



## **CDC/ATSDR AAPI INITIATIVES Fiscal Year 2004 Performance Report**

### **Executive Summary**

This report presents the Centers for Disease Control and Prevention/Agency for Toxic Substances and Disease Registry's (CDC\*) FY 2004 Annual Performance Report for the White House Initiatives on Asian Americans, Native Hawaiians and other Pacific Islanders (AAPI). It provides the overarching goal identified by the agency under which measurable objectives were achieved during the time period, the amount of funds distributed to AAPI community-based organizations and national organizations and state agencies through awards and program activities during this period, the types of programs by categories of funding targeted, and barriers and accomplishments of the programs.

CDC's overarching goal for the FY 2004 AAPI Initiative Annual Performance Report is to "promote health and quality of life by reducing the disproportionate burden of preventable disease, death and injury among specific racial and ethnic populations." Inherent in this goal is the need to enhance and strengthen the capacity of AAPI and other minority and/or majority entities targeting AAPI and Native Hawaiian populations to participate in and benefit from federally-sponsored programs in order that they might participate more effectively in health disparities research and interventions.

During FY 2004, CDC awarded \$ 24.6 million to organizations qualifying under the AAPI Initiative. The categories of funding included research and development; technical assistance; faculty, students, individual recruitment support, student tuition aid, scholarships and other aid; and major agency programs. The total funding represents 12 percent of the \$208 million in CDC awards to AAPI national and community-based organizations, states and U.S-affiliated Pacific Jurisdictions. There were more than 68,174 persons impacted by the programs listed. Some of the most significant activities, programs and projects that contributed to achieving the overarching goal are presented below by CIO.

### **The National Immunization Program (NIP)**

NIP awarded \$11,534,525 to \$14,534,525 to promote health and quality of life among AAPIs through several activities that include: a cooperative agreement with the National Asian Women's Health Organization (NAWHO); the provision of federal funds to immunize children in Pacific Island jurisdictions; the provision of technical assistance and training to Pacific Island jurisdictions; and the support of a Hepatitis B coordinator in every state. The aim of these projects is to raise vaccination coverage rates thus reducing the incidence of vaccine-preventable diseases.

\* Note: References to CDC refer also to ATSDR throughout this report.

## National Center for Health Statistics

The National Center for Health Statistics (NCHS) has been the source of much of the data that describe significant disparities in health, reflecting a decade-long effort to address these issues in major national data systems. Many population-based data systems, such as the National Health Interview Survey and the National Health and Nutrition Examination Survey (NHANES), make concerted efforts to oversample minority populations to increase the reliability of the estimates drawn from scientific data on these groups. To ensure the participation of these groups, NCHS also make special outreach efforts, such as targeted promotional materials for the NHANES.

NCHS provided data indicative of relative and absolute health disparities such as infant mortality and life expectancy; prevalence of and risk factors for hypertension, diabetes, and kidney disease; health insurance coverage and access to care; and smoking and other health behaviors. This dynamic allows the interaction of race and other social, behavioral, and environmental factors and offers a better understanding of the experience of minority groups in the health care system.

Generally, NCHS is not a granting agency and does not usually provide extramural research funds, scholarships, or community oriented public health programs. Instead, NCHS provides high quality population data that is used throughout DHHS to track national objectives, evaluate health programs and policies, and analyze public health issues, such as health disparities. However, NCHS does support CDC's goals and objectives for minority health, and the AAPI, HAA/HSI, HBCU, and TCU executive orders through program activities. Specifically, NCHS supported the initiatives in the Research and Development, Program Evaluation, and Technical Assistance reporting categories during FY 2004.

## The National Center for HIV, STD and TB Prevention

CDC's National Center for HIV, STD and TB Prevention (NCHSTP) consists primarily of the Division of TB Elimination's (DTBE) extensive efforts to prevent, control and eventually eliminate TB in the Pacific Island Basin (PIB). DTBE collaborated with the World Health Organization (WHO), the Secretariat of the Pacific Community, the State of California Tuberculosis Control Program, the Hawaii Department of Health, the Pacific Island Health Officers Association, and numerous other governmental and non-governmental organizations. DTBE goals in the U.S.-associated Pacific Island Jurisdictions (PIJs) are to systematically develop and sustain the capacity for U.S.-associated PIJs TB control programs to appropriately diagnose and treat TB suspects, cases, and contacts; ensure effective use of resources; and foster partnerships that ensure successful programmatic interventions.

In addition to DTBE's extensive efforts in the PIB, NCHSTP's Division of HIV/AIDS Prevention also supported projects that benefit minority populations including AAPIs.

During FY 2004, NCHSTP awarded \$2,638,092 to two recipients of Program Announcement (PA) #04064, "HIV Prevention Projects for Community-Based Organizations" and two recipients of PA # 04019, "Capacity Building Assistance to Improve the Delivery and Effectiveness of HIV Prevention Services for Racial Ethnic/Minority Populations" targeted primarily AAPIs in their programs.

#### The National Center for Infectious Diseases

During FY 2004, CDC's National Center for Infectious Diseases (NCID) awarded \$119,713 to support research and Prevention of Lymphatic Filariasis and Dengue in American Samoa, and Prevention of Methicillin-resistant Staphylococcus aureus. To accomplish the goal in eliminating racial and ethnic health disparities, NCID staff worked in partnership with local and state public health officials, other federal agencies, medical and public health professional associations, infectious disease experts from academic and clinical practice and international and public service organizations. NCID accomplished its mission 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.

#### The National Center for Chronic Disease Prevention and Health Promotion

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) is committed to enhancing and strengthening the capacity of the AAPIs to participate in and benefit from federally-sponsored programs and more effectively participate in health disparities research and interventions. During FY 04, \$342,985 was awarded to the Asian & Pacific Islander American Health Forum (APIAHF) in California to participate in this program. Additionally \$158 million was awarded to National Breast and Cervical Cancer Early Detection Program (NBCCEDP) under PA #02060. The purpose of this cooperative agreement program is to assist low-income, uninsured, underserved and at risk women in gaining access to lifesaving screening programs for early detection of breast and cervical cancers. These programs help women overcome barriers to screening, such as a lack of transportation or child care, linguistic and cultural differences, inadequate access to physician referrals, and fears or concerns about the discomfort, costs, or outcomes that may be associated with screening tests. With assistance supplied by CDC through NBCCEDP, significant progress was made in teaching women about the benefits of screening and early detection and the development of health programs for cancer prevention and control infrastructure enhancement to deliver cancer education and awareness activities for individuals.

