

**ASIAN AMERICAN AND PACIFIC ISLANDER (AAPI)
DEPARTMENTAL INITIATIVE
HEALTH CARE FINANCING ADMINISTRATION
AGENCY-SPECIFIC IMPLEMENTATION PLAN
1998**

I. INTRODUCTION

The Health Care Financing Administration (HCFA), as the federal agency that oversees the Medicare and Medicaid programs, is in the unique position of ensuring quality health care services for over 72 million beneficiaries. As a beneficiary-centered purchaser of health care services, HCFA aims to provide its beneficiaries with the best possible care at the most reasonable cost.

HCFA's mission is based on its overall federal role, specifically, to assure health care security for its beneficiaries. Health care security means providing access to affordable and quality health care services; protecting the rights and dignity of beneficiaries; and, providing clear and useful information to beneficiaries and providers to assist them in making prudent health care decisions. Building on its mission, HCFA envisions its future role as a guarantor of equal access to the best health care available for all. This is a reflection of HCFA's belief that all individuals should be given the unconditional assurance of having their health care needs met, regardless of location, income or other circumstances, and that the quality of health care they receive is the best that can be provided.

HCFA's programs are administered by agency staff in its central location in Baltimore, MD and in its ten regional offices nationwide. HCFA's staff, both in the central location and in the regional areas, work closely together to provide for a strong leadership in the national direction of the Medicare and Medicaid programs, and also to provide for a strong local presence that is necessary for quality customer service and oversight.

HCFA recognizes and is responsive to the critical disparities in the access to and use of covered health care services by racial and/or ethnic minority beneficiaries. Discussion on the need for cultural competency has been ongoing and was recently paraphrased by former Administrator Bruce Vladeck as the requirement of "simply having the provider know the patient". To this end, the provider must give access to care to people of all cultural orientations; allow the patient to speak in his or her own language — and be understood; and respect the patient's own needs and expectations for achieving optimum health. Understanding that cultural competency is crucial to the deliverance of quality health care, HCFA aims to put in place a provider system that understands the differing needs of HCFA beneficiaries, and in doing so, provides them with the best possible health care.

The scarcity of data on health behaviors and outcomes of Asian Americans and Pacific Islanders (AAPI) puts this population in a particularly vulnerable position since it is unclear how current health programs can adequately address their needs. Under the Department-wide AAPI Initiative, HCFA's proposed activities aim to tie relevant federal, state, and local health departments and agencies together to recognize the need for special consideration with the AAPI population as well as with other special needs and/or minority groups.

II. IMPLEMENTATION INFRASTRUCTURE

The Health Care Financing Administration Minority Initiatives Coordinating Committee (HCFA MICC) will be established to provide guidance, planning and recommendations to HCFA's Deputy Administrator on the development, implementation, coordination and monitoring of HCFA's minority health initiatives involving the Historically Black Colleges and Universities, the Hispanic Agenda for Action, the President's Order on Tribal Colleges and Universities, the Asian American and Pacific Islander Initiative, American Indian and Alaska Native people, women's health issues, beneficiaries with disabilities, dually eligible Medicare/Medicaid beneficiaries, and other vulnerable and underserved Medicare and Medicaid populations.

The HCFA MICC will work with the HCFA representative to the Departmental Minority Initiatives Coordinating Committee (DMICC) to provide guidance to improve services to the above populations as well as to develop a strategy to increase HCFA's role in dealing with issues confronting those populations. It also will serve as a liaison to the DMICC for cross-component changes and/or issues. The HCFA MICC and HCFA's representative to the DMICC will report to the Deputy Administrator of HCFA.

The HCFA MICC will continue to operate informally due to competing demands on the agency as a result of the implementation of the Balanced Budget Act of 1997, the emphasis on controlling fraud and abuse, the children's health initiative, and other vital initiatives. HCFA will continue to respond fully to the Department's requirements for substantial investment of staff and other resources in these activities. However, HCFA will meet its responsibilities for these initiatives by assigning each initiative to the proper component within the new HCFA organization and coordinating the activities with leadership from HCFA's representative to the DMICC. This approach is consistent with work assignment in the new organization where functions are frequently shared across organizational lines and success depends on meaningful collaboration.

HCFA's DMICC representative will schedule meetings when necessary. Reports will be provided by HCFA's Director of the Office of Communications and Operations Support, the HCFA DMICC representative, as requested.

In formulating this plan, current relationships with AAPI leaders and community-based organizations provided HCFA staff with the support required to identify and appropriately address the needs of the AAPI group. As a step towards reaching this population better, HCFA will continue to mobilize AAPI leaders and community organizations to address, implement and continue the goals of the AAPI initiative. AAPI community organizations as well as those community-based clinics that serve the AAPI community will be consulted on the appropriateness of methods and tools to be used for all proposed activities.

HCFA understands that the community is the best level at which the agency can provide the most appropriate outreach to its AAPI beneficiaries. In this regard, HCFA's past work with the AAPI population has primarily been on the regional and local level where outreach efforts tend to produce greater and more significant effects. Ongoing relationships have been established between regional staff and local community organizations that seek to create discussions and produce ideas on the best methods of reaching this population. For instance, in the San

Francisco Regional Office, HCFA staff have formed the Network Development Team which is tasked with forming and maintaining contacts with community organizations and leaders serving the AAPI and other minority communities. Regional offices and community-based organizations will continue to receive support from central office staff to further develop these mutually beneficial relationships.

