

## HHS Agency Plan for White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI)

Final Plan Updated: 1/10/2011

Hepatitis B	Strategies	Lead Agencies	Benchmarks/Measurable Outcomes
<p><b>Goal 1:</b> Decrease health disparities of AANHPI populations who are unaware that they have chronic Hepatitis B Virus (HBV) infection by increasing early identification.</p>	<p>Develop and implement a national education campaign designed to increase awareness about HBV, educate the public about risk factors, and encourage testing of those at risk through a HBV PSA which will be aired in metropolitan areas with significant Asian populations. The PSA will be translated into Chinese, Vietnamese and Korean for relevant in-language programming.</p>	<p>OMH</p>	<p>Within one year, develop a national PSA campaign designed to reach 30%-50% of the AANHPIs living in the top ten major metropolitan cities.</p>
<p><b>Goal 2:</b> Establish targets for the next ten years about the percentage of AANHPI who have been tested for HBV infection.</p>	<p>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.</p>	<p>CDC</p>	<p>Obtain baseline data and set targets for a new Healthy People 2020 objective.</p>
<p><b>Goal 3:</b> Increase capacity of community based organizations that advocate for programs for early detection and prevention of HBV infection in medically underserved AANHPI communities.</p>	<ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>3. Develop and disseminate educational materials in a variety of AANHPI languages.</li> <li>4. Partner with AANHPI organizations to educate their members about chronic viral hepatitis.</li> </ol>	<p>OMH, CDC</p> <p>NIH</p> <p>OMH, CDC</p> <p>OMH, CDC</p>	<ol style="list-style-type: none"> <li>1. Within one year, a minimum of seven organizations will be funded to provide outreach to communities at risk.</li> <li>2. Include HBV in AANHPI as an area of interest in NIH funding opportunity announcements for health disparities research.</li> <li>3. Within two years, increase the number of persons who know their HBV status by 25% over baseline in funded communities</li> </ol>
<p><b>Goal 4:</b> Decrease the disease burden of HBV infection among AANHPI and improve HBV screening.</p>	<p>Train health care providers to screen AANHPI patients living in HBV endemic regions with HBsAg ( hepatitis B surface antigen)</p>	<p>HRSA, CDC</p>	<ol style="list-style-type: none"> <li>1. Increase knowledge about chronic HBV infection as well as increase the numbers of individuals who know their hepatitis B status.</li> <li>2. Increase the percentage of AANHPIs who have been screened for HBsAg.</li> <li>3. Increase the percentage of AANHPIs who have been screened for HBV, are not infected and who have been successfully vaccinated.</li> <li>4. Increase the percentage of HBV positive AANHPIs who are referred for treatment.</li> </ol>

<b>Data Collection</b>	<b>Strategies</b>	<b>Lead Agencies</b>	<b>Benchmarks/Measurable Outcomes</b>
<p><b>Goal 1:</b> Increase the capacity to conduct more reliable health data and research throughout the U.S. and U.S. affiliated jurisdictions for AANHPI populations to better describe and understand the need of the AANHPI growing population as part of the PPACA Provision: Understanding Health Disparities: Data Collection and Analysis (Sec. 4302).</p>	<p>1. Work with HHS 4302 Workgroup in the full implementation of section 4302 regarding data collection on race, ethnicity, sex, primary language and disability status.</p>	<p>OMH , AHRQ, CMS, HRSA</p>	<p>Work with Federal partners, AANHPI organizations and communities in implementing the HHS 4302 Workgroup recommendations. Work with ONC in disseminating available data on AANHPIs and their ethnic sub-groups.</p>
<p><b>Goal 2:</b> Data Management within US DHHS to reflect the revised OMB 15 requirements for data collection, analysis, and reporting to meet the official OMB categorization for “Asians” and “Native Hawaiian and Other Pacific Islanders” and take into account the 2009 IOM recommendations on standardized data collection of race, ethnicity and language.</p>	<p>1. Leverage PPACA 4302 and use legislation as an opportunity to separate AA differently from NH &amp; PI.</p> <p>2. Enhance the quality of data collected within SAMHSA’s National Survey on Drug Use &amp; Health (NSDUH) for AAPI populations</p> <p>3. Continue oversampling of Asian Americans in NCHS’s National Health Interview Survey (NHIS)</p> <p>4. Include an oversampling of Asian Americans in 2011-14 National Health and Nutrition Examination Survey (NHANES).</p> <p>5. Develop improved tools for accessing and analyzing vital statistics and survey data for small populations.</p>	<p>HRSA, OMH, SAMHSA</p> <p>SAMHSA</p> <p>CDC</p> <p>CDC</p> <p>CDC</p>	<p>1. By 2012, US DHHS reports will reflect separate NH and PI categories for data collection, analysis, and reporting.</p> <p>2. Embed the enhanced indicators into the 2011 NSDUH.</p> <p>3. Prioritize Asian sample size in NHIS</p> <p>4. By Fall 2013, estimates of prevalence among Asian Americans of undiagnosed conditions such as hypertension, high cholesterol, and diabetes will be available</p> <p>5. Improved tools available for data access and analysis</p>
<b>Workforce</b>	<b>Strategies</b>	<b>Lead Agencies</b>	<b>Benchmarks/Measurable Outcomes</b>
<p><b>Goal 1:</b> 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.</p>	<p>Identify AANHPIs to train and educate peers on health issues pertaining to this population using existing HHS infrastructures.</p>	<p>OWH, HRSA</p>	<p>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.</p>

