

- Department of Health and Human Services -
AGENCY FOR HEALTH CARE POLICY AND RESEARCH
WORK PLAN OUTLINE
FOR THE
ASIAN AMERICAN AND PACIFIC ISLANDER INITIATIVE

Introduction

Overview of Mission

The Agency for Health Care Policy and Research (AHCPR) was established in 1989 under Public Law 101-239. AHCPR is the lead Agency in the Department of Health and Human Services (DHHS) charged with supporting research designed to improve the quality of health care, reduce its cost, and broaden access to essential services. AHCPR develops and disseminates research-based information to increase the scientific knowledge needed to enhance consumer and clinical decisionmaking, improve health care quality, and promote efficiency in the organization of public and private systems of health care delivery.

The Agency was created to help the Nation's health care system provide high-quality, cost-effective services; be accountable and responsive to consumers and purchasers; and improve Americans' health status and quality of life. AHCPR is the health services research arm of DHHS and works closely with other Federal health Agencies in accomplishing its legislative mandate.

AHCPR carries out its mission by: (1) supporting and conducting research that creates the science base to guide improvements in both clinical care and the organization and financing of health care; (2) promoting the incorporation of science into practice through the development of tools for public and private decisionmakers at all levels of the health care system; and (3) developing the data and information infrastructure to study and track the performance of the health care system and the needs of stakeholders.

Overview of History in Working with Asian American and Pacific Islander (AAPI) Community Organizations and Investments

As lead Agency for the DHHS Medical Treatment Effectiveness Program (MEDTEP), AHCPR funded a series of Research Centers on Minority Populations. Two of the Centers focused on AAPI populations: the University of California, Los Angeles and the Pacific Research Center, Honolulu, Hawaii. One objective of the program was for all Centers to become self-sufficient by the end of the designated funding period (1997). The Centers are expected to continue to develop AAPI community linkages that will provide resources to ensure continued effectiveness of their programs.

AHCPR has supported a number of research projects designed to investigate specific health care needs of AAPIs, including developing knowledge of functional health status and analyzing the levels and patterns of primary health care utilization among disadvantaged AAPI populations within AAPI communities.

AHCPR awards National Research Service Award (NRSA) training grants to institutions for predoctoral and postdoctoral trainees in non-clinical disciplines relating to health services research, and to individual postdoctoral “fellows” who have completed their doctoral degrees. Several AAPI trainees have received NRSA awards through institutions.

AHCPR’s Minority Supplement Program provides research training opportunities for minority investigators to work with experienced health services researchers (principal investigators) who have received AHCPR grant awards. This program continues to support AAPI trainees.

AHCPR’s previous guideline activities addressed health issues of concern to AAPI populations. AHCPR collaborated with the National Asian Pacific Center on Aging and the National Council on Patient Information and Education in translating AHCPR-sponsored consumer pamphlets on topics such as Mammography, Smoking Cessation, and Prescription Medicines into AAPI languages (Chinese, Tagalog, Korean, Laotian, Vietnamese and Cambodian).

Linkages between AAPI Work Plan and AHCPR’s Strategic Plan

Activities outlined in the AAPI Work Plan relate to two of eight goals in AHCPR’s Strategic Plan:

GOAL 1: Create knowledge about effectiveness and efficiency in clinical services; the nature and content of clinical services; the organization, delivery, and financing of health care; and the measurement and improvement of the quality of health care. AHCPR intends to deploy the Nation’s talent in health care research and policy to carry out research that will improve the health and health care for the entire Nation, including AAPIs, and to produce new information and knowledge that will be available to the public. AHCPR will sponsor research to inform public policies to address disparities in health status, access to care, and use of health services on minority populations. AHCPR’s research will include effective service delivery methods for eliminating disparities in treatment between minority and majority populations; effect of cultural competence on improving access to and outcomes of care for minority patients; evaluating the impact of managed care and market forces on access, costs, and quality of health services for minority populations, and assessing decisionmaking and the use of quality measures for racially diverse populations.

GOAL 3: Build capacity to perform health services research. In order to ensure that there are sufficient numbers of young researchers in the pipeline to respond to future health services research needs, AHCPR is committed to sponsoring opportunities for trainees at a variety of skill levels and to increase minority participation in the field. Capacity building is accomplished through various mechanisms. As indicated above, AHCPR awards NRSA training grants to institutions for predoctoral and postdoctoral training, and individual NRSA fellowships to applicants for postdoctoral training.

Implementation Process and Infrastructure

In October 1997, a memorandum and background materials (the DHHS AAPI Work Plan Outline, the DHHS AAPI Framework and the Agency’s Responses to the 1995 Summit) were transmitted to the AHCPR’s Office and Center (O/C) Directors to inform them of the DHHS AAPI Initiative and to solicit their participation and input for development of an Agency AAPI Work Plan. Members of AHCPR’s Minority Health Coordinating Committee (MHCC) also were contacted. The MHCC members

reviewed, discussed and collectively identified lead O/Cs to coordinate the responses to the recommendations outlined in the AAPI Work Plan.

The mechanism AHCPR has in place to coordinate the development and implementation of this Work Plan is the Agency's MHCC. The MHCC functions as AHCPR's internal steering committee on issues and activities regarding minority health. The MHCC members have coordinated their respective O/C response(s) and submitted them to the Agency's Minority Health Program staff to prepare the consolidated Agency report.

I. ACCESS TO AND UTILIZATION OF HEALTH AND HUMAN SERVICES

GOAL 1: Improve health and well being of AAPIs by increasing their access to and utilization of health and human services.

Objective 1.1: Develop strategies to eliminate the disparities and increase AAPI participation in major preventive health activities.

Agency Activities:

1. Enhance or expand the HCFA Horizons Program (or similar methodologies of partnering with community-based organizations for dissemination of health information) to target high risk populations. Target health information efforts in those areas where AAPI groups are identified as populations at high risk. Health information dissemination efforts could include: mammography, tuberculosis, flu vaccinations, etc. (HCFA)

Not Applicable to AHCPR.

2. Take steps to ensure that AAPI women are reached through the National Breast and Cervical Cancer Early Detection Program. Develop targeted strategies to ensure that AAPI women receive regular screening for breast and cervical cancers, prompt follow up if necessary, and assurance that the tests are performed in accordance with current recommendations for quality assurance. (CDC) (short term)

Not Applicable to AHCPR.

3. Ensure AAPI youth are being served by comprehensive school health programs to prevent important health problems, and to improve health and well being through increased rates of retention and completion of secondary school, particularly in the U.S. associated Pacific Island jurisdictions. In addition, efforts need to be made to reach out of school AAPI youth through other community-based, non-school sites. (HRSA) (short term)

Not applicable to AHCPR.

4. Conduct Diabetes Control Programs (DCPS) in AAPI communities in the U.S. associated Pacific Island jurisdictions, and in States which have significant numbers of AAPIs. All DCPS focus on (1) developing new, effective approaches for reducing the diabetes burden, (2) implementing specific measures to ensure the widespread application of accepted standards, and (3) coordinating the diabetes-related efforts of the health system. (CDC)

Not applicable to AHCPR.

5. Identify and develop models for screening, treatment and prevention options for AAPIs, as well as other immigrants, and ensure adequacy of immigrant and refugee medical screening requirements to evolving emerging infectious disease threats. (CDC, NIH, ORR/ACF) (long term)

Not applicable to AHCPR.

6. Increase attention to AAPI domestic violence issues in health professions training, violence prevention activities and among health care service providers. [See also Domestic Violence Initiative in the attachment]

Not applicable to AHCPR.

7. Provide continuing support for HIV/STD/TB surveillance, prevention and treatment activities targeting AAPIs in the U.S. associated Pacific Island jurisdictions and the continental U.S. (CDC, HRSA) (short term)

Not applicable to AHCPR.

8. Fund a chlamydia screening program beginning January 1, 1998, for prevention of infertility in women in the Pacific Island project area. (CDC) (short term)

Not applicable to AHCPR.

9. Conduct a full study, contingent on funding and completion of the feasibility study being conducted in the Republic of the Marshall Islands, designed to determine if potential health effects to the Marshallese from nuclear weapons testing can be studied. (CDC) (short term)

Not applicable to AHCPR.

10. Mental health and substance abuse prevention, and treatment services (SAMHSA)

- A. Identify organizations that are working with AAPI parents of youth who are at risk or in the age group of at risk youth to mobilize at the community level parents, grandparents and other caring adults to support culturally appropriate substance abuse prevention and treatment efforts.

Not applicable to AHCPR.

- B. Address the issues of access to mental health services for AAPI immigrant and refugee populations by synthesizing knowledge about culturally- and linguistically- appropriate ways to work with families experiencing trauma.

Not applicable to AHCPR.

- C. Develop and promote among AAPI populations linguistically and culturally appropriate psycho-educational audio-visual materials to increase access and utilization of mental health, substance abuse prevention and treatment services.

Not applicable to AHCPR.

