

Department of Health and Human Services
2016-2017 Agency Plan for the White House Initiative on Asian Americans and Pacific Islanders

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
1	Data	Increase the capacity to conduct more reliable health data and research for Asian Americans, Native Hawaiians, and Pacific Islanders (AANHPI) to better understand and assess the needs of the community as part of the Affordable Care Act's Section 4302 provision: <i>Understanding Health Disparities: Data Collection and Analysis</i> .	Work with the Department of Health and Human Services' (HHS) Data Council in the full implementation of Affordable Care Act's Section 4302 provision 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 updated data standards, which includes additional Asian and Pacific Islander subcategories, in federal surveys and to disseminate available data.
2	Data	Improve the collection, reporting, and disaggregation of data on AANHPI population to reflect the new standards for data collection, analysis, and reporting of racial and ethnic data.	<p>Activity 1: Redesign the National Health Interview Survey sampling framework for the 2016 survey cycle, which gives higher probability of sampling areas with high minority populations, including Asian Americans, and thus eliminating the need for oversampling.</p> <p>Activity 2: Include an oversampling of Asian Americans in the 2015-2018 National Health and Nutrition Examination Survey (NHANES) cycles.</p> <p>Activity 3: Release data file and reports from the first-ever Native Hawaiian and Pacific Islander National Health Interview Survey conducted in 2014. Detailed health information will allow researchers and policy-makers to better assess, identify, and address the community's needs.</p> <p>Activity 4: Support the development and implementation of a pilot survey that incorporates elements of the Behavioral Risk Factor Surveillance System (BRFSS) and the Stepwise Approach to Surveillance of Noncommunicable Diseases (STEPS) surveys</p> <p>Activity 5: Disseminate actionable data on tobacco and cancer disparities which benefit AANHPI populations in culturally appropriate formats.</p>	<p>Upon completion of the 2016 National Health Interview Survey using the new sample design, data quality for Asian Americans will be evaluated and as possible, national estimates of self-reported prevalence of diseases and risk factors will be available.</p> <p>Estimates of conditions such as hypertension, hyperlipidemia, and obesity will be made available upon the conclusion of the data collection and evaluation of the data quality.</p> <p>By 2016: Data file and report from the Native Hawaiian and Pacific Islander National Health Interview Survey will become available.</p> <p>Implement pilot survey in the Commonwealth of the Northern Mariana Islands by end of September 2015. Begin process in the Republic of Palau before December 2015.</p> <p>By 2016: Increase the number of reports, from one to two, to identify gaps in data and data collection on tobacco and cancer disparities in AANHPI communities.</p>

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
			Activity 6: Identify promising practices and strategies on collection, analysis, and use of data on tobacco and cancer disparities affecting AANHPI communities.	By 2016: Increase the number of promising practices strategies from 10 to 15 and disseminate on APPEAL's (Asian Pacific Partners for Empowerment, Advocacy and Leadership) website and appropriate links.
			Activity 7: Assess the operational and statistical considerations for conducting the National Survey on Drug Use and Health (NSDUH) or a NSDUH-like substance use and mental health survey in the Pacific Jurisdictions.	By 2016: Finish the assessment of operational and statistical considerations for conducting the NSDUH or a NSDUH-like substance use and mental health survey in the Pacific Jurisdictions and make report available to stakeholders for further discussion.
