type: none"> <li>1. Support the Community-Based Maternal and Child Health Education Project for Systems Development in the Marshall Islands to develop a maternal and child health education infrastructure for outlying areas and strengthen service systems.</li> <li>2. Continue to support the CISS Project to Enhance Services to Pregnant Women, Infants, and Children by Improving on Automated Health Information Systems in the Marshall Islands.</li> </ol>	<ol style="list-style-type: none"> <li>1. The Community-Based Maternal and Child Health Education Project is scheduled to conclude in FY 2001.</li> <li>2. The CISS Project period is scheduled to conclude in FY 2001.</li> </ol>	<p>Discretionary grant programs will submit a final report no later than 90 days after project period has ended.</p>	<p>MCHB/HRSA            1) Jerry Hood, SSDI            Division of State and Community Health            PKLN 18-331            (301)443-2204            fax- (301)443-9354            2) Joe Zogby, CISS            Division of Children, Adolescent and Family Health            PKLN 18a-39            (301)443-4393            Fax (301)443-1296</p>
	<p>Continue to provide design, consultation, and on-site construction services to the government of Palau for the territory's new public health building.</p>	<p>Sept 2001</p>	<p>Construction underway and near completion</p>	<p>HRSA/Office of Special Populations (OSP)            William Tan, Director            Division of Facilities and Loans            5600 Fishers Lane, rm 10C26,            Rockville, MD 2085            (301) 443-5317</p>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Implement programs, projects, and activities that will improve services for and access by Native Hawaiians and Pacific Islanders.</p>	<p>Conduct a capital needs assessment of hospitals in the 4 States of the FSM. Continue to provide assistance to the Department of the Interior during site visits to hospital facilities in Micronesia</p>	<p>Dec 2000</p>	<p>Develop a needs assessment report including costs on a prioritized basis.</p>	<p>HRSA/OSP William Tan See above.</p>
	<p>Continue providing support to the Pacific Island Epidemiological and Psychosocial Training and Research Program at the University of Hawaii, including a Pacific Substance Abuse and Mental Health Collaborating Center in the region which provides on-going support to the Pacific Islands and is a vehicle for other organizations in the region to collectively address substance abuse and mental health issues.</p>	<p>FY 01</p>	<p>Ongoing support for a collaborating center to address unmet substance abuse and mental health needs of AAPI communities.</p>	<p>SAMHSA Bruce Grant, Ph.D. Division of State and Community Assistance 5600 Fishers Lane RW II, 8<sup>th</sup> Fl Rockville, MD 20857 (301)443-9396 bgrant@samhsa.gov</p>
<p>Provide on-site TA to identify problems and solutions that will improve access to services for elderly refugees.</p>	<p>Establish and/or expand working relationships with the State Agency on Aging and the local community Area Agency on Aging. ORR funds approximately 30 grants in amounts ranging from \$100,000 to \$500,000 to State offices responsible for refugee programs to serve elderly refugees aged 60 and over. It is estimated that 30% of the elderly refugees served are Asian American.</p>	<p>FY 2000 – FY 2001</p>	<p>Provide culturally and linguistically appropriate services to all identified elder refugees, and create opportunities to enable older refugees to live independently.</p>	<p>ACF William McPherrin Program Specialist Office of Refugee Resettlement (ORR) 370 L'Enfant Promenade Washington, DC 20447 (202) 401-9324 (202) 401-0981 fax <a href="mailto:wmcpherrin@acf.dhhs.gov">wmcpherrin@acf.dhhs.gov</a></p>



STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Fund referral and outreach services to improve access to health and legal services for Asian American refugees.	Provide \$15.5 million to State offices as a set-aside to provide referral services, including outreach, to ensure that refugees are able to access the State Children's Health Insurance Program (SCHIP) and other programs for low-income populations.	FY 2000 – FY 2001	Increase the number of children with access to SCHIP.	ACF Barbara Chesnik Program Specialist, ORR 370 L'Enfant Promenade Washington, DC 20447 (202) 401-4558 (202) 401-0981 fax <a href="mailto:bchesnik@acf.dhhs.gov">bchesnik@acf.dhhs.gov</a>
Fund interpreter services that enable refugees to have equal access to medical and certain legal services.	Hire interpreters and provide special interpreter training.	FY 2000 -- FY 2001	Increase the number of bilingual interpreters hired and trained to assist refugees in need of medical and legal services.ACF	ACF Barbara Chesnik, ORR See above.
Improve access to resources for obtaining citizenship for refugees.	Provide community outreach and education on available citizenship resources to 5,000 refugees; provide English as a Second Language and Citizenship classes; organize 12 self-help groups to facilitate peer support. Approximately 35% of refugees served are AAs.	FY 2000 – FY 2001	Increase the number of applications for citizenship.	ACF William McPherrin See above.

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Provide funding (approx. \$5.8 million) to States and non-profit organizations for activities that supplement and complement employment-related services, strengthen refugee families and communities, and enhance their integration into mainstream society.	Provide funding for parenting classes, specialized training for homebound women, specialized English language training, drop in centers, specialized training for the delivery of services related to domestic violence or shelters for runaway youths. It is estimated that approximately 25% of clients served are Asian Americans.	FY 2000 – FY 2001	Availability of family strengthening services to refugee communities.	ACF Anna Mary Portz Program Specialist, ORR 370 L'Enfant Promenade Washington, D.C. 20447 (202) 401-1196 (202) 401-0981 fax <a href="mailto:aportz@acf.dhhs.gov">aportz@acf.dhhs.gov</a>
Provide research and TA to the Hawaii CCDF Administrator.	The National Child Care Information Center, a contractor to the ACF CCB, will continue to assign a Regional State Liaison to the office of the Hawaii CCDF Administrator.	FY 2001	A Regional State Liaison will provide research assistance to the Hawaii CCDF Administrator.	ACF Ginny Gorman, CCB See above.
Consider the use of targeted minority outreach and cultural and language areas, including AAPI community, in Sec. 1115 projects and Special Improvement Projects.	Research, develop and obtain approval for target minority area for Sec. 1115 grant announcements.	FY 2001 grant announcement	Minority target area in grant announcement.	ACF/OCSE Frank Fajardo P.O. Box 44203 Denver, Colorado 80201 (303) 844-3100, ext. 312 ffajardo@acf.dhhs.gov
Present workshops at child support conferences on language/diversity issues.	Develop and present diversity workshops regarding issues of demographics, regulatory guidance, and resources available.  Solicit input from service providers on issues, barriers, recommendations/ options, and best practices for broader distribution.	Annual National Child Support Enforcement Association (NCSEA) and other related events in FY 2001.	Diversity workshops presented.	ACF Frank Fajardo, OCSE See above.

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Increase the number of AAPIs served by funding a new Early Head Start (EHS) grantee that is either an AAPI organization or an organization that serves a significant number of AAPIs.</p>	<p>Each Region (Regs. I, II, and III) will ensure that community organizations are aware of the open announcement for new EHS grantees through mailings and meetings with community groups, etc.</p>	<p>Applications are due May 1, 2001; funding decisions to be made in the summer 2001; funding by Sept. 30, 2001.</p>	<p>At least one new EHS applicant that is an AAPI organization or an organization that serves a significant number of AAPIs.</p>	<p>ACF's Northeast Hub Mary Ann Higgins Northeast Hub Director 26 Federal Plaza, rm 4114 New York, NY 10278 (212) 264-2890, ext.103 (212) 264-4881 <a href="mailto:mhiggins@acf.dhhs.gov">mhiggins@acf.dhhs.gov</a></p>
<p>Reg. IV will establish linkages with AAPI organizations and representatives in each of the eight States.</p>	<p>Reg. IV, State and Community grantee partners will share information and participate in joint activities with AAPI organizations and advocacy groups (e.g., representation on respective mailing lists, newsletter distributions, conference participation and training activities).</p> <p>Evaluation of AAPI initiative and strategies.</p> <p>Encourage State agencies and associations to assess AAPI concerns/ issues regarding ACF services and programs.</p>	<p>Dec. 31, 2000, and Sept. 30, 2001- Evaluation of strategies</p> <p>Ongoing - Assessment of AAPI issues</p>	<p>Increased services (quantity and quality) to AAPI communities in Reg. IV using FY 1999 statistics as a baseline (e.g. an increase in the number of AAPI children served in Head Start for FY 2001).</p>	<p>ACF Simpson Clark Diversity Coordinator 61 Forsyth Street, Ste. 4M60 Atlanta, GA 30303 (404) 562-2819 (404) 562-2983 <a href="mailto:sclark@acf.dhhs.gov">sclark@acf.dhhs.gov</a></p>

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Region VI will develop strategies for increasing AAPI community participation in selected ACF programs.</p>	<p>Share Program Fact Sheets, including the Child Support Enforcement Brochure translated into Vietnamese, with AAPI community organizations and AAPI Chambers of Commerce located in metropolitan areas with large AAPI populations.</p> <p>Include AAPI organizations in existing mailing lists for newsletters on Child Support Enforcement, Developmental Disabilities (DD), Domestic Violence, Child Care, and Child Welfare.</p>	<p>January 2000 – September 2001</p>	<p>Mailing lists revised to include AAPI organizations.</p> <p>Enhanced collaboration with metropolitan organizations to increase services in all ACF Priority Results Areas.</p>	<p>ACF West Central Hub Tomasia Pinter Minorities Initiatives Coordinator 1301 Young Street, Ste 945 Dallas, Texas 75202-5433 (214) 767-8030 (214) 767-8890 fax tpinter@acf.dhhs.gov</p>
<p>Continue to encourage State partners to develop outreach strategies for AAPI families and communities to access TANF, early care and education services, immunizations, and family support programs.</p>	<p>Continue to work with DOL regional and state officials to improve TANF referrals of AAPIs to Welfare to Work (WtW) agencies. Work with the Kansas City, Missouri Local Investment Commission, LINC Works Council, to enhance outreach strategies provided to AAPI families being served by WtW programs.</p>	<p>FY 2001</p>	<p>Increase the number of AAPI families reached by programs and services provided by State and community partners.</p>	<p>ACF Reg.VII Nancy L. Long Special Assistant Federal Building rm 276 601 E. 12<sup>th</sup> Street Kansas City, MO 64106 (816) 426-3584, ext. 153 (816) 426-2888 fax <a href="mailto:nlong@acf.dhhs.gov">nlong@acf.dhhs.gov</a></p>

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
(Continued)	<p>Continue to promote the Healthy Child Care America agenda to provide accessible immunizations for AAPI children in formal and informal child care settings. Use the Healthy Child Care America Listserve to share successful strategies in addressing the health care needs of AAPIs.</p> <p>Continue to encourage Head Start and Early Head Start programs to reach out to AAPI communities and share 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 communities with AAPIs.</p> <p>Continue to refine minority recruitment strategies of minority adoptive parents that meet the characteristics of children in foster care.</p> <p>The RO OCS Liaison will continue to work with the CAAs to provide appropriate consumer education and other services to the AAPIs.</p> <p>Work with Reg. VII HCFA staff to ensure that CHIP plans include outreach strategies to reach AAPIs and to distribute translated Medicaid applications.</p>			

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Reg. VIII will increase AAPI community involvement and access to available resources offered by ACF, States, Counties, or grantees.	Share ACF program information at HHS conferences and meetings.	Ongoing	Disseminate ACF program information to AAPIs attending Federal conferences and meetings.	ACF RO VIII Vo Van Ha, Program Specialist 1961 Stout Street Denver, CO 90294 (303) 844-3100, ext 375 (303) 844-3642 fax vovanha@acf.dhhs.gov
Reg. VIII will alert Head Start grantees about underserved AAPIs in their communities and recommend funding for expansion grants that include services to AAPIs.  Encourage grantees to include AAPI representation on Boards and Policy Councils and to hire more AAPI staff to reflect their enrolled AAPI population.	Collaborate with State Head Start Collaboration Office in obtaining information about the AAPI population.  Review all PIRs submitted by grantees.  Review all Head Start program expansion applications and community assessments and make recommendations to the Head Start Bureau.	June 2001  Upon receipt of applications.  Ongoing	By December 31, 2000, at least one AAPI representative will sit on the Board and Policy Council of the Denver and Salt Lake City Head Start programs.	ACF RO VIII Vo Van Ha See above.

