

Centers for Disease Control and Prevention
FY 2002 Performance Report for the White House Initiative on Asian Americans and Pacific Islanders

This report presents the fiscal year (FY) 2002 White House Initiative on Asian Americans and Pacific Islanders (WHIAAPI) Annual Performance Report. In FY 2002, the Centers for Disease Control and Prevention (CDC) achieved outstanding levels of support for substantive programs through grants and cooperative agreements in areas of research and development, data collection and analysis, linguistic access and cultural competence services, community capacity building, and greater inclusion of Asian Americans, Native Hawaiians, and Pacific Islanders in CDC funded programs and services. There are two sections of the report, the Executive Summary section and the Performance Results and Outcome section. The report summarizes CDC's progress toward the WHIAAPI six goal areas: (1) institutionalized implementation of this Initiative in each federal agency, (2) improved data collection and analysis, (3) linguistic access and cultural competence services, (4) protection of civil rights and equal opportunity for Asian Americans and Pacific Islanders (AAPIs), (5) strengthened and sustained AAPI community capacity, and (6) recognition and inclusion of Native Hawaiians and Pacific Islanders in federal programs and services.

Executive Summary

Explain how the programs, projects, or initiatives undertaken by your Division help advance one or more of the following six WHIAAPI goals in the FY 2002 Plan.

During FY 2002, CDC's National Institute for Occupational Safety and Health (NIOSH) has worked to advance the WHIAAPI goals two and six to "improve data collection, analysis, and dissemination for Asian Americans and Pacific Islanders" and "recognize and include Native Hawaiians and Pacific Islanders in federal programs and services." In collaboration with National Institutes of Health, Veterans Administration, the Hawaii Department of Health, and the Pacific Health Research Institute, NIOSH is conducting research on occupational exposure, markers of brain tissue injury and Alzheimer's and Parkinson's diseases. In an autopsy substudy of a cohort of Japanese American men (which has occupational and environmental data), this research aims to use biomarkers of neurotoxic damage to provide clues into the potential role that certain chemicals may play in contributing to these diseases. This collaboration will not only provide valuable risk assessment information and early disease intervention measures to Native Hawaiians but to the general population. Initially the FY 2002 Performance Plan reported one study at a funding level of approximately \$100,000. However, in FY 2002 two projects were funded as part of this research effort for a total of approximately \$500,000.

CDC's National Center for Infectious Diseases (NCID) accomplishes WHIAAPI goals by conducting surveillance epidemic investigations, epidemiologic and laboratory research, training, and public education programs to develop, evaluate, and promote prevention and control strategies for infectious diseases. NCID not only addressed urgent infectious disease concerns in racial and ethnic populations, but also has positioned itself to have a dominant role in how infectious diseases are understood and confronted among racial and ethnic minority communities. Additionally, more attention has been focused on research projects in aspects of AAPI health, including efforts to strengthen and sustain AAPI community capacity.

CDC's National Center for Injury Prevention and Control (NCIPC) facilitated the projects funded under NCIPC's cooperative agreement for "Demonstration Project: Early Intervention and Prevention of Sexual Violence and Intimate Partner Violence Among Racial and Ethnic Populations." The implementation of these programs is a reflection of views held by NCIPC program managers and community-based practitioners that the incidence and prevalence of both sexual and intimate partner violence in racial and ethnic populations are underreported, and that these populations are underserved regarding culturally relevant prevention information, as well as victim services. In response, one of NCIPC's primary objectives of is to increase through access to information and interventions the potential for preventing perpetration of these types of violence. This program objective is consistent with HHS Goals 3 and 6. These demonstration projects are intended to build the capacity of racial and ethnic community-based organizations for developing culturally relevant interventions that reduce the risk of sexual and intimate

partner violence, thus ensuring access to prevention practices.

CDC's National Center for HIV, STD, and TB Prevention (NCHSTP), has worked to advance the WHIAAPI goals 5 and 6 to "strengthen and sustain Asian American and Pacific Islander community capacity." and "recognize and include Native Hawaiians and Pacific Islanders in federal programs and services. In collaboration with the World Health Organization, California, the Hawaii Department of Health, the Pacific Island Health Officers' Association, and numerous other governmental and non-governmental organizations, CDC is working to prevent, control and eventually eliminate TB in the Pacific Island Basin. Key to this effort are plans to increase laboratory capability and shipping to regional reference labs, building surveillance and reporting of TB, and increasing TB program infrastructure – all of which are addressed in the Division goals.

CDC's NCHSTP will renew the cooperative agreement the Ministries of Health in the Pacific Islands. CDC will be removing the Pacific Islands from the competitive process with the State Departments of Health. Based on the conferences and meetings held during FY-2002, it would be more beneficial for the Pacific Islands to have a separate program announcement that addresses their unique issues and programmatic barriers as it relates to HIV prevention. This program announcement would include program indicators and evaluation strategies that would be achievable to make improvements in HIV prevention over the next 5- year funding cycle.

CDC's NCCDPHP has worked to advance the WHIAAPI goals three and six to "replicate and disseminate cultural competency training on Breast and Cervical cancer in Asian women for a broad base of health care providers" and to "provide funding through cooperative agreement to the National Asian Women's Health Organization (NAWHO) to replicate and disseminate cultural competency training on breast and cervical cancer in Asian women for health care providers, allied health personnel, and other personnel employed by CBOs.

Explain how the programs, projects, or initiatives undertaken by your Division help increase participation of AAPIs and their communities in the full range of your Division's programs. Highlight one or two models of success or promising practices that helped achieve this.

The National Research Council (NRC) Post-doctoral visiting fellowship program provides educational and training opportunities for Asian Americans and Pacific Islanders and addresses Goal 6 of the WHIAAPI. These outstanding scientists and engineers are afforded the opportunity to conduct research of their choice. This program helps to advance their knowledge and abilities, as well as alleviate the shortage of occupational safety and health professionals that we are facing today. Currently, NIOSH is providing support for eight AAPI NRC scientists.