## The National Institute for Occupational Safety and Health

During FY 2004, the National Institute for Occupational Safety and Health (NIOSH) distributed approximately \$13,240,829 to nearly 32 institutions/other minority entities for minority health research and training from our occupational safety and health research and training programs. Approximately \$3,114,880 was distributed to minority institutions and other minority entities working on occupational health and safety projects related to AAPI. In addition, NIOSH continued its efforts to recruit minority students to fellowship and summer appointment opportunities. NIOSH conducted research, made recommendations for the prevention of work-related illness, injury and death, and provided training programs in the field of occupational safety and health. Currently, NIOSH is undertaking numerous strategies to address areas where workers are at the highest risk, such as the mining, forestry, construction and agricultural industries. NIOSH continued to support and provide technical assistance for training, research and development, which emphasizes research of minority populations and minority outreach and recruitment. In addition, NIOSH in collaboration with National Institutes of Health (NIH), Veteran's Administration (VA), the Hawaii Department of Health, and the Pacific Health Research Institute, conducted research on occupational exposure to pesticides. The Markers of Neurotoxic Effect project examines the potential role that certain chemicals may contribute to Alzheimer and Parkinson diseases among Japanese-American men.

## The National Center for Injury Prevention and Control (NCIPC)

During FY 2004, the National Center for Injury Prevention and Control (NCIPC) awarded \$1,680,466 for injury prevention programs serving high risk AAPI populations in both violence and unintentional injury with emphasis on use of a systematic approach to fatal and nonfatal injury among this population by defining the problems, identifying risk and protective factors, developing and testing prevention strategies, and assuring widespread adoption of best practices. The highlights of the plan included injury-related research through investigator-initiated projects; funding of injury control research centers, and resource centers for providing technical assistance to community organizations and injury practitioners. Data collection was expanded through the National Electronic Injury Surveillance System and the National Violent Death Reporting System. NCIPC provided Web-based injury statistics to researchers, policy makers, and the public with customized reports about both unintentional and violent injuries. Prevention interventions were expanded to address underserved needs in recreational injury including dog bite prevention, domestic-child maltreatment, injuries among older adults including prevention of falls, technical assistance to organizations working with seniors. NCIPC assisted minority doctoral students in the completion of their injury-related dissertation research, and encouraged minority investigators to build research careers related to the prevention of injuries, disabilities, and deaths. Support of training experiences through internships will be increased in the coming year.

## Office of Workforce and Career Development

Established in October 2004, the Office of Workforce and Career Development (OWCD) is charged with assuring a competent and sustainable public health workforce. OWCD's main program areas include the Strategic Workforce Activity; the Career Development Division; and the Training and Curriculum Services Division. In the near future, OWCD will become the leader and will fill a critical role in shaping the future public health workforce. Through its public health training programs, OWCD serves CDC and the world by providing a cadre of well-trained public health professionals. Traditional training opportunities such as the Epidemic Intelligence Service program, Preventive Medicine Residency program, Public Health Prevention Service program, Public Health Informatics fellowships, Prevention Effectiveness fellowships, undergraduate and graduate medical electives, Knight Journalism fellowships, and the International Field Epidemiology Training Program will continue. New ways and ideas will be sought to work with our external partners to assure a strong and knowledgeable workforce. One issue that will remain as a priority within OWCD is that of increasing the number of minorities that choose public health as their career. OWCD notes that at present, its training programs still need to focus on the recruitment of minorities overall. However, as the minority sector of the U.S. population becomes larger, the need for more minority public health professionals becomes even more critical. Current results show in FY2004 that minorities make up a small percentage of each of CDC internal training programs. AAPIs made up 14% of the Epidemic Intelligence Service, 33% of the Preventive Medicine Residency Program, 10% of the Public Health Prevention Service Program, and 58% of the Public Health Informatics Program. The class numbers are small. So a large percentage may not be a true reflection of minority status.

**CDC**  
**ANNUAL PERFORMANCE REPORT FOR MINORITY INITIATIVES**

**Agency Goals, Objectives, Strategies, and Activities**  
**AAPI**  
**FY 2004**

CDC/ATSDR Goal:

To promote health and quality of life by reducing the disproportionate burden of preventable disease, death, and injury among specific racial and ethnic populations.

Objective 1:

Increase the number of minority-serving institutions of higher education, national and minority organizations and community based organizations that receive funding and support to address health disparities among specific racial and ethnic populations.

NCHSTP

Objective 1

Strategies/Activities:

Recognized and included Asian Americans and Pacific Islanders (AAPI) in federal programs and services by utilizing cooperative agreements (COAG) to compliment existing TB prevention, control and laboratory programs in the Pacific Island Basin (PIB) and Hawaii.

Sent out, promoted and promulgated the COAG.

Conducted routine site visits to discuss goals and objectives of the COAG.

Funded two organizations that provided HIV prevention services primarily to AAPI populations through Program Announcement #04064, "HIV Prevention Projects for Community-Based Organizations"

Funded two organizations that provided capacity building assistance primarily targeted to AAPI through Program Announcement # 04019, "Capacity Building Assistance to Improve the Delivery and Effectiveness of HIV Prevention Services for Racial Ethnic/Minority Populations."

Measures:

Number of culturally-sensitive TB prevention programs for AAPI in the U.S.-affiliated Pacific Jurisdictions and Hawaii;

Number of culturally-sensitive community-based HIV prevention programs for AAPI.