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Reg. IX will follow-up on an FY 1999 review and report of access to Medicaid services in Hawaii for LEP recipients.	Conduct a follow-up on the FY1999 HCFA/ACF review, on-site in Hawaii in FY 2000. Among the findings and recommendations from the FY 1999 review and report is a need to improve access and procedures for LEP clients in Hawaii.	FY 2001	Reg. IX and HCFA Reg. IX will obtain concurrence from the State on the need to improve access to Medicaid services for LEP recipients who have, or have had, TANF grants, and will provide TA as needed.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 <a href="mailto:jcoakley@acf.dhhs.gov">jcoakley@acf.dhhs.gov</a>
Reg. IX will provide T/TA to grantees to improve the quality of Head Start and Early Head Start Services to AAPIs.	Work with the T/TA providers to assess grantee needs and to support immediate and long-term needs in all elements of the Performance Standards.	FY 2001	Reg. IX Head Start staff will provide T/TA to 7 grantees that primarily serve AAPIs in FY 2000, and 6 grantees that primarily serve AAPIs in FY 2001.	ACF Pacific Hub Betty White Program Specialist 50 United Nations Plaza, 450 San Francisco, CA 94102 (415) 437-8077 (415) 437-8438 fax <a href="mailto:bwhite@acf.dhhs.gov">bwhite@acf.dhhs.gov</a>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Reg. IX will continue to pursue strategic outreach to AAPI organizations and grantees.</p>	<p>Initiate strategic outreach to AAPI organizations and grantees with an emphasis on Pacific Islanders on the Continental U.S. and in the Pacific to share information about ACF programs and HHS initiatives (e.g., CHIP);</p> <p>Obtain information about AAPI needs/issues related to ACF programs and services;</p> <p>Identify successful service models and approaches;</p> <p>Promote opportunities for collaboration and TA.</p>	<p>Ongoing</p> <p>Jan 1, 2001</p> <p>Nov 1, 2000</p>	<p>At least one meeting with AAPI organizations in the Hub (Seattle); in Northern and Southern California; with NHOPI in Hawaii. At least one site visit to an AAPI grantee in the Hub (Seattle) and those serving NHOPI in Reg. IX.</p> <p>Compile information on the needs and issues affecting AAPIs, especially related to ACF programs; identify solutions or remedies, which ACF can address (either in the RO or by CO components).</p> <p>Prepare statements describing at least two successful ACF grantees (service models) that are either AAPI organizations or organizations that serve predominantly AAPIs.</p> <p>Identify two possible collaborations that target Pacific Islanders in ACF programs.</p>	<p>ACF Pacific Hub Sharon M. Fujii Regional Hub Director 50 United Nations Plaza, 450 San Francisco, CA 94102 (415) 437-8400 (415) 437-8444 fax <a href="mailto:sfujii@acf.dhhs.gov">sfujii@acf.dhhs.gov</a></p>



STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Outreach to AAPI communities to determine their knowledge of and involvement in ACF programs and services.</p>	<p>Provide TA to various communities by facilitating their interaction with one another through a series of meetings. A primary goal of these meetings is to ensure the communities are aware of ACF services and programs so they can be made widely available to current and potential recipients. At the present time, the focus is on the state of Washington, although we anticipate extending the activity to the other States in the Region.</p>	<p>FY 2001</p>	<p>Ensure AAPI communities involved are aware of ACF services and programs.</p> <p>Increase requests for TA by communities involved.</p> <p>Strengthen access and utilization of ACF services and programs by AAPI communities who have not previously used them.</p>	<p>ACF Pacific Hub Lou Weissman, Specialist Special Populations Program 2201 Sixth Avenue, Ste 600 Seattle, WA 98121 (206) 615-2550, ext. 3094 (206) 615-2574 fax <a href="mailto:lweissman@acf.dhhs.gov">lweissman@acf.dhhs.gov</a></p> <p>Activity is being carried out in conjunction with the Regional Director's office and the RO OWH..</p>
<p>Increase access nationwide in communities with AAPI older Americans.</p>	<p>Continued the "Community Based Capacity Building for Asian/Pacific Islander Elders Project", operated by the National Asian Pacific Center on Aging. This project includes a series of capacity building activities and town meetings with AAPI elders in ten metropolitan communities with significant AAPI populations, to provide relevant information to AAPI communities, determine if local services meet the needs of AAPI elders, provide TA to leverage local community resources and efforts, and move communities toward consensus on critical actions that better meet the needs of AAPI elders.</p>	<p>FY 01 Continuing</p>	<p>The degree to which the project meets their proposed objectives</p>	<p>AoA Alfred Duncker 330 Independence Ave, Washington, D.C. 20201 202/ 619-0011 202/ 260-1012 (fax) Al.Duncker@aoa.gov</p>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase awareness on the part of the Aging Network of State and Area Agencies on Aging, as well as service providers and leaders in the field of aging, of the needs and circumstances of the diverse AAPI older population.	Communications and Information Memorandum to the Aging Network to address the needs of Hmong and other underserved AAPI populations.	FY 01 Continuing	Title III services to AAPI older population to reach a level at least proportionate to AAPI share of the older population.	AoA Evelyn Yee 200 Independence Ave., Washington, D.C. 20201 202/401-2060 202/401-7741(fax) Evelyn.Yee@aoa.gov
	Projects under the Alzheimer's Disease Grant Program (e.g., California) and the NYC Alzheimer's grant, to focus on AAPI issues.	FY 2001 Continuing	The degree to which the projects meet their proposed objectives.	AoA Melanie Starns 200 Independence Ave. Washington, D.C. 20201 202/401-4634 202/401-7741(fax) Melanie.Starns@aoa.gov
Develop and demonstrate effective ways of reducing health disparities between majority and minority older populations.	One of the four upcoming AoA (CDC) REACH grants, to be awarded by 9/30/00, will focus on AAPIs.	FY 2001 Continuing	The degree to which the project meets its proposed objectives.	AoA Sunday Mezurashi 200 Independence Ave. Washington, D.C. 20201 202/401-4634 202/401-7741(fax) Sunday.Mezurashi@aoa.gov

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Enhance AHRQ's capacity to serve AAPIs.	Arrange an Agency-wide briefing by the Executive Director of the White House Initiative on AAPIs.	FY2001	An increased understanding of the kinds of information products which best facilitate communication with AAPI populations and what channels of communication the Agency can use to reach AAPIs. In addition, it is expected that AHRQ will better understand the Director's priorities and how the agency can play a more active role in achieving those objectives.	AHRQ Salina Prasad Office of Health Care Information 2102 E. Jefferson St, Ste 501, Rockville, MD 20852 (301)594-6385
Increase the number of funded community capacity-building and leadership development programs for AAPIs.	Provide TA, training, collaborations, coalition-building, community mobilization and advocacy for AAPI organizations to promote an increase in community participation in selected health services programs and other governmental services.	Sept.2001	AAPI community participation increased in selected health services programs.	CDC A. Sam Gerber 1600 Clifton Rd, NE, MS D-39 Atlanta, GA 30333 404-639-7225 See above information.
Improve collaboration within the Department to increase coordinated approaches to meeting AAPI customer needs.	Compile and publish an Asian American and Pacific Islander Resource Directory consisting of communications, media, health resources, and community-based organizations to be used by CDC employees and AAPI communities.		AAPI Resource Directory published via CDC website.	CDC A. Sam Gerber 404-639-7225 See above information.

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Eliminate health disparities by increasing AAPI participation in the major preventive health activities.	Provide funding for preventive health programs targeting AAPI to increase the rates of immunizations and to reduce the rates of chronic diseases. Promote hepatitis B vaccination among AAPI children and adolescents at the national and local levels. Develop school entry laws to facilitate hepatitis B vaccination efforts. Continue hepatitis B Catch-up Vaccination effort for children of first generation immigrants from high or intermediate endemic countries.	Sept.2001	Immunization rates increased and chronic diseases among AAPI children, adults and elderly reduced. Hepatitis B vaccination coverage provided for AAPI children age 0-18 years at 90 percent level by the end of year 2000.	CDC A. Sam Gerber See above.
Eliminate health disparities by increasing AAPI participation in the major preventive health activities.	Provide funding to State and local health departments, National Breast and Cervical Cancer Early Detection Program, coalition partners to provide cancer screening.	Sept.2001	Funding obligated to increase mammogram and papanicolaou (PAP) screening for AAPI women.	CDC A. Sam Gerber See above.
Eliminate health disparities by increasing AAPI participation in the major preventive health activities.	Provide funding to State and local health departments, AAPI community-based organizations to conduct Diabetes Control Program in AAPI communities and the U.S.- associated Pacific Island jurisdictions.	Sept.2001	Culturally competent and relevant intervention in diabetes prevention and control provided to AAPI communities impacted by the burden of diabetes.	CDC A. Sam Gerber See above.

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Eliminate health disparities by increasing AAPI participation in the major preventive health activities.	Collaborate with State and local health department, local communities, AAPI Community-Based Organizations (CBOs) to increase screening and surveillance for HIV/AIDS, chlamydia, Gonorrhea, Syphilis, and Tuberculosis.	Sept. 2001	HIV/STD/TB surveillance, screening, prevention, and treatment activities funded in the Pacific Island jurisdictions and the continental U.S. Protocols, guidelines, and island (s)-wide screening and management for STDs and prenatal testing developed. Comprehensive STD Prevention System implemented and evaluated.	CDC A. Sam Gerber See above.
Ensure public participation, including AAPI community input, in decision-making processes.	<p>Convene a series of national and local forums with consumers, health professionals, small businesses, associations, and community-based organizations to allow decision-makers to dialogue with diverse communities.</p> <p>Include AAPI organizations on the Consortium roster to enable FDA to recruit, interview, and assess candidates to serve as consumer representatives on advisory committees.</p> <p>Recruit AAPIs with disabilities to serve on technical advisory committees and panels.</p>	FY 2001	<p>Number of national and local forums.</p> <p>AAPI organizations included in the Consortium roster.</p> <p>Number of AAPIs serving on advisory committees and panels.</p>	<p>FDA Mary Wallace FDA/Office of Consumer Affairs Director of Minority Health Parklawn 16-85 5600 Fishers Ln. (301) 827-5006 (301) 443-9767 fax</p>

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Build an effective Medicare outreach campaign, provide needed Medicare information to the Hmong community, determine barriers to accessing quality health care, and develop an on-going partnership with HCFA to continue to meet the needs of the Hmong community.</p>	<p>Contract with community building resource center, The Stone Soup Facility to conduct needs assessment and focus groups among Hmong community to determine health issues that are important to them.</p> <p>Determine the linguistic barrier among Hmong</p> <p>Previous focus groups with the Hmong community, identified injury prevention, chronic disease management, medication compliance, and appropriate exercise for the elderly as important health issues.</p>	<p>August 31, 2000-2002</p>	<p>Develop a more effective and appropriate approach to health care education.</p> <p>A series of Medicare programs in Hmong will be conducted in a radio talk show format. Listeners will be able to call-in their questions and concerns.</p>	<p>HCFA Shirley Bordelon Center for Beneficiary Services San Francisco Regional Office (415) 774-3613</p>
<p>Make HCFA's Medicare publications more accessible to non-English speaking beneficiaries..</p>	<p>Translate and post Medicare information and publications on the Chinese Web Page as part of HCFA's Medicare Web Site at <a href="http://www.medicare.gov">www.medicare.gov</a>.</p>	<p>1999-2001 and ongoing</p>	<p>Increase the number of Medicare publications transcribed in Chinese.</p>	<p>HCFA Theresa M. Yuen. CBS/Boston Regional Office (617) 565-1213 <a href="mailto:Tyuen@hcfa.gov">Tyuen@hcfa.gov</a></p>
<p>Increase access to health center programs for Asians and Native Hawaiian/Other Pacific Islanders.</p>	<p>Continue its efforts to expand outreach to AAPIs in existing health center programs; Work with a Primary Care Association to begin planning for a new health center in the midwest to target underserved AAPIs.</p>	<p>To be completed 9/30/01</p>	<p>As tracked through the Uniform Data System, over 500,000 Asians and Native Hawaiian/Other Pacific Islanders will have access to comprehensive primary care services of a BPHC supported health center.</p>	<p>HRSA, BPHC Julie Stellman Moreno Division of Programs for Special Population (301)-594-4476 <a href="mailto:jstellman@hrsa.gov">jstellman@hrsa.gov</a></p>

