

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) UPDATE TO THE FEDERAL INVENTORY FOR FISCAL YEAR 2002¹

Part I. Executive Summary

Overview of HHS

The Department of Health and Human Services is the United States government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS is the largest grant making agency in the Federal government, providing some 60,000 grants per year. With a \$ 460 billion budget in FY 2002, HHS performs its work through its 65,100 employees. The Department's Medicare program, as the Nation's largest health insurer, handles more than 900 million claims annually. HHS works closely with state, local, and tribal governments, and many HHS-funded services are provided at the local level by state, county, or tribal agencies or through private sector grantees. In addition to delivering services, HHS programs provide for equitable treatment of beneficiaries nation wide, and they enable the collection of health and other data at the national and local levels. The Department's programs are administered by the following 11 HHS Divisions, with leadership provided by the Office of the Secretary (OS):

Public Health Service Divisions:

- Agency for Healthcare Research and Quality (AHRQ)
- Agency for Toxic Substances and Disease Registry (ATSDR)*
- Centers for Disease Control and Prevention (CDC)
- Food and Drug Administration (FDA)
- Health Resources and Services Administration (HRSA)
- Indian Health Service (IHS)
- National Institutes of Health (NIH)
- Substance Abuse and Mental Health Services Administration (SAMHSA)

Human Services Divisions:

- Administration for Children and Families (ACF)
- Administration on Aging (AoA)
- Centers for Medicare & Medicaid Services (CMS)

HHS's Role in Meeting the Needs of AAPI Communities:

Since June 1997, HHS has supported a commitment for a department wide Asian American and Pacific Islander (AAPI) Initiative to identify and address the disparities in health status and access

¹HHS's update of the inventory should be used with the original HHS Inventory (issued in 2000) as the information below largely supplements information provided previously. Unless FY 2002 or other year is specifically indicated, the data in the inventory for identified programs, projects, or activities are based on FY 2001, which is the latest year for which there are reconciled figures.

*For purposes of this inventory, CDC covers ATSDR which does not have a separate submission.

to health, mental health, and human services for AAPI communities, and ultimately to ensure that HHS is responsive to those needs and improves AAPIs' quality of life. Following the signing of Executive Order (EO)13125 in June 1999, HHS assumed a leadership and coordination role in implementing the government wide EO to improve the quality of life of AAPIs. President Bush's issuance of the amended EO in June 2001 gave a new beginning to the White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) and ensures that its aims will be pursued at least through 2003.

The HHS continues to work closely with the Office of the WHIAAPI, which is based at HHS and reports to the President through HHS Secretary Tommy G. Thompson. The Secretary advises the President on the progress of the White House Initiative, utilizing reports from the President's Advisory Commission on AAPIs, the Executive Director for the WHIAAPI, and other sources. The HHS Deputy Secretary Claude Allen chairs the Interagency Working Group established under the EO.

The HHS has long acknowledged the challenges presented by the multicultural and multilingual groups that comprise AAPI communities, and the need to address such issues as low utilization of services, lack of access to culturally and linguistically appropriate services (CLAS), and disproportionately high rates of morbidity and mortality among some AAPI populations. The Department remains committed to involving communities in identifying the issues and problems and helping frame and implement the solutions.

The original goals of the HHS AAPI Action Agenda--the plan for the department wide AAPI initiative--were established by the HHS framework developed in 1997 for the Action Agenda, and are consistent with the strategic goals of the WHIAAPI as identified in the EO. HHS and its Divisions will continue to place emphasis on the following goals:

1. develop, monitor and coordinate Federal efforts to improve AAPI participation in government programs;
2. Foster research and data collection for AAPI populations and subpopulations; and
3. Increase public and private sector, and community involvement in improving the health and well-being of AAPIs.

HHS Workforce Profile

The HHS Office of the Secretary reviews the profiles of AAPI workforce representation throughout the Department and the Divisions' reports and plans which address representation and recruitment for senior level positions. The representation of AAPIs in the Federal workforce at the end of FY 2000--the latest statistic available--was 5.9 percent. The representation of AAPIs in the HHS permanent workforce, at the end of FY 2001, was 4.9 percent, an increase from their representation of 4.2 percent at the end of FY 1999. While the representation of AAPIs in the HHS Senior Executive Service (SES) dropped from 2.1 percent at the end of FY 1999 to 1.9 percent at the end of FY 2001, the representation of AAPIs in the HHS Senior Biomedical

Research Service (SBRS) increased from 6.3 percent at the end of FY 1999 to 8.2 percent at the end of FY 2001.

The representation of AAPIs in the HHS Commissioned Corps (CC), at the end of FY 2001, was 4.8 percent. By occupational categories within CC positions at the end of FY 2001, the representation of AAPIs in professional positions was 5.1 percent (an increase from 4.7 percent in FY 1999) and in administrative positions was 2.4 percent (an increase from 1.9 percent in FY 1999). The representation of AAPIs in HHS GS/GM positions at the end of FY 2001 was 5.1 percent. By occupational categories within GS/GM positions at the end of FY 2001, the representation of AAPIs in professional positions was 8.7 percent, in administrative positions was 3.4 percent, and in technical positions was 2.3 percent. In FY 2001, 214 AAPIs were hired as HHS summer interns, representing 10.7 percent of a total of 1,996 hires in similar positions in HHS.