NCID

Objective 1a

Strategies/Activities:

Collaborated with the Department of Health, Queen Emma Clinic in Hawaii, the University of Hawaii School of Public Health, the Medical Centers in Hawaii (Kapiolani, Queens, Kaiser, and Kuao), and with Staphylococcus aureus researchers in Australia to determine: 1) if the Prevention of Community Associated (CA)-Methicillin-resistant Staphylococcus aureus (MRSA) is disproportionately affecting AAPIs, 2) to identify preventable risk factors associated with CA-MRSA infection, and 3) to develop and evaluate strategies for preventing CA-MRSA infections.

Measures:

Provide funding to the Hawaii Department of Health for sub-contracts to complete project objectives.

NCID

Objective 1b

Strategies/Activities:

Collaborated with the American Samoa Department of Public Health (DOH) and the American Samoa Community College to develop community-based strategies that focused on Improving Control of Dengue and Lymphatic Filariasis.

Strengthened the capacity of DOH for infectious disease surveillance and response. Prior to this research, the participation in Mass Drug Administration (MDA) in American Samoa was the lowest in the Pacific, and coverage was insufficient to eliminate Lymphatic Filariasis. MDA coverage increased from 49% to 70% of the total population. This dramatic improvement reflects the successful networks and strategies employed to increase MDA coverage.

Measures:

Provide funding to the American Samoa Community College to support this research.

NCID  
Objective 1c

Strategies/Activities:

Evaluated the impact of Hepatitis B immunization in AAPI children and their family members to promote health and quality of life by reducing the disproportionate burden of preventable diseases, death and injury among specific racial and ethnic populations. The enrollment in Georgia ended in January 05 with 1,000 participants. Enrollment in Hawaii was completed in 2004 with 2471 participants.

Measures:

Fund research which indicated that children born to Asian immigrants after routine hepatitis B immunization of infants was implemented in 1992 have a much lower prevalence of hepatitis B virus infections compared to children born before implementation. Preliminary results indicated that the rate of hepatitis B virus infection among children decreased more than 90% following the introduction of universal infant immunization.

Barriers to Objective 1c:

No funding reported for this project in FY 2004.

NCID  
Objective 1d

Strategies/Activities:

Funded two Severe Acute Respiratory Syndrome (SARS) Prevention Education contracts: 1) with the Asian Pacific Islander American Health Forum (APIAHF), and 2) with the Association of Asian Pacific Community Health Organizations (AAPCHO).

Developed SARS prevention educational materials in AAPI communities. SARS epidemic created an environment of fear and stigma in the AAPI communities in the U.S. The CDC's SARS Community Outreach Team assessed an urgent need for SARS prevention education resources in the AAPI communities.

Measures:

Provide \$70,000 in FY 03 to fund the SARS prevention education contracts.

Enhance capacity to provide SARS prevention education in clinical settings in AAPI communities in the United States, in the context of raising awareness and overall understanding about Emerging Microbial Threats.

Provide resources directly to the organizations that serve AAPI communities, enhance national capacity to respond to SARS.

Award a no-cost extension from FY 03.

NCCDPHP  
Objective 1e

Strategies/Activities:

Continued to fund states, tribes, and territories involved in the National Breast and Cervical Early Detection Program (NBCCEDP) and national organizations that address cancer related issues to eliminate health disparity in racial and ethnic populations.

Measures:

Maintain or increase funding from FY 2003;

Maintain or increase workshops, presenters, activities related to CDC's goals focused on eliminating health disparities;

Develop collaboration between CIO's and minority entities involved in addressing cancer related issues specifically to disparity in racial and ethnic populations.

NCIPC  
Objective 1f

Strategy/Activities:

Continued to fund injury prevention research and prevention interventions that target or benefit AAPI populations at community-based organization and minority serving institutions of higher education.

Funded the National Academic Centers of Excellence on Youth Violence at the University of Hawaii at Manoa to forge partnerships between universities and communities to translate research into effective prevention practices designed to reduce youth violence.

Used past expertise in surveillance, etiological research, designing, implementing, and evaluating youth violence prevention programs.

Funded the National Asian Women's Health Organization (NAWHO) for Early Intervention and Prevention of Intimate Partner Violence and Sexual Violence  
NAWHO developed and implemented an evidenced-based, five-component model for early intervention and prevention of intimate partner violence and sexual violence among

college-aged Asian-American women that will be initiated in seven states: California, Georgia, Illinois, Massachusetts, New York, Texas, and Washington through a project called “Breaking the Silence: Culturally Competent Approaches to Violence Prevention for Asian American Women.” Through Breaking the Silence project, the evidenced-based, five-component model includes 1) Violence Prevention Leadership Institute, 2) Asian-American Women’s Discussion Groups, 3) Community Education Campaign, 4) Research and Evaluation Protocol, and 5) Council of Working Partners.

Used Native Hawaiian values, beliefs, and practices to address intimate partner violence and sexual violence among Native Hawaiian perpetrators and victims in order to develop, implement, and evaluate a culturally competent intervention. The goals are to decrease the incidence, severity, and types of violence perpetrated by Native Hawaiian men against their intimate partners and family members and to enhance self-care and agency among Native Hawaiian women who experienced violence.

Measures:

Fund the National Academic Centers of Excellence on Youth Violence at the University of Hawaii at Manoa to draw on past expertise in surveillance; etiological research; designing, implementing, and evaluating youth violence prevention programs.

Fund NAWHO to develop and implement an evidenced-based, five-component model for preventing SV and IPV among college-aged Asian-American women.

Barriers to Objective 1f:

Overall funding decreased in FY 04.

## Objective 2

Increase the number of minority serving institutions of higher education, national and minority organizations and community-based organizations that receive funding and support for infrastructure development to facilitate instruction and research.

NCHSTP

## Objective 2

Strategies/Activities:

Increased the availability of instruction and training opportunities that encouraged laboratorians, TB program coordinators and other related health professionals to increase their knowledge of TB and HIV laboratorian skills in acid-fast staining, collection of sputum, preservation, packing and shipping of specimens.

Provided an overview of methods used for mycobacterial culture and drug susceptibility testing and testing proficiency and capacity.

Promoted and promulgated instruction and training in centralized locations for TB clinicians, nurses, outreach workers, and TB program managers.

Met with World Health Organization (WHO) representatives to discuss using a standard data collecting and reporting tool.