<p><b>Goal 2:</b> Improve the AANHPI professional pipeline into the mental health and substance use fields with a specific focus on Native Hawaiians and Pacific Islanders (NHPI) who are not well-represented in the behavioral health workforce; and to address mental health disparities related to AANHPI elderly/women and school bullying.</p>	<p>1. Include a clause to emphasize outreach to NHPI populations in the SAMHSA’s Minority Fellows Program (MFP), which provides stipends to doctoral level students to increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental health/substance abuse services to underserved minority populations, especially within the public and private non-profit sectors, for those pursuing doctoral degrees in psychology, psychiatry, nursing, social work, and marriage and family therapy.</p> <p>2. Work with AANHPI communities to increase applications from AANHPIs in the NIH and HRSA Loan Repayment Programs (LRP) .</p>	<p>OMH, SAMHSA</p> <p>NIH, HRSA</p>	<p>1. Increased number of SAMHSA MFP applications from NHPI populations.</p> <p>2. Increased number of NIH and HRSA LRP applications from health professionals from AANHPI populations.</p>
<p><b>Native Hawaiians &amp; Pacific Islanders</b></p>	<p><b>Strategies</b></p>	<p><b>Lead Agencies</b></p>	<p><b>Benchmarks/Measurable Outcomes</b></p>
<p><b>Goal 1:</b> 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.</p>	<p>1. Within the USAPI, catalogue culturally appropriate/sensitive promising practices (not yet evaluated) which address Non-Communicable Diseases.</p> <p>2. Work with the Pacific Islands Health Officers Association to identify 1-3 priority NCD for each USAPI.</p>	<p>OWH, OMH</p> <p>OMH</p>	<p>1. Complete the catalogue compilation of promising practices within one year.</p> <p>2. Identify the priority NCDs for each USAPI within one year.</p> <p>3. Fund at least one promising practice in each USAPI within two years.</p>
<p><b>Goal 2:</b> Provide enhanced technical assistance to National Breast and Cervical Cancer Early Detection Program (NBCCEDP) funded state and programs in the Pacific to increase outreach to underserved Asian American, Native Hawaiian, and Pacific Islander (AANHPI) communities and populations.</p>	<p>1. Identify gaps and opportunities to increase outreach and recruitment and deliver trainings via Webinar and/or in-person to assist NBCCEDP grantees in increasing outreach and breast and cervical cancer screening among underserved AANHPI communities.</p> <p>2. As part of NBCCEDP, provide support for underinsured and uninsured AANHPI women to complete annual clinical breast and mammography exams per established clinical guideline to improve the early detection of breast cancer in Native Hawaiian and other AAPI women</p> <p>3. Provide support for patient navigators to support outreach and case management.</p>	<p>CDC</p> <p>CDC</p> <p>CDC</p>	<p>1. Fifty percent of funded states with significant AANHPI populations and programs in the Pacific will screen 10% more AANHPI women than the previous 6-month period.</p> <p>2. Support breast cancer screening programs for underinsured and uninsured Native Hawaiian and other AAPI women.</p> <p>3. Support patient navigator programs to support outreach and case management.</p>
<p><b>Goal 3:</b> Enhance surveillance and epidemiological response capacity for communicable diseases in U.S. territories and in the Pacific Island Jurisdictions.</p>	<p>Provide technical assistance and training on specific public health concerns to local and territorial public health entities to enhance their surveillance and response capacity.</p>	<p>CDC</p>	<p>Conduct three focused technical assistance and training efforts (for Guam, American Samoa, and the Federated States of Micronesia) as follows:</p> <p>1. <b>Guam:</b> Assist with assessment and evaluation of risk factors related to mumps outbreak in immigrant Micronesian population.</p>

