

Part V

HHS Infrastructure to Support AAPI Activities

Understanding AAPI Needs

A. Has your agency conducted any needs assessments, reports or other documents within the last five years (produced internally or through an award or contract) to identify, quantify, and evaluate AAPI service needs (such as the needs of Southeast Asians in the Midwest, Pacific Islanders in the mainland, etc.)? If yes, please list and describe.

HHS continues to carry out a variety of activities to improve our information about the needs of AAPIs and to use such information to guide program efforts. Achieving better understanding of the service needs of the AAPI population, as well as all our service populations, is also a key part of this Department's Initiative to Eliminate Racial and Ethnic Disparities in Health. Following are examples of activities that are related to understanding AAPI service needs:

- o The HIV/AIDS Bureau (HAB), Health Resources and Services Administration (HRSA), requires grantees to conduct annual needs assessments, prioritize Ryan White funding according to identified needs, and implement HIV/AIDS services to meet those needs. Progress reports and other information submitted by the grantees are reviewed to make sure that the needs of the currently underserved populations, including the AAPI populations, are addressed.
- o The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsored a needs assessment of AAPI ethnic-specific service agencies on their capacity to meet community needs and provide culturally competent mental health and substance abuse services. Also, through a contract with the National Asian Pacific American Families Against Substance Abuse, Inc. (NAPAFASA), SAMHSA supported a small scale needs assessment of community-based organizations (CBOs) that are providing services primarily to AAPI clients residing in the continental U.S. The purpose of the survey was to identify types of services available to AAPIs and the capacity of AAPI community organizations to serve the mental health and substance abuse needs of AAPIs.
- o SAMHSA's Office of Minority Health (OMH), through a cooperative agreement with the OMH/Office of Public Health and Science (OPHS), supported the Association of Asian Pacific Community Health Organization's roundtable and publication of the document "Addressing the Nation's Mental Health Issues for Asian American Communities: Three Mental Health Program Models."
- o HRSA's Bureau of Health Professions (BHPr) has conducted a variety of needs assessments on healthcare provider needs in the Pacific Basin through the Pacific Islands

Continuing Clinical Education Program (PICCEP). The initial phase of this project (awarded FY 1999) was devoted to analysis of the workforce and assessment of needs of healthcare providers in the area. Based on their findings, the PICCEP team worked with the local jurisdictions to develop appropriate continuing medical education (CME) programs. These programs were implemented during 2001 and were attended by physicians and medical officers, nurses, pharmacists, and other clinical staff. During 2002, the CME courses are continuing to address identified clinical education needs, and additional assessments are being done.

- N** The Office of Child Support Enforcement (OCSE), within the Administration for Children and Families (ACF) has conducted a demographic study of the customer base for child support services and has made population projections for 2004 and 2009 which help guide future program planning. The study includes a separate projection for the AAPI population. OCSE has presented workshops at child support conferences on customer service and language/diversity issues. Through these, the office has solicited input from service providers on issues, barriers, recommendations/options, and best practices for broader distribution.
- o** Regional Offices (ROs) of ACF have supported the assessment of AAPI needs at the local level. For example, the Asian Health Coalition of Illinois--with funding from the ACF Region V-- completed a report in 2001 on "Asian American and Pacific Islander Utilization of Programs Supported by the Administration for Children and Families, Department of Health and Human Services." The findings are based on a survey of AAPI-serving agencies in the area to determine the communities' service barriers and service needs. HHS-Region IX's Head Start program conducted a survey of grantees to determine the availability of translated materials in various languages, including key AAPI languages.
- C** In May 2000, the NIH National Institute on Dental and Craniofacial Research (NIDCR) completed the first Surgeon General's Report on Oral Health, which provided information on the status of the oral health of Asian Americans as well as other minority and special populations. This report identified a significant lack of information on the oral health status of underrepresented minorities, including AAPIs. Also, the NIDCR Strategic Plan for Eliminating Craniofacial, Oral, and Dental Health Disparities was revised in February 2002. This plan provides the framework the NIDCR is using to address the needs of all underrepresented minorities and special populations, including AAPIs.
- o** The Office for Civil Rights (OCR), working jointly with others in the Department, produced a study to identify, quantify, and evaluate AAPI service needs as they relate to language barriers. This research study, entitled "Limited English Proficiency as a Barrier to Health Services," examined the issue of barriers to health and human services created

by limited English proficiency for the major language minority groups in the United States, and included research on populations that speak Chinese and Vietnamese.

