

HHS TABLE A
AAPI PARTICIPATION IN AoA PROGRAMS AND SERVICES
BASED ON FY 1998 (Last year data is available)

Major Agency Program/Services	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Personal Care (Assistance with activities of daily living, such as eating, dressing, bathing, toileting, transferring in and out of bed / chair or walking)	AoA	45.1 m Under the Older Americans Act (OAA), persons 60 years of age and older are eligible for services)	NA	NA	1.1 m (2.6 % of total persons 60+) Under OAA, any person 60 years and older can receive services	NA	NA	141,422 2.2% are AAPIs (aggregated across all services, as a % of total clients served)	Work with AoA's national AAPI resource center at National Asian Pacific American Center on Aging, National Association on State Units on Aging, National Association of Area Agencies on Aging, minority research organizations, and minority providers on strategies to broaden service delivery to AAPIs.
Homemaker (Assistance with instrumental activities of daily living, such as preparing meals, shopping, managing money, telephone usage, or light housework)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Chore (Assistance with instrumental activities of daily living, such as heavy housework, yard work, or sidewalk maintenance)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Home Delivered Meals (Meal at a person's place of residence, such as 'Meals on Wheels.')	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Adult Day Care/Adult Day Health (Personal care in a congregate, supervised setting, such as social and recreational activities, training, counseling, meals, medications assistance, and home health aide.)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.

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Case Management (Assistance, such as needs assessment, developing care plans, authorizing services, arranging services, coordinating provision of services among providers, follow-up and re-assessment.)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Congregate Meals (Meals at a nutrition site, senior center, or congregate setting)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Nutrition Counseling (Individualized advice and guidance to individuals at nutritional risk)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Assisted Transportation (Assistance, including escort, using regular vehicular transportation)	AoA	45.1 m	NA	NA	1.1 m	NA	NA	2.2% served 141,422	Activities mentioned above.
Native Hawaiian Program (AoA is committed to improving the quality of life of Native Hawaiian elders and maintains a program of aging services under the Older Americans Act (OAA)(Title VI-B) to specifically meet the needs of these elders. The leadership of the Native Hawaiian community has developed this program from its beginning.	AoA		NA	NA	12,234 (in Hawaii) Under OAA, Native Hawaiians 60 years and older can receive services.	NA	NA	984 for support services; 841 for nutrition services	Activities mentioned above. AoA is also working with grant recipients to expand services to more Native Hawaiians.

**AAPI PARTICIPATION IN MAJOR ACF PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
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Head Start and Early Head Start are comprehensive child development programs which serve children from birth to age 5, pregnant women, and their families. They are child-focused programs and have the overall goal of increasing the school readiness of young children in low-income families.	ACF	1,623,000	NA	NA	NA	18,897	9,170	28,067	<p>Head Start Performance Standards (regulations) require that: Communication with parents must be carried out in the parents' primary or preferred language or through an interpreter, to the extent feasible. (45 CFR 1304.51(c)(2)).</p> <p>The staff and consultants must be familiar with the ethnic background and heritage of families in the program and must be able to serve and effectively communicate, to the extent feasible, with children and families with no or limited English proficiency (45 CFR 1304.52(b)(4)).</p> <p>When a majority of children speak the same language, at least one classroom staff member or home visitor interacting regularly with the children must speak their language (45 CFR 1304.52(g)(2)).</p> <p>The Head Start Bureau issues annual guidance to grantees regarding new competitive funds available for expanding the number of children served, in order to increase the participation of groups that may be underrepresented in local Head Start programs (e.g., recent influxes of immigrants, children with limited English proficiency, and communities that have not been well-served in the past).</p> <p>Some examples of regional grantees include: Region IV The Pinellas Opportunity Council, Inc. in Florida has established a partnership with the United Asian Community, Inc. to facilitate the translation of job announcements, program application and enrollment papers, and other materials such as parent meeting and special event flyers.</p> <p>The Southern Kentucky Community Action Agency has established a partnership with the Refugee Assistance Program to provide interpreters and assist with home visits.</p>

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Head Start and Early Head Start (Continued)	ACF	1,623,000	NA	NA	NA	18,897	9,170	28,067	<p>Region IX The Quality Improvement Center (QIC) for Disabilities Services (DISQIC) facilitated a roundtable of Hawaii State Association grantees on disabilities services in Head Start and Early Head Start Programs in Hawaii. The DISQIC also participated in the Outer Pacific Association meeting to plan cluster training and update needs assessment information with Head Start Directors.</p> <p>Development Associates (DA), a QIC, completed an agreement with the Hawaii State Head Start Association to assist the Association to develop a strategic plan that includes developing community awareness and education, leveraging community partnerships, and targeting potential corporate sponsorships. DA is also assisting the Association to develop an Annual Report to highlight the impact and contribution of Head Start in Hawaii, especially in communities which are largely AAPI.</p> <p>The second annual National Head Start Multi-Lingual Conference, planned by Head Start Bureau, Region IX, QICs, and the National Center for Family Literacy, was held in San Francisco. The conference's objective was to respond to new issues and initiatives that surfaced with the adoption of the 1998 Head Start Reauthorization.</p>
Community-Based Family Resource Program Grants are provided to States to develop and implement, or expand and enhance, a comprehensive, statewide system of community-based family resource services; includes State grant to the Hawaii Department of Health Family Health Services.	ACF	982,242	422,271	127,691	NA	NA	NA	NA	NA
Runaway and Homeless Youth assists runaway and homeless youth on both a short-term basis and in making the transition to independent living and to provide drug education and prevention services.	ACF	NA	NA	NA	NA	NA	NA	1,071* ¹	NA
Community Economic Development Grants encourage the creation of projects intended to provide employment and business development opportunities for low-income people through business, physical, or commercial development.	ACF	NA	NA	NA	NA	NA	NA	NA	OCS awarded two grants to Asian Neighborhood Design, Inc. in San Francisco (\$350,000) and Chinatown Service Center in Los Angeles (\$250,000).