Two initiatives undertaken by NCID in an effort to help increase participation of AAPIs and their communities include the Asia Pacific Economic Cooperation (APEC) Telecommunications Network for emerging infectious disease (APEC EINET) which continues to develop and enhance its communications technology-based approach to prevent emerging infectious diseases related to trade and travel within the 21 economies of the APEC consortium.

The countries that have reported significant numbers of probable or confirmed cases of Severe Acute respiratory Syndrome (SARS)-China, Hong Kong, Singapore, Thailand, Canada, and the United States-are all members of APEC. APEC EINET has enable health professionals in these countries to compare first-hand experience in diagnosing and managing cases of SARS at a very early stage of the epidemic. This form of early warning and communication would not have been possible if the SARS virus had appeared ten years ago.

NCID began a Hepatitis B virus survey program to evaluate the impact of Hepatitis B immunization in AAPI children and their family members, and this program is in support of Goal 6. The survey will involve 500 to 1,000 AAPI children and family members in Georgia, and 1,000 to 3,000 AAPI first graders in Hawaii.

NCIPC uses the public health model to guide programmatic activities, a model which includes surveillance, research to identify risk and protective factors, testing promising interventions through demonstration projects; and implementation of interventions judged to be effective. Only the latter two of these steps are appropriate for community participation. The programs for which progress is reported are projects in which community based organizations and community residents participate in prevention activities.

The Tuberculosis Elimination (TBE) program resources have allowed for the employment of indigenous health care workers and laboratory staff in all funded locations, including Hawaii. Indigenous staff are best able to address the unique challenges to implementing known disease control strategies in their respective jurisdictions. In Hawaii, TB program staff has worked with the local Chamber of Commerce and a local AM radio station to provide educational programming about TB in Vietnamese, Laotian, Marshallese, Samoan and Visayan.

Efforts are underway to translate key TB medical nursing and laboratory procedures into Marshallese and Micronesian languages, this will allow for better specimen collection from those populations.

All public health laboratory supervisors from the U.S. associated Pacific Island Jurisdictions (PIJs) attended training on TB and STD benchwork techniques, furthermore, they were all certified to ship according to International Air Transport Association standards which will insure greater laboratory services for their individual communities. This decision was reached through meetings, conference calls, and site visits with the Pacific Islands and the Pacific Islander Jurisdiction AIDS Action Group (PIJAG).

CDC's NCCDPHP provided \$416,918 in funding through cooperative agreement to NAWHO to increase awareness, and to develop and implement training materials on Breast and Cervical cancer in Asian women for a broad base for health care providers. By providing funding to Asian American and Native Hawaiians and other Pacific Islanders (AA&NHOP) organizations, CDC's NCCDPHP improved delivery of services to the AAPI communities.

Referring to the six WHIAAPI strategic goals, assess the performance of your Division and list one or two areas where outcomes have fallen short of expectation, indicating future action steps for improvement.

In FY 2002, NIOSH Health Disparities Taskforce was formed to examine existing activities and to identify gaps and priorities that NIOSH could address through its research, surveillance, prevention and information/capacity building activities. From this taskforce, a report was developed "Priorities for Addressing Health Disparities Among Workers: Research, Surveillance, Intervention, and Information and Dissemination" that will guide NIOSH in its future efforts. NIOSH, for example, has developed materials in languages other than English (most notably, Spanish). However, there are future plans to increase and ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders. The Western Center for Agriculture Health and Safety at University of California, Davis, for example, is conducting a joint project with individuals in Hawaii to develop and test pesticide use risk reduction materials for Filipino farmers and agriculture workers in the Western United States.

During FY 2003, NCID will increase its efforts in recognizing and including Native Hawaiians and Pacific Islanders in federal programs and services by increasing AAPI student participation in our James A. Ferguson Fellowship Program. We will continue to fund the American Indian Science and Engineering Society (AISES) Internship Program, and increase our participating in recruitment efforts targeting AAPIs. The Center plans to fund research proposals involving AAPIs and their communities during this fiscal year.

NCIPC is working with grantees to improve implementation of action plans for preventing sexual and intimate partner violence. Several grantees appeared overly cautious in getting interventions started, thus delaying access by community residents or reaching fewer community residents than planned. NCIPC is

emphasizing breadth of services to community residents during quarterly conference calls to discuss grantee progress.

CDC's NCHSTP has a successful history of providing resources and technical assistance to the U.S. associated PIJs. Some programs have seen a decline of TB cases. Nevertheless, even with a strong basis for optimism that control of TB would be achieved, this optimism has never fully been realized. The Division, therefore is proposing enhanced directly observed therapy program, enhanced laboratory services – including a regional lab in Guam, increased on site administrative help in the Marshall Islands, and new educational materials in native PIJ languages. All of the proposed activities are pending availability of additional funding.

CDC's NCHSTP seeks to find more effective ways to hire Asian Pacific Islanders or Native Hawaiians who are working in the public health field to work at CDC so that our HIV/AIDS prevention programs can benefit from their expertise. Potential ways to enhance this process would be to develop aggressive marketing strategies to the target populations through the Web sites, newsletters, and our funded grantees.

CDC's NCCDPHP plan to increase its efforts to strengthen and sustain Asian American and Pacific Islander community capacity by enhancing programs and initiative directed at the unmet needs of AAPIs. We will increase participation in outreach activities targeting AAPI populations to include holding educational seminars and training programs for professionals.

Finally, please describe one or two public/private partnerships your Division has undertaken as part of your efforts to meet the needs of AAPIs.

In addition to the partnership with the Hawaii Department of Health, NIOSH has undertaken various risk assessment research projects involving the AAPI population: Lung Disease in Chinese Textile Workers, a cohort study of cotton and silk textile workers in China to estimate the respiratory effects of dust and endotoxin exposure; and Evaluation of a High-Risk Worker Notification of Dry Cleaners Exposed to PCE (perchloroethylene) an intervention effectiveness study of a high-risk worker notification about the risk of exposure to PCE and other solvents.

