

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### 2013 Agency Plan for the White House Initiative on Asian Americans and Pacific Islanders

Goal Area	Agency Objective	Strategic Activity	Benchmarks
Data	Increase the capacity to collect more reliable health data and conduct research throughout the U.S. and U.S. affiliated jurisdictions for AANHPI populations to better describe and understand the needs of the growing AANHPI population as part of the Affordable Care Act Provision: Understanding Health Disparities: Data Collection and Analysis (Affordable Care Act, Sec. 4302).	Work with HHS Data Council in the full implementation of section 4302 regarding data collection on race, ethnicity, sex, primary language and disability status.	Continue to work with Federal partners, AANHPI organizations and communities in implementing the HHS 4302 Workgroup recommendations. Work with ASPE to disseminate available data on AANHPIs and their ethnic sub-groups.
Data	Improve the collection, reporting and disaggregation of race, ethnicity and primary language data on AA, NH, and PIs within HHS OPDIVs/STAFFDIVs to reflect the HHS new standards (as required by the Affordable Care Act) for data collection, analysis, and reporting of racial and ethnic data in the Continental US, Hawaii and U.S. affiliated Pacific Islands.	Activity 1: Continue oversampling Asian Americans in the National Health Interview Survey, and provide estimates of health care utilization, health behaviors and health outcomes for the total Asian American population and possibly for some Asian population groups.	By 12/2013, develop estimates of health care utilization, health behaviors and health outcomes for the total Asian American population.
Data	Improve the collection, reporting and disaggregation of race, ethnicity and primary language data on AA, NH, and PIs within HHS OPDIVs/STAFFDIVs to reflect the HHS new standards (as required by the Affordable Care Act) for data collection, analysis, and reporting of racial and ethnic data in the Continental US, Hawaii and U.S. affiliated Pacific Islands.	Activity 2: Include an oversampling of Asian Americans in 2011-14 National Health and Nutrition Examination Survey (NHANES).	Estimates of prevalence among Asian Americans of undiagnosed conditions such as hypertension, high cholesterol, and diabetes will be available upon the re-evaluation and conclusion of the oversample.
Data	Improve the collection, reporting and disaggregation of race, ethnicity and primary language data on AA, NH, and PIs within HHS OPDIVs/STAFFDIVs to reflect the HHS new standards (as required by the Affordable Care Act) for data collection, analysis, and reporting of racial and ethnic data in the Continental US, Hawaii and U.S. affiliated Pacific Islands.	Activity 3: Develop improved tools for accessing and analyzing vital statistics and survey data for numerically small populations.	By 12/2013, improved tools for data access and analysis will be in development and undergoing testing.

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Data	Partner with NHPI communities to identify additional strategies to collect data on NHPI population groups.	Identify means of obtaining health related data on NHPI populations.	By 12/2013, meet with NHPI communities and consult with statisticians working on obtaining estimates for small populations.
Capacity Building	Ensure greater inclusion of AANHPI populations in grant opportunities where feasible and appropriate.	Identify programmatic opportunities where social inclusion language would be appropriate and beneficial to diverse populations.	By 12/2014 grant program identified and social inclusion language is added to grant opportunities where feasible and appropriate.
Capacity Building	Collaborate with leading organizations to educate AANHPI populations about the benefits of the Affordable Care Act.	Begin a series of technical assistance (TA) webinar training on programs with AANHPI community-based organizations and health care professionals (train-the-trainer workshops) to enhance outreach and education on the Affordable Care Act.	By 12/2013, a minimum of 10 webinars or in-person TA meetings will be conducted to AANHPI serving organizations and health care professionals.
Capacity Building	Strengthen the capacity of U.S. Associated Pacific Island jurisdictions health agencies and community health organizations to manage federal grants.	Conduct an environmental scan of available TA/training and coordinate efforts in the Pacific to build capacity (i.e., support for organizational and economical development).	By 12/2013 technical assistance and/or training efforts are identified and expanded.
Capacity Building	Increase the capacity of Hawaii Department of Health to incorporate geographic information systems (GIS) mapping of chronic disease incidence and prevalence and documentation of food deserts and food insecurity for underserved Asian Americans, Native Hawaiians, and Pacific Islander populations.	Provide support for collaboration and utilization of GIS to inform policy development and community engagement.	By 12/2014 strategies identified to support State efforts to create GIS programs specifically focused on chronic disease at the State Department of Health (DOH).
Capacity Building	Expand the reach of the Supplemental Nutrition Assistance Program (SNAP) and school lunch program to better serve Hawaii's eligible AANHPI population to increase access to healthy foods and prevent childhood obesity.	Determine ways to expand the reach of SNAP and the school lunch program in Hawaii to eligible AANHPI communities and provide vouchers to be used at farmers' markets and other venues which promote easier access to healthful food. Support a program at the DOH to coordinate this effort.	By 12/2014 voucher system identified to expand program to include eligible underserved AANHPI population.