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<p>Title IV-E Adoption Assistance program provides funds to States to assist in paying maintenance costs for adopted children (AFDC or SSI eligible) with special needs, e.g., children who are older or handicapped.</p> <p>Independent Living Program provides grants to States for education and employment assistance, training in daily living skills, and individual and group counseling to current or former foster care youths age 16 and older to help in the transition to independent living</p> <p>Title IV-B, subpart 1, Child Welfare Services program helps State public welfare agencies improve their child welfare services with the goal of keeping families together.</p> <p>Title IV-B, subpart 2, Promoting Safe and Stable Families program provides funds to states to provide family support, family preservation, time-limited family reunification services, and services to promote and support adoptions.</p> <p>Title IV-E Foster Care Program provides funds that help States provide proper care for children who need placement outside of their homes, in a foster family home, or in an institution.</p>	ACF	NA	NA	NA	NA	NA	NA	NA	
<p>Social Economic Development Strategies, SEDS, are competitive financial assistance grants that support locally determined and designed projects to address community needs and goals, promoting self-sufficiency.</p>	ACF	461,000	NA	461,000	461,000	NA	31,500	31,500	<p>Awards: Native Hawaiian groups -11, Chamorros of Guam -2 , Palauans of the Republic of Palau -1, Samoan groups -7</p> <p>Supported Pacific Contractor's additional outreach efforts to: recruit PI consultants to provide technical assistance to PI populations, use electronic outreach channels, i.e. enhanced web page design link to Pacific Contractor, and develop a 1-800 toll free number in the Pacific. Requirement of Pacific Contractor to further outreach to unserved communities.</p>

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Child Support Enforcement (CSE) program is a joint Federal, State, and local partnership that seeks to ensure financial and emotional support for children from both parents by locating absent parents, establishing paternity when necessary, establishing and enforcing child support orders.	ACF								The following activities improved access by the AAPI community to child support services and resources and improved the capacity of state child support programs to serve the community: a web-page including an electronic resource system (NECSRS), customer satisfaction survey instrument, articles in national newsletter, diversity workshops at conferences, technology transfer funds, possible targeted outreach for Sec. 1115 grants, and demographic studies/data. See Part III below for specific projects/initiatives.
President's Committee on Mental Retardation (PCMR) Conference on Poverty and Disability International Association for the Study of Intellectual Disabilities Membership and Participation on Presidential Advisory Committee	ACF, [PCMR, Office of the Secretary, White House]	All races and ethnicities	NA	NA	NA	NA	NA	NA	Invitation to AAPIs to participate in Next Generation Leadership Conference. PCMR presentation of panel discussion and "Open Forum" at IASSID to receive input regarding appropriate Committee activities to facilitate broadened service delivery to AAPIs Formal request for inclusion of AAPIs on President's Committee On Mental Retardation; thereby providing an ongoing, predictable and consistent forum for input regarding appropriate enabling activities for PCMR initiation.
Temporary Assistance to Needy Families TANF provides assistance and work opportunities to needy families by granting states the federal funds and wide flexibility to develop and implement their own welfare programs.	ACF	NA	NA	NA	NA	Adults: 121,032; Children: 263,452 (1998 data)	NA	NA	Region IX activities: Staff provided TA to Hawaii's TANF program, particularly on TANF data reporting. Supported reviews by the Health Care Financing Administration (HCFA) in Hawaii that examined limited English speakers' and TANF recipients access to health care. HCFA issued a report that encouraged States to improve outreach and accessibility to limited English speakers applying for health coverage. Staff worked with the Regional HHS' Office of Civil Rights (OCR) on limited English speakers' access to the TANF program in California. OCR was trained on TANF access issues and plans to conduct on-site reviews in several California counties with large AAPI populations.

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Social Services Block Grant (SSBG) - SSBG allows States flexibility to provide or supplement social services at the State and local level. Funding provides direct social services and resources that link human service delivery systems together.	ACF	NA	NA	NA	NA	NA	NA	NA	NA
Child Care and Development Block Grant CCDBG funds help States provide for subsidies to working families and require States to spend a minimum of 4 percent of funds to improve the quality and availability of healthy and safe child care for all families. Discretionary funds are also set-aside for quality improvements and for school-age care.	ACF	9.9 million low and moderate income children (1998 data)	NA	NA	NA	NA	NA	NA	NA

**AAPI PARTICIPATION IN MAJOR AHRQ AGENCY PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

Major Agency Program/Service	Lead Entity\	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
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<p>Health Costs, Quality, and Outcomes (HCQO) Funding for research and development of tools to improve the functioning of the health care system. Whether at the level of an individual patient and clinician confronting discrete care choices, a medical director of a managed care plan caring for a defined population, a State official addressing the health needs of entire communities, or public and private purchasers seeking value for their health care dollar, health services research answers the enduring central questions: What works? Under what circumstances? For which conditions? At what cost?</p>	AHRQ	Total Populations	All	All	All	N/A	N/A	N/A	<p>Produced agency publications in numerous AAPI languages.</p> <p>Program announcements (PAs) and requests for applications (RFAs) announced funding set-asides to encourage research on issues regarding minority populations, including AAPIs. Announcements were sent to organizations with research interests in minority health services research, and program staff will assist in identifying new opportunities for soliciting research proposals. The funding set-asides resulted in four grant awards addressing AAPI concerns.</p> <p>An RFA for centers of excellence was developed in FY 1999 to devote program project grants addressing the elimination of racial and ethnic health disparities for issuance in FY 2000.</p> <p>An RFA, entitled A Primary Care Practice-Based Research Networks, was developed during FY 1999 for release in FY 2000, to increase network capacity to study health care of racial and ethnic minority and/or underserved populations. AAPIs are among the key target populations for this solicitation.</p> <p>AHRQ will monitor the inclusion of AAPIs on study sections and special emphasis panels, as well as the National Advisory Council to ensure adequate representation of AAPIs.</p>
<p>Medical Expenditure Panel Survey (MEPS) MEPS provides national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. AHRQ uses information from MEPS to analyze changes in behavior resulting from market forces or policy changes; develops cost/savings estimates of proposed changes in policy; and identifies the impact on subgroups of the population (i.e., who benefits or pays more).</p>	AHRQ	Total Population	N/A	N/A	N/A	N/A	N/A	445 sampled	<p>Release of public use files from the Medical Expenditure Panel Survey will permit estimates on selected health variables for AAPIs. Analyses for sub-populations were not possible.</p>

**AAPI PARTICIPATION IN MAJOR CDC/ATSDR PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

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National Breast and Cervical Cancer Program: State-based comprehensive breast and cervical cancer control programs; partnership development; surveillance and epidemiology; and quality assurance of mammography and Pap Smear screening.	CDC	761,822	NA	NA	66,067	NA	NA	66,067	Collaborated with 71 health agencies and 60 private public and federal organizations to reduce mortality from breast and cervical cancers. Developed and implemented a Community Action Plan (CAP) to ensure access to affordable, culturally competent, and linguistically appropriate Pap Smear screening services.
Adolescent and School Health Program: Prevents important health problems and improves educational outcomes; builds infrastructure for comprehensive school health programs, including HIV prevention programs for school-and college-aged youth; establishes partnerships between state and local health and education agencies; identifies and disseminates prevention programs; and monitors youth risk behavior using a surveillance system.	CDC	15,203,666	NA	NA	NA	NA	NA	NA	Supported education agencies in all 50 states, District of Columbia, 7 territories and 8 large cities to establish and strengthen school health programs to prevent HIV infection and other serious problems.
Diabetes Prevention and Control: Supports activities to reduce the burden of diabetes in the United States. Builds capacity to conduct state-based diabetes prevention and control programs to improve access to affordable, quality diabetes care and services.	CDC	280,000,000	NA	NA	NA	NA	NA	NA	Supported State-based diabetes control programs (DCPS) in all 50 states, District of Columbia, and 8 U.S. territories. The funding supported core-capacity activities that develop state health department expertise to plan and design diabetes control activities to improve access to affordable, high quality diabetes care and services targeting high-risk and disproportionately burdened populations including AAPI.
Diabetes Control and Prevention Program: Supports demonstration and training in community-based interventions and state-based diabetes control programs to lead health systems and communities toward improved diabetes prevention and control.	CDC	280,000,000	NA	NA	NA	NA	NA	NA	Increased public awareness about the seriousness of diabetes. National Diabetes Education Program and National Media Campaign are the multi-component partnership based initiative sponsored by NIH and CDC to reduce the morbidity and premature mortality due to diabetes