			Activity 8: Increase reporting of data on all AANHPI subgroups in the National Healthcare Quality Report and the National Health Disparities Report.	<p>1. Add multi-stratified analyses of AANHPI population across health care quality measures on chronic conditions, settings of care, and access to care to target specific areas for reducing health disparities.</p> <p>2. Add data sources that have greater sample size for AANHPI population to supplement national data sets to improve ability to report data on AAPI subgroups.</p>
3	Data	Create resources that build capacity for program offices, grantees, and Native American communities to identify and develop meaningful and useful measures to inform practice.	Activity 1: Create a report entitled " <i>The Administration for Native Americans Native Hawaiian and Pacific Islander Compendium 2005-2015</i> " on all Native Hawaiian and Pacific Islander project grants from 2005-present.	By 2016: Publish a report that identifies all grants funded by the Administration for Native Americans over the past decade. The report will include all impact reports published between 2005-2015 and promising practices and challenges in addressing language preservation and revitalization and social and economic development needs for Native Hawaiians and the indigenous populations of American Samoa, Commonwealth of the Northern Marianna Islands, and Guam.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
			Activity 2: Develop new measures for reporting and evaluating the Native American communities, including the Native Hawaiian and Pacific Islander communities. The measures are intended to foster learning on shared interests across programs administered by the Administration for Children and Families (ACF) regarding the Native American communities and to make data more reliable, relevant, and useful to the communities and the ACF program offices.	1. By 2015: Convene a meeting to discuss new measures (The Way Forward Meeting) with final report and recommendations from the meeting to be published in early 2016. 2. Implement new measures. Date: TBD.
4	Capacity Building	Collaborate with leading organizations to deliver messages around the Affordable Care Act.	Activity 1: Conduct outreach to the AANHPI community-based organizations and health care professionals on the Affordable Care Act and Health Care Marketplace.	Provide relevant information on access to and financing of behavioral health services to community-based organizations to implement strategies for reaching and engaging uninsured AANHPIs.
			Activity 2: Conduct outreach and enrollment activities to migrants from the Federated States of Micronesia, Republic of the Marshall Islands, and Republic of Palau.	Provide training webinars on the Affordable Care Act to help migrants from those countries, Compact of Free Association (COFA) countries, to enroll in a qualified healthcare plan.
5	Capacity Building	Implement policy and environmental change to enhance prevention and control of chronic disease and associated risk factors of the Racial and Ethnic Approaches to Community Health program.	Support implementation of evidence- and practice-based programs that improve physical activity levels and/or nutrition	By 2017: increase the number of ANHAPI with access to healthy food and beverage options and tobacco-free environments.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
6	Capacity Building	Support U.S.-affiliated Pacific Islands (USAPI) population health and healthcare system partnerships/networks working to reduce the burden of chronic disease.	<p>Activity 1: Administer the diverse, multi-sector Reaching Asian Americans Pacific Islanders through Innovative Strategies to Achieve Equity in Tobacco Control and Cancer Prevention (RAISE) network to impact AANHPI tobacco-related and cancer health disparities through public health practices and services.</p> <p>Activity 2: Convene partners and increase collaboration across key health systems stakeholders in promoting implementation of health system interventions on tobacco and cancer prevention that benefit AANHPI communities.</p>	<p>1. By 2018: Strengthen the capacity and infrastructure of the RAISE Network by expanding the network membership and amplifying interaction among network members.</p> <p>2. By 2016: Increase the number of key health system stakeholders in AANHPI communities educated about Public Health Service Clinical Guidelines on tobacco and tobacco-free environments from 20-40.</p>
7	Capacity Building	Establish and strengthen collaboration among communities, public, and private non-profit agencies as well as federal, state, local, and tribal governments to support the efforts of community partnerships/coalitions working to prevent and reduce substance use, especially among AANHPIs	Engage AANHPI-serving organizations, including institutions of higher-education, through the Drug Free Communities, Minority Serving Institutions Partnerships with Community Based Organizations, HIV Capacity Building Initiative, Strategic Prevention Framework Partnerships for Success, and Screening, Brief Intervention and Referral to Treatment programs.	Identify grantees working with the AANHPI population on prevention activities.
8	Capacity Building	Enhance the capacity of health delivery systems in the Pacific region to address non-communicable diseases (NCD).	Increase awareness of culturally appropriate promising practices focusing on NCD risk factors in the Pacific region.	Compile a culturally-appropriate promising practices document addressing healthy eating, active living, and tobacco cessation.