- o The OMH/OPHS has collaborated with several national AAPI organizations in planning these organizations' annual or national conferences to assure an opportunity for updates on the WHIAAPI and HHS programs affecting their communities, and for comments including identification of health and human services needs and issues from community leaders and individuals. These have taken the form of individual roundtable discussions, focused on particular topic areas and which relate to missions of specified HHS Divisions. For example in the past year, OMH has organized sessions and appropriate HHS Division representation at the HRSA sponsored primary care meeting in Pohnpei, Republic of Palau, to build and add to current knowledge and practice of community-based primary care services in the Pacific Region and to provide opportunities for residents and constituent organizations in the Region to be informed on current activities related to the WHIAAPI (1/01); the Asian and Pacific Islander American Health Forum conference, "Voices from the Community: Building Community Readiness to Improve AAPI Health" (4/01); the NAPAFASA annual conference (3/02); and the National Coalition for Asian and Pacific American Community Development annual conference (5/02). Comments from the community have been taken back to the respective Divisions by the Federal participants to be considered in program improvements.

Cultural and Linguistic Competence

B. Does your agency have regulations, policies or guidance memoranda on compliance with Title VI of the Civil Rights Act for individuals with limited-English proficiency (LEP)? If yes, please describe or attach.

HHS's OCR enforces compliance by recipients of HHS funds with Title VI of the Civil Rights Act of 1964 for individuals with LEP. In August 2000, OCR issued guidance that clarified the responsibilities of HHS-funded providers of health and human services to provide meaningful language assistance to persons who have LEP. Since the issuance of the guidance, OCR has done extensive outreach and technical assistance to providers, CBOs, and beneficiaries, including AAPI communities. In October 2001, the Assistant Attorney General for the Civil Rights Division at the Department of Justice issued a memorandum directing agencies to republish their LEP policy guidances for additional comment, and HHS republished its guidance in February 2002. The OCR is currently reviewing the comments to determine what revisions, if any, will be made. Various HHS Divisions have disseminated the OCR-developed guidance to their grantees on serving persons with LEP and have supported other activities addressing LEP, including the following:

- o The ACF's Children's Bureau issued a program instruction in November 2001 to State lead agencies. The policy guidance reiterates HHS's longstanding position that in order to avoid discrimination against persons with LEP on grounds of national origin, health and social service providers must take adequate steps to ensure that such persons receive free-of-charge the language assistance necessary to afford them meaningful access to the services. This program instruction was mailed to all State, Territorial, and Tribal Child Care and Development Fund grantees and posted on the Child Care Bureau's Website at: <http://www.acf.dhhs.gov/programs/ccb/policy1/current/pi0107/pi0107.pdf>. ACF also prepared an Information Memorandum to State agencies administering the Temporary Assistance for Needy Families Program (TANF) regarding Policy Guidance on the Title VI Prohibition Against National Origin Discrimination as it Affects Persons with LEP. Similarly, an ACF information memorandum on LEP was issued to State and County officials administering child support enforcement programs.
- o ACF and OCR staff in the HHS regions have collaborated to ensure that services and programs are accessible to persons who have LEP. One region is hosting a briefing by the Interpreter Network of Colorado to the OCR Welfare Reform Task Force. The Network provides full-service interpretation, and is dedicated to improving the community through culturally competent, reliable, and superior interpreting and translation services for medical appointments, conferences, training courses, and court proceedings. ACF and OCR in the regions also sponsored two Immigrant Access Forums in FYs 2001 and 2002. The forums explain Federal and State statutory provisions involving services to immigrant communities for education, social services, Medicaid, Medicare, TANF, child care, child welfare, Department of Labor employment and training programs, equal employment opportunity, food stamps, and Immigration and Naturalization Services programs. The forums are targeted towards all immigrant groups, including Asians and Pacific Islanders. Also, the States of Utah and Colorado have co-sponsored these forums.
- o HRSA's Maternal and Child Health Bureau (MCHB) has issued Program Guidance on cultural competence which contain the following statement, "Cultural competence is defined as a set of values, behaviors, attitudes, and practices within a system, organization, program or among individuals and which enables them to work effectively cross culturally. Further, it refers to the ability to honor and respect the beliefs, language, interpersonal styles and behaviors of individuals and families receiving services, as well as staff who are providing such services. Cultural competence is a dynamic, ongoing, developmental process that requires a long term commitment and is achieved over time."
- o The OMH/OPHS published a set of recommended National Standards for Culturally and Linguistically Appropriate Services in the Federal Register in December 2000, and has disseminated these recommended standards through a variety of venues, including posting them on its Web site at www.omhrc.gov, covering this information in the OMH Closing