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Tobacco Prevention and Control: Leads and coordinates strategic activities that prevent tobacco use, assist in smoking cessation, and eliminate exposure to environmental tobacco smoke.	CDC	7,000,000	NA	NA	NA	NA	NA	NA	The National Tobacco Prevention and Control Program provided funding to 50 states, 7 territories, the District of Columbia, and 11 national organizations to provide resources, training, program guidance information and education to implement state and local tobacco prevention and control initiatives.
Preventive Health and Health Services Block Grant: Intervention programs to reduce incidence of chronic diseases; detection of hypertension and elevated cholesterol; training of emergency medical service technicians.	CDC	3.4 million people	NA	NA	NA	NA	AN	NA	NA
Sexually Transmitted Disease (STD) Prevention and Elimination: Syphilis Elimination Project: Enhance surveillance and outbreak response; strengthen community involvement and organizational partnerships; improve biomedical and behavioral interventions. Provide national leadership through research, policy development, and support of effective services to eliminate syphilis in the United States.	CDC	NA	NA	NA	NA	NA	NA	NA	Worked with affected communities and organizations in the health and non-health sectors at the local, states and national levels to develop syphilis elimination campaigns. Developed activities that promote preventive behavior among those at risk and promote access to quality care.
HIV/AIDS Prevention: Provides financial and technical assistance for HIV prevention activities to state, local and territorial health departments; national and regional minority organizations; community-based and religious organizations; and training agencies.	CDC	NA	NA	NA	N/A	NA	NA	NA	Developed, reviewed, and updated scientifically-based comprehensive plans for addressing priority community prevention needs. Conducted epidemiologic, surveillance, behavioral, and operations research; assisted in the transfer of research findings to HIV prevention programs; continued to implement and evaluate interventions for populations at highest risk for infection.
Tuberculosis (TB) Elimination: Supports state and local health department efforts in preventing and controlling TB by providing therapy to ensure treatment completion; investigates and controls outbreaks; conducts surveillance to monitor TB trends.	CDC	NA	NA	NA	NA	NA	NA	NA	Conducted TB screening among persons at high risk and provide preventive therapy; provided information and education to health care providers and general population; conducted research to improve TB diagnostic and treatment.
National Immunization Program: Improve the quality and quantity of vaccination services; increase community participation, education and partnerships	CDC	10,720,719	NA	NA	NA	NA	NA	NA	Supported immunization activities that affect children, adolescents, and adults in public and private sector

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Vaccine for Children Program: Comprehensive systems to monitor children immunization coverage. An intensified surveillance network to identify and report cases of vaccine-preventable diseases.	CDC	35,547,136	NA	NA	NA	NA	NA	NA	Developed a consolidated childhood immunization schedule
Violence Prevention: Research into the causes and consequences of, risk and protective factors for, suicide, homicide, youth violence, family and intimate partner violence, and sexual assault, evaluation of programs to prevent violence, firearm-related injuries.	CDC	6,511,025	NA	NA	NA	NA	NA	NA	Supported community-based programs that prevent rape and intimate partner violence and provide rape prevention education. Developed inventory of federal injury control research projects and injury prevention programs.
National Occupational Research Agenda Implementation (NORA): A plan to guide U.S. research on critical workplace safety and health issues. NORA highlights 21 priority areas where coordinated national research will produce optimum results for protecting the health and safety of workers and reducing the heavy economic costs imposed by job-related injuries and illnesses.	CDC	NA	NA	NA	NA	NA	NA	NA	Healthy and safety for kids on the farm research to prevent injury and death among children who live or work on farms.
Professional Training in Occupational Safety and Health: Serves as regional resources for professionals in industry, labor, government, and academia.	CDC	NA	NA	NA	NA	NA	NA	NA	NIOSH awarded grants to universities that provide multi-disciplinary graduate and continuing education programs in occupational medicine, occupational health nursing, occupational safety/ergonomics, and industrial hygiene.

**AAPI PARTICIPATION IN MAJOR FDA PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

Major Agency Program/Service	Lead Entity\	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
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<p>President's Food Safety Initiative Surveillance: Respond to increased outbreak reporting, and expand monitoring for antimicrobial resistance. Inspections: Increase frequency of inspections. Education: Focus efforts at the retail level where over 1/3 of outbreaks occurs. Research and Risk Assessment: Rapid methods to identify pathogens and better data bases to better target food safety resources.</p> <p>FDA responded to over 50,000 calls a year on the toll-free Food Information Line, addressing a variety of food-related issues and over 500 electronic mail inquiries a month.</p>	FDA	All	All	NA	NA	NA	NA	NA	<p>Partnerships have formed with AAPI community-based organizations. Translated materials were provided in several languages (Chinese, Korean, Laotian, Vietnamese, Tagalog, Cambodian, Samoan, Thai, Japanese, Hindi, and Korean.) Topics were food safety, food labeling, safe use of medications, breast cancer and mammography.</p> <p>Center for Food Safety and Applied Nutrition and Office of Regulatory Affairs included the API community in the President's Food Safety Initiative, <i>Fight Bac</i>. Food borne illness statistics and emerging pathogens are a growing concern.</p>
<p>Food Labeling Initiative FDA required new food labels and is expanding their national consumer education campaign.</p>	FDA	All	All	NA	NA	NA	NA	NA	<p>Languages and leveraging with community-based organizations.</p> <p><i>Read the Label, Nutrients on the Food Label, and Links to Health</i> booklets include graphics of Asian foods.</p>
<p>Youth Tobacco Prevention FDA enforces retailer carding of young people and promotes understanding of this rule. Tobacco control experts indicate that a combination of compliance checks and an active outreach program maximizes retailer compliance with access restrictions.</p>	FDA	Populations in 43 states and the territories.	NA	NA	NA	NA	NA	NA	NA
<p>Women's Health Initiative In collaboration with the Office of Women's Health, the FDA launched an educational campaign entitled, "Take Time to Care" to help women take better care of their health. The program targets underserved women over the age of 45.</p>	FDA	All	All	NA	NA	NA	NA	NA	<p>FDA, OWH, and AHRQ translated and focus-tested a mammography brochure on and a clinician's recommendation packet.</p>