As a part of NCID's efforts to meet the needs of AAPIs, APEC EINET submitted a contract to the National Library of Medicine (now pending) to create a formal electronic test-bed for evaluating public health surveillance, diagnostic and training applications in the Asia Pacific region in collaboration with international partners such as the Asia Pacific Research University and the Asia Pacific Advanced network. APEC has begun a WHO-funded project to investigate the impact of epidemics in Asia and elsewhere on trade volumes and revenues through case studies undertaken as part of the process of revising the WHO International Health Regulations. The goal is to document the effects of epidemics on global trade.

NCIPC requires that community based organizations collaborate with the local health department, and other local or state institutions in carrying out the goals and objectives of prevention projects. Most often, local academic institutions are engaged by CBOs to develop evaluation plans, and often to implement the data collection and interpretation aspects of those plans.

As part of an InterAgency Agreement (IAA) with the Health Resources and Services Administration (HRSA), CDC's TBE Program will assist the Pacific Island Health Officer Association (PIHOA) to design and implement the inaugural meeting of the Pacific Island TB Controller's Association (PITCA). The goals of the IAA are to (1) speed the decline of TB in the Pacific Island Basin through greater networking and cross-regional exchange of information and referral of TB patients and laboratory specimens; (2) assist participants to identify opportunities for better education, training and capacity-building of their jurisdictions' TB programs and laboratories; (3) generate feedback to the Federal partners about administrative or policy barriers at that level; (4) identify or generate a set of jurisdiction-level TB prevention and control and laboratory practices that have the potential to be used by other jurisdictions; and (5) establish an effective and self-directed Pacific Island TB Controller's Association.

CDC's NCCDPHP plans to increase its efforts to strengthen and sustain Asian American and Pacific Islander community capacity by enhancing programs and initiative directed at the unmet needs of AAPIs. We will increase participation in outreach activities targeting AAPI populations to include holding educational seminars and training programs for professionals.

Performance Results and Outcomes

Goal 1: Institutionalize each federal agency's implementation of the White House Initiative on Asian Americans (WHIAAPI).

FY 2002

Division: CDC Office of Minority Health (OMH)

Goal 1: Institutionalize each federal agency's implementation of the White House Initiative on Asian Americans (WHIAAPI).

Objective:

HHS Divisions and sub-entities will ensure that AAPI issues are addressed in their plans.

Strategy:

Through an existing Centers for Disease Control (CDC)/Agency for Toxic Substances Disease Registry (ATSDR)

Minority Initiative Coordinating Committee (CAMICC), AAPI initiative and other activities will be addressed.

Sub-committee formed as needed to address specific AAPI issues. Customize and develop guidelines as necessary for reporting AAPI activities.

Results:

CDC/ATSDR Minority Initiatives Coordinating Committee (CAMICC) members have been providing significant contributions to the annual AAPI implementation plan, updated AAPI inventory and program activities reported to the Office of Minority Health (OMH).

Outcome:

There are planned projects and initiatives and continuing activity specifically for AAPIs.

Goal 2: Improve data collection, analysis, and dissemination for Asian Americans and Pacific Islanders.

Division: CDC National Immunization Program (NIP)

Goal 2: Improve data collection, analysis, and dissemination for Asian Americans and Pacific Islanders.

Objective:

Assessment and training of Vietnamese physicians on hepatitis B immunization of teenagers in eight major metropolitan areas in New Jersey, New York, District of Columbia, Illinois, Texas, Washington, and California.

Strategy:

Implement changes in vaccination policies and procedures for adolescent patients in Asian physician offices through a bicultural bilingual trainer spending a few hours in the office providing the office-specific hepatitis B vaccination coverage data and demonstrating the tools necessary to improve coverage to the physician and office staff.

Results:

From Mar-Dec, baseline data collection was completed in 7 of 7 study sites (24 offices). The seven study sites were Houston, Texas; New Jersey; Chicago, Illinois; Seattle, Washington; San Francisco, California; Los Angeles/Orange Counties, California; and Fairfax County, Virginia. Data collected included a knowledge, attitude, and practice survey of physicians and an assessment of vaccination histories by chart review of adolescent charts for documentation of hepatitis B vaccinations and charts of children aged 2 years for documentation of all the routine vaccinations. A random sampling of 1200 adolescent charts from a total adolescent population of 20,000 documented hepatitis B vaccination series start/finish rates were 44.5%/38.2%. From 16 of the offices with patients aged 2 years, a total of 305 charts were assessed. Combined crude documented start/finish rates among children aged 2 years were 58.7%/47.2%. Feedback of documented vaccination rates been provided to the physicians and office staff in 24 offices, and training on vaccination barrier reduction has been provided to 1-2 intervention Vietnamese physician offices in each of the 7 completed study sites.

Outcomes:

\$63,000; The baseline data collection phase indicates that implementation of this strategy is feasible. Physician and staff cooperation is possible without incentives. In VFC-enrolled Vietnamese physician offices: 1) baseline knowledge about the importance of hepatitis B vaccination among adolescent Asians is low; 2) use of protocols and tools recommended to improve vaccination rates is uncommon; and 3) documented hepatitis B vaccination coverage is low among adolescents and young children aged 2 years. These findings indicate that significant improvements are needed. If effective, the interventions planned for the 2nd year of this study can be used in other areas with large populations of Vietnamese physicians, and the concept could be expanded to address racial and ethnic immunization disparities in other populations.

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders

Objective:

Expand opportunity for training to better address the multiple cultures and issues facing the Micronesians; increase the availability of TA to develop HIV prevention and interventions that are culturally and linguistically appropriate; address how inter-island migration and travel impacts HIV prevention efforts.

Strategy:

Identify funds to support travel and cultural competent HIV prevention training.

Results:

NM: Delayed to FY-2003

Outcomes:

NAv

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objective:

Expand CDC based training for goal and promote visits to Pacific Island entities to enhance cultural competence, promote existing educational products

Strategy:

Hold annual cultural competence training with representatives from Pacific Island jurisdictions.