- D. Ensure that programs addressing the health needs of chemically addicted or mentally ill individuals, residing in the U.S. associated Pacific Island jurisdictions are integrated into community-based primary health care systems.

Not applicable to AHCPR.

- E. Develop a plan which assesses the feasibility of and identifies needed resources for implementation of a regional training institute in the U.S. associated Pacific Islander jurisdictions that addresses long term training needs of substance abuse and mental health clinicians and counselors, while simultaneously building on existing resources.

Not applicable to AHCPR.

Objective 1.2: Designate a lead agency for ongoing assessment of AAPI access to health services and dissemination of information on effective methods to assure access to services.

Suggested Activities:

- 1. HRSA will work in collaboration with other HHS components and community partners to assure that there is in place an assessment process that on a subpopulation basis will: (long term)
 - A. Systematically assess health status and unmet need of AAPI subpopulations (long term)

Not applicable to AHCPR.

- B. Study the health care delivery systems currently in place and identify barriers to care. This will include determining the extent to which cultural competency, especially the use of language, hinders access to care and compliance with prevention and treatment plans (long term)

Not applicable to AHCPR.

- C. Develop guidelines and other material to assist service providers in delivering quality health services that meet the language and cultural needs of the target populations (long term)

Not applicable to AHCPR.

- 2. HRSA will work in collaboration with other HHS components and community partners to assure that there a process in place to identify, disseminate and promote information about effective health services delivery for AAPIs such as (ALL):
 - A. Protocols and materials developed by community-based organizations, health departments, and other organizations on the delivery of comprehensive primary care services that includes preventive, HIV/AIDS, substance abuse, mental health, and enabling services. (short term)

Not applicable to AHCPR.

- B. Best practice models and organizations that have historically served AAPI communities. These organizations can serve as mentors to assist other organizations in delivering linguistically-appropriate quality health care to members of AAPI communities (long term).

Not applicable to AHCPR.

Objective 1.3: Improve the health status of Native Hawaiians and Pacific Islanders through strategic development of effective health service system infrastructure and capacity.

Suggested Activities:

1. Incorporate the findings and strategic plan, as appropriate, from the Institute of Medicine (IOM) study on the health service system infrastructure in the Pacific Basin when the IOM report is released.
 - A. Coordinate CDC Public Health Advisor and Epidemiologist implementation activities with HRSA funded IOM Study on the Pacific Basin. (CDC, HRSA) (short term)

Not applicable to AHCPR.

2. Develop goals and strategies for reducing the disproportionately high rates of infant mortality among Native Hawaiians and Pacific Islanders (CDC, HRSA)
 - A. Conduct quantitative and qualitative research in collaboration with the Hawaii Department of Health to identify risk and protective factors for infant mortality and factors contributing to the observed disparities. (CDC) (long term)

Not applicable to AHCPR.

- B. Develop culturally appropriate and community-based intervention strategies to reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii. (CDC, HRSA) (long term)

Not applicable to AHCPR.

- C. Assess the role of maternal infectious diseases, including bacterial vaginosis, in perinatal complications among Native Hawaiians and other Pacific Islanders through the development of sentinel surveillance systems to define the burden of disease in pregnant women and incidence of complications due to infections, including maternal infections, and infant prematurity, sepsis, and low-birth-weight. (CDC, HRSA) (long term)

Not applicable to AHCPR.

- D. Develop, evaluate and integrate methods to optimize the prevention and early detection and treatment of infections in pregnant women and their newborns; explore the use of rapid diagnostic tests, including those that can be implemented in developing and underserved settings, for the detection of bacterial vaginosis and other infections linked to prematurity, infant complications and mortality. (CDC, HRSA) (long term)

Not applicable to AHCPR.

3. Enhance access to primary care services in the U.S. associated Pacific jurisdictions in collaboration with other HHS components and organizations by targeting issues on a jurisdiction- by-jurisdiction basis:

A. Develop an action plan through the HRSA Pacific Basin Workgroup process (short term)

Not applicable to AHCPR.

B. Develop the Pacific Basin Health Summit to review the Institute of Medicine Report on Health Services in the Pacific (short term)

Not applicable to AHCPR.

C. Assist American Samoa in the redesign of its primary care system (short term)

Not applicable to AHCPR.

D. In conjunction with SAMHSA, assist Pacific Basin health authorities in establishing substance abuse certification programs and the delivery of mental health and substance abuse services to assure appropriate linkage with primary health care services. (long term)

Not applicable to AHCPR.

E. In conjunction with NIH, assist the Department of Energy in the selection of an organization to deliver specialized health care services and primary care in the Republic of the Marshall Islands. (short term)

Not applicable to AHCPR.

4. Improve the health status of Native Hawaiians by strengthening the activities funded under the Native Hawaiian Health Care Act:

A. Provide technical assistance to Papa Ola Lokahi and the five Native Hawaiian Health Care Systems to improve planning, data systems, evaluation and services delivery (HRSA) (short term)

Not applicable to AHCPR.

B. Strengthen relationships between the Native Hawaiian Health Care Systems and primary care providers to assure that Native Hawaiians' access to primary care is enhanced (long term)

Not applicable to AHCPR.

C. Provide technical assistance to the Hawaii State Primary Care Association, Kamehameha Schools/ Bishop Estates, and Papa Ola Lokahi to assure the most appropriate planning, training and placement of scholars under the Native Hawaiian Health Scholarship Program. (short term)

Not applicable to AHCPR.

- D. Provide technical assistance to Papa Ola Lokahi and other organizations in the preparation and the conduct of the Native Hawaiian Health Summit. (short term)

Not applicable to AHCPR.

Objective 1.4 Develop strategies for increasing AAPI community participation in selected human service programs.

Suggested Activities:

- 1. Head Start expansion: The Administration places a high priority on expanding Head Start to the nation's low-income infant and toddlers and pre-school-age children. Identify methods to expand outreach to AAPI families to increase their participation in both Early Head Start (infants and toddlers) and Head Start for 3-5 year olds. Increase involvement of AAPI community organizations in working with grantees to identify areas of greatest need when creating new centers and to assist in outreach activities to AAPI families. (ACF) (long term)

Not applicable to AHCPR.

2. Elderly Initiatives:

- A. The Office of Refugee Resettlement (ORR) will issue \$9.5 million in grants to assist non-citizen seniors, admitted to the U.S. as refugees, to apply for citizenship and to increase cooperation between refugee serving organizations and Area Agencies on Aging. These cooperative arrangements will result in elderly refugees who are at risk of losing SSI and Food Stamps, receiving linguistically-appropriate services. The majority of refugees served in this program will be from Vietnam, Cambodia and Laos. (AoA and ACF) (short term)

Not applicable to AHCPR.

- B. Identify best program practices and effective outreach efforts to elderly in AAPI communities and disseminate through the aging network of State and Area Agencies on Aging and service providers as well as through the National Asian Pacific Center on Aging.

Not applicable to AHCPR.

- 3. Child Care Program: Outreach to AAPI communities to provide consumer education regarding child care alternatives, locating safe and affordable services and insuring the provision of culturally and linguistically appropriate care, particularly for TANF recipients. (ACF) (short term)

Not applicable to AHCPR.

- 4. Child Support: Outreach to AAPI communities to provide consumer education regarding the importance of child support, the fatherhood initiative, and child support enforcement provisions in law. (ACF) (short term)

Not applicable to AHCPR.

5. Family and Intimate Violence Program: Continue to provide support to community-based organizations including those representing racial and ethnic minority populations such as AAPIs for the designing, implementing and evaluating of primary prevention strategies to prevent intimate partner violence. Understanding the dynamics of intimate partner violence in diverse populations is essential to designing culturally competent prevention strategies and evaluating their success and replicability. (CDC)

Not applicable to AHCPR.

6. Youth Anti-violence: Continue to provide support for the evaluation of youth violence interventions that are effective in preventing and reducing aggressive and violent behavior. Future funding may be directed to community-based organizations representing racial and ethnic minority populations including community-based organizations serving AAPIs. (CDC)

Not applicable to AHCPR.

II. ASIAN AMERICAN AND PACIFIC ISLANDER DATA

GOAL 2: Increase and improve collection, analyses, and dissemination of data about AAPI populations and subpopulations.

Objective 2.1 : Increase and improve collection of data on AAPIs

Suggested Short-Term Actions:

1. The HHS Data Council has recommended the inclusion of race and ethnicity information in all HHS sponsored data collection activities, using the OMB definitions for race/ethnicity reporting. The Data Council's Working Group on Race and Ethnicity has been asked to review strategies to collect race and ethnic data and to make recommendations on overall strategy. The AAPI Departmental Working Group should work with the Data Council and its Race/Ethnicity Working Group to adopt the following recommendations.
 - Collect disaggregated data on AAPIs in HHS data collection systems whenever possible.
 - Promote analysis of AAPI data by policy analysts and researchers.