Measures:

Conduct site visits to all U.S.-affiliated Pacific jurisdictions by DTBE program staff and laboratory experts from WHO and the California Regional Reference Lab.

Conduct on-site training in Guam, Palau, and Saipan related to STDs and TB by expert faculty from CDC, California Microbial Disease laboratories, and WHO.

## NCIPC

### Objective 2a

Strategies/Activities:

Funded three academic institutions to build scientific infrastructure necessary to support the development and widespread application of effective youth violence interventions at the National Academic Centers of Excellence on Youth Violence Prevention.

Promoted interdisciplinary research strategies to address the problem of youth violence.

Collaborated with academic researchers and communities.

Empowered communities to address the problem of youth violence.

Provided grant funding to states for rape prevention and education programs conducted by rape crisis centers, state sexual assault coalitions, and other public and private nonprofit entities for 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) preparation of informational material; 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities; 6) education and training to increase awareness about drugs to facilitate rapes or sexual assaults; and 7) efforts to increase awareness about, or to help prevent, sexual assault, including efforts to increase awareness in underserved communities and awareness among individuals with disabilities.

Provided funding to Guam, Commonwealth of the Northern Mariana Islands, American Samoa; Republic of Marshall Islands; Republic of Palau, Federated States of Micronesia and Hawaii.

Funded State Injury Prevention/Program Development and Surveillance in Hawaii to conduct statewide injury surveillance. The grantee will develop a statewide assessment of the injury burden.

Funded the Pennsylvania Coalition Against Domestic Violence under Prevention of Violence Against Women (VAW) Electronic Networking Program to enhance the ability of state domestic violence, sexual assault, and dual coalitions, allied organizations and individuals to develop and support effective local, state and national intervention and prevention initiatives through electronic informational documents and technical assistance on violence against women.

Funded a National Sexual Violence Resource Center to strengthen the existing support system serving sexual assault survivors; provide leadership in the prevention of sexual violence, and comprehensive information and resources.

Provided technical assistance including professional consultation to sexual assault programs to State and local organizations, community volunteers, and the media.

Funded Youth Violence Prevention Resource Center for a single, user-friendly point of access for important information about youth violence prevention including intervention strategies.

Established a toll-free number, bilingual in English and Spanish, and an Internet Web site.

Provided accurate youth violence and suicide prevention and intervention information and resources available through the federal agencies.

Enhanced the capacity to identify, retrieve, and disseminate injury research and prevention strategies to a wide range of individuals, organizations, and institutions with the potential to reduce unintentional injuries to older adults. The National Resource Center on Aging and Injury at San Diego State University applied the technology to evaluate and share information about preventing unintentional injuries among older adults.

Measures:

Establish a repository of more than 1,000 resource items.

Develop an interactive Web site with a searchable database.

Provide information to more than 636,000 people including health care professionals, caregivers, and other individuals working to reduce injuries among older adults. NCIPC is considered a one stop-shop for health promotion information.

Objective 3:

Increase funding and support to minority entities for domestic and international training opportunities (fellowships, internships, scholarships and other support) for racial and ethnic minority students, parents, and faculty.

NCHSTP

Objective 3

Strategies/Activities:

Increased the number of students and faculty supported for participation in international training opportunities.

Measures:

Reallocate funding for FY05 to allow for increased faculty and student participation in international training opportunities.

NIOSH

Objective 3a

Strategies/Activities:

Continued to provide support for AAPI students to broaden their understanding of issues, theories, research, and regulations in occupational safety and health.

Measures:

Continue support of 10 AAPI students at the University of Hawaii, Hilo from FY 2002 based of 10 students.

Barriers to Objective 3a:

Limited funding available.

OWCD  
Objective 3b

Strategies/Activities:

Developed and maintained an ongoing system to report the number of minority candidates who were accepted and completed CDC training programs that include the Epidemic Intelligence Service, the Public Health Practice Service, the Medical Student Program, the Public Health Informatics Fellowship Program, the Prevention Effectiveness Program, and others as appropriate.

Conducted marketing activities for all CDC training programs focused on encouraging all minorities and persons with disabilities to consider these opportunities.

Conducted marketing activities for all CDC training programs focused minorities who are high school and college-aged to consider careers in public health and possible future opportunities with CDC and other public health agencies.

Measures:

Monitor minority statistics of each entering class for the CDC training experiences.

Monitor the number of recruiting activities done at minority serving institutions of higher education and national minority organizations.

Maintain or increase the number of exhibits at professional and/or student meetings which target the high school/college population.

Objective 4

Increase technical assistance, training and capacity building that will enhance information technology, health promotion, program design, and research development among minority entities, including public and private partnerships.

NCHSTP  
Objective 4

Strategies/Activities:

Conducted activities as part of DTBE's efforts to resolve problems related to transshipment of infectious or diagnostic goods from the PIB to the mainland, as necessary.

Funded training course for interviewers involved in the Study on the Transmission of Multidrug Resistant (MDR) TB and to translate the questionnaire and consent forms into different languages such as Spanish, Vietnamese, and Chinese.

Measures:

Develop partnerships and formalize alliances between various stakeholders in the PIB.

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

Create a Memorandum of Understanding to allow Continental Micronesia Airlines staff to accept infectious specimens from known shippers who have received safety training according to International Air Transportation Association (IATA) standards. The Guam-based airline does not fly further east than Honolulu. Courier Corporation of Hawaii and FedEx have also signed agreements to carry sputum specimens through customs, which are then forwarded to the regional reference laboratory in Richmond, California.

Extend training on shipping specimens to the U.S.-affiliated Pacific Jurisdictions by CDC and Hawaii-based Diagnostic Laboratory Services in collaboration with Continental Micronesia Airlines and the PIHOA.

NIP

Objective 4a

Strategies/Activities:

Strengthened the cultural competence of the health care system to better serve Asian Americans in the area of immunizations by providing immunization information on the Web.

Provided training for health care professionals; and translated immunization information into Chinese, Cambodian, Korean, Laotian, Vietnamese, and South Asian languages.

Provided support to community-based organizations through subcontracts to conduct education projects to raise immunization awareness and knowledge among Asian Americans.