Results:

NAv

Outcomes:

NAv

FY 2002

Division: CDC National Center for Injury Prevention and Control (NCIPC)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objective:

Develop and implement a model based on scientific evidence for preventing sexual and intimate partner violence among college-aged Asian American women.

Strategy:

Through the NAWHO, the program will help the Asian American women build leadership skills and empower them to engage in healthy, non-violent relationships and to advocate for change in responding to sexual and intimate partner violence.

Results:

Convened the following activities: (1) Asian American Women's Discussion Focus Groups, 2) two Violence Prevention Conferences for college campus and social service providers; 3) two violence Prevention Leadership Institutes for training female college students to implement SV and IPV educational projects, (4) implemented an Asian American Community Education Campaign to raise awareness of SV and IPV and to empower young AA women to seek assistance, and (5) a Working Partners Council comprised of ten local, regional, and national organizations currently working in the fields of SV and IPV.

Outcomes:

Funding: \$233,305; 3590 (est.) AAs served.

FY 2002 CDC National Center for Injury Prevention and Control (NCIPC)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objective:

Use Native Hawaiian values, beliefs, and practices to address intimate partner violence and sexual violence among Native Hawaiian perpetrators and victims.

Strategy:

- a. Through the Turning Point for Families, Inc, develop, implement and evaluate ...
- b. Decrease the incidence, severity, and types of violence perpetrated by Native Hawaiian...
- c. Enhance self-care and agency among Native Hawaiian women who...

Results:

1) Developed a curriculum and an evaluation protocol. 2) began implementation activities in late FY 02; 3) formed and convened an advisory committee comprised of representatives from the 7 collaborating agencies.

Outcomes:

Funding of \$370,477; 650 (est.) # served.

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objectives:

Facilitate linkages into the AAPI communities to provide TA and training on culturally competent and linguistically appropriate breast and cervical cancer screening program.

Strategies:

Provide funding to Asian American and Native Hawaiians and other Pacific Islanders (AA&NHOP) organizations

Results:

Improved service delivery.

Outcomes:

Approximately \$800,000 funded.

Division: CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objectives:

Replicate and disseminate cultural competency training on Breast and Cervical cancer in Asian women for a broad base of health care providers.

Strategies:

Provide funding through cooperative agreement to the National Asian Women's Health Organization (NAWHO) to replicate and disseminate cultural competency training on breast and cervical cancer in Asian women for health care providers, allied health personnel, and other personnel employed by CBOs. NAWHO will develop and implement training materials entitled "Communicating Across Boundaries."

Results:

Increased awareness; developed and implemented training materials.

Outcomes:

Approximately \$400,000 funded.

Division: CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Goal 3: Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objective:

Reduce infant mortality by county and ethnicity among AAPIs in Hawaii

Strategies:

Develop culturally appropriate and community-based intervention strategies to reduce infant mortality disparities by county and ethnicity among AAPIs in Hawaii.

Results:

No more than 5 infant deaths per 1,000 live births.

Outcomes:

Approximately \$50,000 funded.

Division: CDC National Immunization Program (NIP)

Goal: 3 Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objective:

Reduce Perinatal Hepatitis B transmission among AAPIs by 95 percent.

Strategy:

Funding of a Hepatitis B Coordinator in every state whose primary responsibility is to identify and conduct case management for infants born to HBsAg positive women. While the program is not targeted towards specific racial and ethnic groups, 55% of identified families are Asian American.

The program 1) screens all pregnant women for HBsAg at each pregnancy, 2) identifies HBsAg positive pregnant women, 3) reports these women to the health department, 4) administers hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth to exposed infants, 5) ensures that these infants complete the hepatitis B vaccine series by 6 months of age and 6) conducts post vaccination serological testing to determine if any infant is infected.

Results:

Program funds a Hepatitis B Coordinator in every state through CDC's NIP for the past 11 years to identify and track hepatitis B surface antigen (HbsAg) positive women, their infants, and household and sexual contacts to prevent chronic hepatitis B infection. The risk of transmission without vaccination is 25% - 40% for those infants born to mothers who are HbsAg positive. Strategy successful in reducing perinatal hepatitis B transmission rates from an estimated 25-40% to 1-2%.

Outcomes:

\$7-10 million est. annually;

In a survey of State Perinatal Hepatitis B Prevention Programs conducted in 2000, NIP determined that approximately 55% of HBsAg positive pregnant women were Asian. In 2001 10, 571 infants born to HBsAg positive pregnant women were identified by state programs. Of those, 4,307 (41%) infants were tested to determine whether they were infected with hepatitis B virus during delivery, of whom 102 (2%) were found to be infected. Given that the risk of perinatal hepatitis B transmission is 24-50% without any prophylaxis, the program has been very successful in reducing cases perinatal hepatitis B.

Division: CDC National Immunization Program (NIP)

Goal: 3. Ensure access, especially linguistic access and cultural competence, for Asian Americans and Pacific Islanders.

Objective:

Create a national partnership with the National Asian Women's Health Organization (NAWHO).

Strategy:

Strengthen the cultural competence of the health care system to better serve Asian Americans in the area of immunizations by providing immunization information on the NAWHO website, with more than 15,000 hits per month; promote speaking engagements targeted toward health professionals; and translate immunization information into Chinese, Cambodian, Korean, Laotian, Vietnamese, and South Asian languages.

Results:

NAWHO is entering Year 5 of funding for the immunization program. They are targeting Asian Americans in local communities (more than half a million people) through media outlets, etc. Cultural competency training for health care providers is being promoted. Immunization information has been translated into Chinese, Cambodian, Korean, Laotian, Vietnamese, and South Asian languages.

Outcomes:

\$240,000; 9 community-based organizations (CBO) served affecting more than 500,000 individuals.

Goal 4: Protect civil rights and equal opportunity for Asian Americans and Pacific Islanders.

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 4: Protect civil rights and equal opportunity for AAPIs.