Key AHCPR Activity:

Analysis of AAPI assessments of their health care plans and services. The Consumer Assessment of Health PlanS (CAHPS) questionnaires collect data on consumer assessments of health plans. They are being used at an increasing number of sites with a variety of populations. The sample size at any one site is probably not large enough to conduct a reliable analysis of the assessment of health plans by AAPI populations and subpopulations. However, there is interest among the CAHPS grantees and the Quality Measurement Advisory Service (QMAS) to pool data collected in a standard way across sites. This pooling should yield adequate sample sizes to accommodate analysis by subpopulations including AAPI populations. There is interest intramurally in Center for Quality Measurement and Improvement to study the quality of health care received by minority populations based on their own assessments. This analysis could include AAPIs.

Lead Entity:

Center for Quality Measurement and Improvement

Time Frame:

- Develop a plan for analyzing the CAHPS data for minorities (June 1998).
- Access available data (October 1998).
- Conduct analysis, if adequate data are available (March 1999).
- Encourage other organizations to include minority populations in the CAHPS data analysis (June 1998)
- Submit results for publication (March 1999)

Measurable Outcome:

Number of published studies.

2. Under the Healthy People 2000 Initiative, several key health indicators for AAPIs could not be measured nationally, and the population's progress on many health objectives could not be tracked. OMH, Office of Disease Prevention and Health Promotion (ODPHP), and the National Center for Health Statistics (NCHS) should work together to identify the data gaps and target these data bases for expansion of AAPI data at the national level. The amount and quality of health data on AAPIs should be increased to a level that makes it possible to assess the achievement by AAPIs of Healthy People 2000 objectives. Researchers and scientists should include AAPI indicators as appropriate when designing or implementing studies. Meanwhile, in the absence of national measures on AAPIs, HHS's AAPI Working Group should encourage Healthy People 2010 managers to address AAPI issues using objectives based on non-national data.

Not applicable to AHCPR.

3. The statistical and research agencies in HHS should support and give technical assistance in oversampling AAPI subgroups in major data collection activities such as PUMS, Current Population Survey (CPS), and the National Health Interview Survey (NHIS). For example, because of immigration, there have been significant changes in AAPI residence since the 1990 Census making it difficult to develop accurate sampling frames. Use of alternative data sources should be explored including school records, INS data, and birth records. (ASPE, AHCPR)

Key AHCPR Activity:

According the Bureau of the Census, in 1994 AAPIs represented approximately 3 percent of the U.S. population. This group also tends to be highly concentrated in specific geographic areas within the U.S. (60 percent live in the West). For this reason, a survey based upon nationally representative random sample of the population is probably not the best way to gain information about this group. The very small population size, combined with specific geographic concentration, suggest that regional data collection efforts are the most efficient and effective way to gain information about this population.

Consistent with these facts, the 1996 Medical Expenditure Panel Survey (MEPS) includes a very small number of AAPI individuals (n=713). This small sample can be used to produce estimates of total health care expenditures, utilization, and insurance coverage for the overall population of AAPIs. However, the small sample size precludes subgroup analysis.

Currently, there are no resources committed for an expansion of the MEPS to oversample this population. However, even without a large expenditure of resources, some progress can be made toward providing support and technical assistance to individuals and organizations interested in collecting data on AAPI populations in the United States. Toward this end, we propose to add an AAPI fact sheet to the Center for Cost and Financing Services (CCFS) website. This fact sheet would provide basic information on the MEPS AAPI data that does exist. This information would help interested community groups and researchers determine if their questions could be answered with the available data. Additionally, the fact sheet would include the MEPS technical assistance e-mail address, where individuals can submit questions about MEPS data and its use.

Lead Entity:

Center for Cost and Financing Studies
Margaret Weigers, Ph.D.; 301-594-1406 x1461

Time Frame:

MEPS is an on-going data collection activity, as is the technical assistance program. The AAPI fact sheet addition to the CCFS website will be a new effort.

Measurable Outcome:

Release of timely and useful MEPS data, including data on AAPI populations; numbers of serviced technical support requests regarding AAPI populations, and implementation of the website changes.

Response to the 1995 AAPI National Health Summit Recommendations - Update

Recommendation

1.1 Supplement current national surveys to assure AAPI inclusion and representation in ongoing AHCPR data sets, e.g., oversampling, regional surveys on specific AAPI subpopulations, etc.

Key AHCPR Activity

The MEPS provides comprehensive information on the use and costs of health services to evaluate changes in health delivery systems in the United States. An expansion of AHCPR's MEPS to provide more detailed information on AAPI subpopulations would necessitate an expansion of MEPS to oversample this population. Currently, there are no resources committed for such an expansion. AHCPR plans to support the full data collection phase of MEPS, which will have the capacity to produce estimates of total health care expenditures, utilization, and insurance coverage for the overall population of Asian Americans and Pacific

Islanders. As part of efforts across HHS, MEPS streamlines survey efforts to improve the efficiency and effectiveness of data collection. By relying on an existing nationally representative sampling frame developed by the National Center for Health Statistics, it avoids the necessity of developing its own sample framework. MEPS links its components to the National Health Interview Survey, which enhances analytical capabilities, and builds on the strengths of the 1977 and 1987 National Medical Expenditure Surveys.

Lead Entity:

Center for Cost and Financing Studies
Margaret Weigers, Ph.D.; 301-594-1406 x1461

Time Frame:

MEPS is an ongoing data collection activity.

Measurable Outcome:

Release of timely and useful MEPS data, including data on AAPI populations.

Recommendation

1.2 Incorporate AAPI priorities and health concerns including attention to cultural and linguistic factors, especially of AAPI subpopulations for which needs are greatest, in AHCPR endorsed clinical practice guidelines.

Key AHCPR Activity:

Evidence-based Practice Centers (EPCs). AHCPR no longer sponsors the development of clinical practice guidelines. The EPC program supercedes that activity. The EPCs develop evidence reports and technology assessments on clinical topics that are common, expensive, and/or are significant to Medicare and Medicaid populations. EPCs work as “science partners” with private and public organizations in their efforts to improve the quality, effectiveness, and appropriateness of clinical practice. Evidence reports and technology assessments are based on all relevant scientific literature and may be used by private and public organizations as the basis for developing clinical guidelines, performance measures, and other quality improvement tools.

Lead Entity:

Center for Practice and Technology Assessment
Francis D. Chesley, M.D.; 301-594-4015

Time Frame:

The program started in FY 1997, and is expected to continue for the foreseeable future. It is an ongoing program, not a new program.

Measurable Outcomes:

- The number of evidence reports and technology assessments that address AAPI health concerns.
- Development of a process for disseminating information about the EPC Program to organizations interested in AAPI health to increase participation in evidence report and technology assessment topic selection.

Recommendation

1.3 Assure appropriate AAPI representation and expertise in AAPI health issues on AHCPR clinical guideline panels.

As noted in the response to recommendation 1.2, AHCPR no longer sponsors the development of clinical guidelines and does not use guideline panels. This recommendation is no longer applicable to AHCPR.

4. Statistical and research Agencies should support local studies in States, regions and communities with higher proportions of AAPIs and, within these studies, separately identify the major subcategories of AAPIs. These HHS-supported targeted studies should be conducted in such a way that they are comparable to national surveys so that they can serve as community and regional benchmarks for AAPI populations. Funding should be made available through the Minority Grant program at NCHS for doing this. CDC should use their State and Local Area Integrated Telephone Survey (SLAITS) for such studies. The AAPI DWG should identify other potential opportunities. (CDC, ASPE, AHCPR)

Although resource limitations preclude AHCPR's targeting funding to this important activity, the Agency is always willing to provide technical advice to investigators to assist them in developing competitive applications.

5. The HHS statistical and research Agencies should support more analyses of the AAPI data that they already collect and development of improved ways to analyze AAPI data. More analysis should be done aggregating AAPI data and AAPI subgroup data over several years, for example. The statistical and research Agencies should consider using these analytic techniques routinely within their existing programs in order to do planning and programming that takes into consideration AAPI population characteristics and needs and making it possible to measure progress and effectiveness. (CDC, ASPE, AHCPR)

Key AHCPR Activity:

The Medical Expenditure Panel Survey (MEPS) currently has a longitudinal over-lapping panel design. One of the advantages of this design is that researchers will be able to combine data from the 1996 and 1997 panels for all racial/ethnic groups, including AAPIs. The combined 1996/1997 MEPS sample will include approximately 1000 individuals who identify themselves as Asian Americans or Pacific Islanders. This somewhat larger sample may make it possible to include more information regarding AAPI populations in Agency publications such as findings, highlights, and chartbooks. Additionally, new website information specifically addressing the AAPI data and its use will help make researchers outside the Agency aware of this small, but high quality, source of data on AAPI populations.

Lead Entity:

Center for Cost and Financing Studies
Margaret Weigers, Ph.D.; 301-594-1406 x1461

Time Frame:

MEPS is an on-going data collection activity. The AAPI fact sheet addition to the website will be a new effort.