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Capacity Building	Improve coordination of obesity prevention efforts of the Hawaii Department of Health targeting the Native Hawaiian population through an inter-sectoral approach.	Amend the Request for Proposals (RFP) process to include collaboration between smaller community-based organizations and the state health department. Complete health impact assessments (HIAs) for all identified medically underserved areas (MUAs) in the state of Hawaii.	By 12/2014, complete HIAs for the 18 designated MUAs in Hawaii within the year. Draft policy recommendations and tool-kits for each area based upon results of findings.
Capacity Building	Support USAPI population health and healthcare system partnerships/networks working to reduce the burden of chronic disease.	Continue support for development and use of computer based Chronic Disease Electronic Management System (CDEMS) among USAPI healthcare systems. CDEMS is a flexible database for tracking any chronic condition and can easily be adapted to the unique needs of the USAPI. CDEMS provides consistent and standardized organization of patient/population data to help monitor and track chronic disease. An additional strategy includes the establishment of a USAPI regional-based CDEMS support network that provides training, technical assistance and trouble-shooting for participating jurisdictions.	<p>Target: 1: By 12/2014: 1. At least three U.S.-Affiliated Pacific Islands (USAPI) healthcare systems with CDEMs operational; with at least 75% of known patients with diabetes fully registered within the system.</p> <p>Target 2: CDEMS support network functional within region as evidenced by technical assistance team documentation and reporting.</p> <p>Target 3: Completion of at least one demonstration project that provides training and support for data extraction between an electronic medical record system and CDEMS data interfaces (American Samoa and VA system VISTA).</p> <p>Target 4: Support USAPI directed projects funded to help support prevention or delay of diabetes related amputations (i.e., funding and support for resource needs related to training, prevention related supplies, community outreach). Outcomes include at least a 10% reduction in lower extremity foot ulcers/amputations in people with diabetes from baseline measure (using CDEMs or similar surveillance system).</p>

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Capacity Building	Support regional USAPI population health surveillance efforts that define the burden of diabetes and TB.	Link with ongoing efforts to reduce the burden of diabetes and TB comorbidity within the USAPI.	<p>Target 1: By 12/2014: 1. Develop the CDEMs TB and diabetes surveillance system interface for at least three of the six USAPI jurisdictions government health care systems.</p> <p>Target 2: Increase the number of people screened for both diabetes and TB by 10% above baseline in at least three USAPI jurisdictions (measured through the CDEMS and existing DTBE EpiAnywhere tracking system).</p> <p>Target 3: Improve access to resources, training, and support for TB and diabetes screening as evidenced by Pacific Islanders TB Controllers Association (PITCA) and Pacific Chronic Disease Coalition (PCDC) reports, technical assistance documentation, and training schedules.</p>
Capacity Building	Continue successful data submission from Pacific Regional Central Cancer Registry (PRCCR). In June, the PRCCR submitted data successfully for the first time with the latest call for data.	CDC to continue to provide technical support for PRCCR.	By 12/2014, schedule deadlines for regular data submission by PRCCR.
Language Access	Expand translation capacity to additional languages for Affordable Care Act consumer resources.	Extend and expand product offerings in additional Asian languages beyond Chinese, Vietnamese Korean, and Tagalog.	By 12/2013, Hindi or Japanese CMS language materials will be added.
Language Access	Ensure HHS programs and services are in compliance with DOJ Office for Civil Rights Language Access Plan memo.	Activity 1: Develop specific activities to comply with the updated Department-wide Limited English Proficiency (LEP) Plan.	By 12/2013, HHS agencies will develop their specific implementation strategies for the LEP requirements.