Objective:

Ensure confidentiality of patient information, funding parity, and equal access to all federal resources.

Strategy:

Hire AAPIs in key positions that will advocate for their areas of needs. Distribute funding notices electronically. Continue to develop the capacity of the AAPIs.

Results:

All job vacancy notices for project officer and team leader positions mailed to AIDS Directors in the Pacific Islands. Discussion to create a GS-13, Public Health Advisor field position that would be stationed in Guam to support the programmatic needs of the 6 territories. All DHAP funding notices are distributed to our grantees in both hard copy and electronic formats.

Outcomes:

No applications were received. DHAP did not have an FTE to implement the GS-13 PHA field position. In Fiscal Year 2002, \$600,000 to be distributed to all 6 Pacific Islands to increase their base awards for the purpose of strengthening their HIV prevention programs at all levels.

Goal: 5 Strengthen and sustain Asian American and Pacific Islander community capacity.

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 5: Strengthen and sustain Asian American and Pacific Islander community capacity.

Objective:

Increase availability of training opportunities that encourage laboratorians, tuberculosis (TB) program coordinators and other related health professionals to address TB and HIV laboratorian testing proficiency and capacity.

Strategy 1:

Promote and promulgate a 2.5 day-training in Hawaii for 10 people, 3 sites.

Results:

Completed 5 day training,, 7 sites;.10 faculty from CDC, WHO, California and Hawaii trained 10 lab supervisors from Guam, Palau, Federated States of Micronesia, Marshall Islands and American Samoa.

Outcomes:

\$40,000;

Strategy 2:

Training would include acid-fast staining, collection, preservation, packing and shipping of specimens, and an overview of methods used for mycobacterial culture and drug susceptibility testing.

Results:

Focus on TB /STD benchwork techniques; all participants certified in packing/shipping per IATA; shipping to reference lab improved.

Outcome:

N/Av

Division: CDC National Immunization Program (NIP)

Goal: 5. Strengthen and sustain Asian American and Pacific Islander community capacity.

Objective:

Increase the capacity of Asian American communities to conduct effective immunization education and service delivery.

Strategy:

The central component of the National Asian Women's Health Organization (NAWHO) program is the support of community-based organizations (CBO) through subcontracts. The CBOs conduct education projects to raise immunization awareness and knowledge among Asian Americans, promote positive health-seeking behaviors and encourage health care providers to eliminate missed opportunities in giving vaccinations or immunization information to their patients.

Results:

\$110,000; 9 CBOs served and more than 215,000 Asian Americans reached with educational materials.

Outcomes:

As a result of educational activities by above organizations, pre/post test analysis shows about 70% of Asian Americans surveyed know where to get information on the safety of vaccinations; 76% of Asian Americans are confident that they can find a place to get immunizations; 76% of Asian Americans intend to make sure that they have all the necessary immunizations; about 66% of those surveyed know what immunizations are needed and when, and 68% surveyed agree that immunization information is readily available to them.

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

FY 2002

Division: CDC National Center for Infectious Diseases (NCID)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

The Asian-Pacific economic Cooperation (APEC) Telecommunications Network for emerging infectious disease continues to develop and enhance its communications technology-based approach to prevent emerging infectious diseases related to trade and travel within the 21 economies of APEC consortium.

Strategy 1:

Create and/or enhance working relationships among organizations responsible for trade, travel, and public health on the Pacific Rim.

Results:

Communications technology-based approach to prevention of emerging infectious disease related to trade and travels developed and enhanced.

Outcomes:

APEC EINET is based at the University of Washington in Seattle. Its cooperative agreement with CDC is in a no-cost extension phase. CDC funding (which launched APEC EINET in the late 1990s) ended in FY 2001.

The countries that have reported significant numbers of probable or confirmed cases of Severe Acute Respiratory Syndrome (SARS) – China, Hong Kong China, Singapore, Thailand, Canada, and the United States – are all members of APEC. APEC EINET has enable health professionals in these countries to compare first-hand experience in diagnosing and managing cases of SARS at a very early stage of the epidemic

Strategy 2:

Extend the capacity of APEC's developing economies to use information technology and the Internet for alerts and surveillance information locally, nationally, and internationally.

Results:

Communications technology-based approach to prevention of emerging infectious disease related to trade and travel developed and enhanced.

Outcomes:

An APEC Action Plan on SARS has been developed, and will be introduced at the next meetings of APEC Senior Officials (SOMII) and of Ministers Responsible for TRADE (MRT). The Plan will emphasize transparency and containment. Its aim is to build confidence by (i) aiming for standard screening procedures, avoidance of duplication at entry/departure points, mutual recognition of screening procedures; (ii) seeking a coordinated approach to public education and travel advisories; and (iii) developing a communications package that highlights standard practices and mutual confidence in response to SARS.

APEC EIDNET hosted a "Network of Networks" meeting at the University of Seattle, attended by representative from 17 APEC economics and 3 electronic public health networks (the Pacific Island Public Health Surveillance Network (PacNet), the Meking Basin Surveillance network, and the Early Warning Outbreak Recognition System (EWORS). Funding was provided by DOD, State, and DHHS/OGHA through a cooperative Agreement with CDC.

Strategy 3:

Provide health professionals with technical content, direction, and Internet-based resources for learning and technical content direction, and Internet-based resources for learning and teaching about emerging

infectious diseases in Asia and Pacific regions.

Results:

Two epidemiologists were assigned to the Asia Pacific region in late 2002.

Outcomes:

These epidemiologists will continue to synergize the efforts of APEC EINET, PacNet, and other regional infectious disease surveillance networks, helping to develop the “network of networks” for monitoring emerging health threats in the Asia Pacific region.

Strategy 4:

Bring academic institutions closer together and creating a collaborative learning environment.

Results:

Communications technology-based approach to prevention of emerging infectious disease related to trade and travels developed and enhanced.