Measurable Outcome:

Release of timely and useful MEPS data, including data on AAPI populations; inclusion of AAPI information whenever possible in Agency publications such as findings, highlights and chartbooks; implementation of the website changes.

6. A surveillance infrastructure that addresses substance abuse in the U.S. associated Pacific Islands should be developed.

Not applicable to AHCPR.

Suggested Longer-Term Actions:

7. Promote and establish a Federal forum or clearinghouse on AAPI statistics with members from Federal statistical and research agencies. The purposes of the forum or clearinghouse include development of principles and standards for collecting data on AAPIs and subgroups, advising Federal and non-Federal researchers and community organizations on use of existing AAPI data and design of future surveys and to promote increased and improved collection of AAPI data. (OMH, NIH, NCHS, ASPE, AHCPR, SAMHSA, CDC, others) (long term)

Key AHCPR Activity:

Although limitations on Agency financial resources and staff mitigate against initiating any substantial degree of participation regarding this activity, AHCPR is willing to explore supporting a collaboration, lead by other DHHS Agencies, on the development of such a clearinghouse.

Lead Entity:

Center for Cost and Financing Studies
Margaret Weigers, Ph.D.; 301-594-1406 x1461

Time Frame:

Dependent on availability of resources and direction of lead DHHS Agency.

Measurable Outcome:

Development of a clearinghouse; the provision of technical assistance to researchers; development of data collection standards.

8. In 1992, the NCHS began to code data into the same categories used in the 1990 Census: Chinese, Japanese, Hawaiian, Filipino, Korean, Asian Indian, Vietnamese, Guamanian, Samoan, and other Asian. NCHS will continue to encourage additional States to provide vital statistics data coded into the same categories used in the 1990 Census: Chinese, Japanese, Hawaiian, Filipino, Korean, Asian Indian, Vietnamese, Guamanian, Samoan, and other Asian. (CDC). (long term)

Not applicable to AHCPR.

9. NCHS is exploring the development of a comprehensive, integrated, and flexible State survey mechanism that can provide an ongoing interviewing infrastructure through which focused or targeted surveys could be administered. This approach appears to be a more effective and efficient manner in which to collect data for subgroups of the AAPI population.(CDC) (long term)

Not applicable to AHCPR.

10. NCEH will continue to encourage States and local health departments to collect subcategorization of AAPI ethnicity data for programs and activities, such as the childhood lead poisoning prevention program and birth defects research and prevention activities. (CDC)

Not applicable to AHCPR.

Objective 2.2: Increase and improve analyses and dissemination of data on AAPIs.

Suggested Short-Term Activities:

1. State-level mortality data for the Healthy People 2000 objectives have been made available for the U.S. and for all States and the District of Columbia for the total population and for five race\ethnic groups, including Asian Americans and Pacific Islanders. Data are currently available for the data years 1991 through 1994. Data are available for the years 1991-1994 separately and for the years 1992-1994 combined. (CDC) (short-term)

Not applicable to AHCPR.

2. Expand AAPI data in Health US to include Years-of-Potential-Life-Lost rates, maternal deaths and death rates (CDC). (short-term)

Health US 1996-97 contains tables showing data for the AAPI population as a whole, and natality and infant mortality data for the subgroups of Chinese, Japanese, Filipino, and Hawaiian. Specific data for the AAPI population that were added for the first time include birth rates by maternal age, age-adjusted death rates for States, age-adjusted death rates for selected causes, and leading causes of death.

Not applicable to AHCPR.

3. Continue to present data on births and mortality in greater race detail for the AAPI population in the Monthly Vital Statistics Reports (CDC) (short term)

Not applicable to AHCPR.

4. Continue to fund additional data collection, analytic, and sampling projects designed to improve the quantity and quality of health data for the AAPI populations through the NCHS Minority Health Statistics Grants Program. (CDC) (short term)

Not applicable to AHCPR.

5. Publish a NCHS report based on the 1992-1994 National Health Interview Surveys (NHIS) and presenting data on the health status of the AAPI population as a whole and for 6 Asian American subgroups: Chinese, Filipino, Asian Indian, Japanese, Vietnamese, and Korean. (CDC) (short-term)

Not applicable to AHCPR.

6. Establish an on-going mechanism for regularly disseminating information about available public use data bases and research findings on AAPIs to national networks of community-based organizations as well as major research institutions. Use the Internet as means of providing access to health data for race and ethnic populations, and publicizing the availability of new studies. (CDC, OMH) (short term)
 - A. Disseminate information about the availability and contents of the HHS Minority Health Data Inventory to increase utilization by HHS Agencies and other community and academic researchers. Update this inventory and expand information pertinent to AAPIs including information about AAPI sample sizes. (OMH, ASPE) (short term)

Not applicable to AHCPR.

7. OMH/OPHS should review the HHS Data Council summary of recommended actions to assess whether AAPI data issues identified in 1995 and 1996 conference recommendations are addressed. (Short term)

Not applicable to AHCPR.

III. RESEARCH ON ASIAN AMERICAN AND PACIFIC ISLANDER HEALTH

GOAL 3: Increase the number of funded research projects and programs targeted towards AAPIs.

Objective 3.1: Conduct analyses of the major health and mental health problems facing the AAPI communities.

Objective 3.2: Evaluate the impact of major health and human services changes, including welfare reform and coverage of uninsured children, on the access to care and services of the AAPI populations.

Objective 3.3: Develop a research agenda and solicit research proposals to increase clinical research and health care utilization information needed to reduce gaps in knowledge about AAPIs.

Objective 3.4: Include AAPIs in ongoing crosscutting research on health and human services issues, in developing new survey instruments, and by involving researchers familiar with AAPI issues in review groups and advisory panels.

Suggested Activities:

1. Develop a summary analysis of the major health and mental health problems facing AAPIs including subgroups of AAPIs, including those contained in the recommendations from the 1995 National Health Summit of AAPI Health Organizational Leaders. (OMH, CDC, others)

Not applicable to AHCPR.

2. Conduct an analysis of the impact of changes underway at the national, state and local levels, in health care organization and financing, and other areas that impact health status and access to services (e.g. insurance coverage, welfare reform, managed care, linguistic and cultural barriers). These analyses can be done in the short term using data systems that currently collect disaggregated information on AAPI subgroups, such as NHIS, selected Behavioral Risk Factor Survey (BRFSS) and other data systems. For data systems with small numbers of AAPIs or AAPI subgroups, data from multiple years can be combined for analysis (OPHS, SAMHSA, HCFA, ASPE and AHCPR) (short term).

Key AHCPR Activity:

The Center for Organization and Delivery Studies (CODS) manages the Health Care Cost and Utilization Project (HCUP-3), a Federal-State-private partnership to create a national information resource of hospital inpatient and outpatient data. The data base provides information for health services research on cost, quality and access to health care programs. In addition, it can be used to study changes in State and Federal health care reform initiatives and changes in delivery systems. The data do include information on race and ethnicity and has a separate code for persons of Asian American or Pacific Islander background, although this is not available for all participating states. Consequently, it allows analyses of differential access to care for AAPIs, as well as differences in utilization of health care and state to state variations, among the many topics that can be researched. CODS staff manage grants and engage in research related to the organization and delivery of health care. CODS staff encourage researchers interested in AAPI health to use HCUP data and submit proposals to AHCPR investigator-initiated grants programs in which CODS participates.

Lead Entity:

Center for Organization and Delivery Studies
Judy Ball, Ph.D.; 301-594-1410

Time Frame:

National data are for years 1988-1994. This project is funded through FY1998.

Measurable Outcome:

For this initiative program success is measured by the number of research projects that use the HCUP data to study health issues of concern to AAPIs.

3. Develop a research agenda that increases clinical research and health care utilization information needed to reduce gaps in knowledge about AAPIs. (AHCPR, NIH, CDC) (long term).

Key AHCPR Activity:

AHCPR awarded a small conference grant to the Association of American Medical Colleges which conducted a conference in FY 1997 on health services research issues for minority populations. Conference research topics included organization and financing, access, quality, and training, all within the context of a larger comprehensive agenda based on the health services research needs and priorities of minority populations. Conference findings are expected to identify priority areas for future research activities.

Lead Entity:

Minority Health Program

Morgan N. Jackson, M.D., M.P.H.; 301-594-1455 x1039

Time Frame:

October - December 1998

Measurable Outcome:

Release of conference findings regarding health services research for minority populations; identification of priority areas for AAPI populations.

4. Solicit research proposals for highest priority areas identified in the research agenda. (CDC, ASPE, NIH, AHCPR) (short term)

Key AHCPR Activity:

Program Announcements and requests for applications (RFAs) will announce opportunities to study health services research (HSR) among AAPIs. Announcements will be sent to investigators, particularly AAPIs, who have published HSR on AAPIs as well as health institutions/providers which provide health services in locales having large AAPI populations. All AHCPR Program Staff will be advised to look at the inclusion of minority population data in all grants in their portfolios involving human subjects, and inform the Minority Health Program of current health services research being conducted and new opportunities among AAPIs.