the Gap newsletter, and educating numerous groups and organizations and individuals through presentations about the standards at national and regional meetings and conferences in the past two years.

C. Does your agency have any informational materials translated in AAPI languages? If yes, please list and describe.

Many HHS Divisions are planning more culturally and linguistically appropriate materials, as well as web-based information for AAPIs. Specific documents available since the prior inventory include the following examples:

- o ACF's Directory of Program Services (Chinese and Korean)
- o Cultural and health orientation materials by the Office of Refugee Resettlement (ORR)/ACF (Vietnamese, Laotian, and Cambodian)
- o Region IX/Pacific Hub participated in Cultural Competency training, which covered cultural awareness issues and ACF programs. ACF and OCR staff participated. Materials and presentations were presented tailored to training RO staff to enhance awareness and understanding of AAPIs and other underserved minorities.
- o SAMHSA has developed informational materials on "What Parents Need to Know About Marijuana" in printed and electronic versions in four AAPI languages (Chinese, Vietnamese, Cambodian, and Korean).
- o SAMHSA's Center on Substance Abuse Prevention (CSAP) has a grantee that is addressing the AAPI community's need for translated documents and training research assistants to use the AAPI-language research instruments. These instruments assess the behavioral health needs and outcomes for young children of early intervention in AAPI settings, and the instruments have been translated into four AAPI languages.
- o OCR has several documents translated into AAPI languages including fact sheets (Chinese, Korean, Vietnamese and Tagalog). A regional office has put on their web site fact sheets and discrimination complaint and related forms translated into various AAPI languages such as Cambodian, Laotian, Chinese, Vietnamese, and Tagalog. Audio messages in various AAPI languages are also accessible at the web site.
- o As an ongoing effort, FDA has developed print and electronic informational materials in AAPI languages with the support of AAPI organizations and those that serve AAPI populations. FDA provides translated materials in several AAPI languages (Cambodian, Chinese, Japanese, Korean, Laotian, Thai, and Vietnamese) on topics including food safety, food labeling, safe use of medicines, breast cancer, and mammography.
- C The NIH National Institute on Aging has developed print materials in AAPI languages. Its Exercise Guide is available in the Chinese language.

- C In June 2001, the Environmental Health Perspectives, volume 109/ number 1C was published in Chinese by the NIH National Institute of Environmental Health Sciences (NIEHS).
- C Information on genetic research was translated into Chinese for NIH's National Institute for General Medical Studies' consultation with Han-Chinese-American population
- o In addition, the Office of Disease Prevention and Health Promotion/OPHS manages healthfinder.gov, the government's primary consumer health information Web site. This site offers a section, redesigned in FY 2001, that is directed at the AAPI community.
- C The NIA in collaboration with the National Institute of Child Health and Human Development (NICHD) and the National Center on Minority Health and Health Disparities (NCMHD) hosted a meeting in 2001 and derived a report that sought ways for survey researchers to capture the increasing linguistic diversity of the U.S. and to be truly nationally representative. Participants focused on current barriers to inclusion as well as ways to enable inclusion. The report is entitled, Diverse Voices: The Inclusion of Language-Minority Populations in National Studies: Challenges and Opportunities.

Internal Agency Infrastructure

D. AAPI-Specific Workgroups and Advisory Bodies: Does your agency have any ongoing mechanisms for focusing on AAPI issues, such as advisory bodies and workgroups? If yes, please list and describe.