Promoted positive health-seeking behaviors and encouraged health care providers to eliminate missed opportunities in giving vaccinations or immunization information to their patients.

Provided the opportunity for the U.S.-affiliated Pacific jurisdictions to apply for federal immunization funds through the Vaccines for Children (VFC) program and the Section 317 Grant Program.

Provided technical assistance and training to those U.S.-affiliated Pacific jurisdictions

Provided funding to improve immunization infrastructure and increased immunization rates among eligible children and adults.

Supported in every state a Hepatitis B coordinator with primary responsibility in identifying and conducting case management for infants born to HBsAg-positive women. While the program is not targeted towards specific racial and ethnic groups, 72% of the expected births to HBsAg-positive women were born to women of Asian origin.

Measures:

Provision of information on the Web;

Training of AAPI health care professionals;

Provision of immunization information in the following languages: Chinese, Cambodian, Korean, Laotian, Vietnamese and South Asian languages;

Provision of funds and technical assistance to U.S.-affiliated Pacific jurisdictions;

Provision of Hepatitis B coordinators in every state;

Provision of infrastructure and vaccine purchase funds as well as technical assistance.

Barriers to Objective 4a:

Evidence-based strategies for eliminating racial and ethnic disparities in immunization are being developed. Although there is no single solution for persons of all ages in each racial and ethnic group, there are some common issues. Among children, the need to maintain high immunization levels for every successive birth cohort was complicated by a complex schedule and provider barriers. Efforts to raise adult immunization levels were difficult with the lack of formal incentives available for childhood immunizations, such as daycare and school entry requirements. Funding was also an issue for adult immunizations. Medicare pays for influenza and pneumococcal immunizations, but there are few financing mechanisms and programs to reach adults under the age of 65 years. Furthermore, assuring the safety of vaccines and maintaining public confidence in immunizations are always challenging.

NCCDPHP  
Objective 4b

Strategies/Activities:

Continued to fund states, tribes, and territories involved in the National Breast and Cervical Early Detection Program (NBCCEDP); recipient activities that are required by this program address issues that are related to training, capacity building, and health promotion.

Continued to fund national organizations to address cancer related issues specifically disparity in racial and ethnic populations through technical assistance and health promotion.

Measures:

Maintain or increase funding level from FY 2004; maintain or increase workshops, presenters, activities related to CDC's goals focused on eliminating health disparities.

Develop collaboration between CIOs and minority entities involved in addressing cancer-related issues specific to disparate racial and ethnic populations.

NIOSH  
Objective 4c

Strategies/Activities:

Continued to fund project in collaboration with Hawaii Department of Health.

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

Funded the Participatory Research, Organizing and Leadership Initiative for Safety and Health (POLISH) to increase AAP females' capacity to identify environmental health problems and improve the community's health status.

Measures:

Improve data collection, analysis, and dissemination of research results in AAPI communities.

Barriers to Objective 4c:

Limited funding available.

NCIPC  
Objective 4d

Strategies/Activities:

Provided Dissertation Awards for Minority Doctoral Candidates for Violence-Related Injury Prevention Research.

Provided minority students with assistance to complete their dissertation research on a violence-related topic and thereby increase their representation in violence-related injury research.

Stimulated and encouraged minority doctoral candidates from a variety of academic disciplines and programs, including, but not limited to public health, health care, criminal justice, and behavioral and social sciences to conduct violence-related injury prevention research.

Encouraged minority investigators to build research careers related to the prevention of violence-related injuries, disabilities, and deaths.

Measures:

Expend more than \$7 million to provide technical assistance to grantees conducting AAPI-related injury prevention interventions in violence, unintentional injuries, and acute care related projects such as traumatic brain injury and spinal cord injury prevention.

Barriers to Objective 4d:

NCIPC does not fund minority entities directly to conduct research and prevention interventions. Few applications were received from minority entities, but they did not score well enough to be funded.

OWCD  
Objective 4e

Strategies/Activities:

Increased the number of technical assistance, training, and research opportunities in the areas of information technology, program, and research development with minority groups and/or about minority populations.

Measures:

Increase number of technical assistance, training, and research opportunities for minorities.

Barriers to Objectives 4e:

Although CDC training programs have remained stable over the last year, it has been difficult to institute any new strategies to attract minorities due to the impact of the Futures Initiative's organizational changes. Reduction in funding for activities related to marketing and recruitment has slowed efforts to target minorities. Reduction in funding for actual training programs expansion has been a barrier.

**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCHSTP**

**Initiative: AAPI**

**Category: Program Evaluation**

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Asian & Pacific Islander Coalition on HIV/AIDS, Inc. (APICHA)  Asian & Pacific Islander Wellness Center (APIWC)	2	Funded APICHA and APIWC for “HIV Prevention Projects for Community-Based Organizations,” under PA 04064 for two category areas. Category A is for the provision of HIV prevention services to members of racial/ethnic minority populations that are at high risk for HIV infection. Category B is for HIV prevention services that target members of groups at high risk for HIV infection, regardless of racial/ethnicity. The above grantees provided HIV prevention services primarily to Asian Americans and Pacific Islanders (AAPIs).	\$588,092 <sup>1</sup>	AAPIs	N/Av
Asian & Pacific Islander American Health Forum (Focus Areas 1& 4)  Asian & Pacific Islander Wellness Center (Focus Areas 2 & 3)	2	Funded APIAHF and APIWC “Capacity Building Assistance to Improve the Delivery and Effectiveness of HIV Prevention Services for Racial/Ethnic Minority Populations.” under PA 04019. The above grantees provided primarily capacity building assistance services to AAPIs.	\$ 2,050,000 <sup>1</sup>	AAPIs	