Lead Office:

Office of Scientific Affairs

Time Frame:

All of the initiatives are new AAPI activities and are expected to continue in the foreseeable future.

Measurable Outcomes:

Extent of AAPI participation, both as investigators as well as inclusion as study populations, in AHCPR's research portfolios.

5. Ensure that AAPIs and specific subpopulations are included in clinical research and health surveys which track the impact of policy changes (e.g., restrictions on access to preventive services to new immigrants, cuts in the nutrition program - especially food stamps, welfare to work, job training and life time limits), particularly on immigrants and populations with limited English proficiency. (NIH, ASPE, AHCPR) (long term)

Key AHCPR Activity:

Extend projects under the Quality RFA to include AAPI populations and subpopulations. The Quality RFA projects provide a timely opportunity to include analyses of quality health care issues for AAPI populations and subpopulations. Explore extending funded studies to include minority populations, including AAPIs. The possibility of including minority populations without adding additional funds would be explored with investigators. Grantees will also be encouraged to submit an application for a minority supplement.

Lead Entity:

Center for Quality Measurement and Improvement

Time Frame:

July 1998 - September 1998.

Measurable Outcome:

Number of grants extended to include AAPI populations.

Key AHCPR Activity:

The Center for Primary Care Research (CPCR) staff regularly interact with grantees, potential grantees and applicants on an ongoing basis around Primary Care Research issues. One of the mechanisms used is concept paper reviews conducted by CPCR staff. Technical Assistance to the applicant takes the form of feedback correspondence to the writer. It is at this point that CPCR staff can provide encouragement to researchers to include in the research focus of their project, as appropriate, minority (AAPIs and others) populations. Examination of Primary Care issues such as: use of Advanced Directives by minority populations; examination of care-seeking patterns of various minority population, etc., are potential areas of inquiry to be encouraged.

Lead Entity:

Center for Primary Care Research

Time Frame:

This type of activity is ongoing.

Measurable Outcome:

Increase the inclusion of minority populations in the primary care research proposals and approved grants.

6. Involve researchers and reviewers familiar with AAPI issues in ongoing research activities such as study sections and councils. (NIH, ASPE, AHCPR, CDC). (short term)

Key AHCPR Activity:

The Deputy Director, Office of Scientific Affairs, will monitor inclusion of AAPIs on study sections and council. The Scientific Review Administrators and the council coordinator will be informed of potential underrepresentation and requested to recruit qualified AAPIs. Agency staff will identify projects being conducted by AAPI health services research investigators.

Lead Entity:

Office of Scientific Affairs

Time Frame:

Ongoing

Measurable Outcome:

Participation of AAPIs on study sections and council.

7. Identify (or create if necessary) and ensure implementation of strategies and mechanisms which ensure cultural sensitivity and community participation in all phases of research projects and identify lessons learned through existing academic community partnerships and research projects on AAPIs. (NIH, AHCPR, CDC) (long term)

Key AHCPR Activity:

The Agency has had two recent grants in this area, one of which is ongoing. A small grant (9/93-12/94) assessed patterns of primary care health services utilization among AAPIs and determined factors affecting patterns of utilization by less settled and disadvantaged Asian Pacific Islanders.

A second project, the UCLA/VA/RAND MEDTEP Outcomes Research Center for AAPIs, is designed to perform research, provide technical assistance, and disseminate health information on medically effective, high quality health care for AAPIs. Its goals are also to develop a cohort of researchers who are sensitive

to the needs of AAPIs with respect to community-based research and to help community leaders understand more about the needs of researchers with respect to ethnically sensitive, methodologically sound research. The Center's specific studies include determinants of physical activity in elderly Japanese Americans, end of life decision making for Japanese Americans, cultural adaptation of self-report instruments for Asians and Pacific Islanders and understanding antepartum characteristics including acculturation and postpartum outcomes for Asian American and Pacific Islander women.

Lead Entity:

Center for Outcomes and Effectiveness Research
Heddy Hubbard, R.N., M.P.H.; 301-594-1485 x1195

Time Frame:

The program started in 9/92 and is expected to end 8/98. This is an ongoing program.

Measurable Outcome:

Because of the wide ranging activities of the center, success can be measured in a number of ways. The center has published 7 articles with more anticipated. A number of presentations have been made at regional and national meetings. Three individuals completed their pre- and post-doctoral training under the program and 39 students enrolled in an undergraduate course. Technical assistance has been provided to a number of individuals and organizations including community centers serving elderly Japanese-Americans and Vietnamese-Americans. Information from a number of studies has been disseminated to participating organization through the MEDTEP newsletter and articles in community newsletters. A number of members of the MEDTEP Center's advisory board are community representatives. Finally, a parallel organization (the Asian Pacific International Health Research Institute) has been developed to continue the MEDTEP center's mission of research and service when the grant ends next year.

Response to the 1995 AAPI National Health Summit Recommendations - Update

Recommendation

- 1.4 Support the ongoing development of current MEDTEP Centers focused on AAPI medical treatment outcomes.

See item # 7 above.

Response to the 1995 AAPI National Health Summit Recommendations - Update

Recommendation

- 1.5 Investigate and evaluate policy options for more cost-effective organization and the delivery of health care appropriate to the unique geographic, cultural, and socioeconomic factors in these U.S.-associated Pacific Island jurisdictions.

Key AHCPR Activity:

AHCPR analyzes health policy issues of regional significance and supports special projects or studies to inform health policy. Although AHCPR acknowledges the importance of addressing cost effectiveness and delivery of health care to these unique populations, budgetary limitations have precluded funding all research projects which have been identified as important. Currently, the Agency is reviewing its grant portfolio with the intention of assuring an adequate balance in a range of issue areas. Although applications have not been received for research projects in this area, the Agency would be interested in receiving grant applications to address these issues.

Lead Entity:

Center for Outcomes and Effectiveness Research

Time Frame:

Ongoing

Measurable Outcome:

Receipt of fundable applications.

8. Encourage effective working relationships between community-based organizations and the research community. This will strengthen participation of AAPI communities in research efforts, and encourage entry of AAPIs into community-based research careers. (NIH, AHCPR, CDC) (long term)

Key AHCPR Activity:

AHCPR will explore collaboration with other DHHS research agencies in accomplishing this objective.

Lead Entity:

Minority Health Program
Morgan N. Jackson, M.D., M.P.H.; 301-594-1455 x1039

Time Frame:

This will be a new activity for AHCPR, and will be an ongoing effort.

Measurable Outcome:

Number of research projects (applications and funded grants) on which community-based organizations and academic centers collaborate.

9. Encourage researchers, physicians and scientists to include AAPI indicators when designing or implementing studies.

Not applicable to AHCPR.

IV. TRAINING

GOAL 4: Increase outreach to and participation of AAPIs in HHS or HHS sponsored training programs

Objective 4.1: Expand participation of underrepresented AAPI sub-populations in HHS training programs.

Objective 4.2: Develop specific outreach strategies for AAPIs for training programs in health profession and research areas where AAPIs are underrepresented.

Objective 4.3: Increase availability of training opportunities that encourage researchers and health professionals to address health issues of AAPI communities.

Suggested Activities:

1. Review the health professions training programs in HRSA and minority researcher training programs for barriers to participation of underrepresented AAPI sub-populations (e.g. Pacific Islanders, Southeast Asians) and develop plans to remove identified barriers (HRSA, SAMHSA, NIH, AHCPR).
- A. Assess impact of legislative requirements that limit participation in some scholarship/loan repayment programs to U.S. citizens
 - A.1 Assess barriers to increasing AAPI representation in training programs for physicians, clinical psychologists, nurse practitioners, physician assistants and nurse midwives.
 - A.2 Assess cultural barriers that might limit utilization of clinicians who are not physicians.

Key AHCPR Activity:

A barrier is the uncertainty of representation of AAPI subpopulations involved in training programs. This barrier will be removed by obtaining data on AAPI subpopulations among trainees. Recruiting efforts will be targeted to remove barriers (announce interest in receiving applications from underrepresented AAPI subpopulations; recruitment efforts at academic institutions attended by underrepresented AAPIs), and collaborate with other DHHS Agencies in providing technical assistance conferences regarding health services research for minority investigators. Assisting minority investigators in successfully competing for awards will support capacity building among minority health services researchers.

Lead Entity:

Office of Scientific Affairs

Time Frame:

New and ongoing.

Measurable Outcome:

The number of AAPIs and their subpopulation of origin among AHCPR-supported trainees.