At the end of FY 2001, the representation of AAPIs among all HHS supervisors was 3.2 percent (an increase from 2.8 percent at the end of FY 1999). This includes 3.1 percent of all GS/GM supervisors (an increase from 2.7 percent at the end of FY 1999); 2.1 percent of SES supervisors (an increase from 1.9 percent at the end of FY 1999); 8.4 percent of SBRS supervisors (an increase from 6.3 percent at the end of FY 1999); and 3.6 percent of CC supervisors (an increase from 3.0 percent at the end of FY 1999). (Note: SBRS employees are in the professional occupation category; SES employees are in the administrative occupation category.).

Highlights of Projects and Initiatives that are Dedicated to AAPIs

As the nation's chief prevention Division, CDC has implemented several model programs for working with AAPI communities to improve the health and well being of the population. For example, through its Racial and Ethnic Approaches to Community Health (REACH) 2010 grant program, CDC is supporting the development of a coalition that links the Cambodian community with the health care providers of Lowell, Massachusetts. This coalition is working on a community action plan to reduce health disparities among Cambodians in diabetes and cardiovascular disease. Also, CDC has created a national partnership with the National Asian Women's Health Organization to increase vaccination coverage levels in AAPI communities and is supporting community-based organizations in implementing grassroots based programs. Through a CDC grant to the Association of Schools of Public Health, Vietnamese physicians from major metropolitan areas in New Jersey, New York, District of Columbia, Illinois, Texas, Washington, and California will receive training on hepatitis B immunization of Vietnamese teenagers.

As a part of a continuing effort to provide information to various minority groups and communities, the FDA formed partnerships with Asian and Pacific Islander community-based and women's organizations, health centers, and clinics. These included the Pacific Asian Health Services, the Asian Health Care Venture, T.H.E. Clinic, and the Orange County Asian and Pacific Islander Community Alliance. FDA partnered with these organizations to translate public health

information materials on such topics as food safety, food labeling, safe use of medications, and breast cancer and mammography for the Tongan, Samoan, Korean, Chinese, Japanese, Vietnamese, and Cambodian communities.

The HRSA commitment to furthering the goals of the WHIAAPI can be seen in continuing, as well as new projects which have been initiated in the last two years. These include HRSA's Pacific Islands Continuing Clinical Education Program (PICCEP), the purpose of which is to enhance the skills of healthcare providers in the Pacific Basin jurisdictions. An initial result of this three-year project was an analysis of the workforce and a needs assessment of healthcare providers in the region. In FY 2001, the PICCEP team worked with local jurisdictions to develop continuing medical education programs for physicians, medical officers, nurses, pharmacists, and other clinical staff. To enhance the cultural and linguistic skills of providers of care for AAPI persons, HRSA established a partnership with the Association of Asian Pacific Community Health Organizations (AAPCHO) to develop a technical assistance manual for improving linguistic service delivery for AAPIs. In addition, a Guide to Quality and Culture targeted to health care providers was launched on the Internet with a specific focus on diverse populations, including AAPIs. The Pacific AIDS Education and Training Center continues to provide technical assistance and training relative to HIV/AIDS care to health care professionals in the Pacific Basin jurisdictions.

SAMHSA's work, service to, and interactions with AAPIs have been enhanced through interactions with community based groups and national organizations like the National Asian Pacific American Families Against Substance Abuse, Inc.(NAPAFASA), Asian and Pacific Islander American Health Forum, Inc. (APIAHF), AAPCHO, and Asian Americans and Pacific Islanders for Health Promotion, Inc. In FY 2001, SAMHSA conducted a needs assessments of AAPIs living in the ten states with the largest concentration of AAPIs. SAMHSA also supported a review of the scientific literature to help identify areas of substance abuse service and data gaps within AAPI communities. During the summer of 2001, SAMHSA's Office of Minority Health, in partnership with AAPCHO, convened a meeting of approximately 20 mental health care providers from national and community based organizations (CBOs), researchers, advocates, and consumers to discuss gaps in service delivery and other issues such as the mental health of AAPIs, the state of cultural competence research, and coalition building. Further, SAMHSA is working with the jurisdictions to build an epidemiological surveillance infrastructure for substance abuse treatment and to develop the Pacific Islanders' capacity for collecting and reporting mental health statistics.

The mission of the NIH is to uncover new knowledge that will lead to better health for everyone. Each of the NIH's 25 institutes and centers (ICs) sets its own goals and measurable objectives within the categorical confines of its scientific interests, and works toward this end by: conducting research in its respective laboratories; supporting the research of non-Federal scientists in universities, medical schools, hospitals, and research institutions throughout the country and abroad; helping to train research investigators; and fostering and supporting biomedical communities.

The NIH supports a considerable amount of research, including disease prevention and health education projects, that are designed to target the needs of minority population groups. Since the previous inventory, all ICs have completed development of their strategic plans for reducing racial and ethnic health disparities. It is expected that scientific opportunities will be fully explored that address why certain segments of the population have higher mortality rates and suffer greater debilitation from disease than others. Therefore, the AAPI health research portfolio should expand.