9	Capacity Building	Enhance federal interagency coordination and leveraging of Federal grant programs and other resources for the USAPI.	Convene Outer Pacific Committee of the Region IX Federal Regional Council regularly to share federal agencies' activities, strategies, successes, and challenges in grant program management.	Convene bi-monthly meetings of federal agencies.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
10	Capacity Building	Increase investment and access to resources that support social and economic development, environmental regulatory enhancement, Native American language preservation, including Language Nests, Survival Schools, and Restoration Programs in Native American communities. Native American communities include American Indian tribes (federally-recognized and non-federally recognized), Native Hawaiians, Alaskan Natives, and Native American Pacific Islanders.	Provide annual grant opportunities as an effective vehicle for advancing the self-sufficiency and cultural preservation of Native American, Alaska Native, Native Hawaiian, and Native Pacific Islander communities.	Provide specialized trainings to Pacific Islander organizations through ANA's Pacific Island Training and Technical Assistance (T/TA) network; that would enable more Pacific Islander organizations be successful in the grant applications.
11	Capacity Building	Increase awareness of and access to HHS and other federal agencies' funding opportunities.	<p>Activity 1: Identify and develop a compilation of Federal grant programs available to the six USAPI jurisdictions, including information on funding history and points of contact.</p> <p>Activity 2: Increase awareness of Health Resources and Services Administration's programs, including the National Health Service Corps Ambassadors Program, among the Asian American and Native American Pacific Islander-Serving Institutions (AANAPISIs) for all application launches and program related resources.</p> <p>Activity 3: Enhance outreach, training, and technical assistance and provide an avenue for resolving programmatic and fiscal issues via ACF's Territories Together Initiative, which includes Pacific Islands of Guam, American Samoa, and Commonwealth of the Northern Mariana Islands.</p>	<p>Issue yearly the document, <i>Grant to the Outer Pacific</i>, for the previous fiscal year.</p> <p>By 12/2017: Provide programmatic outreach and awareness to the AANAPISIs on eight funding opportunities.</p> <ol style="list-style-type: none"> 1. Issue a quarterly newsletter, CURRENT, for the territories to share information on existing and emerging issues, service gaps, and best practices 2. Identify territories' communication resources and equipment and provide technical support as necessary. 3. Review current statutory authority for ACF-funded programs in the territories to identify existing flexibility/limitations in fund allocations and provide appropriate guidance to programs and territories.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
12	Language Access	Expand translation capacity to additional languages for Affordable Care Act consumer resources.	Expand access to language appropriate Affordable Care Act information in additional Asian languages beyond the current Chinese, Vietnamese, Korean, and Tagalog.	Individuals who speak Asian languages other than what is supported by CMS written or electronic media will continue to have access to Affordable Care Act information through other resources such as the Marketplace Call Center hotline (currently supports 150 languages) or through relationships with community organizations.
13	Language Access	Expand translation capacity to additional languages for Affordable Care Act consumer resources.	Provide a culturally sensitive, evidence-based intervention to Chinese, Korean, Vietnamese (CKV) tobacco users that: 1. Provides empirically validated counseling 2. Provides FDA-approved nicotine replacement therapy to qualifying callers 3. Provides in-language quit kits to CKV tobacco users and their families in the U.S.	By 2016: Increase service utilization to: ▪ 1800 intakes ▪ 1665 counseling & cessation medications Cessation Indicators: ▪ 1350 quit attempts ▪ 630 30-day abstinence
14	Language Access	Expand translation capacity to additional languages for Affordable Care Act consumer resources.	1. Translate Centers for Disease Control and Prevention's Tips From Former Smokers (Tips) campaign ads into Korean, Vietnamese, Simplified Chinese, and Traditional Chinese and promote them through Asian language media. 2. Incorporate Asian language media buys into the media buy plans for the 2016 and 2017 Tips campaigns.	Increase exposure of individuals who speak Korean, Vietnamese, Chinese to smoke cessation advertisements that include resources to help them quit.