2. Identify areas and create opportunities for training and academic-community partnerships in community-based research on AAPI populations (NIH, AHCPR, HRSA).
 - A. Explore possibility of revising data collection instruments to obtain more thorough information on the needs of the subpopulations in the AAPI category

Key AHCPR Activity:

AHCPR staff will identify geographic areas having large AAPI populations. These AAPI populations will be targeted for research opportunities (identify prevalence of diseases, determine health services availability, monitor treatment outcomes, etc.). Academic institutions in these areas will be targeted to induce underrepresented AAPIs to submit training applications. Staff will work to enhance relationships with minority lay and health professions organizations, and community-based organizations in order to improve dissemination of research findings. The Medical Treatment Effectiveness Program (MEDTEP) Research Center for AAPI, located at UCLA, which conducts training of AAPI and other minority investigators in outcomes research, may facilitate this collaboration.

Lead Entity:

Office of Scientific Affairs

Time Frame:

All are new AAPI activities and are expected to be ongoing.

Measurable Outcome:

Number of funded research project grants, conference grants, and training grants (including trainees) awarded to AAPIs.

- B. Work with community organizations to assess the distribution and needs of subpopulations and assess the distribution of clinicians.

Not applicable to AHCPR.

3. Identify ways to increase the number of AAPIs in primary care professions to address the increasing demand for primary health care services and providers that are appropriate for the cultural and linguistic needs of this population (HRSA). Examine how existing programs can:
 - A. Increase the number of culturally- and linguistically-competent clinicians for AAPI populations in community-based organizations such as community health centers, Native Hawaiian Health Systems

and other access points. (For example, the Community Scholarship Program, the State Loan Repayment Programs, the Native Hawaiian Scholarship Program)

Not applicable to AHCPR.

4. Publicize HHS fellowship, internship and other training programs and actively recruit racial/ethnic minority candidates, including AAPIs (all).

Key AHCPR Activity:

1. National Research Service Awards for Health Services Research Training Programs and Individual Postdoctoral Fellowship Awards. These programs are designed to provide didactic and experiential training activities for persons interested in pursuing careers in health services research. The training program guidelines include the development and implementation of detailed recruitment plans for minority students, including AAPIs.
2. AHCPR Dissertation Research Program. This program is designed to provide support to graduate students who are in the process of doing their dissertation research. The grant program allows for up to 17 months of dissertation support. Minority students, including AAPIs, are strongly encouraged to apply.
3. Minority Supplements Program. This program is designed to enhance the knowledge base regarding issues of concern to minority populations, and increase training opportunities for researchers. Investigators who have two years remaining on a grant awarded by AHCPR may apply for supplemental funds to provide a training experience in health services research to a minority researcher, or to investigate an aspect of the parent grant relating to minority populations.

Lead Entity:

Office of Scientific Affairs
Karen Rudzinski, Ph.D.; 301-594-1452 x1610

Time Frame:

The programs are ongoing, and are expected to continue.

Measurable Outcome:

For these activities, program success will be measured by the number of AAPIs: recruited by our training programs; applying for and receiving dissertation grants; and applying for and receiving individual postdoctoral fellowships. In order to enhance applications received by AAPIs, attempts to more widely publicize the availability of such training programs will continue. To date a brochure to stimulate interest in the programs among minority students has been published and made available on the web. Training programs will be encouraged to attempt to recruit students from academic institutions with large numbers of AAPI students, and to share with each other at national meetings, effective strategies for recruitment of

minority students. New announcements of AHCPR training opportunities will be developed and disseminated more widely to institutions with large AAPI student bodies, and AHCPR's research dissemination staff will enhance working relationships with minority lay and health professional organizations, as well as community-based organizations, in order to improve dissemination of research findings and training opportunities.

Response to the 1995 AAPI National Health Summit Recommendations - Update

Recommendation

1.8 Assure adequate AAPI representation on AHCPR study sections.

Key AHCPR Activity:

AHCPR staff will continue to invite AAPIs to serve not only on standing study sections, but also on all review committees. Scientific Review Administrators (SRAs) will be informed of the importance of including AAPIs when organizing review committees.

Lead Entity:

Office of Scientific Affairs

Time Frame:

Ongoing

Measurable Outcome:

Number of Asian Americans or Pacific Islanders serving on standing study sections and review committees.

Response to the 1995 AAPI National Health Summit Recommendations - Update

Recommendation

1.9 Examine current level of AAPI participation in AHCPR training programs and recruit trainees from underrepresented AAPI groups for AHCPR-sponsored training programs.

Key AHCPR Activity:

The Training Program will obtain data on the representation of various subpopulations among its AAPI trainees. Program Announcements for NRSA institutional grants and fellowships and Minority Supplements will include language encouraging submission of applications from underrepresented AAPI trainees and support the recruitment of trainees by institutions. The Minority Health Program will encourage recruitment of underrepresented AAPI subpopulations.

Lead Entity:

Office of Scientific Affairs
Karen Rudzinski, Ph.D.; 301-594-1452 x1610

Time Frame:

Ongoing

Measurable Outcome:

Information on trainees regarding their country or Pacific Island of origin, as well as their subpopulation, as available.

V. WORKFORCE AND PARTICIPATION IN HHS OPERATIONS

GOAL 5: Ensure that issues affecting underserved AAPI populations are addressed through representation in the HHS work force and participation in HHS operations.

- Objective 5.1: Increase the representation of AAPI employees on advisory boards, strategic planning committees, and task forces**
- Objective 5.2: Partner with AAPI national and local research and policy organizations to identify external AAPI community representatives to participate in HHS grant programs and other internal/external activities.**
- Objective 5.3: Provide technical assistance to AAPI community organizations on HHS programs and activities, to increase both these organizations' knowledge base and capacity to participate, and HHS program staff awareness of AAPI health and human services issues.**
- Objective 5.4: Develop strategies for increasing recruitment of senior level AAPIs to SES and other line positions in HHS agencies.**

Suggested activities:

1. Involve AAPIs in ongoing program planning activities of HHS through AAPI representation in, for example, advisory boards, task forces, and strategic planning committees. A data base pool of appropriate individuals to show as such representatives would be useful in increasing involvement. Outreach procedures and activities designed to increase the pool of AAPI candidates for these positions will be developed.

Key AHCPH Activity:

Within the next several months, there will be a number of vacant seats on AHCPH's National Advisory Council. While none of these vacancies may be "set aside" for any particular person/group/population, in filling these vacancies, there should be sensitivity to ethnodiversity.

In seeking nominations for vacancies, AHCPH will take advantage of resources and knowledge of both AHCPH and Department resources to help identify health organizations representing diverse populations

who can help spread the word about the vacancies to their members and constituents. Additionally, staff resources will use tools, such as the internet, to assist in this process of identifying organizations.

Lead Entity:

Office of Policy Analysis

Time Frame:

FY 1998 and ongoing

Measurable Outcome:

- Identify organizations whose mission is addressing health care issues related to AAPI populations to inform them of vacancies on, and invite submission of candidates for, AHCPR's National Advisory Council.
- Seek the nominations of individuals whose credentials otherwise qualify them for potential candidacy to the National Advisory Council whose background or research foci demonstrate a knowledge of AAPI issues.

Response to the 1995 AAPI National Health Summit Recommendations - Update

Recommendation

- 1.7 Foster partnerships between AAPI community members and professionals in the conduct of AHCPR-funded research.

Key AHCPR Activity:

These partnerships are an important priority to AHCPR in developing the knowledge base of health services research issues affecting Asian-American and Pacific-Islander populations. AHCPR supports conferences on issues relevant to health services research through its Small Conference Grant Program. This mechanism would allow Asian-American and Pacific-Islander community members and professionals to convene meetings to develop strategies for conducting health services research. AHCPR looks forward to encouraging such research partnerships by providing technical assistance to assist in developing these new opportunities.

Lead Entity:

Center for Quality Measurement and Improvement

Time Frame:

Continuing

Measurable Outcome:

Number of announcements/RFAs offering encouragement to minority applicants/issues, and number of letters of inquiry for small conference grants from minority groups.

2. Involve AAPIs in ongoing policy development activities of HHS through AAPI representation in, for example, advisory boards, grant review panels, and peer review boards. Outreach procedures and activities designed to increase the pool of AAPI candidates for these positions will be developed. AAPI representation should include, where feasible, senior citizens and university/college students, and AAPIs with disabilities.

Key AHCPR Activity:

See responses to Section III.6 (page 23) and Section V.1 (page 32)

3. Improve capacity of AAPI community-based organizations to participate in HHS grant programs through partnerships with and increased involvement of AAPI national and local research and policy organizations.

Not applicable to AHCPR.

4. Develop HHS-wide mechanisms to provide technical assistance to community-based organizations, evaluate effective strategies for serving AAPIs, identify best practices and disseminate information about HHS programs, services and funding opportunities.

Key AHCPR Activity:

The provision of technical assistance is critical to the success of organizations in applying for grants from AHCPR. The Minority Health Program will endeavor to facilitate communication between interested community-based organizations and technical experts on the staff of AHCPR.

Lead Entity:

Minority Health Program
Morgan N. Jackson, M.D., M.P.H.; 301-594-1455 x1039

Time Frame:

Information Dissemination is an ongoing activity. Although the provision of technical assistance is an ongoing activity, a focus on community-based organizations will represent a new direction.