**AAPI PARTICIPATION IN MAJOR HCFA PROGRAMS AND SERVICES
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Medicare: Federal-funded health insurance to people age 65 and over and those who have permanent kidney failure and certain people with disabilities. It is the nation's largest health insurance program.	HCFA	40 million	NA	NA	NA	NA	NA	NA	<p>Created a Chinese Web Page at www.medicare.gov, which contains Medicare information translated in Chinese.</p> <p>Created Medicare Beneficiary Grassroots Rights and Protections Outreach Project for Vulnerable Populations to seek ways to encourage and strengthen the full participation and inclusion of the Asian populations in the States of Washington, Alaska, and Idaho.</p> <p>Conducted a mammography awareness radio broadcast campaign in 6 major cities across the U.S. The ads were broadcast in two Chinese dialects, Mandarin and Cantonese.</p> <p>Launched a Hepatitis B outreach campaign targeting the Chinese and Vietnamese populations in Boston's Chinatown and two other communities in the greater Boston area serving the Cambodian and Vietnamese populations.</p> <p>Developed HORIZONS Project to address the needs of AAPI Medicare beneficiaries by implementing linguistically and culturally competent education and outreach programs.</p>
Medicaid: Joint Federal- and State-funded health insurance program for certain low-income and needy people. It provides coverage for children, the aged, blind, and/or disabled, and people who are eligible to receive federally assisted income maintenance payments.	HCFA	36 million	NA	NA	1,028,316 (1998 data)	NA	NA	1,022,077 (1998 data)	<p>Conducted a mammography awareness radio broadcast campaign in 6 major cities across the U.S. The ads were broadcast in two Chinese dialects, Mandarin and Cantonese.</p> <p>Launched a Hepatitis B outreach campaign targeting the Chinese and Vietnamese populations in Boston's Chinatown and two other communities in the greater Boston area serving the Cambodian and Vietnamese populations.</p> <p>Conducted focus groups with Asian communities in California to help decrease barriers to the utilization of Medicaid programs.</p>

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State Children's Health Insurance Program (SCHIP): Also known as Title XXI, as part of the Balanced Budget Act of 1997, it provides low-cost or free health insurance for children, 18 and under, of low-income families. Covered services include regular check-ups and immunizations, school and sports physicals, prescription drugs, dental care, vision and hearing testing, hospital visits, and more.	HCFA	2 million	NA	NA	NA	NA	NA	NA	Conducted focus groups with Asian communities in California to help decrease barriers to the utilization of State Children's Health Insurance Program (SCHIP) programs.

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Ryan White CARE Act Title I Title I (Part A) provides outpatient and ambulatory health services support for disproportionately affected metropolitan areas.	HRSA	600,000-675,000*	N/A	N/A	N/A	NA	NA	5,345*** (Duplicated count, based on 1997 data)	Grantees and Planning Councils conduct annual needs assessment updates to inform the priorities set in each emergency metropolitan area (EMA) and the implementation of services to meet those needs. Needs assessment are supported by training/workshops, guides, and consultations. The HIV/AIDS Bureau provides training and technical assistance (T/TA) to support Federal, State, and community sensitivity and cultural competence. The Community of Color Training initiative identified 12 EMAs through which minority CBOs would receive training for grants writing and fiscal management skills.
Ryan White CARE Act Title II States utilize Title II (Part B) funds for home- and community-based care, health insurance coverage, State direct services, and the HIV Care Consortia toward the development of a broader statewide response to the epidemic. A separate earmark under Part B provides funding for HIV/AIDS therapies through the AIDS Drug Assistance Program (ADAP), bringing the benefits of effective and costly antiretroviral therapies within reach of persons with HIV unable to otherwise afford these therapies.	HRSA	800,000-900,000**	N/A	N/A	N/A	NA	NA	1,936*** (Duplicated count, based on 1997 data)	Needs assessments, technical assistance for cultural competence, work with AAPI organizations. Increase in Title II formula grant funding to Guam.
Ryan White CARE Act Title III Title III (Part C) supports community health centers, vital providers of primary care.	HRSA	N/A	N/A	N/A	N/A	NA	NA	632*** (Based on 1997 data)	T/TA

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Ryan White CARE Act Title IV Title IV addresses specific population needs, such as those of reducing perinatal HIV transmission, by providing primary care and other services to children, adolescents, women and families infected with or affected by HIV disease.	HRSA	N/A	N/A	N/A	N/A	NA	NA	144*** (Based on 1997 data)	T/TA
Maternal and Child Health (MCH) Title V Block Grant Title V authorizes appropriations to States to improve the health of all mothers and children, including children with special health care needs (CSHCN).	HRSA	24,014,719 (Pregnant women: 1,963,797; infants <1year: 2,907,840; children 1-22: 16,456,435; CSHCN: 875,648; other: 1,810,999)	N/A	N/A	N/A	N/A	N/A	263,858* (AAPI infants served: 100,273; AAPI deliveries: 163,585)	Infrastructure development, systems building, enhanced direct services, and population-based services.
MCH Discretionary Grants for AAPI Initiatives These grant programs seek to: 1) improve the health and well-being of AAPIs by increasing their access and utilization of health and human services; 2) increase and improve collection, analyses, and dissemination of data about AAPI populations and subpopulations; 3) increase the number of funded research projects and programs targeted towards AAPIs; and 4) increase outreach to and participation of AAPIs in HHS or HHS-sponsored training programs. See Table B for specific Discretionary Grant Programs and their respective funding levels.	HRSA	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Direct health care services, enabling services, population-based services, and infrastructure building services.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
<p>Healthy Start Initiative (HSI): The primary goal of HSI is to reduce infant deaths in the project area by 50 percent. These are areas of racial, cultural, and linguistic diversity with a substantial AAPI population.</p>	HRSA	N/A	N/A	N/A	N/A	Pregnant women: 306, Infants: 319 (1998 data)	Pregnant women: 30, Infants: 17 (1998 data)	Pregnant women: 336, Infants: 336 (1998 data)	<p>Several grantees implemented and/or sustained programs and services that addressed the needs of their local AAPI population. These communities included: Boston, MA; Philadelphia, PA; Oakland, CA; Chicago, IL; Fresno, CA; San Bernardino, CA; Hawaii; St. Petersburg, FL; Des Moines, IA; and Wichita, KS.</p> <p>In Hawaii, the HSI is an enhancement of the Malama A Ho`opili Pono project to integrate perinatal programs into a collaborative model that will lead to new standards of care for pregnant women. Goals are to: (1) increase access to health care services for NHOPI and Filipina women who reside in the County of Hawaii; (2) coordinate a County and statewide initiative to reduce infant mortality; (3) increase identification and referral of maternal and infant psychosocial and medical risk factors; and (4) implement a new model of perinatal health care customized to the unique needs and preferences of NHOPI and Filipina women who reside in Hawaii County.</p>
<p>The Health Center program provides direct primary and preventive health services to underserved populations. These include public housing, migrant, and homeless health centers.</p>	HRSA	48,600,000	NA	NA	NA	174,938	84,819	259,757	<p>Grantees include CHCs that serve AAPI populations provide culturally appropriate outreach, translation of health education materials, cultural competency training for staff, and recruit bilingual staff.</p>
<p>Native Hawaiian Health Care Program provides health promotion and disease prevention programs to Native Hawaiians residing in Hawaii.</p>	HRSA	205,797	0	205,797	205,797	0	31,252	31,252	<p>5 Native Hawaiian Health Systems provide outreach, population based screening, translated health education materials, and recruit staff from the Native Hawaiian community.</p>