15	Language Access	Ensure that consumer information is linguistically and culturally competent for LEP individuals, in compliance with Executive Order 13166 Improving Access to Services for Persons with Limited English Proficiency.	Launch the Language Access Plan Volunteers Program. Volunteers will be evaluating the accuracy and quality of translated materials provided by a certified translation company. Initially, materials will be translated into several Asian languages.	Increase access to communication for AANHPI groups and other LEP individuals. Finalize adaptation of the Heart Health for Women fact sheet into Bengali, Chinese, Korean, and Vietnamese. And, Promote AA/NH/PI Asian language publications via FDA website.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
16	Language Access	Ensure HHS programs and services are in compliance with the guidelines on language access plan established by the Department of Justice's Office for Civil Rights.	Continue to expand language access across the Department. Incorporate and promote the implementation of the enhanced National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (National CLAS Standards) in programs and policy directives, including HHS announcements and funding applications.	Promote the Department's expanding language access. Promote the enhanced National CLAS Standards in presentations and trainings, and in grants policies, operations memos, and funding opportunity announcements.
17	Workforce Diversity	Increase the participation rate of AANHPI in recruitment efforts.	Coordinate with OHR Talent Acquisitions Division (TAD), Provide AANHPI Employee Resource Groups (ERGs) and employees recruitment and outreach opportunities through recruitment partnerships with AANAPISIs.	Continue to work with AANHPI ERGs in implementing annual TAD recruitment partnerships, "Meet the Recruiter" events, open agency vacancies, and training to AANHPI ERGs and employees.
18	Workforce Diversity	Enhance outreach efforts to increase AANHPI employee engagement in the workforce.	Engage AANHPI employees and ERGs, conduct special emphasis programs and employee training and development activities, and expand workforce partnerships with AANHPI affinity groups (non-governmental organizations).	Conduct annual AANHPI-focused employee engagement and outreach event(s) and foster professional development through annual leadership workshops.
19	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 AANHPI individuals to train and educate peers on health issues pertaining to this population using existing HHS infrastructures.	Provide information, support, resources, and training to AANHPI families of children with special health care needs and the providers that serve them.
20	Workforce Diversity	Promote outreach and efforts to increase AANHPI workforce and leadership in public health.	Activity 1: Engage the Asian American and Native American Pacific Islander-Serving Institutions (AANAPISIs) and conduct outreach activities on the programs such as loan repayment; develop a workforce partnership with USAPI education institutions or AANAPISI in the USAPI.	<ol style="list-style-type: none"> 1. Conduct outreach event(s) to AANAPISIs around health disparities and fostering of AANHPI health care professionals. 2. Identify AANAPISI located in the USAPI to develop workforce program.

Goal Area	Agency Objective	Strategic Activity	Benchmarks
		Activity 2: Expand outreach activities of Substance and Mental Health Services Administration's Minority Fellowship Program by engaging colleges and universities, including AANAPISIs, in endorsing the program and participating in minority association summits and/or general assemblies.	Identify and engage AANAPISIs to endorse the Minority Fellowship Program and participate in summits/general assemblies
21 Workforce Diversity	Increase the capacity of community-based organizations to provide culturally and linguistically competent behavioral health services for AANHPIs	Activity 1: Provide training and resources on culturally and linguistically competent practices to community-based behavioral health organizations through initiatives such as the National Network to Eliminate Disparities in Behavioral Health and the Screening, Brief Intervention and Referral to Treatment.	By 12/2017: provide training to community-based organizations on an AANHPI-focused behavioral health practice or to build capacity of AANHPI practitioners
		Activity 2: Support the certification of behavioral health practitioners in the Pacific Jurisdictions	By 2017: Develop plan for certification of various mental health providers (e.g. social workers, psychologists, etc.). Continue to work with community colleges to ensure relevant coursework is offered.