Measurable Outcome:

Number of organizations contacted for distribution of information; receipt of technical assistance.

5. Consult with AAPI government professional organizations such as the Asian American Government Executives Network to do the following:

- A. Identify barriers to AAPI outreach and recruitment to SES and front line positions, and political appointments in HHS.

Key Agency Activity:

The Assistant Administrator for Equal Opportunity, Immediate Office of the Administrator (EEO/IOA) identifies barriers to minority employment and outreach efforts to enhance minority employment in AHCPR. The Human Resources Management Staff (HRMS) administers the AHCPR Delegated Examining Unit (DEU) and AHCPR merit staffing program under which AHCPR advertises vacancies, including SES vacancies, receives and processes applications for employment, and refers applicants for employment consideration. EEO/IOA and HRMS/OM will develop a list of AAPI recruitment sources and mailing lists to which vacancy announcements for all positions, including SES positions, will be sent to attract AAPI applicants.

Lead Entity:

Assistant Administrator for Equal Opportunity, Immediate Office of the Administrator
Linda Reeves; 301-594-6665

Chief, Human Resources Management Staff, Office of Management
Ernest Tucker; 301-594-2408

Time Frame:

To be completed by June 1998.

Measurable Outcome:

Increased AAPI representation in applicant pools for vacancy announcements as reflected by the Race and National Origin identification forms submitted by applicants.

- B. Develop outreach and recruitment activities to increase the pool of AAPIs considered for SES positions and political appointments in HHS.

See item A above.

6. Determine if outreach and recruitment efforts are warranted to increase AAPI representation in key "front-line" positions such as regional office staff that work most directly with AAPI communities.

Not applicable to AHCPR.

VI. CROSS CUTTING COLLABORATION TO ENHANCE HHS CUSTOMER SERVICE TO AAPIs

GOAL 6: Enhance HHS capacity to serve Asian American and Pacific Islander customers.

Objective 6.1: Improve collaboration within the Department to increase coordinated approaches to meeting AAPI customer needs.

Objective 6.2: Ensure that HHS programs and initiatives meet the needs of AAPIs by strengthening partnerships with AAPI community organizations.

Suggested Activities:

1. Identify all current Departmental Initiatives and request review and comments from each Initiative coordinator on the Work Plan. (Short term - **see attachment**) Ensure that all HHS Initiatives include and address issues specific to AAPI communities. (long term)

Key AHCPR Activity:

Medicare Managed Care — HCFA will be administering Medicare Managed Care CAHPS to a sample of 129,000 Medicare Beneficiaries and then reporting the results to other beneficiaries who are choosing a health plan in 1998. This large sample size affords an opportunity to assess the quality of health care received by AAPI Medicare beneficiaries.

Lead Entity:

Center for Quality Measurement and Improvement

Time Frame:

- Develop a plan in collaboration with HCFA to conduct analyses of the CAHPS data for AAPI beneficiaries. (July 1998)
- Conduct the analyses (December 1998)
- Submit for publication (July 1999)

Measurable Outcome:

Number of studies published.

2. Each HHS division/program should seek to enact standards of competence for agencies and providers who deliver services to AAPI populations and to ensure that linguistically-isolated individuals can be identified and served effectively. Collaboration among OPDIVS and STAFFDIVS may be the most efficient means of developing a common set of principles or standards for service providers. Such standards for service delivery and community involvement should be incorporated where appropriate in published criteria for guidance to States, and other federally funded programs, as well as in published criteria for program announcements and/or requests for proposals. (ALL) (long term)

Not applicable to AHCPR.

3. Each HHS division program should identify selected behavioral, educational, service, environmental or research issues that are critical to AAPI populations or have great potential to be miscommunicated or not communicated at all to AAPI populations, and organize appropriate outreach or educational efforts. Activities that support outreach on these sentinel or target issues should include use of ethnic media; development of consumer publications, posters, videos or related items; including images of AAPI people in broad public outreach efforts to the general populace; or promotions organized by and with

community-based organizations. Efforts should also ensure accessibility to information by AAPIs affected by disabilities that impact communications.

A. Sample activities proposed by HHS Operating Divisions include:

A.1 Translation of the Medicare Beneficiary Advisory Bulletin entitled “What Medicare Beneficiaries Need To Know About Health Maintenance Organization (HMO) Arrangements: Know Your Rights,” into AAPI languages. (OIG, HCFA) (long term)

A.2 Create an “Anti-Patient Dumping,” brochure and translate into AAPI languages (OIG) (long term)

Key AHCPR Activity:

Identify AHCPR health-related information that could be of interest to AAPI populations. Translate information into the following languages — Chinese, Korean, Laotian, Korean, and Tagalog. Translation materials primarily have focused on consumer brochures. Other possible activities could include the development of culturally appropriate and sensitive posters to relay messages and producing short-segment video or audio pieces with consumers and medical professionals that reflect the population.

Lead Entity:

Center for Health Information Dissemination
Harriett V. Bennett, Public Affairs Specialist; 301-594-1364, ext. 1371

Time Frame:

AHCPR has already translated several consumer products, most of which are guideline-related. The focus has expanded to include other consumer-related issues. This is an ongoing program, not a new one.

Measurable Outcome:

Loosely defined, the number of consumer products disseminated as a result of outreach efforts. Additionally, the comprehensiveness as judged by consumers of the translated products.

4. Each HHS division/program should review past and present collaborations with AAPI service organizations or facilities serving AAPI communities to identify “Best Practices,” in implementing linguistically-appropriate health education, prevention and treatment modalities and service delivery, and develop methods of disseminating this information broadly among other HHS agencies and HHS partners, such as the National Governor’s Association, the American Public Welfare Association, the Association of Maternal and Child Health Programs, the Association of State and Territorial Health Officers, and the National Association of City and County Health Officials. Among others, best practices include health centers that are community-wide, programs that have unique expertise delivering care to populations such as the homeless, people with mental illness, people living with HIV, and health departments. (OMH, HRSA, ASPE, SAMHSA, CDC) (long term)

Not applicable to AHCPR.

5. Periodically review HHS policy guidance for Federally-funded providers to address the needs of individuals with Limited English Proficiency (LEP) and determine whether it is sufficient to reduce barriers to access to HHS services for AAPI populations. (OCR lead) (long term)

Not applicable to AHCPR.

6. Each HHS division/program should identify opportunities to research customer needs and customer satisfaction with services delivered to AAPI communities and clients. Divisions and programs should seek opportunities to (1) solicit advice from AAPI community groups, and (2) involve AAPI communities in materials development and decision making on customer service strategies and improvements. (ALL)

Key AHCPR Activity:

Develop outreach/connection to various contacts in AAPI communities. Include some level of focus group testing for products under development. Involve consumers, medical/professional groups and community leaders.

Lead Entity:

Center for Health Information Dissemination
Harriett V. Bennett, Public Affairs Specialist, 301-594-1364, ext. 1371

Time Frame:

Some outreach activity is ongoing. Other areas will be enhanced, especially regarding medical/professional groups.

Measurable Outcome:

Increased usage of materials as a result of buy-in from key groups.

7. Strengthen partnerships with AAPI communities and service providers on HHS-related issues in the long term, through strategies such as:
 - A. Regional meetings to address differing needs and issues of AAPIs in urban and rural areas, and in States with high concentrations of AAPIs and with smaller, isolated clusters of AAPIs (OCR lead, all) (short term)

Not applicable to AHCPR.

- B. Sponsor invitational meetings to engage AAPI community health leaders, customers and researchers in dialogue about the AAPI Initiative, the work plan, and where applicable, implementation activities to respond to the recommendations that were a product of two national conferences. An invitational meeting is being planned by HRSA in December of 1997 involving issues such as access to safety net providers, HRSA grant programs, and health professions training. (short term)

Not applicable to AHCPR.

C. Include workshops or presentations on AAPI needs and on barriers within AAPI communities to accessing necessary and appropriate health care services during AAPI Heritage Month (May).

Not applicable to AHCPR.

ATTACHMENT

DEPARTMENTAL INITIATIVES

Welfare to Work:

There is great emphasis on showcasing ‘exemplary’ programs. The criteria for determining which programs are exemplary should include appropriate participation by minority groups, including AAPIs.

Assessment of costs and considerations of whether ‘proper resources’ are available should account for the need for and cost of language workshops, etc., where appropriate.

‘Business friendly’ initiatives could include efforts to reach out to concentrated AAPI business districts (e.g. Chinatowns), or more widely dispersed AAPI stores and other small businesses.

Efforts to serve AAPI communities in child care and ‘traditional’ anti-domestic violence prevention programs should address cultural barriers which may impact the availability, accessibility, and utilization of existing programs and facilities, and action to remove these barriers and strengthen alternative support systems should be taken.