The HHS Departmental Minority Health Coordinating Committee (DMHCC) chaired by the Deputy Assistant Secretary for Minority Health, will continue to be the intra-departmental forum to discuss and implement strategies for accomplishing HHS and Division goals and objectives in the WHIAAPI and other similar plans. The OMH/OPHS continues to convene the DMHCC AAPI Work Group, to ensure appropriate and timely intra-agency attention to AAPI issues.

In concert with this structure, the great majority of HHS Divisions—and many of their centers, institutes, and bureaus—has established internal steering health disparities or minority health coordinating committees, which will ensure inclusion of AAPI issues in key policy and program considerations. The Administration on Aging (AOA), ACF, AHRQ, CDC, National Institutes of Health (NIH), and HRSA are among the Divisions that have established such bodies, which typically analyze issues, develop strategies, and promote partnerships that will result in better services to AAPI and other minority populations.

- o ACF has a Minorities Steering Committee, which is internal and composed of Central Office (CO) and RO staff. In each RO, there is a minorities liaison. The focus of the Steering Committee and the liaisons are minorities, including AAPIs. In addition, ACF has a CO lead and RO lead for AAPI matters; these individuals

assist the Division to coordinate internally the development of AAPI activities, plans, reports, and initiatives. They also assist with coordinating external requests/responses to AAPI initiatives.

- o One ACF RO participates in a joint HHS/Department of Education AAPI committee. The committee plans and sponsors events that expand awareness about issues affecting AAPIs, including services and programs that are responsive to their diverse ethnic, language, and cultural needs/circumstances.
- o Another ACF RO participates in the Outer Pacific Committee through the Federal Regional Council. The focus of this body is on working across federal agencies to provide technical assistance to Outer Pacific (largely AAPI) jurisdictions so that they are more effective in their use of Federal resources. Also, the Committee has been working with the Department of State on the Compact negotiations for the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI).
- o Representatives from all of the HRSA Offices and Bureaus are represented on the HRSA-wide AAPI Steering Committee chaired by the HRSA OMH staff lead on AAPI issues. Also, there is senior-level representation from the Offices and Bureaus on the HRSA Minority Health Advisory Committee that addresses all racial and ethnic minority populations.
- o HRSA's Office of Planning and Evaluation (OPE)/Office for the Advancement of Telehealth (OAT) has the lead responsibility for the HRSA Pacific Basin Work Group whose membership includes key staff from each bureau/office that supports programs, technical assistance, and other activities in the Pacific Basin, including the Region IX office. Also, other Divisions participate in these meetings; including, e.g., CDC, Office of Global Health, SAMHSA.
- o SAMHSA has a number of mechanisms for focusing on AAPI issues, including advisory bodies and work groups.
- o Some entities such as the OCR have an AAPI-specific workgroup or advisory body within their Minority Health Coordinating Committees.

E. General Workgroups and Advisory Bodies: Does your agency have a process in place to receive input from AAPIs and AAPI CBOs? In particular, identify workgroups and advisory bodies tied to your agency's major programs and services. List the ratio of AAPIs constituting those bodies.

Following are examples of various ways that AAPIs and AAPI CBOs can have input on HHS programs and services:

- o The HRSA BHP's Division of Medicine and Dentistry staffs two advisory committees (they are listed with the ratio of AAPI to total representatives for each): the Council on Graduate Medical Education (1:17) and the Advisory Committee on Training in Primary Care Medicine and Dentistry (1:23). All meetings are public and working documents are shared with organizations interested in health care for the underserved, including organizations interested in AAPI health care.
 - o HRSA's OPE/OAT receives input from the six U.S. Pacific Basin jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands–CNMI, Guam, FSM, RMI, and the Republic of Palau) through the Pacific Islands Health Officers Association (PIHOA). The Health Ministers and Directors of these jurisdictions comprise the membership of PIHOA. In part, communication is facilitated through HRSA's cooperative agreement with PIHOA.
 - o SAMHSA has a total of five advisory councils/committees (they are listed with the ratio of AAPI to total representatives for each): SAMHSA Advisory Council (1:12), the Advisory Committee for Women's Services (1:10), the Center for Mental Health Services Council (2:12), the CSAP Council (2:12), and the Center for Substance Abuse Treatment Council (1:12).
 - o On occasion, SAMHSA will establish an ad hoc project advisory group to advise staff about technical and other issues for a specific project. The goal is to have these non-Federal experts provide a real world perspective that will benefit the project. These experts include representatives from the AAPI community. SAMHSA periodically convenes summit meetings, listening sessions, and focus groups addressing AAPI substance abuse prevention and treatment and mental health issues.
- C The NIH NIDCR's National Advisory Dental and Craniofacial Research Council provides advice on all NIDCR major programs and services. The ratio of AAPIs on the NADCRC is currently 2 out of 13 members, which equates to 15 percent of the advisory organization.
- o OCR has processes in place to receive input from all communities, including AAPIs and AAPI CBOs: (1) AAPI individuals and organizations can file a discrimination complaint with OCR; (2) during its outreach activities, OCR regularly solicits input regarding civil rights issues from AAPI individuals and