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Native Hawaiian Scholarship Program provides financial support for Native Hawaiian students pursuing careers in health professions.	HRSA	NA	NA	NA	NA	NA	91 scholars funded	91 scholars funded	Native Hawaiian scholars must be placed in an underserved Native Hawaiian community during their service obligation.
National Health Service Corps (NHSC) provides health care services for people in health professional shortage areas through site development, and the preparation, recruitment, and retention of culturally appropriate primary care providers.	HRSA	NA	NA	NA	NA	1,060 served (60% of NHSC sites reporting)	1,380 served (60% of sites reporting)	2,440 served (60% of sites reporting)	Recruitment and retention of culturally competent clinicians.
The Pacific Basin Primary Care Program provides direct service delivery through health centers to AAPI populations that reside in the U.S. associated pacific jurisdictions.	HRSA	500,000	0	500,000	500,000	0	59,000	59,000	Provision of translated materials, transportation, culturally competent outreach, and health prevention programs.
Rural Health Grants These grants are aimed at expanding access to, coordinating, restraining cost of, and improving the quality of essential health care in rural areas.	HRSA	NA	800	0	0	0	0	0	Rural Health Outreach Grant- An expanded telemedicine network consisting of 8 mental health care provider and consumer entities.
National Bone Marrow Registry Program operated under contract by the National Marrow Donor Program (NMDP).	HRSA	All patients diagnosed with hematological malignancies and disorders requiring unrelated allogeneic bone marrow transplant	NA	NA	All Asian, NHOPI patients diagnosed with hematological malignancies and disorders requiring unrelated allogeneic bone marrow transplant	NA	NA	62	NMDP conducts outreach activities and recruitment drives specifically targeting AAPIs.
Centers of Excellence: Assists health professions schools in supporting programs of excellence in health education for minority individually in allopathic medicine, osteopathic medicine, dentistry, and pharmacy.	HRSA	NA	NA	NA	NA	NA	NA	NA	\$463,189 total AAPI related funding
Health Careers Opportunity Program: Focuses on preliminary education and facilitates entry and retention activities for minority and disadvantaged students in the health and allied health professions.	HRSA	NA	NA	NA	NA	NA	NA	NA	\$730,976 total AAPI related funding

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
<p>Health Professions and Nursing Training Programs consist of competitive grants to organizations that train and educate the health care workforce.</p> <p>Department of Family Medicine: Improves faculty research support, residency research curriculum, and medical student research program development.</p> <p>Quentin N. Burdick Rural Health Interdisciplinary program: Students are trained in interdisciplinary teams to provide community based, culturally appropriate health care for rural communities to build local capacity and address long-term health needs.</p> <p>Nursing Education for Individuals from Disadvantaged Backgrounds Program: Awards institutions to address academic and cultural barriers in retention and graduation of disadvantaged students from nursing schools.</p> <p>Public Health Traineeships: Grants to accredited schools of public health fund training in fields with a severe shortage of public health professionals such as epidemiology, environmental health, and material and child health.</p>	HRSA	NA	NA	NA	NA	NA	NA	<p>\$374,800 total AAPI related funding</p> <p>\$137,067 total AAPI related funding</p> <p>\$10,000 in seed grants: (1) to develop a Southeast Asian Student Success Program and (2) to produce culturally relevant training materials that will assist community health nurses in addressing domestic violence in Hawaii.</p> <p>\$27,126 total AAPI related funding</p>	
Geriatric Education Centers (GEC): GECs coordinate educational activities, including training, continuing education, and developing and disseminating curricula, to strengthen multidisciplinary training of health professionals in the diagnosis, treatment, and prevention of disease and other health concerns of the elderly	HRSA	NA	NA	NA	NA	NA	NA	NA	\$161,760 total AAPI related funding

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Area Health Education Center (AHEC): AHECs emphasize community-based training of primary care oriented students, residents, and providers. These programs increase the number of individuals from minority and underserved communities who enter health careers and create systems for learning and networks for information dissemination in support of providers in underserved communities.	HRSA	NA	NA	NA	NA	NA	NA	NA	\$946,803 total AAPI related funding
Health Education and Assistance Loans Programs: Provides grants to institutions to provide scholarships for disadvantaged students covering tuition, expenses, and reasonable living and educational expenses. Students are obligated to 5 years of pay-back service in primary care. Exceptional Financial Need Scholarship Program Financial Assistance for Disadvantaged Health Professions Students Scholarship for Disadvantaged Students Program Nursing Student Loan Program: Provides low-interest student loans for nursing education.	HRSA	NA	NA	NA	NA	NA	NA	NA	Institution award is passed to students on a financial needs basis \$48,525 total AAPI related funding \$32,350 total AAPI related funding \$23,953 total AAPI related funding \$65,835 total AAPI related funding for direct student award on a financial needs basis

* It is estimated that 75% of HIV/AIDS infected individuals reside in the 51 Eligible Metropolitan Areas that receive Title I Ryan White CARE Act funds; this estimate is based on applying the 75% estimate to the estimate of the total eligible population (800,000-900,000).

NA Undetermined
 \ HAB - HIV/AIDS Bureau; MCHB - Maternal and Child Health Bureau; BPHC - Bureau of Primary Health Care,

** Estimate from Centers for Disease Control and Prevention of individuals living with HIV/AIDS in U.S., Feb. 2000.

ORHP - Office of Rural Health Policy, OSP - Office of Special Programs

* MCHB -FY 99 AAPI total number of infants served and total number of deliveries. AAPI children 1- 22 years and CSHCN information were not available.