Outcomes:

APEC EINET intensified its efforts to enhance training in telecommunications by (1) creating an online course in public health informatics (funded by APEC); (2) providing a training position for Asian scholar in informatics and disease surveillance at the APEC EINET in Seattle (funded by APEC); and (3) updating course materials on emerging infectious diseases. These materials will be tested and launched as APEC EINET teaching tools.

An evaluation of APEC EINET’s experience in distance-learning was published in the Journal of International Medical Informatics (Volume 60(1): 57-62, 2002).

APEC EINET submitted a contract to the National Library of Medicine (now pending) to create a formal electronic test-bed for evaluating public health surveillance, diagnostic and training applications in the Asia Pacific region in collaboration with international partners such as the Asia Pacific Research University and the Asia Pacific Advanced Network (APAN).

A potential application for realization in a high speed networking environment is an Asia Pacific version of PulseNet system, the U.S. early warning system for food borne diseases. PulseNet compares the molecular fingerprints of bacterial isolates from many different sources. It can trace the source of an outbreak to shipments of contaminated food bought and consumed at different locations.

APEC EINET has begun a WHO-funded project to investigate the impact of epidemics in Asia and elsewhere on trade volumes and revenues through case studies undertaken as part of the process of revising the WHO International Health Regulations.

FY 2002

Division: CDC National Center for Infectious Diseases (NCID)

Goal: 6 Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Provide technical consultation to the Pacific Islander Health Officers Association.

Strategy:

Provide technical advice and laboratory capacity to support the investigations of Hepatitis B and Hepatitis C control programs in the Pacific jurisdictions.

Results:

Supplies for laboratory services purchased; laboratory technical capacity support and investigations of Hepatitis B and C provided.

Outcomes:

Assisted Palau in the formation of an institutional review board. Prepared for Hepatitis B program evaluation that took place in Palau (2002). Enrollment of participants is beginning (in Palau) in a study to evaluate long-term Hepatitis B vaccine efficacy.

FY 2002

Division: CDC National Center for Infectious Diseases (NCID)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Provide funding for 34 state-based Hepatitis coordinators; establish 5 new sites.

Strategy:

Recruit Hepatitis coordinators.

Results:

Provided funding for 48 Hepatitis C coordinators; recruited coordinators to fill 39 of 48 positions.

Outcomes:

\$3,000,000

FY 2002

Division: CDC National Center for Infectious Diseases (NCID)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

In collaboration with the Department of Interior, Office of Insular Affairs, provide funding for Hepatitis B research and implementation of Hepatitis B control programs to the United States associated Pacific jurisdictions.

Strategy:

Provide technical advice and laboratory capacity to support the investigations of Hepatitis B and Hepatitis C control programs in the Pacific jurisdictions.

Results:

Supplies for laboratory services purchased; laboratory technical capacity support and investigations of Hepatitis B and C provided.

Outcomes:

Assisted Palau in the formation of an institutional review board. Prepared for Hepatitis B program evaluation that took place in Palau (2002). Enrollment of participants is beginning (in Palau) in a study to evaluate long-term Hepatitis B vaccine efficacy.

FY 2002

Division: CDC National Center for Infectious Diseases (NCID)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Evaluate the impact of Hepatitis B immunization in AAPI children and their family members.

Strategy:

Begin Hepatitis B virus survey program in Georgia, involving 500 to 1,000 AAPI children and family members, and 1,000 to 3000 AAPI first-graders in Hawaii.

Results:

Hepatitis B survey program implemented, outreach activities developed.

Outcomes:

\$250,000 provided. Enrollment of participants in Georgia has begun. Currently 137 families with 665 persons including 213 children born after 1992 have been enrolled. Enrollment of participants in Hawaii has been completed (target 2500; enrolled: 2471). Clinics have been completed and immunization data is being validated.

FY 2002

Division: CDC National Institute for Occupational Safety and Health (NIOSH)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Establish relations between cause and effect hampered by a lack of defined human cohorts, verification of exposure and the lack of quantitative index of brain tissue damage.

Strategy:

Recruit men with Parkinson's disease and Alzheimer's dementia in the autopsy subset of the Honolulu Heart Program cohort.

Results:

Publication documented indicators of brain damage in AAPI patients with Alzheimer's and Parkinson's disease.

Outcomes:

\$523,026; 8,006 (est) AAPIs enrolled.

FY 2002

Division: CDC National Institute for Occupational Safety and Health (NIOSH)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Provide National Research Council (NRC) post-doctoral visiting fellowship program.

Strategy:

Conduct research of their choice compatible with the interest of the NIOSH laboratories.

Results:

Advance training and experience of AAPI scientists that contributed to the productivity of NIOSH's research.

Outcomes:

\$337,560; 8 AAPIs employed

FY 2002

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Improve surveillance system by utilizing CDC developed software for reporting TB cases – TIMS.

Strategy:

Meet with World Health Organization (WHO) about using a standard data collection tool.

Results:

Cases in TB patients are being reported from Guam, Palau and CNMI using the CDC developed software. Other U.S. associated (PIJs) reporting TB cases using WHO registry. Ongoing collaboration is planned.

Outcomes:

AAPIs from the 6 closely associated PIJs benefit from accurate and timely morbidity reporting.

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Resolve the problem surrounding the transshipment of infectious or diagnostic materials throughout the communities of FSM, RMI, American Samoa, Republic of Palau, Guam, CNMI and Hawaii to the mainland as necessary.

Strategy:

Set up meetings between CDC, project officers, program consultants and medical officers in conjunction with various stakeholders in the Pacific Island Basin (PIB) such as the Pacific Basin Medical Association, the Pacific Islands Health Officers Association (PIHOA), WHO, selected principals from TB and HIV programs, representatives from airlines servicing the Pacific Islands Basin, representatives from the International Air Transport Association via live video conference or onsite.

Results:

Meeting was held in July 2002. Thirty participants, including those from above list, attended. Discussion was based on safer, reliable and legal shipments of infectious and diagnostic laboratory specimens.

