



PRIORITIES FOR THE NEW ADMINISTRATION TO IMPROVE THE HEALTH AND WELL-BEING OF ASIAN AMERICANS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS

HHS Department-wide Priorities

- Re-establish the Department-wide Asian American and Pacific Islander Initiative including the Departmental Working Group.
- Develop guidance for all HHS agencies to ensure uniform and consistent collection of data on Asian Americans, Native Hawaiians and Pacific Islanders including the collection of data on ethnic subpopulations and primary language.
- Update and provide resources to implement the HHS Language Access Plan to comply with Executive Order 13166.
- In consultation with the Office for Civil Rights, each HHS agency should: 1) issue guidance to its recipients on compliance with Title VI of the Civil Rights Act of 1964 to provide meaningful access to limited-English proficient persons; and 2) review its grant and cooperative agreement announcements to ensure that applicants are aware of their obligations under Title VI with respect to LEP persons and to make clear that funding for language services can and should be part of the request for funding.

Centers for Medicaid and Medicare Services

- Designate a high level official charged with addressing racial and ethnic health disparities in Medicaid, SCHIP and Medicare programs including the development of a CMS plan to reduce disparities. CMS should be required to report annually on its initiatives to reduce disparities.
- Issue a “Dear State Medicaid Director” letter reminding states that federal matching funds in the Medicaid and SCHIP programs are available for language services and provide detailed guidance on how states can obtain reimbursement for these services.
- Explore mechanisms to provide reimbursement for language services in the Medicare program.
- Translate all beneficiary-related notices and information on CMS programs in the top fifteen languages spoken by LEP persons, starting with Medicare beneficiary notices.
- Rescind the August 17, 2007 Directive related to SCHIP.
- Evaluate and revamp CMS data systems to allow for an expanded and consistent recording of race, ethnicity and primary language across all programs, in compliance with the OMB standard at a minimum, and incorporating further disaggregation of subpopulation data, particularly for Asian, and Pacific Islander, and Hispanic categories.
- Require Medicare Advantage organizations to participate in systematic collection and reporting of racial, ethnic and primary language data.
- Work with the Office for Civil Rights to establish standards for collection of data on primary language.



Centers for Disease Control and Prevention

- The National Center for Health Statistics (NCHS) should implement methodologies and models to improve data collection of smaller subgroup populations for its health surveys including the National Health Interview Survey and the National Health and Nutrition Examination Survey.
- NCHS should conduct a Native Hawaiian and Pacific Islander health survey with sufficient sampling to provide robust information to improve understanding of the health and health care status of this subpopulation and subgroups.
- Remove HIV from the list of “communicable diseases” that prohibits the entry of non-immigrants and immigrants.

Agency for Healthcare Research and Quality

- Translate the Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys into additional languages and add questions related to satisfaction with interpreters.

Health Resources and Services Administration

- The Bureau of Health Professions should identify Asian, Native Hawaiian, and Pacific Islander subpopulations that are underrepresented in health professions and include them in programs for “underrepresented minorities.”
- Support programs that increase the numbers of bilingual providers, community health workers and trained interpreters including immigrant and refugee health professionals who are not licensed to practice in the United States.
- Initiate mechanisms for reimbursement for language services provided by migrant and community health centers.
- Include the collection of data on race, ethnicity and primary language in the Uniform Data System.

National Institutes of Health

- Increase funds for Community Based Participatory Research (CBPR) with special emphasis on Asian American, Native Hawaiian, and Pacific Islander populations.
- Develop a mandatory training for those who review CBPR proposals that includes training on language access and cultural competency issues.
- Ensure that review panels for grants pertaining to AA & NHPI populations include qualified reviewers from our communities.
- Review national policy (e.g. past federal legislation and identify language for future bills) on CBPR, data and research, language access, Limited English proficiency, literacy and enabling services, etc.



- Ensure representation from the Asian American, Native Hawaiian, and Pacific Islander community in agency advisory boards, initiatives, conferences and events.
- Ensure that applicants for funding are aware of their obligations to comply with Title VI of the Civil Rights Act and the need for inclusion of communities of color and persons with limited English proficiency as research participants.

Office for Civil Rights

- Elevate the Director, Office for Civil Rights, to Assistant Secretary level.
- Establish a health disparities division within OCR to ensure consistent, uniform and vigilant compliance with Title VI and Hill-Burton by federally supported health care systems and providers.

Office of Minority Health

- Reauthorize and strengthen the Office of Minority Health and restore funding to OMH to a level no less than that of FY2007 (\$56 million)
- Establish an Internet Clearinghouse at the Office of Minority Health to include culturally appropriate templates for visual aids and standard documents to improve provider-patient communication
- Increase funds for community capacity building grants targeting emerging and/or isolated communities (i.e., newly arrived or part of a geographically emerging community) to support the efforts of these communities to address local health and health care needs.

Office of Refugee Resettlement

- Work with all relevant stakeholders to significantly alter standing and discretionary programs to support integration as well as early self sufficiency.
- Fund staffing infrastructure in local resettlement offices to ensure the continuation of services to refugees.
- Further develop the Division of Unaccompanied Children's Services (DUCS) structure and services to make it more consistent with child welfare principles.
- The Administration should work with Congress to increase overall ORR funding to at least 987 million in FY 2009 and they should work with Congress to pass legislation granting ORR the ability to use unspent funds at its own discretion within the same fiscal year.
- ORR should have discretion in its use of refugee cash, medical, social services, and targeted assistance in order to ensure that the diversity of populations and specific needs within them are targeted with the resources they need and deserve.