			<p><b>2. American Samoa:</b> Provide technical assistance for the establishment of an electronic surveillance program utilizing records from the LBJ Tropical Medicine Center and local community health clinics.</p> <p><b>3. Federated States of Micronesia:</b> Provide technical assistance for the establishment of an electronic surveillance program utilizing records from local medical facilities and clinics.</p>
<p><b>Goal 4:</b> Implement policy and environmental change to enhance prevention and control of chronic disease and associated risk factors.</p>	<p>1. Enhance program efforts directed toward support and empowerment of USAPI community action toward policy and environmental change aimed at chronic disease prevention.</p>	CDC	<p>1. Support USAPI community/village-based projects aimed at the prevention of diabetes and chronic disease (including associated risk factors) through the model year.</p> <p>2. Support policy change at the community/village level that support development of prevention of chronic disease (based on current evidence strategies for chronic disease prevention through <u>AHRQ and CDC's Winnable Battles campaign</u>).</p>
<p><b>Goal 5:</b> Support USAPI population health and healthcare system partnerships/networks working to reduce the burden of chronic disease.</p>	<p>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>	CDC	<p>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>2. CDEMS support network functional within region as evidenced by technical assistance team documentation and reporting.</p> <p>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>

			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).
<b>Goal 6:</b> 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.	CDC	<p>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>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>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>
<b>Goal 7:</b> Collaborate with Guam Immunization Program which is part of the Guam Department of Public Health and Social Services (DPHSS) to end the ongoing mumps outbreak on Guam.	<p>1. Provide a 3rd dose of MMR vaccine to students in highly affected schools.</p> <p>2. Ensure that catch-up vaccination campaigns are being done in highly affected areas.</p> <p>3. Provide education and training on mumps prevention and control to healthcare providers in clinics and hospitals, school nurses, daycare providers, community leaders, and minority group leaders.</p> <p>4. Evaluate the 3rd dose intervention.</p> <p>5. Continue with education on prevention measures in the community.</p>	<p>CDC, Guam DPHSS</p> <p>CDC, Guam DPHSS CDC, Guam DPHSS</p> <p>CDC, Guam DPHSS CDC, Guam DPHSS</p>	Decline in mumps cases to baseline levels within 1 year after 3rd dose intervention.
<b>*Goal 8:</b> Improve laboratory capacity and procurement of medications and laboratory materials to assist healthcare professionals in the diagnosis and management of STDs.	Support high quality laboratory test platforms in Guam and Yap. Identify a mechanism for the procurement of STD testing materials and medications directly to US Pacific Island Jurisdictions (USPIJs). CDC and partners will place a laboratory director in Guam who will be responsible for the Guam lab. USPIJs would use the laboratory for processing of STD specimens.	CDC, CMS, FDA	<p>1. Provide training and begin STD testing on laboratory test platforms in Guam and Yap.</p> <p>2. Support a laboratory director for the Pacific Islands to be based in Guam.</p>

			3. Increase number of PI residents screened for STDs through CLIA certified laboratory and improved management of the STD screening and managements systems.
<b>Goal 9:</b> Improve coordination of obesity prevention efforts of the Hawaii Department of Health targeting Native Hawaiian population through an inter-sectoral approach.	Amend 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.	CDC, Hawaii Department of Health	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.
<b>Goal 10:</b> Increase capacity of Hawaii Department of Health to incorporate 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 shape policy and community advocacy.	CDC, State DOH GIS Workgroup	Support State efforts to create GIS program specifically focused on chronic disease at the state dept. of health.
<b>Goal 11:</b> Expand 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 expand coverage of SNAP to include 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.	CDC, USDA, State DOH	Create voucher system to expand program to include eligible underserved AANHPI population.
<b>Goal 12:</b> 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.	CDC	Schedule deadlines for regular data submission by PRCCR.

*\*There is an immediate need to improve the laboratory infrastructure throughout the Pacific Islands. Emphasis should be placed on the laboratory director position in Guam, as morbidity continues to increase and the Military buildup continues as a result of the base closure in Okinawa. Recent development in laboratory technology makes it possible to test and screen for Chlamydia, Gonorrhea, MRSA, and other communicable diseases. Use of moderately complex nucleic acid amplification test technology makes it possible to perform real-time test in each nation, regardless of the remoteness of the area.*