organizations; (3) OCR staff actively participates in conferences and workshops sponsored by AAPI organizations and advocacy groups; and (4) OCR Region X's web site contains an AAPI-L List with links to the NIH Listserv.

- o Through ACF's Community Outreach Strategy in all Regions, AAPI community- and faith-based organizations and expert AAPIs have been identified, added to the ACF's minorities database, and as a result, is expected to increase AAPI awareness and program participation.
- o National leaders of Asian ethnic organizations meet with the ACF ORR's Director several times a year. A staff liaison has been assigned to ethnic organizations to answer questions and provide guidance. Along with States and private non-profit voluntary agencies, as a group, these organizations, referred to as Mutual Assistance Associations or MAAs, are major partners in the resettlement of refugees,

F. Identify FTE equivalents in your agency that specifically focus on AAPI issues. If responsibilities and duties involving AAPI issues are parceled out as collateral duties to one or more employees, please compute what the FTE equivalent would be.

Most HHS agencies have staff with responsibilities and duties involving AAPI issues. These are usually collateral duties involving only a small percentage of each individual staff person's time.

- o ACF ROs have staff with part-time responsibilities and duties involving AAPI issues. The aggregate amount of time devoted to AAPI issues is higher in HHS Region IX where an estimated 1.25 FTEs, involving approximately six staff, work on AAPI issues due to the large number of grantees in Hawaii and the Outer Pacific.
- o CDC has 1 FTE in the Office of the Director who focuses on AAPI issues. There are fractions of FTEs within each CDC Center, Institute, and Office.
- o FDA has one FTE who coordinates and oversees all White House Initiatives. Duties involving AAPI issues are also carried out as collateral duties to employees across the Agency, in headquarters and field offices, equaling nearly one FTE.
- o HRSA has the following FTEs who focus on AAPI issues: HIV/AIDS Bureau: (6.25 FTE), Bureau of Health Professions: (1 FTE) Office of Planning and Evaluation: (.15 FTE), Office of Advancement in Telehealth: (.15 FTE), and Office of Rural Health Policy: (.1 FTE)

- o The Program Support Center (PSC) has .20 FTE employee in the Office of Equal Employment Opportunity devoted to AAPI issues.
 - o Within SAMHSA, approximately .20 FTE continues to be focused on AAPI initiatives, SAMHSA's EEO Advisory Council, and the WHIAAPI.
 - o OCR's AAPI employees network and coordinate information and activities with respect to AAPI issues. In FY 2001, OCR hired a number of employees who have extensive experience and contact with AAPI communities. One senior level AAPI employee in headquarters is responsible for OCR's participation in all the minority initiatives, including AAPI. Also, several regional OCR offices hired employees, including a number of whom are bilingual in an Asian language, who are conducting focused outreach to AAPI communities.
- C The NIH NIEHS has had staff spend about .20 FTE equivalent on AAPI issues.
- C In the NIH NCCAM, responsibilities and duties involving AAPI issues are parceled out as collateral duties to one employee; the FTE equivalent is 12.5%.