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Develop strategies to eliminate the disparities and increase AAPI participation in major preventive health activities, with particular focus on AAPI youth, domestic violence, HIV/AIDS, and the integration of mental health services into primary health care.</p>	<p>1. MCHB will fund the last year of a five year continuation project, the Healthy Asian Teens Boston Project,. This project targets decreasing barriers to health care and increasing access to primary health care services through screenings and follow-up. 2. MCHB will continue to support a Thalassemia program directed toward AAPIs at the Children's Hospital Oakland Medical Center.</p>	<p>1. The Healthy Asian Teens project will end in FY 2001. 2. The HSI project is scheduled to conclude in FY 2001. 3. The Thalassemia Program is tentatively set to end in FY 2001.</p>	<p>Discretionary grant programs will submit a final report no later than 90 days after project period has ended.</p>	<p>HRSA/MCHB 1. Ann Drum Division of Research, Training and Education PklIn, 18A-55; (301)443-0761 Fax (301)443-4842 2. Marie Mann HSI, Division of Perinatal Systems and Women's Health (301)443-4925 Fax- (301)443-8604 3. Marie Mann Division of Services for Children with Special Needs.</p>
<p>Support strategic development of effective health service system infrastructure and capacity to improve the health status of Native Hawaiians and Pacific Islanders..</p>	<p>Continue to support AAPIs through the Ryan White Title III Planning Grant Programs; Title III Early Intervention Services (EIS); and Title IV Programs for services to women, children, adolescents, and families to improve the health status of underserved peoples.</p>	<p>FY 2001  Planning grant applications due June 2001; awards to be made September 2001.  EIS grant applications due July 2001; awards to be made September 2001.</p>	<p>Planning grants awarded. EIS grants awarded. Title IV grants awarded.</p>	<p>HRSA/HAB Deborah Parham, Director Division of Community Based Programs (DCBP) (301)443-3726</p>

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase the representation of AAPI employees on advisory boards, strategic planning committees, task forces, and grant review panels.	The Title I, Ryan White CARE Act program, administered by DSS will continue to support the representation of AAPIs on advisory boards, strategic planning committees, and task forces. DSS will provide direction for the establishment of provider and population categories on Title I planning councils to increase AAPI representation.	FY 2000/2001	Reports from Title I grantees.	HRSA/HAB Douglas Morgan, Director Division of Service Systems (DSS) (301) 443-3726
Increase involvement of AAPIs in rural grant activities.	ORHP will provide TA to AAPI CBOs to increase their knowledge and skills about rural health funding resources.	1 Year	Conduct Tech Assist Conference call on grants; Conduct in-depth on-site TA on funding resources to AAPIs the in Pacific region; Complete mailing to AAPI CBOs on rural funding resources.	HRSA/Office of Rural Health Policy (OHRP) Roberto Anson Parklawn Building, Rm 9-05 (301) 443-0835 Fax- (301) 443-2803
Increase AAPIs in the rural health programs.	Involve more AAPIs in the rural health care programs.	1 Year	ORHP will actively recruit more AAPIs to serve on rural grant review panels.	HRSA/OHRP Roberto Anson OHRP See above.
Improve the representation of volunteer hematopoietic stem cell donors who are AAPIs on the national bone marrow donor registry.	Work with the HRSA contractor, the National Marrow Donor Program, to establish AAPI recruitment goals for each donor center and recruitment group in the U.S..	Sept.t 2001	Number of AAPI donors added to the national registry.	HRSA/Office of Special Programs (OSP) Lynn Wegman, Director, Division of Transplantations 5600 Fishers Lane, rm 7C22 Rockville, MD 20857 (301) 443-7577



STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Improve access to organs and tissue for AAPI patients requiring transplantation.	As part of the Administration's National Organ and Tissue Donation Initiative, the California Transplant Donor Networking in partnership with the Office of Special Programs (OSP) will develop, implement, and evaluate a public education strategy to improve organ donation rates among AAPIs.	Sept. 2001	Number of AAPI organ and tissue donors..	HRSA/OSP Lynn Wegman See above.
Develop a plan to facilitate the inclusion of AAPI small businesses in the PSC's procurement and contracting process.	Provide counseling to AAPI small businesses to ensure they understand the PSC requisition process.	May 2001	The increased number of AAPI small businesses doing business with the PSC.	PSC Linda Danley Division of Acquisition Management (301) 443-1715
Increase AAPI representation on advisory boards, strategic planning committees and task forces to enhance AAPI access to Agency budget and priority setting processes.	Continue participation of AAPI community in SAMHSA Advisory Councils, committees, and workgroups.	Ongoing	AAPI representation on SAMHSA Advisory Councils, committees, and workgroups.	SAMHSA Joe Autry, M.D. Deputy Administrator 5600 Fishers Lane Rm 12-105 (301)443-2271 jautry@samhsa.gov
Provide TA to AAPI community organizations on SAMHSA programs and activities.	Provide targeted outreach and TA to AAPI communities in order to increase awareness of the Community Action Grant (CAG) program and to encourage applications from individuals and organizations who serve AAPIs. Hold at least one CAG TA seminar for AAPI research and/or service provider organizations each year.	FY 2001	An increase in the number of funded CAG applications to AAPI communities to at least 4% of all applications received.	SAMHSA/CMHS Kana Enomoto, MA Public Health Analyst Division of Knowledge Development/Systems Change 5600 Fishers Ln., 11C-21 (301)443-9324 kenomoto@samhsa.gov

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase access to substance abuse treatment materials for AAPI providers and consumers..	Provide first language substance abuse treatment materials for AAPI providers and consumers.	FY 2001-04	Translation/adaptation and posting online (electronically) of SAMHSA's Knowledge Application Products (KAP) in selected AAPI languages through the Agency's KAP MULti-Language Translation Initiative (MULTI).	SAMHSA Karl D. White, Ed.D. Office of Scientific Evaluation, Analysis, and Synthesis 5600 Fishers Lane Rockwall II, 8th Floor Rockville, MD (301)443-8448 kwhite@samhsa.gov
Enhance the cultural appropriateness of substance abuse treatment developed through the Knowledge Application process which addresses the needs of AAPI communities.	Establish an AAPI-Knowledge Application Products Workgroup and organize annual meetings to review and participate in product development for providers.	FY 2001-04	An increase in treatment models that are culturally appropriate for AAPI communities.	SAMHSA Karl D. White See above.
Eliminate the substance abuse and mental health disparities and increase AAPI participation in major preventive health activities.	Deliver mental health and early intervention services to school children and youth in coordination with the Hawaii Department of Health and the Honolulu Police Department. Train school teachers and administrators, develop crisis response plans, and utilize retired police officers at school sites as mentors and security officers to assure school safety.	FY99-FY02	A coordinated mental health program and the identification of students and families that experience acute mental problems for the purpose of providing services in school-based settings and /or referral for more intensive mental health services to assure school safety.	SAMHSA/CMHS Malcolm Gordon, Ph.D. Public Health Advisor Special Programs Development Branch Parklawn 17C-05 (301)443-7790 mgordon@samhsa.gov

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Eliminate substance abuse and mental health disparities and increase AAPI participation in major preventive health activities. (Continued)	Expand resiliency building activities in a community-based organization through the Bullying Prevention Program and the Resilient Youth Curriculum.	FY 1999	The establishment of Community-wide coalitions that have built consensus to implement the evidence-based programs "Bullying Prevention" and "Resilient Youth Curriculum" with Pacific Island and Native Hawaiian children.	SAMHSA Malcolm Gordon See information above.
	The collection and analysis of data on the effectiveness of a culturally-adapted version of the Families and Students Together program for Southeast Asian American youth and their families.	FY 2001	An increase in culturally appropriate violence prevention program for Southeast Asian American youths and their families.	SAMHSA/CMHS Anne Mathews-Younes, EdD Branch Chief Special Programs Development Branch Parklawn 17C-05 (301)443-7790 amathews@samhsa.gov
	Solicit the support of existing national and/or regional organizations and their collaborating affiliates to increase awareness, develop/adapt programs, and/or evaluate current models for specific minority populations, including AAPI populations, with disparities in their access to mental health and substance abuse treatment services.	FY 00-FY02	An increase in the number of programs which are adapted or developed specifically for racial/ethnic minority groups, including AAPI populations. An increase in the number of models evaluated for specific minority populations with particular disparities related to access to mental health and substance abuse treatment and services.	SAMHSA/Center for Substance Abuse Programs (CSAP) Laura Flinchbaugh, Ph.D. Rockwall II 5515 Security Lane, Rm.900 Rockville, Md 20857 (301)443-4564 lflinchnb@samhsa.gov

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase AAPI community participation in selected human service programs.	Convene a meeting to address the issues of AAPI children with serious emotional disturbance and their families	FY 2001	A review of the current program and an action plan for meeting the needs of AAPI children with serious emotional disturbance and their families.	SAMHSA/CMHS Gary DeCarolus, M.Ed. Branch Chief Child Adolescent and Family Branch, Parklawn 11C-21 (301)443-9324 <a href="mailto:gdecarolis@samhsa.gov">gdecarolis@samhsa.gov</a>
Same as above.	Implement an Individual Placement and Support (IPS) employment program for Asian American and Russian communities in San Francisco.	FY 2001	The development of community consensus to implement the IPS program expected by the end of FY2000. The implementation of an IPS program expected by the end of FY2001.	SAMHSA/CMHS Santo "Buddy" Ruiz Public Health Advisor Community Support Branch PklIn 11C-10 (301)594-1775 <a href="mailto:sruiz@samhsa.gov">sruiz@samhsa.gov</a>
	Set aside funds for an AAPI-specific Community Action Grant (CAG) Initiative, to enable AAPIs to implement best practices in mental health or substance abuse treatment within their own communities.	FY 2001	Increase in the number of AAPI funded CAGs.	SAMHSA/CMHS Kana Enomoto See above.
	Convene a meeting of AAPI mental health consumers and family members to identify mental health concerns/issues in AAPI communities.	FY 2001	A list of priority issues for AAPI consumers and their families as identified by the group, strategies for leadership development, and a summary of meeting proceedings.	SAMHSA/CMHS Kana Enomoto See above.
	Convene a meeting on the impact of managed care on the AAPI communities.	FY 2001	A report summarizing the proceedings of the meeting.	SAMHSA/CMHS Jeffrey Buck, Ph.D. Director, Office of Managed Care (301)443-2440 <a href="mailto:jbuck@samhsa.gov">jbuck@samhsa.gov</a>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Develop and disseminate scientifically based, substance abuse prevention intervention models that address specific needs of AAPIs.	Work with national AAPI groups to provide resources to pilot test model programs identified through CSAP's National Registry of Effective Prevention Programs (NREPP).	FY 2001	The identification of effective prevention programs in the AAPI community.	SAMHSA/CSAP Paul Brounstein Director, CSAP/DKDE Rkwl II, Rm 10-75 (301)443-9110 Pbrouns@samhsa.gov
Provide culturally appropriate programs targeted at AAPI high-risk youth and their families.	Incorporate as part of the High-Risk Youth Replication Program, model implementation, data collection, and analysis on cultural issues, and evaluation outcomes, related to AAPI youth and families.	FY 2001	The establishment of AAPI Program Coordinating Centers (PCCs) for youth and parents/families program initiatives.  Identification and pilot testing of effective prevention programs in the AAPI community.	SAMHSA/CSAP Nikki Bellamy CSAP, DKDE (High-Risk Youth/Replication Team) 5515 Security Lane Rockwall II, Ste 1075 Rockville, MD 20875 (301)443-2773 nbellamy@samhsa.gov