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Language Access	Ensure HHS programs and services are in compliance with DOJ Office for Civil Rights Language Access Plan memo.	Activity 2: Incorporate and promote the implementation of the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS) in programs and policy directives, including HHS announcements and funding applications.	By 12/2013, promote enhanced CLAS standards in presentations and trainings, and in OPDIVS and STAFFDIVS grants policy, operations memos and funding opportunity announcements.
Workforce Diversity	As part of a national program on prevention education, train AANHPIs to become ambassadors in their communities using the "train the trainer" model for prevention education.	Identify AANHPIs to train and educate peers on health issues pertaining to this population using existing HHS infrastructures.	By 12/2013, support community ambassadors using the "train the trainers" model. Ambassadors will coordinate educational classes for peers in the community taking baseline health screenings such as weight, height, BMI, blood pressure, cholesterol, and glucose.
Workforce Diversity	Promote outreach and efforts to increase AANHPI workforce and leadership in public health.	Engagement with Asian American, Native American, and Pacific Islander Serving Institutions (AANAPISI).	By 12/2014 HHS agencies conduct outreach at one to five event(s) to AANAPISIs around health disparities and fostering of AANHPI health care professionals.
Workforce Diversity	Promote outreach and efforts to increase AANHPI workforce and leadership in public health.	Provide resources outreach on HRSA repayment program for curricula development; develop a workforce partnership program with USAPI education institutions or AANAPISI in USAPI.	By 12/2014, identify AANAPISIs located in USAPIs and partner to develop workforce program.
Workforce Diversity	Establish targets for the next ten years about the percentage of AANHPI who have been tested for hepatitis B (HBV) infection.	Use data from the U.S. Behavioral Risk Factor Survey to obtain baseline data for a developmental Healthy People 2020 objective about the percentage of AANHPI who have been tested for HBV infection.	By 12/2013, obtain baseline data and establish HBV targets for Healthy People 2020.

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Agency-specific	Increase capacity of community-based organizations that advocate for programs for early detection and prevention of HBV infection in medically underserved AANHPI communities.	Activity 1: Provide support for AANHPI community-based organizations to develop targeted outreach programs designed to reach specific populations at risk with HBV through culturally-sensitive and linguistically appropriate evidence-based interventions.	By FY 12/2012, five to seven organizations to provide outreach to communities at risk.
Agency-specific	Increase capacity of community-based organizations that advocate for programs for early detection and prevention of HBV infection in medically underserved AANHPI communities.	Activity 2: Encourage applications for health disparities research and community-based participatory research interventions that target early detection and prevention of HBV in medically underserved AANHPI communities.	Continue to include HBV in AANHPI as an area of interest in NIH funding opportunity announcements for health disparities research.
Agency-specific	Increase capacity of community-based organizations that advocate for programs for early detection and prevention of HBV infection in medically underserved AANHPI communities.	Activity 3: Develop and disseminate educational materials in a variety of AANHPI languages.	By 2020, increase from 33% to 66% the proportion of person who are aware of the HBV infection and develop HBV in-language educational materials for dissemination.
Agency-specific	Increase capacity of community-based organizations that advocate for programs for early detection and prevention of HBV infection in medically underserved AANHPI communities.	Activity 4: Partner with AANHPI organizations to educate their members about chronic viral hepatitis.	By 12/2013, a supported community-driven strategic action plan, aligned with the goals within the national Viral Hepatitis Action Plan, will be developed and aimed to increase early detection and prevention of HBV infection in medically underserved AANHPI communities.
Agency-specific	Reduce the morbidity and mortality of HBV and improve testing, care, and treatment to prevent liver disease and cancer.	Activity 1: Increase the knowledge and skills of health-care providers to perform HBV prevention, care, and treatment services.	Strategic activities and benchmarks are outlined in the national Viral Hepatitis Action Plan.
Agency-specific	Reduce the morbidity and mortality of HBV and improve testing, care, and treatment to prevent liver disease and cancer.	Activity 2: Improve access to and quality of care and treatment for person infected with hepatitis B and ensure that persons who know that they are infected with HBV receive timely care and treatment.	Strategic activities and benchmarks are outlined in the national Viral Hepatitis Action Plan.