AAPI PARTICIPATION IN MAJOR SAMHSA PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Community Mental Health Services Block Grant (CMHS)- The CMHS Block Grant supports comprehensive, community-based care for adults with serious mental illnesses (SMI) and children with serious emotional disorders (SED).	SAMHSA	Approx. 16.2 million (adults with SMI) 5-9 % of children with SED aged 12-17	NA	NA	Approx. 648,000 (20% of total eligible AAPI population)	NA	NA	NA	Non-specific*
Protection & Advocacy for People with Mental Illness (PAIMI) - The PAIMI Act was enacted to protect the rights of people with mental illness in residential treatment facilities and for 90 days following discharge from a facility. It authorized the creation of programs independent of the State mental health systems to investigate allegations of abuse or neglect and to conduct education and advocacy training for mental health administrators, legislators, protection and advocacy staff, consumers of mental health services and their family members, and community organizations.	SAMHSA	NA	NA	NA	NA	NA	NA	NA	Non-specific
Projects for Assistance in Transition from Homelessness (PATH) - The PATH program provides funds for community support services to individuals with SMI (including those with co-occurring mental and substance abuse disorders) who are homeless or at risk of homelessness.	SAMHSA	Approx. 34 million (people living below poverty)	NA	NA	Approx. 1.36 million (AAPIs living below poverty)	NA	NA	NA	Non-specific
Substance Abuse Prevention and Treatment Block Grant (SAPTBG) -The SAPTBG program provides Federal support to substance abuse prevention services, and empowers States to design local solutions to their specific substance abuse problems.	SAMHSA	NA	NA	NA	NA	NA	NA	NA	Non-specific

* Non-specific: Support for projects/services for AAPI populations are included in with the overall program funding

** Unless otherwise noted, data is from US Census estimates or the U.S. Department of Health and Human Services. *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
SYNAR Regulation Implementation: Reducing Youth Access to Tobacco: SAMHSA oversees and regulates implementation of Synar legislation that mandates the reduction of tobacco sales to minors and helps States achieve a maximum sales-to-minors rate of no greater than 20% by Fiscal Year 2003.	SAMHSA	Approx. 23.8 million (adoles. 12-17 at risk for use of tobacco)	NA	NA	Approx. 952,000 ^a (adoles. 12-17 at risk for use of tobacco)	NA	NA	NA	Non-specific
Targeted Capacity Expansion Program: The TCE program creates or expands a community's ability to provide a comprehensive, integrated, creative community-based response to a specific, well-documented substance abuse capacity problem.	SAMHSA	Approx. 270 million	NA	NA	Approx. 10.8 million	NA	NA	NA	\$2.5 million is specifically provided in this program to address substance abuse and HIV/AIDS in African American, Hispanics/ Latinos and other racial/ethnic minority youth and women
High-Risk Youth (HRY) supports testing of a wide variety of interventions to prevent substance abuse among children and youth. This program focuses on youth who are at high risk for becoming substance abusers and/or involved in the juvenile justice system. A new HRY project, the Project Youth Connect program, targets youth using a mentoring/advocacy prevention intervention model.	SAMHSA	Approx. 29 million (adoles. 12-17 at high risk for alcohol abuse) (1998 NHSDA)	NA	NA	Approx. 1.1 million ^{a b} (AAPI 12-17 at risk for alcohol/ drug abuse)	NA	NA	94	Grantees include 4 AAPI community-based organizations
Starting Early/Starting Smart - This program will generate new empirical knowledge about the effectiveness of integrating substance abuse prevention, addictions treatment, and mental health services in primary health care service or early childhood service settings (e.g., Head Start, day care, preschool) for children, aged 0-7, and their families/care givers.	SAMHSA	Approx. 27.3 million (children 0-7 yrs)	NA	NA	Approx. 1.1 million (AAPI 0-7 yrs)	NA	NA	NA	Grantees include 1 AAPI community-based organization
Strengthening Families - This initiative includes a dissemination research program that is determining cost-effective methods for disseminating information and training on science-based, family-focused, prevention strategies and models in order to extend the application of these models to at least two communities in every State and territory.	SAMHSA	Approx. 71.5 million total families	NA	NA	Approx. 2.4 million AAPI families	NA	NA	NA	Grantees include 4 AAPI community-based organizations

^a National Asian Pacific American Families Against Substance Abuse, Inc., Los Angeles, CA: Dispelling the Myth Regarding Alcohol, Tobacco and Other Drug Use by Asian and Pacific Islanders.

**NHSDA: National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration, 1998.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Minority Fellowships - This program seeks to increase the number of professionals qualified to provide leadership, consultation, training, and administration to government, public and private organizations concerned with the development and implementation of programs and services for under-served ethnic minority persons with mental and/or substance abuse disorders.	SAMHSA	329,000	NA	NA	N/A	NA	NA	NA	10-15 of the 40 fellowship recipients are AAPI
Children of Substance Abusing Parents (COSAPS) - The COSAPS program is generating knowledge about prevention models and services for enhancing protective factors and minimizing risk factors for developing substance abuse. Interventions focus on increasing resiliency, as measured by psychological, behavioral, and academic indicators.	SAMHSA	NA	NA	NA	NA	NA	NA	NA	Non-specific
Community-Initiated Prevention Interventions - This program supports field-tested projects that test or replicate research-based substance abuse prevention interventions that have potential for preventing, delaying, or reducing alcohol, tobacco, or illicit drug use among high risk populations.	SAMHSA	Approx. 270 million	NA	NA	Approx. 10.8 million	NA	NA	NA	Non-specific
Developmental Predictor Variables10-Site Study - The study will identify the most appropriate stages of youth development at which to institute prevention methodologies that successfully change the developmental path away from substance abuse and other dysfunctional behavior.	SAMHSA	Approx. 29 million (adoles. 12-17 at risk of SA)	NA	NA	Approx. 1.1 million (AAPI adoles. 12-17 at risk of SA)	NA	NA	NA	Non-specific
Criminal Justice Treatment Networks, Criminal Justice Diversion and Drug Court Activities - The <i>Criminal Justice Diversion</i> study will identify methods for diverting individuals with substance abuse disorders from the criminal justice system to community treatment alternatives. Criminal/Juvenile Justice Treatment Networks - This program will enhance substance abuse treatment access and service delivery to offender populations by focusing on systems integration, linkages, and information sharing between community criminal justice, substance abuse, mental health, health, and social service agencies.	SAMHSA	NA Approx. 153,600 (Juvenile delinquents w/ SA related arrests) ^c	NA	NA	NA Approx. 7,825 (AAPI juvenile delinquents w/ SA related arrests) ^b	NA	NA	NA	Non-specific