Outcomes:

Continental Air Mirconesia has rescinded restrictions on shipping diagnostic specimens throughout Micronesian routes terminating on the east in Hawaii; however, no flights to the mainland are authorized. Gemini Air Cargo carries laboratory specimens from American Samoa to Hawaii. Asian Pacific Airlines now carry specimens from Majuro, Marshall Islands into Hawaii. TNT and Courier Corp of Hawaii are forwarding specimens to California with help from Hawaii lab staff.

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Utilize cooperative agreements (COAG) to fund TB prevention, control and laboratory efforts in the Pacific Island Basin (PIB) and Hawaii.

Strategy:

Send out, promote and promulgate the COAG. Conduct routine site visits to discuss goals and objectives.

Results:

All PIJs and Hawaii received TB funding; All sites except American Samoa had on-site visits. American Samoa was able to attend special training.

Outcomes:

Technical experts from CDC, WHO and the California Regional Reference lab have visited TB lab supervisors, TB program managers and TB physicians on site in Guam, Palau, Federated States of Micronesia, Marshall Islands, CNMI and Hawaii.

Division: CDC National Center for HIV, STD and TB Prevention (NCHSTP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Further develop and strengthen relationship between CDC/DHAP and the Native Hawaiian and Pacific Islander HIV prevention partners currently funded through HIV prevention cooperative agreement.

Strategy:

Increase mechanisms for communication and feedback and conduct routine site visits.

Results:

The CDC/ DHAP Prevention Program Branch Project Officer conducts monthly conference calls with the Pacific Islands Program Coordinators. Also, regularly communicates via e-mail with the program coordinators. The Prevention Program Branch budgets for the project officer to conduct two site visits a fiscal year to the Pacific Islands. The Pacific Island grantees are required to attend 2 national programmatic meetings a year in the State's; Community Planning Leadership Summit and the National HIV, STD, and TB Prevention Conference. In addition, in FY-2002 DHAP traveled all 6 Pacific Island HIV Coordinators to Hawaii to improve their understanding of CDC program requirements and address various programmatic and training issues.

Outcomes:

These meetings help to strengthen relationships between CDC/DHAP and our Native Hawaiian and Pacific Islander HIV prevention partners.

FY 2002

Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Collect results and analyze Youth Risk Behavior Survey (YRBS) from the Pacific Region including American Samoa, RMI, CNMI, Palau, Guam, and Hawaii.

Strategies:

Publish Results and analysis of data collected in the 2001 YRBS from the Pacific Region. The Pacific Region will conduct the 2002 YRBS to all public middle and high schools.

Results:

Analyzed data from YRBS 2002/2003

Outcomes:

\$45,000

Lead Entity/Contact:

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:
Establish a Pregnancy Risk Assessment Monitoring System (PRAMS) in Hawaii.

Strategies:
Conduct quantitative and qualitative research in collaboration with the Hawaii Department of Health to identify risk and protective factors for infant mortality and factors contributing to the observed disparities.

Results:
Conducted quantitative and qualitative research; decreased infant mortality.

Outcomes:
\$136,479

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Identify risk and protective factors for infant mortality.

Strategies:

Conduct quantitative and qualitative research through community involvement, media, policies and surveillance and evaluation. Discourage youth access to tobacco products. Decrease exposure to secondhand smoke. Encourage youth and adults to quit smoking. Empower youth through advocacy projects. Create media campaigns through television, radio, cinema ads, mall kiosk ads and media events.

Results:

Identified risk and protective factors.

Outcomes:

\$800,000 and \$120,000 each to 5 U.S. associated Pacific jurisdictions.

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Develop National Program of Cancer Registries (NPCR) in Palau.

Strategies:

Plan and implement National Program of Cancer Registries. Develop model legislation and regulations for states to enhance the viability of registry operations. Set standards for data completeness, timeliness, and quality to provide training for registry personnel. Establish a computerized reporting and data-processing system that provide useful feedback for evaluating progress toward cancer control in all states and territories.

Results:

Planned and implemented National Program for Cancer Registries and enhanced the viability of registry. Developed training for registry personnel. Established computerized reporting.

Outcomes:

\$14,574 to Palau

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Establish and strengthen school health education programs that address youth risk behaviors that result in HIV infection, sexually transmitted disease, and unintended pregnancy.

Strategies:

Provide funding to state and territorial education agencies.

Results:

Developed and trained school personnel and held the Annual PRTHIV Conference. Continued the training of school personnel. Evaluated effectiveness of HIV prevention program. Developed an at-risk prevention plan at the schools and completed AIDS supplementary guide in Hawaii. Provided assistance to high-risk youth through RMI Ministry of Education. Successfully piloted a health education curriculum for middle school.

Outcomes: \$594,055.

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Develop strategies to eliminate health disparities among Asian Americans, Native Hawaiians and other Pacific Islanders.

Strategy:

Provide funding to community coalitions through REACH 2010 Demonstration Project (Three projects working with Asian-American and Pacific Islander populations funded via competitive process).

Results:

Build capacity. Action targeted. Changed systems. Change in risk and behavior. Initiated change in health disparity.

Outcomes: \$35,000 total base program budget

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Support effective youth violence prevention research that involves communities.

Strategies:

National Academic Centers of Excellence on Youth Violence, University of Hawaii at Manoa, will promote interdisciplinary research to foster collaboration between researchers and communities and empower communities to address youth violence.

Results:

Empowered community and developed effective youth violence interventions.

Outcomes:

N/A

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Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Provide resources for rape prevention and education programs to rape crisis centers, state and territory sexual assault coalitions, and other public and private nonprofit entities.

Strategies:

Strategies included conducting education seminars; operating hotlines; conducting training programs for professionals; preparing informational material. Education and training programs for students and campus personnel were designed to reduce the incidence of sexual assault at colleges and universities. Education and training developed to increase awareness about drugs to facilitate rapes or sexual to increase awareness in underserved communities and awareness among individuals with assaults. Efforts were made to increase awareness about, or to help prevent sexual assault, including disabilities (Guam and Hawaii Department of Health).