<sup>1</sup> Only AAPI specific projects are included in this amount

**KEY: 1 = Contract; 2 = Grant; 3 = Cooperative Agreement; 4 = Memorandum of Understanding/Agreement**

**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: CDC/NCIPC

Initiative: AAPI

Category: Program Evaluation

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
The National Asian Women's Health Organization	3	Funded Early Intervention and Prevention of Intimate Partner Violence and Sexual Violence. Grantee will develop and implement an evidenced-based, five-component model for preventing SV and IPV among college-aged Asian-American women that will be initiated in seven states: California, Georgia, Illinois, Massachusetts, New York, Texas, and Washington through a project called "Breaking the Silence: Culturally Competent Approaches to Violence Prevention for Asian American Women."	\$174,979	AAPI	150
Family Crisis Shelter, Inc./ Turning Point, Inc	3	Funded Early Intervention and Prevention of Intimate Partner Violence and Sexual Violence. This project uses Native Hawaiian values, beliefs, and practices to address intimate partner violence and sexual violence among Native Hawaiian perpetrators and victims in order to develop, implement, and evaluate a culturally competent prevention intervention. Other goals are to decrease the incidence, severity, and types of violence perpetrated by Native Hawaiian men against their intimate partners and family members and to enhance self-care and agency among Native Hawaiian women who experience violence.	\$277,858	AAPI	40
<b>TOTALS</b>			<b>\$3,090,929</b>		<b>190+</b>

**KEY:** 1 = Contract; 2 = Grant; 3 = Cooperative Agreement; 4 = Memorandum of Understanding/Agreement

**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D  
SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCHSTP**

**Initiative: AAPI**

**Category: Training**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
Health departments and academic centers affiliated with the TB Epidemiologic Studies Research Consortium.	1	Funded health departments and academic centers to support the Study on the Transmission of Multidrug Resistant (MDR) TB. This study is designed to investigate the transmission dynamics of MDR TB through genotyping, interviews with patients, and other activities. Many new TB case-patients in the United States are foreign-born persons; a large percentage of these cases have MDR TB. These funds were used to help train persons conducting interviews at the 17 study sites and to translate questionnaires and consent forms into languages such as Spanish, Vietnamese, and Chinese.	\$35,000 <sup>2</sup>	Racial and ethnic minority groups, including African Americans, Hispanics, and foreign-born persons, especially from Asian countries.	N/Av
<b>See below</b>			<b>\$35,000<sup>2</sup></b>		<b>N/Av</b>

<sup>2</sup> Represents the total funding for Training of Interviewers and Translation of Questionnaires and Consent Forms—Study on the Transmission of Multidrug Resistant Tuberculosis. Latino/Hispanic and AAPI training and translation are included in this amount.

**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: CDC/OWCD

Initiative: AAPI

Category: Training

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Epidemic Intelligence Service	NA	Supported the Epidemic Intelligence Service (EIS). EIS is a unique 2-year, post-graduate program that consists of service and on-the-job training for health professionals interested in epidemiology. For the class of 2003 Statistics – Out of a total class of 79, there 12 Asian/Pacific Islanders. For the class of 2004 Statistics—out of a total of 88, there were 12 Hispanics	\$1.1 million	AAPI	24
Preventive Medicine Residency	NA	Supported the CDC Preventive Medicine Residency (PMR). PMR is accredited by the Accreditation Council for Graduate Medical Education (ACGME) as a 12-month program meeting the Practicum Year training requirements for certification by the American Board of Preventive Medicine (ABPM) in Public Health and General Preventive Medicine. For the Class of 2003-04– out of a total of nine, there were three AAPIs. For the class of 2004-05 – out of a total of nine, there were three AAPIs.	\$240,000	AAPI	6
Public Health Prevention Service	NA	Supported the Public Health Prevention Service (PHPS). PHPS is a three-year program that emphasizes training and service. For the class of 2002 – out of a total of 35, there were 7 AAPIs. For the Class of 2003 – out of a total of 25, there were 6 AAPIs. For the Class of 2004 – out of a total of 25, there were two AAPIs.	\$76,700	AAPI	14

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D  
SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/OWCD**

**Initiative: AAPI**

**Category: Training**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
Steven M. Teutsch Post Doctoral Fellowship in Prevention Effectiveness Methods	NA	Supported the Steven M. Teutsch Post Doctoral Fellowship in Prevention Effectiveness Methods. For the classes of 2003 and 2004 – there were 12 AAPIs. The class total for 2004 was unavailable.	\$623,300	AAPI	12
Public Health Informatics Fellowship Program	NA	Supported the Public Health Informatics (PHI) Fellowship Program. Developed leaders skilled in the integration of public health information systems and development of data standards, policy and quality control measures to advance the practice of public health informatics. There are 11 AAPIs currently enrolled in the PHI program.	\$880,000	AAPI	11
<b>TOTALS</b>			<b>\$2,955,000</b>		<b>67+</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCIPC**

**Initiative: AAPI**

**Category: Technical Assistance**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
National Prevention Information Network	1	Funded Youth Violence Prevention Resource Center for a single, user-friendly point of access for important information about youth violence prevention, including intervention strategies. The center has established a toll-free number, bilingual in English and Spanish, and an Internet Web site, to provide accurate youth violence and suicide prevention and intervention information and resources available through the federal agencies.	\$26,583	AAPI	75
Pennsylvania Coalition Against Rape	3	Funded National Sexual Violence Resource Center to strengthen the existing support system serving sexual assault survivors. Provided leadership in the prevention of sexual violence, comprehensive information and resources, and technical assistance and professional consultation to sexual assault programs to State and local organizations, community volunteers, and the media.	\$11,993	AAPI	80
Pennsylvania Coalition Against Domestic Violence	3	Funded Prevention of VAW Electronic Networking Program. Enhanced the ability of state domestic violence, sexual assault, coalitions, allied organizations and individuals to develop and support effective local, state and national intervention and prevention initiatives through electronic informational documents and technical assistance on violence against women.	\$11,123	AAPI	60

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives ATTACHMENT D  
SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: OWCD

Initiative: AAPI

Category: Technical Assistance

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Rhode Island Department of Health, Refugee Health Program	NA	Provided technical assistance to the Refugee Health Program on state standards for refugee health, the development of a comprehensive and coordinated system of care, a surveillance system, and training and education materials for refugees and their service providers. As of February 2005, this program is piloting Rhode Island's first Refugee Health Assessment protocol which promotes state standards of care.	NA	Asian Americans	N/Av
Hawaii Department of Health	NA	Identified problems when a measles outbreak occurred in the Republic of Marshall Islands. Travelers between Hawaii and the Marshall Islands transported the disease to community members on Oahu. This event emphasized the need for increased immunizations among the under-immunized migrant population. Involvement of local health officials and community leaders allowed for an innovative solution – the availability of immunizations when and where people went to church.	NA	AAPI	N/Av
<b>TOTALS</b>			<b>N/Av</b>		<b>N/Av</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives ATTACHMENT D  
SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: CDC/NCIPC