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Coordinate HHS Implementation of EO requiring federal agencies to develop a plan to improve access to federally conducted and assisted programs and activities by eligible persons with limited English proficiency (with ASMB and in consultation with OCR).</p>	<ol style="list-style-type: none"> <li>1. Work with contractor to develop outline for agency assessment and planning.</li> <li>2. Establish and convene HHS Working Group to coordinate development of agency specifications.</li> <li>3. With OCR, review development and implementation of agency LEP strategic plans.</li> </ol>	<p>4 months</p>	<p>Report from contractor completed</p> <p>Guidance to HHS agencies on serving LEPs developed, approved and disseminated. Agency strategic plans completed.</p>	<p>ASPE Office of Health Policy (202) 690-6870</p>
<p>Continue to clarify and develop policies that ensure fair treatment of immigrants and their children</p>	<ol style="list-style-type: none"> <li>1. Coordinate HHS Immigration Working Group (IWG).</li> <li>2. With IWG members and other federal agencies, clarify policies, develop legislative proposals, regulations, and/or guidances that strengthen eligibility for and access to needed HHS services.</li> </ol>	<p>On-going</p>	<p>Legislative proposals, regulations, and/or guidances developed and negotiated.</p>	<p>ASPE Office of Human Services Policy David Nielsen (202) 401-6642</p>

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Ensure that immigrant AAPI populations have nondiscriminatory access to critical health and human services.	Process and resolve discrimination complaints Conduct compliance reviews	FY 2001	The increased number of corrective actions and no violation findings derived from complaint investigation and compliance review activities that affect AAPI populations.	The 10 OCR Regional Offices. OCR Regional Managers (Contact the Monitoring Official)
	Provide training and TA to HHS recipients and other interested parties on OCR's guidance on provision of services to persons with LEP. Activities in support of the LEP guidance will be carried out by various Agencies and Staff offices:	FY 2001	The number of training and TA activities provided that directly and indirectly affect AAPI populations.	LEP Steering Committee 10 OCR Regional Offices and the Voluntary Compliance and Outreach (VCO) Division, HQ OCR Regional Managers and the VCO Director, HQ
Encourage AAPI health agencies and organizations to participate in Healthy People 2010 strategic implementation.	Invite AAPI health organizations to adopt specific Healthy People objectives.	Ongoing	Number of AAPI health organizations that adopt and implement HP 2010 objectives.	OPHS/ODPHP
Collaborate with other HHS agencies to eliminate health disparities in the AAPI community	Collaborate with HP 2010 lead agencies to work with the AAPI community to focus on specific HP 2010 Objectives and Leading Health Indicators.	Ongoing	Healthy People 2010 progress reviews.	OPHS/ODPHP

STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase the number of community health promotion programs addressing the priority health needs of the AAPI community.	Partnerships with AAPI health organizations to promote education and community-based health programs.	Ongoing	Number of community-based health education programs in the AAPI community.	ODPHP/OPHS
Encourage AAPI health websites to link to Healthfinder and HP 2010 homepage.	Work collaboratively with OMH, the AAPI community, and HP 2010 lead agencies.	Ongoing	Number of sites linked to Healthfinder.	ODPHP/OPHS
Identify, collect, and disseminate "Current Practices" in delivering linguistically and culturally competent health education, prevention, and treatment services to racial/ethnic minorities.	Solicitation of nominations from the public. Work with HHS workgroup on developing this program, including guidelines, nominations information, review criteria, review process, and selection and an event to publicly recognize the CLAS selected for the "Current Practices" publication.	FY 2001 - FY 2002	Comprise and convene work group, guidelines developed and disseminated; nominations invited during FY 2001.	OPHS/OMH Leads for Hispanic Agenda for Action and Asian American and Pacific Islander Initiatives Guadalupe Pacheco Betty Lee Hawks 5515 Security Lane Rm 1000 Rockville, MD 20852 (301) 443-5084 (Divisions of Program Operations, Information and Education involved)



STRATEGIC GOAL #3: Promote AAPI access to government services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Encourage greater participation of the AAPI organizations in grant programs.	Provide funding through its Minority Community Health Coalition Demonstration Program to approximately 5 new awards (through a FY 2001 competitive cycle) that seek to improve the health status of targeted minority populations through health promotion and disease risk reduction intervention programs. The 5 new awards (pending availability of funds) will focus on, or include, AAPIs in their target populations.	July 2001 - June 2002	Number of new awards to organizations that focus on, or include, AAPIs in their target populations.	OPHS/OMH Cynthia Amis, Director, Division of Program Operations 5515 Security Lane, Rm 1000 Rockville, MD 20852 (301) 594-0769 Fax (301) 443-5655 Camis@osophs.dhhs.gov
	Provide funding through its Bilingual/Bicultural Service Demonstration Program for 7 new projects (through a FY 2001 competitive cycle) that improve and expand the capacity for linguistic and cultural competence of health care professionals and paraprofessionals working with limited-English-proficient (LEP) minority communities, and improve access and utilization of health care services among the LEP minority populations. OMH will continue support to 3 community-based organizations in their second year of a three-year project period and approximately 7 new awards that focus on, or include, AAPIs in their target populations.	Sept. 2001 - Aug 2002	Number of continuation and new awards to organizations that focus on, or include, AAPIs in their targeted populations.	OPHS/OMH Cynthia Amis See information above.

STRATEGIC GOAL #3: Promote AAPI access to governmental services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Continue to disseminate health related information on AAPI populations.	The OMH Resource Center (OMHRC) will continue to disseminate information to meet the needs of the professional community and the general public on minority populations in this country, including AAPIs.	FY 2001	Increased outreach and information disseminated (e.g., health information, materials) related to AAPI populations; ensure broad distribution of the Native Hawaiian and Pacific Islander issue of <i>Closing the Gap</i> .	OPHS/OMH Blake Crawford Division of Information and Education 5515 Security Lane Rm. 1000 Rockwall II Rockville, MD 20852 (301) 443-5224
Establish three National Community Centers of Excellence in Women's Health.	Implement community-based CoEs to provide comprehensive health service delivery; train lay and professional health providers; conduct community-based research; public education/outreach; and develop leadership within the community.	Jan 2001	Allocate funding for the establishment of the new Centers  Announcement of new funding opportunities to serve other communities	OPHS/OWH Sue Clark Director, Division of Program Management, (301) 443-1389, 200 Independence Ave, SW Washington, DC 20201
Update women's health information on the website that relates to AAPIs.	Develop guidelines for revising the women's health information on the web that relates to AAPIs	Jan. 2001	Provide communications director with all relevant AAPI information for web publication	OPHS/OWH Valerie Scardino National Women's Health Information Center Program Manager 200 Independence Ave., SW Washington, DC 20201 (202) 205-0270
Advance media outreach efforts/project addressing AAPI health issues	Develop a taskforce to contact, monitor, and query local media networks about their coverage of AAPI health issues	Sept. 2001	Schedule standard meetings to review marketing efforts	OPHS/OWH Shirley Dabney See information above.

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Continue to encourage and support its Projects of National Significance (PNS) to increase culturally competent and appropriate services to individuals and their families from ethnically diverse backgrounds, including AAPIs with developmental disabilities.</p>	<p>ADD will issue a funding announcement for PNS award by September 30, 2001.</p>	<p>FY 2001</p>	<p>ADD will fund at least one PNS to address the needs of the AAPI community.</p>	<p>ACF Isadora Wills Program Specialist, Administration for Development Disabilities (ADD) 370 L'Enfant Promenade Washington, D.C. 20447 (202) 690-5791 (202) 690-6904 fax <a href="mailto:iwills@acf.dhhs.gov">iwills@acf.dhhs.gov</a></p>
<p>Identify and disseminate requests for AAPI related research and demonstration projects to the AAPI communities throughout the Region.</p>	<p>Review Federal Register and other resources for announcements.  Develop a mailing list of AAPI organizations that could benefit from the information.</p>	<p>Ongoing</p>	<p>Number of announcements discovered and AAPI organizations with whom information were shared.</p>	<p>ACF Reg. V Hich Yamagata Program Specialist 233 North Michigan Avenue, Suite 400 Chicago, Illinois 60601 (312) 353-5165 (312) 353-2204 fax <a href="mailto:hyamagata@acf.dhhs.gov">hyamagata@acf.dhhs.gov</a></p>

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Strengthen partnerships with AAPI community organizations to ensure that HHS programs and initiatives meet the needs of AAPIs.</p>	<p>Provide AAPI Community Organizations with information regarding ACF Programs and special initiatives. Request state agencies and grantees to recruit and/or appoint AAPIs to governing boards and review teams. Urge Reg. VI Program staff to inform grantees and States of the need for outreach activities to the AAPI community at monthly ACF employee staff meetings. Upon request, provide speakers, panel members, and/or conduct town hall meetings for organization's upcoming events in such areas as Domestic Violence, Teen Pregnancy Prevention and Substance Abuse, Runaway and Homeless Youth, Adoption Initiatives, Fatherhood Initiative, and Welfare to Work. Partner with other HHS operating divisions to provide Child Health Information.</p>	<p>Ongoing, March 2000 – Sept. 2001</p>	<p>Increased AAPI organizations participating in ACF Regional Hub conferences, State conferences, grantee conferences and meetings, and other special events. Speaking engagements and/or exhibits in five AAPI organization activities. Outreach activities initiated in Reg. VI areas where a large AAPI population exists.</p>	<p>ACF West Central Hub Tomasia A. Pinter Minorities Initiatives Coordinator 1301 Young Street, Ste 945 Dallas, Texas 75202-5433 (214) 767-8030 (214) 767-8890 fax <a href="mailto:tpinter@acf.dhhs.gov">tpinter@acf.dhhs.gov</a></p>
<p>Promote expansion of medical coverage to low-income children in Hawaii and the Insular Pacific jurisdictions.</p>	<p>Follow up with HCFA to ensure effective utilization of CHIP in Hawaii and America Samoa through outreach to maximize children's access to and use of CHIP resources.</p>	<p>FY 2001</p>	<p>Hawaii will begin to draw down CHIP funds. American Samoa will implement programs serving children at LBJ hospital.</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 <a href="mailto:jcoakley@acf.dhhs.gov">jcoakley@acf.dhhs.gov</a></p>

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Work with T/TA providers and AAPI grantees to identify and develop AAPI multilingual materials and forms.	Identify AAPI multilingual materials and forms and develop additional materials and forms in response to the Regional Assessment feedback from Head Start and Early Head Start grantees.	Target date is December 1, 2000	Disseminate multilingual materials and forms to all Reg. IX Head Start and Early Head Start grantees.	ACF Pacific Hub Betty White Program Specialist 50 United Nations Plaza, Rm. 471 San Francisco, CA 94102 (415) 437-8077 (415) 437-8438 fax <a href="mailto:bwhite@acf.dhhs.gov">bwhite@acf.dhhs.gov</a>
Improve program and financial management by grantees serving developmentally disabled individuals in American Samoa, CNMI, and Guam.	Work with SAMHSA on financial management issues with a DD grantee in American Samoa.	For audit (To be determined)	Further TA needs for financial management will also be identified.	ACF Pacific Hub John Coakley Program Specialist 50 United Nations Plaza, Rm. 352 San Francisco, CA 94102 (415) 437-8554 (415) 437-8437 <a href="mailto:jcoakley@acf.dhhs.gov">jcoakley@acf.dhhs.gov</a>
Provide information and encourage ACF grantees to promote oral health among low-income children in American Samoa, CNMI, and Guam.	Work with Reg. IX HRSA to provide information and encourage ACF grantees to promote oral health among its children served in ACF child care programs.	FY 2001	We anticipate greater understanding of caries prevention by ACF grantees, an increase in use of pediatric dental care (where available), and greater use of other preventive measures (e.g., fluoride, sealants).	ACF Pacific Hub John Coakley See above.

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Enhance relationships with the Pacific Islands Health Officer Association (PIHOA) to discuss unique issues and problems in diabetes in the Pacific Basin jurisdictions.	Provide opportunity for representatives from each of the jurisdictions to meet and discuss problems in diabetes facing Pacific Islanders. Provide TA and consultation to the Pacific Islanders regarding the appropriateness of the National Diabetes Control Program Model.	FY 2001	Annual meeting with PIHOA to provide TA and to discuss problem in diabetes provided. The appropriateness of the National Diabetes Control Program model evaluated.	CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) A. Sam Gerber Minority Health Program Specialist for AAPI 1600 Clifton Rd, NE, MS D-39; Atlanta, GA 30333 404-639-7225
Ensure access to affordable, culturally competent, and linguistically appropriate Pap Smear screening services to Vietnamese community as part of Racial and Ethnic Approaches to Community Health Program (REACH) 2010.	Fund Vietnamese community health partners to conduct focus groups among Vietnamese community members including health care providers to develop Community Action Plan that promote cervical cancer screening among Vietnamese Women.	FY 2001	Phased 1 completed. Community Action Plan that provides affordable cervical cancer screening prepared; coalition meetings, retreats and community forums held; resources identified, survey instruments developed, and baseline survey conducted.	CDC/NCCDPHP  A. Sam Gerber See above.
Reduce health disparities among Cambodians in the area of diabetes and cardiovascular disease as part of REACH 2010.	Fund Cambodian community health partners to develop Community Action Plan (CAP) to reduce health disparities among Cambodians in the priority areas of diabetes and cardiovascular disease.	FY 2001	Funding and TA provided for the development of coalition, infrastructure, and capacity. CAP to reduce diabetes and cardiovascular disease in Cambodian community developed, coalition meeting held.	CDC/NCCDPHP  A. Sam Gerber See above.