Examples of FY 2001 IC activities include:

- o Improving the information infrastructure and communications capabilities of AAPIs (National Library of Medicine).
- o Developing Specialized Centers designed to engage medical and graduate schools in developing state-of-the-art, basic, and critical neuroscience research projects and programs (National Institute of Neurological Disorders and Stroke).
- o Assisting institutions serving AAPIs in creating research and training programs that enhance the research environment and increase the interest, skills, and competitiveness of students and faculty in pursuit of biomedical research careers (National Institute of General Medical Sciences).
- o Supporting a study researching Myopia development in AAPIs (National Eye Institute).

The ACF initiated a Community Organizations Database to improve access to AAPI community and faith-based organizations. Organization names and contact information for over 2,300 AAPI organizations were identified and entered into the database during 2001 with assistance from the Organization of Chinese Americans. ACF will continue to expand its database for AAPI and other underserved communities to ensure that these communities increase their access to program activities and initiatives and grant announcements in 2002 and beyond. ACF also translated its Directory of Program Services into Chinese and Korean to strengthen access to and information about services in 2001, and expects to translate the Directory into other AAPI languages in 2002. The Directory is now available in English, Chinese, Korean, and Spanish on the ACF web site at <http://www.acf.dhhs.gov/programs/acfdps/index.htm>.

In 2001, ACF's Office of Child Support Enforcement (OCSE) began to examine how it might outreach to AAPI communities in order to inform them about child support and to improve access to services. As a result, OCSE is planning an Asian American and Pacific Islander Forum to be held on September 26-27, 2002 in Arlington, Virginia. This national forum will bring together 30 AAPIs, representing different AAPI organizations across the country and the Pacific, to receive a briefing on and discuss the child support program and its services. The participants will also receive information about the latest ACF policy initiatives, including Responsible Fatherhood and Faith-Based and Community Initiatives. This outreach is expected to promote understanding and to strengthen the delivery of culturally appropriate services, and ultimately to increase use/access to child support and related services by AAPI communities.

The AoA actively coordinates and supports a number of initiatives focused on improving the delivery of services to AAPI elders. AoA communicates its AAPI action plan to the aging network by partnering with its key resource center at the National Asian Pacific Center on Aging (NAPCA), and with other national and state organizations. Working through NAPCA, AoA has held a series of town meetings in ten cities across the Nation to gather information that will enhance the capacity of the aging network to serve AAPI elders in a more culturally and linguistically appropriate manner. AoA continues to support efforts to increase the number of nutrition service delivery providers with culinary and language skills compatible with AAPI elders. AoA is also partnering with the CDC on a REACH 2010 project with Special Services for Groups, Inc. of Los Angeles, California. This project aims to develop health promotion strategies and community action plans for delivering disease prevention and health promotion information to older persons from 10 different AAPI communities.

The CMS made progress in many areas affecting AAPIs during FY 2001. Helping to provide greater access to preventive health services was one of the Division's top priorities, and in order to maximize this effort in FY 2001, CMS entered into non-competitive, sole source contracts with 17 AAPI CBOs. The contracted work included an expansion of CMS's Hepatitis B Outreach Campaign targeting the Chinese and Vietnamese populations in Boston and New York, and funding other AAPI CBOs nation wide to conduct education, outreach, and screening related to diabetes and cancer. CMS also conducted a mammography awareness radio broadcast campaign in six major cities across the U.S. that broadcast public service announcements in Mandarin and Cantonese, the two Chinese dialects most widely spoken in the United States.

The OS components provide leadership for the Healthy People 2010 initiative, the blueprint for the nation for achieving health promotion and disease prevention objectives for the U.S. population. One of the two overarching goals of Healthy People 2010 is the elimination of all disparities in health, including those based on race and ethnicity. OS components utilize partnerships with organizations in the AAPI community to improve disease prevention and health promotion efforts. The OS continues to support a number of research and data development projects, through its Divisions, such as a major study of race and ethnicity data in health care access and services. The study which is being done by the National Academy of Sciences will be conducted by an expert panel. A consortium of HHS Divisions, including ASPE (which is managing the project), CDC, HRSA, AHRQ, OMH/OPHS, and NIH, is co-funding this Congressionally-mandated study. In the area of cultural competency, OS is supporting projects such as development of a research agenda for CLAS, a pilot project for implementing the recommended national standards for CLAS issued by HHS in 2000, two national studies of the nature and extent of CLAS provided by managed care organizations and by local public health agencies, and the impact of interpreter mistakes on medical errors. The OS components encourage other HHS Divisions to collect data on all racial and ethnic groups which will help to provide information about the nature and extent of health problems faced by the AAPI community.

The OS Office for Civil Rights (OCR) enforces major civil rights laws that prohibit discrimination

in federally-assisted health care and human service programs. Through its compliance program, which includes conducting complaint investigations, compliance reviews and outreach activities, and providing technical assistance to recipients and beneficiaries, OCR serves AAPI and other populations by ensuring their access to HHS funded service programs.