Results:

Held educational seminars and established hotlines and conducted training programs for professionals. Prepared informational material and conducted educational and training programs for students. Increased drug awareness and the awareness how to prevent sexual assaults.

Outcomes:

N/A

Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Develop, implement, and evaluate system-based Diabetes Prevention and Control Programs (DCPs).

Strategies:

Conduct DCPs in AAPI communities in the U.S.-associated Pacific Island jurisdictions and in states that have significant numbers of AAPIs.

Results:

Implemented and evaluated access to and quality of care for populations with diabetes.
Reduced death, disability, and costs related to diabetes.

Outcomes:

\$320,394 (HI) Dept of Health, \$74,832 to American Samoa, \$115,161 (Guam), \$47,860 (Palau), \$70,378 Micronesia, \$488,399 Northern Marianan.

Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Maintain a Regional Center to foster community involvement and action to address the burden of diabetes in the Pacific Basin.

Strategies:

Utilize and build upon CDC's "Diabetes Today" community planning model.

Results:

Provided community training sessions 2-3 times per year.

Outcomes:

\$472,512 to Papa Ola Lokahi Diabetes Training Center

Division: CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Through the National Diabetes Education Program (NDEP), develop program to reduce morbidity and premature mortality due to diabetes.

Strategies:

Fund two national organizations representing AAPI populations to address the NDEP, and to facilitate delivery of culturally appropriate NDEP prevention and control messages through community-based delivery channels and interventions. Target NDEP awareness campaigns for AAPI populations, translate campaign materials, distribute media kit and a press release, and diabetes facts, information e.g., radio scripts, print ads. Conduct activities to tailor NDEP messages to be culturally and linguistically relevant to the AAPI populations through the Community Intervention Workgroup with an active AAPI subgroup.

Results:

Funded two national organizations to represent AAPI populations. Developed NDEP awareness campaigns for AAPI populations. Translated campaign materials and distributed media kits. Conducted activities tailored messages to be culturally and linguistically relevant.

Outcomes:

\$409,856 to the Association of Asian Pacific Community Health Center and \$361,122 to the National Asian Women's Health Association.

Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Develop and implement a multi-center collaborative Diabetes Translation Research Initiative and Translating Research into Action for Diabetes (TRIAD) within managed care settings in Hawaii.

Strategies:

Collaborate with the Pacific Health Research Institute (PHRI) to improve the quality of health care for persons with diabetes focusing on managed health care plans in Hawaii.

Results:

TRIAD within managed care setting and developed a multi-center Diabetes Translation Research Initiative.

Outcomes:

\$586,518

Division: CDC National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Support initiative to mobilize for the prevention and control of tobacco use through the National Tobacco Prevention and Control Program.

Strategies:

Provide funding to 50 states, seven territories, and the District of Columbia. Provide resources, training, program guidance, information and education. Implement state and local tobacco prevention and control initiatives. Provide additional funding to 11 national organizations that reach and serve specific racial/ethnic populations at high risk of using tobacco. Build culturally appropriate tobacco control programs.

Results:

Provided resources, training, program guidance, information and education, and implemented state and local tobacco prevention and control initiatives. Provided additional funding to 11 national organizations to serve at risk populations. Initiated culturally appropriate programs.

Outcomes: Hawaii \$623,533, American Samoa \$114,730, Guam \$154,528, Micronesia \$154,551, Northern Mariana \$71,654, Republic of Palau \$176765.

Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Demonstrate evidence of AAPI women being screened through minimum data elements reported twice yearly by each screening program to the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

Strategies:

In collaboration with Departments of Health, provide breast and cervical cancer screening in Hawaii, American Samoa, CNMI, Guam and Palau.

Results:

Screened AAPI women in the U.S. associated jurisdictions.

Outcomes: \$829,660 to Hawaii, \$323,856 to American Samoa, \$692,311 to Palau, \$134,267 to CNMI, and \$320,581 to Guam.

Division: CDC National Center for Chronic Disease Prevention and Health Promotion
(NCCDPHP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objectives:

Support Preventive Health and Health Services Block Grant to support categorical programs to states that have insufficient funds.

Strategies:

Fund at least 33 health problems and 100 health status objectives of Healthy People 2010 in the areas of breast and cervical cancer, diabetes, HIV/AIDS prevention, nutrition, and other areas.

Results:

GPRA measure: 85% of the total required data from all programs.

Outcomes: \$1,071,661 (HI); \$302,345 (Guam); \$72,981 (Am. Samoa); \$29,046 (Palau); \$36,031 (Marshall Islands); \$88,201 (Micronesia); \$55,423 (North Mariana Island).

FY 2002

Division: CDC National Immunization Program (NIP)

Goal 6: Recognize and include Native Hawaiians and Pacific Islanders in federal programs and services.

Objective:

Provide federal funds to eligible U.S. and affiliated Pacific Island jurisdictions through the Vaccines for Children (VFC) program and the Section 317 Grant Program.

Strategy:

Provide the opportunity for Pacific Island jurisdictions to apply for federal immunization funds through the VFC program and the Section 317 Grant Program. Provide technical assistance and training to those Pacific Island jurisdictions awarded funds to improve immunization infrastructure and increase immunization rates among eligible children and adults.

Results:

3 Pacific Island jurisdictions awarded funds through the VFC program; 6 Pacific Island jurisdictions awarded funds through the discretionary Section 317 Grant Program.

Outcome:

6 U.S. and affiliated Pacific Island jurisdictions served.

Appendix: CDC Centers, Institute , and Offices

ATSDR	Agency for Toxic Substances and Disease Registry
NCHS	National Center for Health Statistics
NCID	National Center for Infectious Diseases
NIOSH	National Institute for Occupational Safety and Health
NCIPC	National Center for Injury Prevention and Control
NCHSTP	National Center for HIV, STD, and TB Prevention
NCCDPHP	National Center for Chronic Disease Prevention and Health Promotion
NIP	National Immunization Program