Initiative: AAPI

Category: Technical Assistance

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Hawaii	3	Funded State Injury Prevention/Program Development and Surveillance: A developmental injury effort in Hawaii conducted statewide injury surveillance only. The grantee will develop a statewide assessment of the injury burden.	\$31,921	AAPI	50
Hawaii	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at Colleges and universities.	\$178,009	AAPI	30
Federated States of Micronesia	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.	\$18,190	AAPI	10

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives ATTACHMENT D  
SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: CDC/NCIPC

Initiative: AAPI

Category: Technical Assistance

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Republic of Palau	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.	\$2,757	AAPI	10
Republic of Marshall Islands	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities	\$10,010	AAPI	10
Guam	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel.	\$22,718	AAPI	20

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**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCIPC**

**Initiative: AAPI**

**Category: Technical Assistance**

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Commonwealth of the Mariana Islands	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.	\$10,566	AAPI	15
American Samoa	2	Provided resources to states and territories for rape prevention and education programs conducted by rape crisis centers, State sexual assault coalitions, and other public and private nonprofit entities for: 1) educational seminars; 2) operation of hotlines; 3) training programs for professionals; 4) informational material; and 5) education and training programs for students and campus personnel designed to reduce the incidence of sexual assault at colleges and universities.	\$9,616	AAPI	15

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**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCIPC**

**Initiative: AAPI**

**Category: Technical Assistance**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
University of California, San Diego	2	Funded National Academic Centers of Excellence on Youth Violence Prevention to build the scientific infrastructure necessary to support the development and widespread application of effective youth violence interventions, promote interdisciplinary research strategies to address the problem of youth violence, foster collaboration between academic researchers and communities, and empower communities to address the problem of youth violence.	\$33,538	AAPI	30
University of California, Riverside	2	Funded National Academic Centers of Excellence on Youth Violence Prevention to build the scientific infrastructure necessary to support the development and widespread application of effective youth violence interventions, promote interdisciplinary research strategies to address the problem of youth violence, foster collaboration between academic researchers and communities, and empower communities to address the problem of youth violence.	\$46,698	AAPI	15
University of Michigan	2	Funded National Academic Centers of Excellence on Youth Violence Prevention to build the scientific infrastructure to support the development and effective youth violence interventions, promote interdisciplinary research strategies to address the problem of youth violence, foster collaboration between academic researchers and communities.	\$52,586	AAPI	15
<b>TOTALS</b>			<b>\$466,308</b>		<b>435+</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: CDC/NIOSH

Initiative: AAPI

Category: Faculty, Stud, Indiv Support, Other Aid

Name of Awardee	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
University of Hawaii, Hilo	2	Funded 10 students to participate in the undergraduate minor program designed to give them a broad understanding of issues, theories, research, and regulations in occupational safety and health.	\$128,800	AAPI	10 Students
<b>TOTALS</b>			<b>\$128,800</b>		<b>10</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NIP**

**Initiative: AAPI**

**Category: Direct Institutional Subsidies**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
National Asian Women's Health Organization (NAWHO)	3	Strengthened the cultural competence of the health care system to better serve Asian Americans in the area of immunizations by providing immunization information on the Web; provided training for health care professionals; and translated immunization information into Chinese, Cambodian, Korean, Laotian, Vietnamese, and South Asian languages.	One Agreement	Asian Americans	N/Av
National Asian Women's Health Organization (NAWHO)	3	Provided support to community-based organizations (CBO) through subcontracts. The CBOs conducted education projects to raise immunization awareness and knowledge among Asian Americans, promoted positive health-seeking behaviors and encouraged health care providers to eliminate missed opportunities in giving vaccinations or immunization information to their patients.	One Agreement	Community based Organizations (CBOs) serving Asian Americans	
<b>TOTALS</b>		* No FY 04 funds were provided, but there was a six month extension of FY 03 Funds, total FY 03 funds were \$240,000	<b>N/A</b>	Asian Americans	<b>N/Av</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCCDPHP**

**Initiative: AAPI**

**Category: Major Agency Programs**

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Asian & Pacific Islander American Health Forum (APIAHF)	1	Awarded \$342,985 to APIAHF for the Prevention, Early Detection or Survivorship of Cancer in Underserved Populations program to assist the national organizations in the development of health programs and cancer prevention and control infrastructure enhancement to deliver cancer education and awareness activities for individuals who may be underserved, uninsured or underinsured, at risk, or of racial/ethnic minorities. The mission of APIAHF is to promote improvement in the health status of all Asians and Pacific Islanders in the United States.	\$342,985	Underserved, uninsured or underinsured, at risk, or of racial/ethnic minorities.	Varies by state, territory, and tribal organizations by state, territory, and tribal organization.
See below					

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: OWCD**

**Initiative: AAPI**

**Category: Major Agency Program**

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Division of Nutrition and Physical Activity, National Center of Chronic Disease Prevention and Health Promotion, CDC	NA	Developed a Disparities Package for Physical Activity Interventions. This package contains six outlines highlighting intervention examples that target racial/ethnic minorities. This resource will assist communities, state and local agencies in offering interventions that increase physical activity among targeted audiences.	NA	AAPI	No testing on communities has been done to date.
See below			N/A		