G. Were there any grant programs in FY 02 for which AAPIs were listed as a funding priority? Please list.

- o In FY 2002, ALU LIKE, Inc. received continuation funding from ACF under a 3-year grant award to provide child care services to low-income Native Hawaiian families in Hawaii. ALU LIKE is a private nonprofit human services CBO serving Native Hawaiians. Under the grant, ALU LIKE has developed a certificate program that offers an array of services to families (center-based, group home, family child care, and in-home care).
- o AHRQ has the "Health Care Access, Quality, and Insurance for Low-Income Insurance" and the "Health Care Markets and Managed Care" programs, under which AAPIs are part of the minority focus.
- o Three grant programs in the HRSA BHP's Division of Medicine and Dentistry provide a priority for training underrepresented minority (URM) or disadvantaged trainees. AAPIs counted in this category include Native Hawaiians and Other Pacific Islanders (NHOPI) and Asians other than Chinese, Japanese, Korean, Filipino, Asian Indian, and Thai. Schools with enrollment above national average for URM Asians and NHOPI received funding priority for certain programs

administered by HRSA's Division of Health Careers Diversity and Development. URM Asians are also eligible for the HRSA Centers of Excellence program.

Representation and Workforce Issues

H. Has your agency identified or implemented any strategies for improving workforce diversity and the representation of AAPIs within the workforce? If yes, please describe.

- o To ensure adequate representation of AAPIs within PSC, the Human Resources Service has in place direct mailings and broadcast faxes to AAPI organizations, postings on AAPI listservers of vacancies, and other related announcements.
- o The President's Committee on Mental Retardation, staffed by ACF, has used its membership, annual academies, symposia, forums, and official quarterly meetings to highlight the participation and contributions of AAPIs in leadership roles as Committee members, consultants, conference faculty, technical assistants, and team-building trainers.
- o ACF Regional Offices have made efforts to recruit qualified AAPI candidates in various program areas. Regions have established links to various minority-serving organizations in their areas for this purpose and made certain that AAPI organizations are aware of program vacancies. Other have hired student interns to work on increasing access by AAPIs and other minorities to specific programs such as the State Children's Health Insurance Plan.
- o One ACF region has reviewed the number of Peer Reviewers for Head Start to ascertain the percentage of reviewers that are AAPI. Presently, three (1.73 percent) Peer Reviewers of the 173 total reviewers have an Asian background or are Asian. ACF staff have set a goal of five percent who are AAPI for their recruitment efforts among reviewers.
- C While all NIH Institutes and Centers have a Workplace Diversity Initiative (WDI), the NIGMS's WDI includes a series of activities that emphasize the importance of capitalizing on the diverse abilities and talents of NIGMS staff. NIGMS's WDI strategy is unique to the NIGMS mission and culture, and follows five components developed for its Diversity Life Cycle that encompass organizing for change, identifying the institute's culture, raising diversity awareness, managing diversity, and evaluating progress and success.

The NIA staff, under the OEO/EEO Manager has a Workplace Diversity Initiative, as a long-term strategy to manage the differences and similarities of NIA employees in order to promote productivity, quality, and fairness in the workplace.

FDA conducts outreach to minority institutions to increase workforce diversity. In addition, FDA has a number of internship programs that students and employees may participate in. FDA has various career, leadership, and management development programs to provide opportunities for senior staff advancement. Some include:

The Center for Drug Evaluation and Research set up a center-based leadership development program and selected 4 Asian females and 3 Asian males. AAPI employees shadow SES employee to access promotion opportunities in SES. FDA employs 1 Asian female in the Senior Executive Service.

The National Center for Toxicological Research (NCTR) manages various mentoring programs, such as the Oak Ridge Institute for Scientific Education, which covers postgraduate research participation, foreign national, and science internship programs as well as others. NCTR uses 60 research scientists to mentor and to provide research experience to 151 employees, including 35 Asian males and 10 Asian females. Many FDA Centers and Offices target support staff and midlevel employees to meet individual career goals.

FDA takes part in year-round and summer internship programs. While FDA does not have a formal AAPI intern program, FDA has hired APPI students as part of its regular temporary hiring practices and overall commitment to diversity in the workforce. The Center for Drug Evaluation Research took part in a year-round six-week internship and preceptorship programs with colleges and universities. Under the “Voluntary Pharmacy Student Preceptorship Program,” several offices and divisions trained 16 AAPI pharmacy students out of 29 students.