In addition to the effort to enforce child support orders, there should be assistance for women when filing for child support in the first place; some may not be familiar with the legal system and processes.

Take advantage of the prevalence of multi generational homes in immigrant communities, including AAPI homes, and target these groups when promoting such intra-family support.

The special sites used for ‘intense’ evaluation should be ethnically diverse and reflect the welfare population. This way, both failure and success can be measured in an inclusive manner.

Health Care Quality:

Ensure publicity/information campaigns effectively reach AAPIs.

Ensure Federal health care programs purchase services from plans and providers that serve AAPIs and that provide services in a non-discriminatory manner. Encourage those systems that government entities purchase services from to develop their own outreach and sensitivity programs.

When determining the ‘leading quality indicators,’ consider equity - equal access, equal quality, and equal rates of improvement.

Ensure consumer materials and information services are provided in multiple languages.

Ensure research focus groups and surveys include AAPI participants.

Identify care systems and providers whose service areas include large numbers of AAPI, and whose services are preferred or are more accessible to AAPIs. Determine relative quality of services and treat-

ment under those programs and providers. Target those preferred and accessible service providers for further quality improvement and work to create similar accessibility of other service providers so AAPIs enjoy general market choice, leading to greater competition for their patronage and consequently superior service.

Partnerships with professional, consumer, community, and other associations should include the relevant AAPI organizations.

Utilize media from which AAPIs obtain their information.

Work with State purchasers, especially in those States in which there are a relatively high percentage of AAPIs (e.g. California, New York) to target the health care quality of their minority constituencies.

Ensure quality improvement and monitoring training is provided to those who most frequently serve AAPI communities.

Identify trends in AAPI use of long-term, community-based, and hospice care. Determine causes behind trends and increase access and information about those that they do not fully utilize. Improve their treatment under those systems on which they rely most.

Children's Health Care:

Determine and evaluate status of children's health insurance among AAPIs. Determine particular reasons for differences.

Develop strategies to outreach to Medicaid eligible AAPI children.

Study community-based systems of care in AAPI communities.

Include representatives from the AAPI health care community on the Intra-Departmental Coordinating Committee on Children's Health

Recruit AAPI participation in relevant programs (e.g. Starting Early, Starting Smart; Healthy Schools/Healthy Communities; Emergency Medical Services for Children; Interagency Committee on school health). Monitor whether participation is proportional to representation in target population.

Overarching preventive care and public health services plans and agenda should take into consideration AAPI communities' greatest needs.

Include AAPI organizations in list of those with which HCFA intends to build partnerships, especially under categories of churches, business community organizations, advocacy groups, youth related groups, and associations.

Ensure Primary Care, school and local Health Centers are located in areas accessible to AAPIs and are known to be open to them.

Address cultural barriers to AAPI use of existing and new health care resources and programs for children and youth.

Address the particular abuse prevention and child developmental needs of various minority communities.

Youth Anti-Violence: Work with HHS's Anti-violence initiatives to highlight youth violence problems in AAPI communities, to conduct outreach to AAPI community groups to inform them about violence prevention activities and to involve them in the development and implementation of violence prevention efforts.

Tobacco-Free Kids:

Step up enforcement in AAPI communities, in AAPI businesses.

Regulations promoted should address (and obstruct) the means, if different from other ethnic groups, by which AAPIs get 'hooked.' For example, social norms and pressures may be culturally distinct.

If tobacco products other than cigarettes are used in AAPI communities, they should be targeted for regulation as well.

Research should include AAPIs: Statistics should be broken down so ethnic community-specific trends can be identified, etc. AAPIs should participate in focus groups, interviews, and other means by which the tobacco problem is studied.

Counter-advertising campaigns should target the communities where cigarette ads are most prevalent - i.e. low-income, minority communities.

Healthy Start:

Determine special health and social support services most used by AAPI communities. Determine whether sociological or institutional reasons explain any significant differences. Establish action plans to address either difference. Increase accessibility to other systems of support if institutional obstacles are responsible.

Determine infant mortality rates for AAPIs and if higher than that of the general population, develop program to address the causes.

Childhood Immunization:

Determine the AAPI immunization rates and their rate of change; compare to those of other minorities and the general population.

Since State and local agencies will have broad discretion in the administration of these immunization programs, issue Federal guidelines, at least to areas with many minorities, on how programs can outreach and be culturally sensitive toward AAPI communities.

Recruitment of providers for enrollment in the Vaccines for Children Program should target those providers who most effectively serve diverse populations, including AAPIs.

Partnerships and coalitions involving local organizations should include those that represent or work with AAPI communities.

Toll-free information services should either have service representatives who speak dominant AAPI languages or who can provide personalized assistance or referral. Design and distribute ads that can be understood by and are effective for AAPIs.

Enrollment in WIC should reflect AAPI representation in target population.

Evaluate what services are most used by AAPIs and make immunization information available at those sites.

Requirements that children using federal child care assistance receive immunization may not reach children who are cared for under informal community networks, as often the case in AAPI communities, as well as other immigrant groups. Search for alternative outreach that takes advantage of the need for child care.

Teenage Pregnancy Prevention:

The National Strategy to Prevent Teen Pregnancy should incorporate outreach to AAPIs into all aspects of this initiative.

Second Chance Homes should be located in places accessible to AAPIs.

Include communities with AAPIs in programs such as Community Coalition Partnership program, Adolescent Family Life Program, Independent Living Program, Community Schools Program, Runaway and Homeless Youth Programs, Drug Treatment and Prevention Programs, and Young Men/Family Planning Partnership Training Program.

Evaluate AAPI data on teenage pregnancy and runaways and study source and consequences of differences. Work with established teenage pregnancy prevention and adolescent reproductive health programs working with AAPI communities, e.g., those in Washington and California.

Girl Power!

Provide Girl Power! Hometown Kits to AAPI community organizations.

Include AAPI community organizations in Girl Power! partnerships.

Continue involving “girls from a wide range of cultures and backgrounds” in focus groups, interviews, and other research activities.

Adoption Initiative:

Include AAPIs in minority parent recruitment (at least proportional to AAPI children awaiting adoption or permanent placement).

Aggressively enforce anti-discrimination laws against prospective parents of Asian or Pacific Islander origin.

Back to Sleep:

Evaluate patterns of infant death among AAPIs, address causes if unusually high.

Engage in public education that is culturally and linguistically appropriate for AAPIs.

Children's Initiative and Public Health Service Planning Improvement Initiative:

Use integration projects as opportunities to reform systems so they are more accessible. Target reforms in areas where access to institutions is especially problematic.

State Children's Health Insurance Program:

Assure the inclusion of an action item addressing special issues of minority populations, including AAPIs.

Anti-Marijuana Campaign:

The implementation plan itself states that SAMHSA intends to "recognize the differences in the needs of different communities including language and cultural differences." AAPIs constitute one such group whose needs may be distinct.

Award grants to and coordinate with organizations that serve AAPI populations.

Ascertain which drugs pose the greatest threat to AAPI communities and use anti-marijuana campaign as groundwork for reducing their use.

In publicity campaigns, address AAPI-specific media, programs, etc.

Women's Health:

Increase efforts to include AAPI women in clinical research trials as appropriate.

Include AAPI women's health issues at national conferences on women's health and on minority women's health.

Efforts to bring women's issues into the study of medicine could be joined with efforts to introduce cultural sensitivity and the potential relevance of ethnic differences.

While designating centers of excellence in women's health, the Secretary could point out those which have addressed minority women's health care issues well.

Consider ethnic factors and data in research into "the physical, psychological, and economic well-being" of cancer survivors. Address differences in trends discovered.

Outreach to expand use of mammography should target AAPI populations too. This is particularly true of older AAPI women.

Develop Strategies to outreach to Medicaid eligible women, especially women who are pregnant.

Domestic Violence (DV) Initiative:

HHS's domestic violence initiative is developing strategies to help States assist survivors of DV particularly in the context of increased domestic pressures associated with welfare reform. Work with HHS's Domestic Violence Working Group to recognize that DV is a problem in AAPI communities and link community groups into efforts to develop culturally sensitive services.

The National Domestic Violence Hotline should accommodate language and cultural differences through AAPI service representatives and/or referrals to help within the AAPI community, where available and desired.

The Office of Community Services/ACF should do outreach to AAPI communities and ensure that there is funding for battered women's shelters with diverse populations.

Education and prevention grants as well as programs on issues such as sexual assault, domestic violence, family planning, abortion, sexually transmitted diseases, nutrition, substance abuse, and family preservation should be culturally sensitive and include outreach to AAPI communities.

Operation Restore Trust:

Educational activities designed to inform Medicaid and Medicare beneficiaries of their health care entitlements under these programs should be accessible and include AAPIs.

Determine whether certain client groups are inappropriately included or excluded from programs such as Medicare inpatient psychiatric care, hospital closure, hospital inpatient services, organ transplants, hospital discharge, etc.

Eligibility reviews should be taken as opportunities to detect systemic discrimination.