III. FRAMEWORK

GOAL 1: IMPROVE THE 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.**
 - a) **Key Agency Activity: To pilot a mammography screening project within an AAPI community. Similar to HCFA's current Horizons project, this activity aims to identify and mobilize existing community resources to improve access and create long-lasting improvement for beneficiary health status through customer-focused, data-based partnerships with community institutions. HCFA aims to reach a greater percentage of the AAPI population by utilizing the resources already available in community-based organizations that deal with this group, and to get their input on the development of linguistically appropriate materials. Through this project, HCFA will be able to assess the utilization patterns of AAPIs in regards to mammography screening.**
 - b) **Lead Entity: Regional Offices**
 - c) **Time Frame: FY 1999 - FY 2001 (new project)**
 - d) **Measurable Outcomes: Provide AAPIs in the pilot area with linguistically appropriate materials that inform them about the benefits of mammography screening. Increase the number of community-based organizations in the pilot area who actively participate in this project. Gather information on health behavior patterns of AAPIs when seeking preventive health services such as mammography screening.**

- **Objective 1.1: Develop strategies to eliminate the disparities and increase AAPI participation in major preventive health activities.**
 - a) **Key Agency Activity: To pilot a Hepatitis B educational campaign within an AAPI community. Research shows that AAPIs have among the highest rates of Hepatitis B in the population. An educational effort that informs AAPIs of the availability of the Hepatitis B vaccination through Medicare and Medicaid is one way in which this issue can be effectively addressed. HCFA is already exploring opportunities to develop and design educational materials for ethnic and diverse populations as part of their current minority initiatives. Under this activity, HCFA will expand its efforts to include comments and recommendations from AAPI community organizations and leaders. One of the methods through which HCFA will gain direct input is by hosting focus groups in the AAPI community. Focus groups have been useful in the past to help HCFA staff understand the essence of community thought which enables them to better serve the community.**
 - b) **Lead Entity: Regional Offices**
 - c) **Time Frame: FY 2000- FY 2002 (new project)**
 - d) **Measurable Outcomes: Increase the number of educational materials that address**

the Hepatitis concern in the AAPI population and the availability of the vaccine from Medicare. Have methods of outreach that are tailored to AAPIs that describe this preventive service, such as using linguistically appropriate educational materials.

- **Objective 1.1: Develop strategies to eliminate the disparities and increase AAPI participation in major preventive health activities.**
 - a) **Key Agency Activity: To create and maintain on-line information as part of HCFA's WEB page that is culturally-specific (i.e. give information about illnesses that is race-related and/or give contacts of culturally competent providers in the area) and that is interactive to allow beneficiaries an opportunity to ask questions through the internet.**
 - b) **Lead Entity: Center for Beneficiary Services/ Office of Communications and Operations Support**
 - c) **Time Frame: FY 1999 - ongoing (new project)**
 - d) **Measurable Outcome: Create and maintain an on-line, interactive site that would provide ethnic/minority health care information and answers to frequently asked questions on ethnic/minority health care issues.**

- **Objective 1.1: Develop strategies to eliminate the disparities and increase AAPI participation in major preventive health activities.**
 - a) **Key Agency Activity: To retain the Quality Improvement System for Managed Care (QISMC) as part of HCFA's contract requirements for managed care plans in order to ensure that plans address cultural competency as part of their deliverance of care. HCFA will work with agencies that are working with ethnic/minority-specific data, such as the Agency on Aging, to obtain information and establish capacity-building strategies for cultural competency standards. HCFA will promote those standards that appropriately address the need for culturally competent providers in the AAPI population.**
 - b) **Lead Entity: Office of Clinical Standards and Quality**
 - c) **Time Frame: FY 1999 - ongoing (new project)**
 - d) **Measurable Outcome: Implement QISMC as a measure for cultural competency among managed care plans and their network of providers.**

GOAL 6: ENHANCE HHS CAPACITY TO SERVE ASIAN AMERICAN AND PACIFIC ISLANDER CUSTOMERS.

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

- a) **Key Agency Activity: To promote and encourage Medicaid programs and State Children's Health Insurance Programs (SCHIP) to develop partnerships with providers of special immigrant populations, such as AAPIs. These partnerships will serve as a method to share information and learn about the most effective way to reach AAPI immigrant subgroups during their enrollment process into Medicaid or SCHIP. For example, culturally sensitive messages that have shown to be successful among these subgroups will be promoted for use in state Medicaid and SCHIP agencies. Regional Offices will play integral roles in establishing a foundation for these relationships by providing support and guidance to participating agencies.**
- b) **Lead Entity: Center for Medicaid and State Operations/ Regional Offices**

- c) Time Frame: FY 1999 - ongoing (new project)**
 - d) Measurable Outcome: Have Regional Offices convene regional meetings to discuss health care issues relating to this population, such as best ways to provide outreach and health information. Encourage Regional Offices to identify and maintain a contact list of culturally competent providers in nearby areas who provide Medicaid services for ethnic/minority populations.**

- **Objective 6.2: Ensure that HHS programs and initiatives meet the needs of AAPIs by strengthening partnerships with AAPI community organizations.**
 - a) Key Agency Activity: To create regional databases of community organizations that provide services to AAPI communities. HCFA understands that community-based organizations play important roles in the dissemination of health care information to beneficiaries. Regional databases will allow staff to identify and work with agencies that have first-hand knowledge of the AAPI community they serve.**
 - b) Lead Entity: Regional Offices**
 - c) Time Frame: FY 1998 - ongoing (ongoing project)**
 - d) Measurable Outcome: Establish and maintain a database of community-based organizations and service providers that deal with AAPIs for each region.**