- o Improving diversity of the health professions workforce is an important goal of the HRSA BHPPr’s Division of Medicine and Dentistry training programs that support the training of primary care physicians, general and pediatric dentists, physician assistants, primary care podiatrists, and public health dentists. All grant applications are evaluated by criteria which include strategies to address increasing diversity of the health professions workforce and progress is reported annually by grantees.

- o SAMHSA’s long range Affirmative Employment Program planning goal is consistent with the HHS goal to have its work force mirror the representation of minorities and women in the external work force from which it recruits. SAMHSA’s recruitment, retention, and

promotion plan for Hispanics and other minorities have lessons pertinent to attracting, hiring, retaining, and promoting more representatives of other racial and ethnic minority communities, including AAPIs.

- o OCR is committed to obtaining and maintaining a diverse work force and actively solicits candidates for job vacancies from diverse communities, including candidates who are from AAPI populations.

I. Is there an AAPI Federal employee organization in your agency? If yes, please describe ways in which your agency utilizes and supports the efforts of this group. Also, describe any other strategies in place to support the professional development and career advancement of AAPI employees.

- o A number of Divisions cosponsor or support the Asian and Pacific American Network (APANet), such as FDA, HRSA, etc. FDA works with APANet to resolve issues impacting AAPI employees. Internal work groups are formed around specific issues and for special purposes, as needed. FDA also uses a Division-wide network of personnel to keep Division officials informed on the progress with the AAPI initiative.
- o FDA carries out long-range affirmative employment programs to have its workforce represent minorities and women in the external workforce from which it recruits. FDA takes part in the Senior Biomedical Research Service to recruit and keep senior physicians and scientists in biomedical research and clinical research evaluation. FDA conducts outreach to AAPIs to encourage them to take part in FDA-sponsored training programs, for example, internships, externships, mentorships, and professional development. FDA also addresses issues that may impact on AAPI populations stakeholders meetings, decision-making processes and focus groups.
- o HRSA supports the Federal AAPI Employee Group that meets in the Parklawn Building in Rockville, Maryland.
- o One of the ACF ROs has a staff person who serves as a representative on the Federal Executive Board “AAPI Special Emphasis Council.” This Council meets monthly and focuses on AAPI awareness, outreach, and special-emphasis AAPI projects.

Data Collection and Evaluation

- J. List your agency’s main data sets. Indicate for each data set whether:
1. Aggregated AAPI data is collected and analyzed;
 2. Disaggregated AAPI data is collected and analyzed (specify which subpopulations are identified);

3. Aggregated AAPI data is collected but not analyzed;
4. Disaggregated AAPI data is collected but not analyzed (specify which subpopulations are identified); and
5. AAPI data is not collected.

As has been previously reported, HHS Data Council's Working Group on Racial and Ethnic Data compiled and maintains the HHS Directory of Health and Human Services Data Resources Directory. It is a compilation of information about all major data collection systems sponsored by HHS and the 2000 Directory is available on the HHS web site. Examples of individual program data systems with AAPI data follow:

- o Disaggregated AAPI data are collected and analyzed, specifically for (1) Asians and (2) NHOPIs by the Child Care Bureau. (ACF)
- o ACF/ORR's refugee database is comprehensive and includes information--including their country of origin-- on refugees, and the numbers of refugees in the U.S. by country of origin. These data are not matched to program participation.
- o Aggregated AAPI data is collected and analyzed for the AHRQ Medical Expenditure Panel Survey (MEPS) and aggregated data is collected for its Healthcare Cost and Utilization Project.
- o CDC/Agency for Toxic Substances and Disease Registry (ATSDR) has prepared a code set for race and ethnicity data, that is based on current OMB standards. Asian and NHOPI disaggregated data will be collected and analyzed by 2003.
- o The HRSA Bureau of Health Professions utilizes the Comprehensive Performance Management System reporting system for measurement of performance. Aggregated AAPI enrollment and graduate data are collected and some analysis is performed.
- o OCR's main data set is for Hill-Burton activities, in which aggregated AAPI data is collected and analyzed.
- C The NIH National Institute of Child Health and Human Development (NICHD) utilizes two main data sets for its workforce, committee management, and intramural training opportunities: NIH Human Resource Data Base and the NICHD Personnel Database. Both databases collect and analyze aggregate AAPI data.
- o A consortium of HHS Divisions that includes ASPE, OMH/OPHS, HRSA, CDC, and NIH, is funding and directing a Congressionally mandated study of HHS data collection systems and practices relating to the collection of data on race and ethnicity, including