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Develop Tuberculosis (TB) elimination plan in American Samoa and the U.S.-associated Pacific jurisdictions.	Establish Advisory Committee for Outbreak Response, plans, and training assessments for TB outbreaks. Set up Electronic Tuberculosis information Management System to report TB cases in Palua, Guam, Commonwealth of Northern Mariana Island, Federate States of Micronesia, and American Samoa.	FY 2001	Plans and protocols to eliminate TB developed. Advisory Committee established. TB cases reported through Electronic Tuberculosis Information Management System.	CDC/National Center for HIV/STD/TB Prevention (NCHSTP)  A. Sam Gerber See above.
Develop Tuberculosis (TB) elimination plan in American Samoa and the U.S.-associated Pacific jurisdictions.	Establish Advisory Committee for Outbreak Response, plans, and training assessments for TB outbreaks. Set up Electronic Tuberculosis information Management System to report TB cases in Palua, Guam, Commonwealth of Northern Mariana Island, Federate States of Micronesia, and American Samoa.	FY 2001	Plans and protocols to eliminate TB developed. Advisory Committee established. TB cases reported through Electronic Tuberculosis Information Management System.	CDC/NCHSTP  A. Sam Gerber See above.
Reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii.	Develop culturally appropriate and community-based intervention strategies to reduce infant mortality.	FY 2001	Intervention strategies developed to reduce infant mortality to no more than 5 infant deaths per 1,000 live births.	CDC/National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)  A. Sam Gerber See above.
Improve quality of health care for persons with diabetes in Hawaii.	Implement a multi-center collaborative diabetes translation research initiative [Translating Research into Action for Diabetes (TRIAD)].	FY 2001	A 5 years initiative designed to improve the quality of health care for person with diabetes developed and implemented. Annual progress report provided.	NCCDPHP  A. Sam Gerber Minority Health Program Specialist for AAPI 404-639-7225

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
By August 2001 and ongoing to 2004, bring together traditional Western Medicine with Native Hawaiian healing practices to demonstrate the role culture can play in healing and wellness	Large grant - multi year funding (\$500,000 per year over the next 4 years). HCFA is currently reviewing a proposal to fund a Demonstration Project with Waimanalo Health Center, O'ahu, Hawaii. The project will consist of a collaborative effort between the University of Hawaii Native Hawaiian Center of Excellence and schools of Nursing, Medicine, and public health, as well as Papa Ola Lokahi (Native Hawaiian Healthcare Systems) and Ke Ola Mamo, the Native Hawaiian healthcare system for the island of O'ahu.	2001-2004	The effectiveness of this integrated Native Hawaiian cultural healing model will be measured by the changes in modifiable health risk factors for program participants - such as weight loss, decrease in blood glucose, blood pressure, and cholesterol. Prevention outcomes to be measured include immunization rates, medically appropriate usage of medication and medical facilities, and patient satisfaction levels. Utilization of local emergency room services and hospitalization rates will also be monitored as part of the demonstration project.	HCFA/CBS/San Francisco Regional Office Mary Rydell Health Insurance Specialists (808) 541-2732
Create a program to help diminish cancer morbidity and mortality rates and eliminate health disparities in cancer in Native Hawaiians in the state of Hawaii.	Contract with AAPI community based organization: Papa Ola Lokahi to translate into Hawaiian, duplicate and distribute two breast cancer early detection booklets targeted at Hawaiian language speaking women, sixty years and older.	August 1, 2000- July 31, 2001	Through breast self-exams, clinical exams, and annual mammography to see an increase in early breast cancer detection.  Evaluate booklet's success through telephone surveys	HCFA/Center for Beneficiary Services (CBS)/San Francisco Regional Office Mary Rydell, Health Insurance Specialist (808) 541-2732



STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Improve the health and well being of elderly AAPIs in Kalihi Valley.	Contract with Kokua Kalihi Valley Comprehensive Family Services to provide counseling, escort services, interpretation, health education, minor health care equipment, and advocacy to increase access and utilization of health and human services.	July 1, 2000- June 30, 2001	Evaluate based on a "Schedule of Activities", quarterly, face to face reports, and written report prior to project completion.	HCFA/CBS/San Francisco RO Mary Rydell, Health See above.
Develop educational strategies to help eliminate health disparities and increase the participation of AAPIs in preventive health activities for Hepatitis B virus infection.	Contract with AAPI community based organization: South Cove Community Health Center to conduct outreach, health promotion, and educational workshops; Encourage media coverage; Disseminate educational materials in Chinese and Vietnamese.	Sept. 1, 2000- Aug. 31, 2001	Educational materials will be translated in Chinese and Vietnamese.  Outreach Activities and Project outcomes will be reviewed and evaluated on a monthly basis during the contract year.  Hepatitis B information will be printed in AAPI journals and broadcasted on a Chinese radio program.	HCFA/CBS/Boston RO Ava J. Chung, Deputy Regional Administrator <a href="mailto:Achung@hcfa.gov">Achung@hcfa.gov</a> (617) 565-1185.  Craig Bagley, Project Officer, Division of Clinical Standards and Quality <a href="mailto:Cbagley@hcfa.gov">Cbagley@hcfa.gov</a> (617) 565-1285

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Increase awareness about Hepatitis B and promote behaviors that will reduce transmission of the disease in the Greater Boston Vietnamese community.</p>	<p>Contract with AAPI community based organization: Vietnamese-American Civic Association to gather baseline data; provide educational workshops and outreach; organize a Hepatitis B immunization clinic.</p>	<p>Sept. 1, 2000-Aug. 31, 2001</p>	<p>Initial assessments will include the Vietnamese community's current knowledge, perception, and behaviors regarding hepatitis B.</p> <p>Educational workshops to be performed will be targeting two different age groups: adults and youths</p> <p>A Hepatitis B immunization clinic will provide vaccinations. The number of individuals immunized will help determine the effectivity of the outreach to the community.</p>	<p>CBS/Boston RO Ava J. Chung</p> <p>Craig Bagley See above.</p>
<p>Promote prevention education on lung and breast cancer and increase cancer-screening rates among the AAPI community of New York City.</p>	<p>Contract with AAPI community based organization: Chinatown Health Clinic to assess cancer awareness among AAPIs in the community and identify successful screening models; Conduct Outreach and Educational Workshops.</p>	<p>Sept. 1, 2000-Aug. 31, 2001</p>	<p>Outreach and Educational Workshops will increase awareness of lung and breast cancer prevention and available screening services.</p> <p>An analysis of the focus groups will provide the effectiveness of educational materials.</p> <p>Further analyses will describe the trend in utilization of lung and breast cancer screenings at the Chinatown Health Clinic.</p>	<p>CBS/Boston RO Ava J. Chung</p> <p>Craig Bagley See above.</p>

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>By August 2001, create a program to support increased awareness of Hepatitis B and increase the rate of immunization among the Korean-American community in New York City.</p>	<p>Contract with AAPI community based organization: The Korean Community Services of Metropolitan New York to provide a health education campaign and conduct outreach activities appropriate for the Korean community, that will generate a greater understanding of Hepatitis B.</p>	<p>Sept. 1, 2000-Aug. 31, 2001</p>	<p>Culturally and linguistically sensitive educational materials will be developed and distributed.</p> <p>Workshops and Group presentations will be conducted. Approximately 100 individuals are expected per workshop and 10-20 participants are expected per group session.</p> <p>Additional outreach activities will include on-street distribution of educational materials and small business visitations.</p> <p>Contractor plans to add a Hepatitis B education portion in their existing HIV/AIDS web site.</p>	<p>CBS/Boston RO Ava J. Chung Patricia K. Callen, Project Officer Division of Clinical Standards and Quality <a href="mailto:Pcallen@hcfa.gov">Pcallen@hcfa.gov</a> (617) 565-1312</p>
<p>Increase access to mental health and substance abuse services for Asians and Native Hawaiians/Other Pacific Islanders.</p>	<p>Implement at least four mental health/substance abuse service expansions in four health centers that predominantly serve AAPIs.</p>	<p>To be completed 9/30/2001</p>	<p>Increased access to mental health and substance abuse services for Asians and Native Hawaiians/Other Pacific Islanders.</p>	<p>HRSA/BPHC Carolyn Aoyama Division of Community and Migrant Health (301)-594-4294 <a href="mailto:caoyama@hrsa.gov">caoyama@hrsa.gov</a></p>
<p>Support a plan to improve service delivery to AAPIs through BPHC supported programs.</p>	<p>In conjunction with AAPCHO, BPHC will provide TA in the areas of administration, governance, clinical service delivery, and management information systems to BPHC supported programs serving AAPIs.</p>	<p>To be completed 9/30/2001</p>	<p>Improved health care services to AAPIs.</p>	<p>HRSA/BPHC Julie Stellman Moreno Division of Programs for Special Populations (301)594-4476 <a href="mailto:jstellman@hrsa.gov">jstellman@hrsa.gov</a></p>

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Improve coordination within and between the Pacific Basin jurisdictions and the U.S.</p>	<p>Provide support to Pacific Islands Health Officers Association (PIHOA) which is the Pacific Basin regional health policy body.</p>	<p>October 2000 to Sept. 2001</p>	<p>Funding awards made through HRSA/DOI Interagency Agreement</p>	<p>HRSA Lynnette Araki Office of Planning, Evaluation and Legislation (OPEL) (301)443-6204 <a href="mailto:Laraki@hrsa.go">Laraki@hrsa.go</a></p>
<p>Expand telehealth projects in the Pacific Basin.</p>	<p>Complete an assessment of new and existing telehealth technologies in Pacific Basin; convene a first meeting of the Telehealth Consortium.</p>	<p>Update by Oct. 2000</p>	<p>Development of a matrix of telehealth technologies for each of the jurisdictions and jurisdiction-specific telehealth plans.</p>	<p>HRSA, Office for the Advancement of Telehealth (OAT) Cathy Wassem (301)443-0202 <a href="mailto:Cwassem@hrsa.gov">Cwassem@hrsa.gov</a></p>
<p>Provide have operational both store-and-forward and video-conferencing telehealth systems (distance ed and telemedicine) in each of the 6 US affiliated jurisdictions.</p>	<p>Provide funding for projects that have operational both store-and-forward and video-conferencing telehealth systems (distance ed and telemedicine) in each of the 6 US affiliated jurisdictions. Continue to fund a PB Telehealth Consortium to facilitate jurisdictional and regional telehealth planning and enhance access to distance education opportunities.  Support the training of health professionals in the use of telehealth technologies.</p>	<p>Begin Oct. 2000; continue through Sept. 2001</p>	<p>Systems operational in each jurisdiction. Consortium funded, website developed, jurisdictional and regional telehealth plans developed. Train five (5) individuals from each jurisdiction in the use of the technology</p>	<p>HRSA/OAT Cathy Wassem See above.</p>