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NIP**

**Initiative: AAPI**

**Category: Major Agency Programs**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
U.S.- affiliated Pacific Island jurisdictions: American Samoa Guam Marshall Islands Micronesia N. Mariana Islands Palau.	2	Provided the opportunity for Pacific Island jurisdictions to apply for federal immunization funds through the Vaccines for Children (VFC) program and the Section 317 Grant Program. Provided technical assistance and training to those Pacific Island jurisdictions. Awarded funds to improve immunization infrastructure and increase immunization rates among eligible children and adults.	\$4,534,425*	U.S.-affiliated Pacific Island jurisdictions	N/Av
State/Territorial health departments	2	Supported 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, 72% of the expected births to HBsAg-positive women were infants born to women of Asian origin.	\$7-10 million annually	Asian American infants (based on 2002 expected births to HBsAg <sup>+</sup> Women), in which 16,527 (72%) are born to Asian women.	N/Av
<b>TOTALS</b>			<b>\$11,877,410 to \$14,877,410</b>		<b>N/Av</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCHSTP**

**Initiative: AAPI**

**Category: Research and Development**

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Native Hawaiians and Pacific Islander Pacific Island Jurisdictions	1	<p>Utilized cooperative agreements (COAG) to fund TB prevention, control and laboratory efforts in the Pacific Island Basin (PIB) and Hawaii.</p> <p>Sent, promoted and promulgated the COAG.</p> <p>Conducted routine site visits to discuss goals and objectives.</p>	<p>Guam \$379,236</p> <p>Marshall Islands \$94,930</p> <p>Micronesia \$153,711</p> <p>N. Marianas Is \$205,111</p> <p>Palau \$ 97,260</p> <p>Samoa \$ 61,040</p> <p>Hawaii \$972,181</p>	Native Hawaiians And Pacific Islanders	

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NIOSH**

**Initiative: AAPI**

**Category: Research and Development**

<b>Name of Awardees</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
Hawaii Department of Health	4	Continued funding the “Parkinsonism, Pesticides and Markers of Neurotoxic Effect” project with the Hawaii Department of Health.	\$107, 095	AAPI	8,006 Japanese-American men
Asian and Pacific Islanders for Reproductive Health	2	Provided funding for POLISH (Participatory Research, Organizing and Leadership Initiative for Safety and Health). This goal of this program is to increase Asian and Pacific Islander females’ capacity to identify environmental health problems and improve the community’s health status.	\$216,000	AAPI women	Unknown at this time

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**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: CDC/NCID**

**Initiative: AAPI**

**Category: Research and Development**

<b>Name of Awardee</b>	<b>Funding Type</b>	<b>Summary of Activities</b>	<b>Amount of Award</b>	<b>Minority Population(s)</b>	<b>Number of Targeted Population(s)</b>
American Samoa Community College	1	Improved Control of Lymphatic Filariasis and Dengue in American Samoa.	\$59,813	AAPIs	58,000
Hawaii Department of Health	1	Funded the Prevention of CA- Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA)	\$59,900	AAPIs	2,018 participants in various studies  * see below

\* Based on the U.S. Census 2001 Supplementary Survey, the population estimates in this profile are limited to the household population and exclude the population living in institutions, college dormitories, and other group quarters; Hawaii had a household population of 1.2 million. Honolulu Country accounts for 845,311 or 72% of the total population. Pacific Islanders (as one or more races) account for 23% of Honolulu population. KMC is the reference pediatric center in Hawaii providing 65% of pediatric and neonatal acute care beds.

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**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

Agency Name: CDC/NCIPC

Initiative: AAPI

Category: Research and Development

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
University of Hawaii at Manoa	2	Funded National Academic Centers of Excellence on Youth Violence to forge partnerships between universities and communities to translate research into effective prevention practices designed to reduce youth violence. This comprehensive center draws on past expertise in surveillance; etiological research; designing, implementing, and evaluating youth violence prevention programs.	\$761,321	AAPI	150
<b>TOTALS</b>			<b>\$3,167,598</b>		<b>68,174</b>

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**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: OWCD**

**Initiative: AAPI**

**Category: Research and Development**

Name of Awardees	Funding Type	Summary of Activities	Amount of Award	Minority Population(s)	Number of Targeted Population(s)
Hawaii Department of Health	NA	Investigated a rash illness of unknown etiology affecting a growing number of residents of the Pacific Island of Chuuk. Preliminary results suggest an infectious etiology, but to date no organism has been identified.	NA	Pacific Islanders	N/Av
<b>TOTALS</b>			<b>N/A</b>		<b>N/Av</b>

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**Table C-1: FY 2004 Annual Performance Report for the Minority Initiatives      ATTACHMENT D**  
**SUMMARY OF TOTAL AGENCY AWARDS BY CATEGORY**

**Agency Name: AHRC**

**Initiative: AAPI**

**Category: Employment (AAPI)**

Civil Service:

AAPI

Work Schedules

wksched	Frequency	Percent	
F	492	95.53	Full-time
I	18	3.5	Intermittent
P	5	0.97	Part-time

Appointment Types(Full-time & Part-time only)

apptype	Frequency	Percent	
10	266	53.52	Career (Comp Svc Perm)
15	85	17.1	Career-Cond (Comp Perm)
20	3	0.6	NonPerm (Comp NonPerm)
32	2	0.4	Schedule B (Perm)
36	1	0.2	Executive (Excepted Svc Perm)
38	16	3.22	Other (Excepted Perm)
42	3	0.6	Schedule B (Excepted svc NonPerm)
46	2	0.4	Executive (Excepted Svc NonPerm)
48	119	23.94	Other (Excepted Svc NonPerm)
	497		

Appointment Types by Grade\* (Full-time & Part-time only)

apptype	AD-00	GM-13	GM-14	GM-15	GS-04	GS-05	GS-06	GS-07	GS-08	GS-09	GS-11	GS-12	GS-13	GS-14	GS-15	RS-00	All
10	16	3	1	2	0	0	1	12	3	10	30	48	75	55	9	1	266
15	1	0	0	0	0	0	0	2	0	3	9	18	37	14	1	0	85
20	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
32	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
36	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
38	6	0	0	0	0	1	0	1	0	1	1	1	3	1	0	1	16
42	0	0	0	0	0	1	0	0	0	1	1	0	0	0	0	0	3
46	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
48	103	0	0	0	1	0	0	0	0	2	4	1	6	2	0	0	119
All	132	3	1	2	1	2	1	15	3	18	46	68	121	72	10	2	497

\*No AAPIs were employed at the GS-10 level.