those required under HHS programs or activities and other related Federal data collection systems. The work will be performed by the Committee on National Statistics (CNSTAT)/ National Research Council/ National Academy of Sciences. CNSTAT will appoint an expert panel to oversee the study and propose commissioned papers on specific data issues. A public hearing may be held as part of this effort on policies and practices relating to racial and ethnic data collection in the private health care sector.

K. What is the current status for implementing the collection of AAPI data into the two categories, “Asian” and “Native Hawaiian or Other Pacific Islander (NHOPI),” under the new standards for the classification of Federal data on race and ethnicity? Describe the process and strategies for complying with the new standards by 2003? Please attach any relevant documents.

A number of key Division data collection efforts have implemented the new standards for classifying AAPI data into two categories, for example:

- o PSC is developing a plan for implementing the new standards for collecting AAPI data with respect to employment data. Like the rest of HHS, PSC collects data from applicants for employment through the Applicant Background Survey which includes the two specific categories of AAPIs. New AAPI employees are asked to self-identify by choosing one of the two categories of AAPI populations and one of the sub-categories under the two categories.
- o OCR is modifying data collection forms for survey activities when they are submitted for clearance with the OMB.
- o The Child Care Bureau/ACF has implemented the collection of AAPI data into the two categories in the Case-Level Disaggregated Report (SF-801) for State CCDF Lead Agencies.
- o The AHRQ MEPS data system implemented the new standards for classifying race and ethnicity in 2001.
- o FDA amended regulations on new drug applications (NDAs) to clearly define the NDA format and content requirements for presenting effectiveness and safety data on demographic subgroups, specifically gender, age, and race. FDA also amended regulations on investigational new drug applications (INDs) to require sponsors to tabulate in their annual reports the numbers of subjects enrolled in clinical studies for drug and biological products according to age group, gender, and race. The rule refers only to data already collected.
- o FDA’s Center for Drug Evaluation and Research issued voluntary guidelines to encourage

industry to capture ethnic and racial data in clinical trials.

- o The Office for Women's Health/OPHS began developing a plan for a demographic database for clinical trial data. The database will provide opportunities to assess participation of minorities in clinical trials and to clarify any differences in clinical trial results among racial and ethnic groups. This database will be operational in FY 2002.
- o The Ryan White CARE Act Data Report (CADR) collects information annually from all grantees and contracted service providers. The overall data results are reported on the HRSA HAB web site. "Asian" and "Native Hawaiian/Pacific Islander" are two of the racial categories in which the CADR report will collect data.
- o HRSA's Division of Health Careers Diversity and Development, BHPr, has amended all reporting mechanisms to include the new standards for the classification of federal data on race and ethnicity. HRSA's MCHB's categories for data collection and reporting are also consistent with the current standards.

L. Does your agency have any performance measures specifically for AAPIs? If yes, please describe.

HHS's leadership has affirmed their commitment to one of the overarching principles of Healthy People 2010 to eliminate racial and ethnic disparities in health and is planning a Department wide initiative on the elimination of racial and ethnic health disparities in six priority health areas: infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and child/adult immunizations. HHS Divisions are developing measures to track progress and hold themselves accountable. Some examples follow:

- o AHRQ's internal Minority Health Plan has one performance measure specifically for AAPIs.
- o HRSA's Division of Medicine and Dentistry in BHPr has performance measures related to minority/disadvantaged enrollees, graduates, and faculty. AAPIs is one category of reporting under these measures.

The NIH NIDCR Plan for the WHIAAPI FY 2002-2003 includes performance measures related to improving the representation of AAPIs in clinical trials, identifying AAPI linguistic access needs, increasing representation in intramural and extramural training programs, increasing outreach to the AAPI community organizations, and addressing AAPI health disparities through the NIDCR strategic plan for eliminating health disparities.