STRATEGIC COAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Increase training opportunities that encourage researchers and health professionals to address health issues of AAPI communities.</p>	<p>Support training programs/courses through established networks, which address access, utilization, and delivery of culturally competent services to AAPIs. For FY 2001, the number and type of training will be determined by a needs assessment, which is currently underway.</p>	<p>FY 2001</p>	<p>Complete needs assessment. Conduct training sessions.</p>	<p>HRSA/HAB (HAB) Michael Johnson Director, Division of Training and Technical Assistance (DTTA) (301)443-8045</p>
<p>Working independently and in collaboration with other HHS agencies to institute an assessment process to determine the extent to which the AAPI population, including subpopulations, have access to health services.</p>	<p>Provide guidance and TA to support collaborative Federal, State, and community (local) sensitivity and cultural competence.</p> <p>Support an Unmet Needs Assessment Consultation Meeting to develop methods that will enable Title I and II grantees to assess the unmet needs of those currently not in care.</p>	<p>FY 2001</p>	<p>Review and analyze applications and progress reports for Title I and II.</p> <p>Complete Unmet Needs Assessment consultation.</p> <p>Analysis of reports from the Division of Training and Technical Assistance.</p> <p>Exchange information and data with HHS and State programs targeted to AAPI populations or serving AAPIs within their larger community.</p> <p>Identify and evaluate methods and data sources used by the Title I + II programs for adequacy and appropriateness.</p>	<p>HRSA/HAB Doug Morgan, Director Division of Service Systems (DSS) (301) 443-3726</p>

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase the level of employee awareness with respect to the various AAPI cultures and their needs as distinct groups.	Take the lead in conducting AAPI Heritage Month Program. Provide cultural competency training to employees as part of celebration of AAPI Heritage Month.	May 2001	The number of persons participating in the training and in the programs.	PSC/Office of Equal Employment Opportunity Kaye Tockman (301) 443-1977
Expand and enhance health promotion, disease prevention, health advocacy, and health services research opportunities for AAPIs.	Support two cooperative agreements with national AAPI organizations to carry out projects addressing promotion of culturally and linguistically appropriate materials for AAPIs and help link emerging AAPI communities to appropriate services; help educate AAPI communities about importance of clinical trials and research and community participation; develop network of AAPI community health centers (CHCs).	FY 2001	Funding secured. Projects successfully implemented.	OPHS/OMH Cynthia Amis, Director Division of Program Operations 5515 Security Lane, rm 1000 Rockville, MD 20852 (301) 594-0769 Fax (301) 443-5655 Camis@osophs.dhhs.gov
Arrange and conduct STD/HIV clinical training in the Pacific Basin.	Arrange with the STD/HIV Training Center in Berkeley, as well as staff from U.C. Medical Center to conduct clinical training on-site in the Pacific. Secure funding from Office of Population Affairs (OPA) and Office of Insular Affairs, Dept of Interior (DOI).	Spring 2001	Funding secured. Training held by spring 2000.	OPHS/Office of Pacific Health and Human Services (OPHHS) Patrick Rogers HHS Reg. IX
Arrange and coordinate a grants writing/management workshop for Pacific Islander, including Native Hawaiians.	Obtain funding from OMH and DOI; identify potential participants; coordinate logistics for workshop.	Spring 2001	Funding secured. Training held by spring 2000.	OPHS/OPHHS Patrick Rogers HHS Reg. IX

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase the capability of the public health sector, to integrate disaster preparedness with the overall national/territorial health development objectives and plans.	Form partnerships with the Center of Excellence in Disaster Management and Humanitarian Assistance (Tripler Army Medical Hospital-Honolulu), and the HHS Office of Engineering Services to carry out the functions of creating appropriate documents.	By Dec.2000	Develop and implement an instrument that provides for "disaster mitigation planning", in American Samoa, the Republic of the Marshall Islands, and the Republic of Palau.	OPHS/OPHHS Patrick Rogers HHS Reg. IX
Increase knowledge of Pis and health issues affecting the Pacific jurisdictions among HHS agencies, offices, and partners.	Serve as primary source of data gathering for AAPI initiatives regarding the outer Pacific and the Compact negotiations.	On-going	Number of information requests handled satisfactorily, from such entities as OIRH, Office of the Secretary, Office of Intergovernmental Affairs, Compact Negotiation Team, Office of the Regional Director and the DOI, OIA.	OPHS/OPHHS Patrick Rogers HHS Reg. IX
Develop a gender-specific patient questionnaire	Complete a series of three focus groups with Chinese-American Mandarin-speaking women ages 18-65 through the University of California, San Francisco CoE	August 2001	Develop the focus group questionnaire guide	OPHS/OWH Sue Clark, Director Division of Programs 200 Independence Ave, SW Washington, DC 20201 (301) 443-1389
Address the issues of reproductive health in AAPI adolescents	Establish a partnership between the Asian and Pacific Islanders for Reproductive Health (APIRH) and the University of California, San Francisco CoE	January 2001	Establish standing meetings with the partnering entity regarding reproductive issues	OPHS/OWH Sue Clark See above.

STRATEGIC GOAL #4: Develop and/or enhance programs and initiatives directed at unmet needs of AAPIs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Use a framework reflecting common denominators and differences within AA communities to empower Asian women and girls and ensure equal access to health care and life advancement opportunities.	Develop a partnership between the National Asian Women's Health Organization (NAWHO) and the University of California, San Francisco Center of Excellence.	January 2001	Hire young AAPI women to become liaisons between the institution/ organization and the OWH	OPHS/OWH Sue Clark See above.
Improve clinical services, health education programs, mentoring, and education of CoE health care professionals.	Establish a community alliance between MCP Hahnemann University CoE and the Asian American Pacific Islander community in Philadelphia	January 2001	Facilitate communications between the two groups	OPHS/OWH Sue Clark See information above.
Continue to increase awareness in AAPI communities about the help available for battered women.	Continue to develop and evaluate multi-lingual, culturally appropriate public awareness tools on domestic violence	Ongoing	Hire community leaders to assist in tool/instrument/program development	OPHS/OWH Shirley Dabney See information above.



STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase participation of Native Hawaiians and Pacific Islanders in HHS training and HHS sponsored Training programs.	Utilize its web page to keep Hawaiians and Pacific Islanders on notice of opportunities.	FY 2001	Notice provided to all Hawaiian and Pacific Islander groups, Regional contractors (Pacific and National) keep data on number of participation at in the pacific and national regions.	ACF/Administration on Native Americans (ANA) Jean Luka, Director Division of Program Operations 370 L'Enfant Promenade 348F Washington, D.C. 20447 (202) 690-6324 (202) 690-7441 fax <a href="mailto:jluka@acf.dhhs.gov">jluka@acf.dhhs.gov</a>
Fund the Interstate Training Conference and Court Administrator training.	Make technology transfer and program funds available for training. (Note: in FY 1999, these funds were used by Hawaii and Guam to improve their services to residents including AAPIs.)	Based on request from state child support enforcement officials.	Technology transfer funds available.	ACF, OCSE Frank Fajardo See above.
Increase the number of participants in the Head Start Peer Review training that represent the AAPI population.	Obtain a listing of qualified reviewers.  Invite interested AAPI people to attend the upcoming training to be held September 2000 and 2001.	May 2001  June 2001	Reg. VIII will have at least five percent of participants in the Head Start Peer Review training represent the AAPI population.	ACF RO VIII Vo Van Ha 1961 Stout Street Denver, Colorado 90294 (303) 844-3100, ext. 375 (fax) (303) 844-3642 <a href="mailto:vovanha@acf.dhhs.gov">vovanha@acf.dhhs.gov</a>

STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Increase training for AAPI Head Start and Early Head Start grantees in Hawaii and the Outer Pacific.</p>	<p>Support funding increase to Cluster Training to Hawaii and the Outer Pacific to continue T/TA services to meet common needs and in recognition of the geographic distances which results in higher travel costs.</p> <p>Support activities of the Hawaii and Outer Pacific Associations in linking to other Associations' activities, such as providing funding for the Associations to participate in quarterly Regional Coordinating Council meetings, and other national and regional meetings.</p> <p>Support capacity building of Head Start and Early Head Start Directors of AAPI organizations through Johnson and Johnson, Head Start Directors training, and national and regional training opportunities.</p>	<p>FY 2000 – FY 2001</p>	<p>Increase training opportunities to AAPI grantees.</p>	<p>ACF Pacific Hub Betty White Program Specialist 50 United Nations Plaza, Rm. 471 San Francisco, CA 94102 (415) 437-8077 (415) 437-8438 fax <a href="mailto:bwhite@acf.dhhs.gov">bwhite@acf.dhhs.gov</a></p>
<p>Increased number of persons trained</p>	<p>Continue the “Community Based Capacity Building for Asian/Pacific Islander Elders Project”, operated by the National Asian Pacific Center on Aging. This project includes a series of capacity building activities including TA to leverage local community resources and efforts to better meet the needs of AAPI elders.</p>	<p>FY 2001</p>	<p>Number of persons trained</p>	<p>AoA Sunday Mezurashi 200 Independence Ave., S.W Washington, D.C. 20201 202/401-4634 202/401-7741(fax) <a href="mailto:SundayMezurashi@aoa.gov">SundayMezurashi@aoa.gov</a></p>

STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>To increase participation in AHRQ training programs.</p>	<p>Develop new opportunities: sponsor career development programs, particularly transitional support to M.D.s and Ph.D.s; support predoctoral fellowships for under-represented minority investigators; provide opportunities for junior through senior level investigators to participate in AHRQ research via the new Kerr White Visiting Scholars Program; create two new programs designed to help build a health services research infrastructure in 1) institutions predominantly serving minority populations (Minority Research Infrastructure Support Program) and 2) geographic areas not receiving large amounts of AHRQ funding (Infrastructure Development Award Program), including states like Hawaii, which have large populations of AAPIs.</p> <p>Expand/enhance existing opportunities: increase support for AHRQ's dissertation program and enrich the summer intern program both of which provide opportunities for many minority students, including AAPIs.</p> <p>Provide outreach to AAPI populations in order to attract more AAPI participants in these programs.</p>	<p>Late FY 2000-2001</p>	<p>Number, size, and nature of career development programs; number of AAPIs supported through the various AHRQ training programs</p>	<p>AHRQ            Karen Rudzinski            Office of Research Review, Education, and Policy            2101 E Jefferson St.            Ste 400, Rockville, MD 20852            (301)594-3602</p>

STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase AAPIs participation in CDC health professions training programs, research, and employment opportunity areas where AAPIs are under-represented.	Identify and recruit AAPI scientists for fellowships and employment opportunities. Expand efforts to make research opportunities and sabbaticals available to more AAPI faculties. Recruit outstanding AAPIs for postdoctoral research fellows to develop proficiency in investigator-initiated research.		Mechanism to recruit outstanding AAPI scientists for fellowships and employment developed.	CDC A. Sam Gerber Minority Health Program Specialist for AAPI 1600 Clifton Rd, NE, MS D-39 Atlanta, GA 30333 (404)-639-7225
Target recruitment activities for the National Health Service Corps (NHSC) to AAPIs and place them in Medically Underserved Areas with large numbers of AAPIs.	Continue its plans to focus AAPI recruitment into the NHSC Scholarship and Loan Repayment Program; In conjunction with AAPCHO, BPHC will identify opportunities for a NHSC exhibit to increase participation of AAPIs; Continue its plans to provide cultural competency training for NHSC providers serving in AAPI communities.	To be completed 9/30/01.	Increased participation of AAPIs in NHSC.  Increased participation of AAPIs in NHSC.  Increased quality of care delivered to AAPIs through NHSC..	HRSA/BPHC Ralph Rack Division of NHSC (301)-594-4130 rrack@hrsa.gov
Increase AAPI/Underrepresented Minority (URM) program use.	Continue to measure AAPI/URM enrollment and graduation rates.	2000-2003	Number of increased enrollment and or graduation rates of AAPI/URM in BHPgr grant programs	HRSA/BHPgr Marylin Biviano, Director Office of Research and Planning (301)443-9792
	Continue targeting TA to AAPI/URM for BHPgr grant programs.	2000-2003	Number of increased awards to AAPI grant programs	FY 2001

STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Support capacity building and training for minority community-based organizations including AAPI CBOs.	Continue to support Title I grantees to receive capacity building and training for minority community-based organizations, including AAPI CBOs.	FY 2000/2001	Review and analysis of applications and progress reports for Title I and II.	HRSA/HAB Doug Morgan, Director Division of Service Systems (DSS) (301) 443-3726
Strengthen primary care systems in Pacific jurisdictions to detect, prevent, and manage HIV/AIDS precursor conditions and co-morbidities.	Fund a UCSF AIDS Education and Training Center (AETC) project to provide continuing education and training opportunities for Pacific Basin providers to treat HIV/AIDS cases.	Begin Sept. 2000	Needs assessments completed in all jurisdictions fall/Winter 2000: Number of clinically-based regional CME training sessions conducted for two providers from each jurisdictions.	HRSA/HAB Howard Lerner Division of Training and Technical Assistance (301)443-3573 <a href="mailto:Hlerner@hrsa.gov">Hlerner@hrsa.gov</a>
Provide TA to the six jurisdictions in the Pacific Basin for HIV/AIDS treatment.	Support the Pacific AETC which provides TA and training related to HIV/AIDS care and treatment to health care professionals in the six jurisdictions of the Pacific Basin.	FY 2000/2001	Conduct TA training sessions	HRSA/HAB Howard Lerner See above information.
Promote the education and training of Pacific Basin health care workforce.	BHPr is supporting the Univ. of Washington Center for Health Workforce Studies to implement continuing education plan approved by Basin representatives	Begin Sept. 2000; continue through Sept. 2001	On-site CME training sessions completed in at least three of the 6 jurisdictions.	HRSA, BHPr John Rodak (301)443-4445 <a href="mailto:Jrodak@hrsa.gov">Jrodak@hrsa.gov</a>

STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Prepare AAPI employees for senior positions and leadership roles in the agency.	Increase marketing of career counseling services to AAPI employees and provide assistance in developing individual development plans.	Jan. 2001	Increase numbers of AAPIs in government sponsored training programs.	PSC Gerri Cooperman (202) 690-1438 Daryl Lucas (301) 443-1268 Work/Life Center and Division of Personnel Operations
Encourage AAPI CBOs and CBOs providing services to AAPIs to participate in regional TA workshops to assist them in the development of competitive proposals for Knowledge Development and Application (KDA) and Targeted Capacity Expansion (TCE) grant funding.	Sponsor Regional TA Workshops on KDA and TCE programs which are designed to bridge the gap between research and services provided in local communities, including AAPI communities.	FY 02-07	An increase in the number of KDA and TCE grants administered by, and serving, AAPI communities.	SAMHSA Jane Taylor, Ph.D., Director Division of Practice and Systems Development 5600 Fishers Lane (Rockwall II, 7 <sup>th</sup> Fl) Rockville, MD 20857 (301)443-6534 Jtaylor@samhsa.gov
Develop specific outreach strategies for AAPIs for training programs in health professions and research areas where AAPIs are under-represented.	Continue to support the Minority Fellowship Program.	FY 2001	An increase in the number of AAPI doctoral and post doctoral nurses, psychiatrists, psychologist, and social workers who maintain a professional focus on the provision of mental health and substance abuse related services.	SAMHSA/CMHS Paul Wohlford, Ph.D. Survey and Analysis Branch Parklawn 15C-18 (301)443-5850 pwohlford@samhsa.gov

STRATEGIC GOAL #5: Increase participation of AAPIs in government sponsored training programs.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Ensure inclusion of AAPI CBOs in TA offered by HIV/AIDS service team at OMHRC.	Information outreach efforts targeting AAPIs regarding HHS training opportunities and non-HHS sponsored programs on minority health professions and research programs.	FY 2001	Expanded TA calendar for the HHS Minority HIV/AIDS Initiative on the OMH web site. Numbers of AAPIs participating in such training.	OPHS/OMH Blake Crawford Division of Information and Education 5515 Security Lane Rm. 1000, Rockwall II Rockville, MD 20852 (301) 443-5224
Participate in community sponsored forums, including Voices from the Community.	Develop a partnership between the University of California, San Francisco CoE and the Asian and Pacific Islander American Health Forum	May 2001	Provide culturally-sensitive resource material	OPHS/OWH Sue Clark Director, Division of Programs (301) 443-1389 200 Independence Ave, SW, Washington, DC 20201
Implement NAWHO's curriculum, Communicating Across Boundaries: A Cultural Competency Training on Breast and Cervical Cancer in Asian American Women.	Collaborate with the Boston University CoE and the National Asian Women's Health Organization (NAWHO) Cultural Competency Trainer's Institute to train representatives on establishing NAWHO's curriculum.	January 2001	Allocate funding for training materials	OPHS/OWH Sue Clark See information above.

STRATEGIC GOAL#6: Ensure adequate representation of AAPIs in the departmental workforce and its operations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Continue to contract with Native Hawaiian and Pacific Islander organizations to provide services to ANA and our 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 2001	Increase in the number of contracts to these firms by 1 or 2. Increase in Pacific Islander personnel to ANA staff by one.	ACF/ANA Jean Luka, Director Division of Program Operations 370 L'Enfant Promenade 348F Washington, D.C. 20447 (202) 690-6324 (202) 690-7441 fax <a href="mailto:jluka@acf.dhhs.gov">jluka@acf.dhhs.gov</a>
Provide continued and enhanced training to AAPI Head Start staff who recently received promotions.	Support AAPI Head Start Program Support Technician by providing training opportunities through on job training, grantee site-visits, and formal training based on needs assessments. Reg. IX will support Head Start Program Specialist by providing training opportunities such as HSMTS training, Federal Team Leader training, and PRISM training. The Children, Youth, and Development Unit (CYDU) will seek AAPI Summer Youth for employment opportunities in ACF.	Target Date for completion is December 20, 2000.	Enhance and increase AAPI representation in the work force.	ACF Pacific Hub Jan Len, Director, CYDU 50 United Nations Plaza Rm. 473 (415) 437-8447 (415) 437-8438 fax <a href="mailto:jlen@acf.dhhs.gov">jlen@acf.dhhs.gov</a>
Increase number of AAPI staff at AoA	Active recruitment over time of AAPI applicants and development of an agency workforce retention plan	FY 2001 Continuing	Number of AAPI employees.	AoA Norm Thompson 330 Independence,Ave., SW Washington, D.C. 20201 (202) 619-0077 (202) 401-1499 (fax)



STRATEGIC GOAL #6: Ensure adequate representation of AAPIs in the departmental workforce and its operations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Include AAPIs in the review of grant applications and contracts.</p>	<p>AHRQ will continue to invite AAPIs to serve on all review committees.</p>	<p>Ongoing</p>	<p>Number of AAPIs serving on standing study sections, special emphasis panels, and as collateral reviewers.</p>	<p>AHRQ/Office of Research Review, Education, and Policy (ORREP) Francis Chesley, M.D. Director 2101 E Jefferson St. Rm. 401 Rockville, MD 20852 (301)594-1398</p>
<p>Enhance strategies for increasing the recruitment of senior level AAPIs to the Senior Executive Service (SES) and other line positions in HHS agencies as well as appointments to the National Advisory Council (NAC).</p>	<p>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.</p>	<p>Ongoing</p>	<p>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.</p>	<p>AHRQ/Division of Human Resource Management, Office of Management  Dan Ellerman 2101 E Jefferson St. Ste. 601 Rockville, MD 20852 (301)594-6665</p>
<p>Assure representation of AAPI employees on advisory boards, task forces, strategic planning committee, grant review panel and peer review boards.</p>	<p>Announce request for grant review panel, task force meetings, strategic planning via CDC electronic mail. Encourage AAPIs to participate in strategic planning committee.</p>		<p>AAPI employees representation on the advisory boards, task forces, strategic planning, grant review panel and peer review board increased.</p>	<p>CDC A. Sam Gerber Minority Health Program Specialist for AAPI 404-639-7225</p>

STRATEGIC GOAL #6: Ensure adequate representation of AAPIs in the departmental workforce and its operations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase training opportunities that encourage researchers and health professionals to address health issues of AAPI communities with EPO.	Recruit AAPI applicants from School of Public Health with high percentage of AAPI enrollment and AAPI CBOs.		Fellowship, internship and other training programs publicized. AAPI public health worker recruited to participate in public health workforce for the year 2000 and beyond.	CDC/Epidemiology Program Office (EPO) A. Sam Gerber See above.
Continue a Minority Initiatives Summer Internship program.	Continue to support a twelve-week Minority Initiatives Summer Internship program, which includes students of AAPI decent.	1999 - 2001	In 1999, 6 AAPI interns were hired. In 2000, 5 AAPI interns were hired. HCFA will continue the Summer Internship Program in 2001 and seek AAPI candidates.	HCFA/Center for Beneficiary Services (CBS) Boston Regional Office Ava J. Chung, Deputy Regional Administrator <a href="mailto:Achung@hcfa.gov">Achung@hcfa.gov</a> (617) 565-1185.
Increase AAPI representation on BHPPr panels.	BHPPr plans to increase AAPI representation on BHPPr Peer Review grant panels.	2000-2003	Record offers, acceptance, and attendance of AAPIs for BHPPr Peer Reviews	HRSA/BHPPr Jennifer Burks, Director BHPPr Peer Review (301) 443-6339
Develop an internal BPHC workforce that is reflective of the needs and diversity of the population served.	Recruit one Asian American intern per year.	11/1/2000	Intern hired	HRSA/BPHC Julie Stellman Moreno Division of Programs for Special Populations. (301)594-4476

STRATEGIC GOAL #6: Ensure adequate representation of AAPIs in the departmental workforce and its operations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase the numbers and percentage of AAPIs in the PSC workforce.	Develop and implement recruitment initiatives to ensure that AAPI applicants are adequately represented in applicant pools considered by PSC managers/supervisors.	Apr. 2001	Increased number of AAPIs in the organization.	PSC/Office of Personnel Operations Joan Stearn (301) 443-1984
Maintain AAPI representation on SAMHSA workforce.	Share employment announcements with the AAPI community. Ensure that AAPI organizations receive ongoing vacancy announcement. When appropriate, recruit at major AAPI National/local meetings. Maintain SAMHSA's employment system to ensure that AAPIs receive fair and equitable consideration for any position for which AAPIs apply.	Ongoing	The receipt of vacancy announcements by AAPI individuals as well as organizations. An increase in the representation of persons of AAPI heritage in the workforce.	SAMHSA Pat Bransford, Director Office of Human Resources 5600 Fishers Lane Rm 14C26 (301)443-3804 pbransfo@samhsa.gov
Increasing Office of Inspector General (OIG) outreach to and participation of all minorities in OIG and in OIG training programs	a. The Office of Investigations is attempting to increase its hiring of all minorities and is using the Student Career Experience Program (SCEP) and its regular intern program to attract such candidates to the OIG. b. The Office of Counsel to the Inspector General is attempting to increase its hiring of AAPIs by sending a representative to professional development events (sponsored by the Asian-Pacific American Bar Association of Washington, D.C.) for lawyers and law students.	On-going	The number of AAPIs hired and participating in HHS or HHS-sponsored training programs	OIG/Office of Management & Policy Beth Blackwood Administrative Officer Cohen Bldg. 330 Independence Ave., SW Washington, DC 20201 (202) 205-8235 Fax: 202-619-1487 bblackwo@os.dhhs.gov

STRATEGIC GOAL #6: Ensure adequate representation of AAPIs in the departmental workforce and its operations.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase outreach to AAPIs and organizations with information about HHS and employment opportunities.	Information outreach efforts targeting AAPIs with regard to HHS and its operations, including expanding such content on the AAPI initiative web pages and agency web sites.	FY 2001	Increase information disseminated.	All agencies. OMH/OPHS (for the AAPI Initiative web site) and other OPHS components
	Direct mailings and broadcast faxes to AAPI organizations, postings on AAPI listservs of vacancy and related announcements.	FY 2001	Numbers of such mailings and faxes.	All agencies. OPHS components.
Identify additional staff support for AAPI initiative activities.	Hire 1.0 intern to assist in implementation of initiative activities	June 2001	Allocate funds for an internship position	OPHS/OWH Theresa Brown 200 Independence Ave, SW Washington, DC 20201 (202) 205-0571
	Hire a Stay-in School student to assist with AAPI projects	May 2001	Allocate funds for a Stay-in-School position	OPHS/OWH Theresa Brown See above.
	Continue to recruit AAPI health professionals for membership in the OWH Minority Women's Health Panel of Experts	Ongoing	Solicit participation from AAPI professional organizations	OPHS/OWH Shirley Dabney Advisor for Minority Health 200 Independence Ave, SW, Washington, D.C. 20201 (202) 401-4004