^c U.S. Department of Juvenile Justice, *Sourcebook of criminal justice statistics*, 1998.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Treatment Improvement Protocols (TIP) - TheTIP Series provides state-of-the-art consensus-based treatment protocols in community-based care on a defined topic in substance abuse treatment.	SAMHSA	Approx 270 million	NA	NA	Approx. 10.8 million	NA	NA	NA	Non-specific
Special Drug Studies (Alcohol, Methamphetamine, and Marijuana) - The Treatment for Adolescent Alcohol Abuse and Alcoholism program will contribute to the identification and development of efficacious treatment interventions for adolescent alcohol abusers and alcoholics. The <i>Effectiveness of Treatment for Marijuana Dependent Youth</i> study is evaluating a variety of treatment interventions for adolescents. The <i>Replicating Effective Treatment for Methamphetamine Dependence</i> study will contribute to the development of knowledge of psychosocial treatment of methamphetamine dependence as well as providing an opportunity to determine the problems involved in technology transfer.	SAMHSA	Approx. 1.3 million (adoles. w/ alcohol abuse) Approx. 1.9 million (NHSDA) Approx. 126,000(NHSDA)	NA	NA	Approx. 544,000 (AAPI adoles. w/ AA) Approx. 86,600 ^d Approx. 3,700 ^d	NA	NA	NA	Non-specific Non-specific Target population includes AAPI populations
Community Action Grants for Service Systems Change - This program promotes adoption by communities of exemplary practices in the delivery of substance abuse services.	SAMHSA	Approx. 13.6 million (number w/SA problems)	NA	NA	Approx. 544,000 (AAPI with SA problems)	NA	NA	NA	Non-specific
Community Action Grants – The goals of this program are to build community-based consensus for adoption of identified exemplary practices in mental health service delivery, and to provide technical assistance to facilitate their adoption into practice; to improve technology transfer by increasing the interaction among users and producers of knowledge; and to synthesize and disseminate new knowledge about effective approaches to the provision of comprehensive community-based services to persons with SMI.	SAMHSA	Approx. 270 million people, with approx. 44 million have SMI	NA	NA	Approx. 10.8 million AAPIs, with approx. 432,000 AAPIs with SMI	NA	NA	NA	Non-specific
Managed Care: Adolescents - This study is examining the effects on cost, utilization, and outcomes of different models of managed care for adolescents with substance abuse problems.	SAMHSA	Approx. 2.3 million adoles. w/ SA	NA	NA	Approx. 88,000 AAPI adoles. w/ SA ^d	NA	NA	NA	Non-specific

^d National Asian Pacific American Families Against Substance Abuse, Inc., Los Angeles, CA: Dispelling the Myth Regarding Alcohol, Tobacco and Other Drug Use by Asian and Pacific Islanders.

**NHSDA: National Household Survey on Drug Abuse, Substance Abuse and Mental Health Services Administration, 1998.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Aging, Mental Health/Substance Abuse and Primary Care - This program identifies, documents, and compares service models and financing mechanisms that provide older adults with mental health/substance abuse services within the primary care setting; identifies the best screening/assessment and outcome instruments and methods to be used in primary care settings for older adults with mental health/substance abuse problems; and measures the relative effectiveness of these models on service utilization, individual physical and mental outcomes, and system outcomes.	SAMHSA	Approx. 34.7 million (Older adults suffering from SA)			Approx. 138,000 (% of total AAPI pop. adults suffering from SA)				Non-specific
Safe Schools/Healthy Students - This program helps students develop the skills and emotional resilience necessary to promote positive mental health, engage in pro-social behavior, and prevent violent behavior, and alcohol and other drug use; ensures that all students attending the targeted schools are able to learn in a safe, disciplined, and alcohol- and drug-free environment; and helps develop an infrastructure to institutionalize and sustain integrated services after Federal funding has ended.	SAMHSA	Approx. 72 million (students between 5-18)	NA	NA	Approx. 3.1 million (AAPI students between 5-18)	NA	NA	NA	Non-specific
School Action Grants - This program engages community-based organizations in promoting healthy development, enhancing resilience, and preventing violence and substance abuse by adopting and adapting evidence-based exemplary practices for use within and outside schools.	SAMHSA	19.8 million	NA	NA	2.6 million	NA	NA	NA	Grantees include 1 AAPI community-based organization. This project is entitled the Bullying Prevention Program and the Resilient Youth Curriculum. It is an intervention program that will reduce and prevent bully/victim problems in elementary, middle and junior high school.
Drug Abuse Warning Network (DAWN) - DAWN is the only data system that collects data on drug-related visits to hospital emergency departments and drug-related deaths. Its goal is to enable studies of health consequences and mortality due to substance abuse and the impact of drug use on the nation's health care system.	SAMHSA	NA	NA	NA	NA	NA	NA	NA	Non-specific
National Household Survey on Drug Abuse - The NHSDA is the only data system that provides a national measure of the incidence, prevalence and trends of substance use. The goal of the NHSDA is to provide data to enable studies of the causes of substance abuse, the demand for treatment, and the effectiveness of prevention and treatment programs.	SAMHSA	Approx. 70,000 surveyed	NA	NA	Approx. 2,500 AAPIs surveyed	NA	NA	NA	Non-specific

**AAPI PARTICIPATION IN MAJOR OIG PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

Major Agency Program/Services	Lead Entity\`	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
OIG Hotline: The OIG operated a hotline available to any individuals with information regarding suspected Federal health care program fraud, waste, or abuse.	OIG	NA	NA	NA	NA	NA	NA	NA	None.

**AAPI PARTICIPATION IN MAJOR OCR PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Processing and Resolving Discrimination Complaints.	OCR	NA	NA	NA	NA	NA	NA	NA	To persuade recipients to voluntarily comply with the civil rights laws, we suggest that they: (1) hire bilingual staff; (2) provide free interpreter services; (3) train staff on cultural and linguistic competency; and (4) translate materials into foreign languages. OCR provides training on provision of services to LEP populations to recipients, advocacy groups and other interested parties.
Conducting Compliance Reviews and Complaint Investigations.	OCR	NA	NA	NA	NA	NA	NA	NA	Please see above mentioned activities.
Monitoring Corrective Action Plans.	OCR	NA	NA	NA	NA	NA	NA	NA	Please see above mentioned activities.
Carrying Out Voluntary Compliance, Outreach and Technical Assistance Activities.	OCR	NA	NA	NA	NA	NA	NA	NA	Please see above mentioned activities.

**AAPI PARTICIPATION IN MAJOR OS/OPHS PROGRAMS AND SERVICES
BASED ON FY99 OR THE LAST YEAR FOR WHICH DATA IS AVAILABLE**

Major Agency Programs/Services	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Title X Family Planning Program provides funding for comprehensive family planning medical and counseling services, including basic gynecologic care, screening for breast cancer, cervical cancer and sexually transmitted diseases—including HIV, infertility services, and reproductive health education and referrals.	Office of Population Affairs	N/A	N/A	N/A	N/A	N/A	N/A	106,556	
Minority Health Education and Public Awareness Campaign, "Pick Your Path to Health," is a nationwide community-based education campaign, targeting women of color and providing simple action steps for maintenance of healthy lifestyles.	OWH	NA	NA	NA	NA	NA	NA	NA	Reaches AAPI and other minority communities; translates public information materials in AAPI languages; recruits bilingual and ethnic persons for focus groups Women representative of various communities (including AAPIs) will serve as lay spokes-persons and their health will be tracked over the course of the campaign.
Minority Media Outreach, conference and organizational support pursues AAPI media outlets to develop and coordinate communication efforts. Supports national organizations during annual conferences.	OWH	NA	NA	NA	NA	NA	NA	NA	Provides educational information
National Centers of Leadership encourages institutional mentoring programs and develops strategies to overcome institutional, economic, and organizational barriers to mentoring programs.	OWH	NA	NA	NA	NA	NA	NA	NA	