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Agency-specific	Reduce the morbidity and mortality of HBV and improve testing, care, and treatment to prevent liver disease and cancer.	Activity 3: Strengthen surveillance to detect HBV transmission and disease.	Strategic activities and benchmarks are outlined in the national Viral Hepatitis Action Plan.
Agency-specific	Reduce Perinatal HBV through intervention.	Activity 1: Develop and evaluate hepatitis B perinatal prevention programs, enhance infant care coordination, care referrals among HBV-infected mothers, and delivery of other preventive services to their household contacts.	By 2020, elimination of mother-to-child HBV transmission.
Agency-specific	Reduce Perinatal HBV through intervention.	Activity 2: Ensure that hospitals and birthing centers administer a "birth dose" of hepatitis B vaccine to all neonates prior to discharge.	By 2020, elimination of mother-to-child HBV transmission.
Agency-specific	Reduce Perinatal HBV through intervention.	Activity 3: Assess best practices for care coordination provided by perinatal prevention programs.	By 2020, elimination of mother-to-child HBV transmission.
Agency-specific	Decrease the disease burden of HBV infection among AANHPI and improve HBV screening.	Train health care providers to screen AANHPI patients living in HBV endemic regions with HBsAg (hepatitis B surface antigen).	<p>Target 1: By 12/2014: 1. Increased knowledge of chronic HBV infection and numbers of individuals who know their hepatitis B status.</p> <p>Target 2: Increased percentage of AANHPIs who have been screened for HBsAg.</p> <p>Target 3: Increased percentage of AANHPIs who have been screened for HBV, are not infected and who have been successfully vaccinated.</p> <p>Target 4: Increased percentage of HBV positive AANHPIs who are referred for treatment.</p>
Agency-specific	Begin to address the Regional State of Health Emergency in the US-Affiliated Pacific Islands due to an epidemic in non-communicable diseases in women and their families.	Activity 1: Within the USAPI, catalogue culturally appropriate/sensitive promising practices (not yet evaluated) which address Non-Communicable Diseases.	By 12/2012, the noncommunicable diseases catalogue compilation of promising practices will be completed.

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Agency-specific	Begin to address the Regional State of Health Emergency in the US-Affiliated Pacific Islands due to an epidemic in non-communicable diseases in women and their families.	Activity 2: Work with the Pacific Island Health Officers' Association to identify 1-3 priority NCD for each USAPI.	By 12/2014 identify funds to support one promising practice in each USAPI.
Agency-specific	Improve the integration of behavioral health and primary care delivery systems in order to address mental health and substance abuse disparities among AANHPIs.	Identify effective practices in integrated care and link current AANHPI Primary and Behavioral Health Care Integration (PBHCI) grantees with other AANHPI serving community-based organizations who may be interested in applying for PBHCI grant.	By 12/2014 reach out to AANHPI-serving Primary and Behavioral Health Care Integration grantees to identify effective integrated care practices