22 Agency-Specific	Increase capacity of community-based organizations that advocate for programs for early detection and prevention of hepatitis B viral (HBV) infection in medically underserved AANHPI communities.	Activity 1: Encourage applications for health disparities research and community-based participatory research interventions that target early detection and prevention of hepatitis B in medically underserved AANHPI communities.	Continue to include viral hepatitis B as an area of interest in the National Institutes of Health's funding opportunity announcements for health disparities research and to increase applications to hepatitis B and health disparities funding opportunity announcements.
		Activity 2: Develop and disseminate educational materials in a variety of AANHPI languages.	By 2020: Develop in-language educational materials for dissemination.
23 Agency-Specific	Reduce the morbidity and mortality of HBV and improve testing, care, and treatment to prevent liver disease and cancer.	Promote basic research on novel targets for therapy in chronic hepatitis B infection and clinical studies of their efficacy and safety.	By 2016, provide support for basic research studies of potential inhibitors.
24 Agency-Specific	Reduce perinatal HBV through intervention.	Activity 1: 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; promote research programs into culturally sensitive and appropriate medication or vaccination interventions to reduce the risk of vertical transmission of chronic hepatitis B infection in the AANHPI population.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
			<p>Activity 2: Ensure that hospitals and birthing centers administer a "birth dose" of hepatitis B vaccine to all neonates prior to discharge.</p> <p>Activity 3: Assess best practices for care coordination provided by perinatal prevention programs.</p> <p>Activity 4: Demonstrate safety and efficacy of antiviral therapy and vaccination as a means of prevention of maternal-infant spread of hepatitis B in pregnant women with serum HBsAg (hepatitis B surface antigen) and high levels of HBV DNA, including the optimal timing of initiation of therapy, levels of HBV DNA that warrant treatment, and safety of therapy for both the newborn and the mother.</p>	<p>By 2016, complete the ongoing NIH study co-funded by CDC of tenofovir treatment in pregnant women in Thailand and the NIH study in Africa on the use of Lamivudine to decrease HBV transmission in HIV/HBV coinfecting mothers.</p>
25	Agency-Specific	Decrease the disease burden of HBV infection among AANHPI and improve HBV screening.	Train health care providers to screen AANHPI patients from HBV endemic regions with HBsAg.	1. By 2020: Increase from 33% to 66% the proportion of persons who are aware of the HBV infection.
26	Agency-Specific	Begin addressing the regional state of health emergency in the USAPI due to an epidemic in NCD.	Build support for strategies to improve community-clinical linkages on effective strategies for tobacco and cancer prevention for AANHPI populations.	By September 2016: Disseminate cancer survivorship guidelines to cancer survivors.
27	Agency-Specific	Increase the number of 100%-smoke-free environments in the USAPI.	Work with awardees to educate the public and policy makers on the dangers of secondhand smoke and evidence-based strategies to reduce exposure to secondhand smoke.	<p>1. By 2016: Increase the number of Pacific jurisdictions that will have a plan to expand the smoke/tobacco-free policies to include currently exempted venues (e.g. restaurants, bars).</p> <p>2. By 2016: Develop a plan for enforcement of the current secondhand smoking laws by the funded Pacific jurisdictions.</p>
28	Agency-Specific	Increase awareness of dangers of tobacco use and promote quitting in the USAPI.	Work with awardees to educate the public and policy makers on evidence-based strategies that reduce access to tobacco and change social norms related to tobacco use.	By 2016: Develop an educational campaign that addresses the link between price of tobacco and youth tobacco use by the funded Pacific jurisdictions.

	Goal Area	Agency Objective	Strategic Activity	Benchmarks
29	Agency-Specific	Increase access to integrated primary and behavioral health care for AANHPIs in order to address mental health and substance abuse disparities.	Identify culturally adapted practices in integrated care and link current AANHPI Primary and Behavioral Health Care Integration (PBHCI) and Screening, Brief Intervention and Referral to Treatment (SBIRT) grantees with other AANHPI serving community-based organizations who may be interested in applying for PBHCI grant.	By 12/2017: reach out to PBHCI and SBIRT grantees serving AANHPIs to identify culturally adapted integrated care practices.