STRATEGIC GOAL #7: Increase outreach to AAPI communities to establish public-private partnerships that will promote appropriate linguistically and culturally competent services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
<p>Ensure that conferences sponsored by ACF focus on the needs of AAPI children and families where appropriate.</p>	<p>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.</p>	<p>May 2001 – Hub/ROs will identify conferences planned for FY 2001 and opportunities to focus on the AAPI agenda. September 2001- will compile information about future action items identified at each conference.</p>	<p>75 percent of targeted conferences will have some focus on the AAPI families and children.</p>	<p>ACF Northeast Hub Mary Ann Higgin, Director 26 Federal Plaza Room 4114 New York, NY10278 (212) 264-2890, ext.103 (212) 264-4881 <a href="mailto:mhiggins@acf.dhhs.gov">mhiggins@acf.dhhs.gov</a></p>
<p>Continue to strengthen the partnerships with AAPI community organizations, increasing coordinated approaches to meeting AAPI customer needs.</p>	<p>Partner with the faith-based community serving AAPI families in the Kansas City Metro Area to develop strategies enhancing ACF program services to this population. Included would be discussions about parental responsibility related to child support and paternity establishment.</p> <p>Continue to develop and distribute language appropriate child support pamphlets and publications in Reg. VII states.</p> <p>Partner with the Iowa Dept.of Human Services and local AAPI community organizations to improve methods of serving AAPI populations in Des Moines, Iowa City and Sioux City, who communities represent between five to seven percent of the minority populations in Iowa and the Region.</p>	<p>Ongoing</p>	<p>Improved delivery of culturally competent services to AAPI families in Reg. VII through the collaboration of the ACF Regional Office, State and community AAPI partners.</p>	<p>ACF RO VII Nancy L. Long Special Assistant Federal Building Room 276 601 E. 12<sup>th</sup> Street Kansas City, MO 64106 (816) 426-3584, ext. 153 (816) 426-2888 fax <a href="mailto:nlong@acf.dhhs.gov">nlong@acf.dhhs.gov</a></p>

STRATEGIC GOAL #7: Increase outreach to AAPI communities to establish public-private partnerships that will promote appropriate linguistically and culturally competent services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
(Continued)	<p>Partner with the Kansas Dept.of Social and Rehabilitation Services and local AAPI community organizations to improve service delivery to AAPI populations in the Kansas City, Kansas and Wichita areas.</p> <p>Open discussions with the Asian Ministry Teams about their work in Reg. VII and possible partnerships of use to their constituents.</p> <p>Serve on the FEB Asian-Pacific Council and participate in its activities.</p> <p>The Minority Initiatives Team will serve as the focal point in collaborating with AAPI (and other minority populations) community organizations &amp; networks in the Region.</p>			

STRATEGIC GOAL #7: Increase outreach to AAPI communities to establish public-private partnerships that will promote appropriate linguistically and culturally competent services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Work to improve State and community services for the AAPI population.	Reg. VIII will encourage States and grantees to hire AAPI staff if they serve AAPI customers. Reg. VIII will ask States and grantees to use AAPI languages on their application forms, newsletters and other written material if they serve AAPI customers.	Ongoing	Increase the number of services available to the AAPI population.	ACF RO VIII Vo Van Ha, Program Specialist 1961 Stout Street Denver, Colorado 90294 (303) 844-3100, ext. 375 (303) 844-3642 fax vovanha@acf.dhhs.gov
Improve access to, and the availability of, health care, nutrition, and supportive services for Asian and Pacific-Island elders, with the corollary objective of reducing health care disparities between minority and majority elderly.	Utilize the AoA grant to the National Asian Pacific Center on Aging to advance the community-based capacity building efforts by Asian/Pacific Islander (API) elders and representative groups to better enable them to work with, and improve the responsiveness of, aging network and health/long term care providers	FY 2001 Continuing	The degree to which the project meets its proposed objectives	AoA Evelyn Yee 200 Independence Ave., S.W Washington, D.C. 20201 202/401-2060 202/401-7741(fax) Evelyn.Yee@aoa.gov
Improve health status of Native Hawaiians and other Pacific Islanders (NHOPIs) through strategic development of effective health services system infrastructure and capacity.	Assist in the development of health services system infrastructure and capacity among governmental and non-governmental partners in the U.S.-associated Pacific Island jurisdictions.	Sept. 2001	The effectiveness of health services systems improved as evidenced by the assessment of health status of NHOPIs.	CDC A. Sam Gerber Minority Health Program Specialist for AAPI 404-639-7225

STRATEGIC GOAL #7: Increase outreach to AAPI communities to establish public-private partnerships that will promote appropriate linguistically and culturally competent services.

Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Ensure that programs activities and initiatives meet the needs of AAPIs by strengthening partnerships with AAPI community organizations.	Create a national partnership with National Asian Women Health Organization (NAWHO) to increase vaccination coverage levels in AAPIs communities. Fund community-based organizations and begin grass-roots based programs. Conduct intervention activities and analysis.	FY 2001	National partnership with NAWHO created. CBOs targeting AAPIs funded. Intervention strategies and activities analyzed.	CDC/National Immunization Program (NIP) A.. Sam Gerber See above.
Continue to use a broad array of partnerships with national and local AAPI CBOs, centers, and clinics to broaden outreach and education.	Continue to partner with the APANet Coalition to broaden outreach through community outreach channels for distribution of consumer information on topics such as medication and food safety, food labeling, cancer and cancer screening.	FY 2001	Number of partners reached through outreach with consumer information.	FDA/Office of Consumer Affairs Mary Wallace Parklawn 16-85 5600 Fishers Ln. (301) 827-5006 (301) 443-9767 fax
Create an outreach program to help diminish the incidence of hepatitis B viral (HBV) infection and eliminate health disparities in HBV infection within the AAPI population of greater Boston, Massachusetts.	Contract with AAPI community based organization: Hepatitis B Initiative to gather baseline and assessment information; Conduct outreach, health promotion, and education workshops; Encourage media coverage; Design educational materials; Provide vaccinations.	Sept. 1, 2000- Aug. 31, 2001	Gather information on the effectiveness of the media instruments and workshops.  Outreach activities and educational workshops are scheduled 4 times during the contract year: 12/00, 3/01, 6/01, and 8/01.  Posters, pamphlets, and brochures of translated Hepatitis B information will be posted and handed out to AAPIs in Greater Boston.  Free vaccinations will be provided as part of outreach.	HCFA/CBS/Boston Regional Office Ava J. Chung, Deputy Regional Administrator <a href="mailto:Achung@hcfa.gov">Achung@hcfa.gov</a> (617) 565-1185.  Craig Bagley, Project Officer Division of Clinical Standards and Quality <a href="mailto:Cbagley@hcfa.gov">Cbagley@hcfa.gov</a> (617) 565-1285

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Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Develop a performance based partnership with an organization that represents and advocates for expanded and improved health services to AAPIs.	BPHC will continue to support an existing partnership with the Association of Asian Pacific Community Health Organizations to promote appropriate linguistically and culturally competent services.	9/1/2000-9/1/2001	The increased number of expanded linguistically and culturally competent services provided for AAPIs	HRSA/BPHC Julie Stellman Moreno Division of Programs for Special Populations (301)594-4476 <a href="mailto:jstellman@hrsa.gov">jstellman@hrsa.gov</a>
Nurture and support collaborations between SAMHSA and organizations that address the substance abuse and mental health needs of the AAPI community.	<p>Continue support of the Pacific Substance Abuse and Mental Health Collaborating Council.</p> <p>Develop and implement a comprehensive plan that operationalizes the principles of public-private partnerships among AAPI organizations. SAMHSA will sponsor joint activities with AAPI communities that work with rural and emerging AAPI populations.</p>	FY 2001	<p>Allocation of resources to support the Council including TA that advances the efforts of the Council through defined activities.</p> <p>A plan that focuses on the problems of alcohol abuse, children's mental health services, family intervention and substance abuse prevention for rural and emerging AAPI communities.</p>	<p>SAMHSA/OMH DeLoris Hunter, Ph.D. Director 5600 Fishers Lane Rm. 10-75 Rockville, MD 20857 301 443-7265 <a href="mailto:dhunter@samhsa.gov">dhunter@samhsa.gov</a></p> <p>Bruce Grant, Ph.D. Public Health Advisor Division of State and Community Assistance 5600 Fishers Lane Rockville, MD 20857 (301)443-9396 <a href="mailto:bgrant@samhsa.gov">bgrant@samhsa.gov</a></p>

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Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Increase outreach and TA activities to AAPI populations to inform them of their rights to nondiscrimination in HHS funded programs and activities.	Increase outreach and TA to AAPI populations through advocacy organizations.	FY 2001	The increased number of outreach and TA activities provided to AAPI advocacy organizations.	OCR Regional Offices Kathryn Ellis, Deputy Director 200 Independence Ave, SW rm 506-F, Washington, D.C., 20201 (202) 619-0403 (fax) (202) 619-3437 kellis@os.dhhs.gov
	Form partnerships with HHS Operating and Staff Divisions and other Federal and State agencies on matters relating to provision of linguistic and culturally competent services to AAPI populations..	FY 2001	The increased number of partnerships formed with HHS OPDIVS and STAFFDIVS, and the number of partnerships formed with other Federal and State agencies.	OCR Regional Offices and the Voluntary Compliance and Outreach Division, Headquarters Kathryn Ellis See above.
Establish a series of women's integrative health centers based at existing health centers in Hawaii.	Implement active women's health programs aimed at AAPI women focusing on convention western medicine, complimentary and alternative medicine, and traditional indigenous healing.	Dec. 2001	Allocate funding and provide materials for the establishment of the health centers.	OPHS/OWH Shirley Dabney See information above.
Establish a group of AAPI community partners to promote the "Pick Your Path To Health" campaign by obtaining AAPI lay spokespersons.	Develop strong partnerships with the National Asian Pacific American Women's Forum (NAPAWF).	Dec. 2000	Establish a group of community stakeholders.	OPHS/OWH Carol Krause, Director of Communications (202) 205-2550 Shirley Dabney Advisor for Minority Health (202) 401-4004 200 Independence Ave, SW, Washington, DC 20201

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Objective	Strategy	Time Frame	Performance Measure	Lead Entity and Contact Person
Co-sponsor Women's Health Month activities with Hawaiian state agencies.	Collaborate with the Hawaiian State Commission on the Status of Women (HSCSW) and the Hawaiian Department of Health to promote activities related to women's health education and promotion in the state of Hawaii.	Sept. 2001	Allocate funds and materials for the Women's Health Month Activities	OPHS/OWH Kay Strawder Reg. IX Women's Health Coordinator (See above)  Carolyn Lofgren, Reg. IX Women's Health Coordinator 200 Independence Ave SW, Washington, DC 20201 (202) 260-4449
Develop a partnership with the Asian Pacific Islander American Health Forum (APIAHF), for quality assurance evaluations of AAPI health information.	Collaborate with the APIAHF to ensure data in AAPI fact sheets are accurate and culturally competent.	Jan. 2001	Schedule conference calls with representatives of the APIAHF to review materials.	OPHS/OWH Shirley Dabney See information above.
Increase utilization of the American Cancer Society 1-800 number for information and referrals for cancer prevention, detection and treatment resources among Native Hawaiian, Filipinos, 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.	Jan. 2001 - March 2001	Allocate funds for culturally-sensitive media messages.	OPHS.OWH Shirley Dabney See information above.  In conjunction with the Minority Panel.

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Solicit input from the Minority Women's Health Panel of Experts for relevant women's health data related to AAPI populations and sub-populations in their communities.	Encourage recommendations from the Minority Women's Health Panel of Experts as to addressing AAPI women's health issues based on the Healthy People 2010 Objectives.	June 2001	Incorporate specific objectives relative to the AAPI population within the Minority Women's Health Panel of Expert goals.	OPHS/OWH Shirley Dabney See information above.
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.	January 2001	Allocate funds for translation services.	OPHS/OWH Sue Clark See above.
Improve the 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.	January 2001	Allocate funds for translation services.	OPHS/OWH Sue Clark See information above.
Provide programs in Cambodian, Chinese, Korean, Laotian, Samoan, Thai, and Vietnamese.	Establish a partnership between the University of California, Los Angeles CoE and the Los Angeles County OWH to identify educational materials.	June 2001	Allocate funds for the development, evaluation, and distribution of health materials.	OPHS/OWH Sue Clark See information above.
Provide 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.	June 2001	Allocate funds for the implementation of outreach activities.	OPHS/OWH Sue Clark See information above.