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
National Centers of Excellence address women's health from a coordinated, interdisciplinary perspective, uniting mental and physical health, and emphasizing public health education, prevention and outreach.	OWH	NA	NA	NA	NA	NA	NA	NA	<p>Enhances local networks of community-based activities that promote and coordinate minority (including AAPI) women's health services, training, education, career development, and community-based research.</p> <p>Created a web site specifically for AAPI women to highlight and help educate this population about health risks of special concern.</p> <p>As part of the CoE project to develop a gender-specific patient satisfaction questionnaire, the University of California San Francisco CoE conducted a series of three focus groups with Chinese-American Mandarin-speaking women ages 18-65.</p> <p>The University of Washington CoE held focus groups with Vietnamese women to assess patients' perceived need for health care.</p>
Body Wise Eating Disorder Initiative increases awareness and knowledge about eating disorders.	OWH	NA	NA	NA	NA	NA	NA	NA	
National Women's Health Information Center (NWHIC) (http://www.4woman.gov) provides comprehensive women's health related information from public and private sectors to a variety of audiences. Materials can be accessed or downloaded from the web site and more specialized information may be obtained by calling the toll free telephone service (1-800-994-WOMAN; TDD: 1-800-220-5446).	OWH							1.4% of audience, respondents were women of AAPI descent	NWHIC has created a web page specifically for Asian and Pacific Island women to highlight and to help educate this population about health risks of special concern.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Bilingual/Bicultural Service Demonstration Program: Supports community-based projects to improve access to health care services for minorities with limited-English-speaking ability.	Office of Minority Health (OMH)	NA	NA	NA	NA	NA	NA	NA	Grantees include 11 AAPI community based organizations: California:7; Colorado:1; Massachusetts:1; New York:1; and Texas:1. Projects improve and expand the linguistic and cultural competence of health care professionals and paraprofessionals working with limited-English-proficient (LEP) AAPI communities and improve the accessibility and utilization of health care services among these communities.
Minority Community Health Coalition Demonstration Grants (MCHCDG): This program promotes the development of coalitions for the purpose of planning and coordinating services to reduce sociocultural and linguistic barriers to health care. The coalition approach is based on the premise that the resulting community-based interventions are culturally sensitive, credible, and more acceptable to the target population; that the project will address the health problem(s) within the context of related socioeconomic issues; and that the effort will contribute to overall community empowerment by strengthening indigenous leadership and organizations. In FY 1999, a set of MCHCDG awards were made to address HIV/AIDS through education and outreach.	OMH	NA	NA	NA	NA	NA	NA	NA	Some examples of grantees include: The <i>Ho'oikaika No Wai'anae (Making Waianae Strong)</i> coalition has developed a program with a goal of reducing the risk factors for cardiovascular disease/stroke and diabetes through early detection, nutrition, exercise, case management, and follow-up. The <i>Tenderloin Asian Health Improvement Project</i> targeted monolingual and limited-English-proficient Asian male to female transgender sex workers and Asian female sex workers in the Tenderloin district of San Francisco for HIV/STD screening, preventive case management and access to primary health care.
OMH Resource Center (OMHRC): OMHRC is the Nation's largest resource for minority health information, including health education, promotion, and program development. It collects, organizes, and distributes information to, for, and about preventing diseases and promoting healthy behaviors to eliminate disparities in racial and ethnic minority populations. Identifies appropriate publications or funding sources, exhibits materials at meetings, conducts customized database searches. Maintains a toll free number (1-800-444-6472) and a Website at html.www.omhrc.gov which houses home pages for each minority initiative.	OMH	All	All	All	NA	NA	NA	NA	OMHRC operates a health resource persons network, a database of health professionals from a variety of organizations, including community groups, academia, research organizations and medical centers who have volunteered to provide technical assistance to community-based organizations and other health professionals active in minority health. AAPI health professionals are included in the database. OMHRC Website's AAPI home page carries information on the HHS AAPI Action Agenda and AAPI Initiative under the EO 13125.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Arranges and conducts workshops on health issues, e.g., HIV/STD, TB, affecting populations in the U.S.- Affiliated Pacific, e.g., Guam and Republic of the Marshall Islands (RMI). This clinical training is typically completed in partnership with the California-based regional training center for the respective issue.	Office of Pacific Health and Human Services (OPHHS)	Guam's total population is 150,000; RMI: 43,000; Saipan: about 58,000.	N/A	N/A	See figures in total population.	N/A	N/A	See country totals.	Work and coordinate with country and municipal health providers to ensure that training is culturally competent, as well as all germane health officials/clinicians are invited
Conducts assessments of the health telehealth infrastructure in the U.S. Affiliated Pacific; works on enhancing the capabilities of the Jurisdictions to institute telehealth, teleconferencing, and telemedicine activities.	OPHHS	Includes the following entities: RMI, AS, FSM, Guam, CNMI and ROP. Thus, it is a country wide assessment.	N/A	N/A	See figures in total pop. category.	N/A	N/A	N/A	Identify all entities involved in telehealth, telemedicine, and distance learning that operate in the respective jurisdictions. The purpose of the evaluation is to better coordinate activities within the different levels of technology that each country currently utilizes.
Provides assistance with questions related to the impact of the Compacts of Free Association on Guam, Commonwealth of the Northern Mariana Islands (CNMI), and Hawaii.	OPHHS	NA	N/A	N/A	N/A	N/A	N/A	N/A	Same as above
Emergency preparedness/mitigation: Works on specific projects for the Jurisdictions, e.g., condition of medical facilities in the Pacific.	OPHHS	Includes the following: RMI, FSM, AS, Guam, CNMI, ROP.	N/A	N/A	N/A	N/A	N/A	N/A	Works with hospital official and authorities to ensure we have identified all major facilities and clinics.
Provides consultation to all federal parties related to the impact of the Compacts of Free Association that exist with the Republic of Palau, the RMI, and the Federated States of Micronesia (FSM).	OPHHS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Coordinates with all related federal agencies, as well as all germane country entities to obtain information.

Major Agency Program/Service	Lead Entity	Total Population Eligible	Total AAPIs Eligible			Total AAPIs Served			Enabling Activities to Broaden Service Delivery to AAPIs
			Asian	NHOPI	Total AAPI	Asian	NHOPI	Total AAPI	
Works with the Office of Intergovernmental Affairs to develop HHS policy regarding the renegotiation of the Compacts of Free Association with RMI and FSM.	OPHHS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Same as above.
Works with the staff of the Native Hawaiian Health Care Systems, Papa Ola Lokahi, of the HRSA/BPHC, and local private and public entities to implement the Native Hawaiian Health Care Improvement Act. (Work temporarily suspended.)	OPHHS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	NA
	OPHHS	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A