

An Analysis of AAPCHO Community Health Centers: UDS 2014

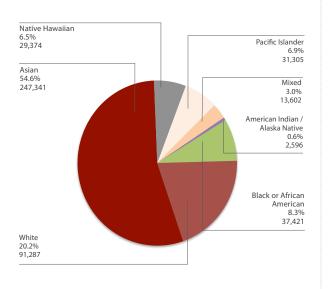
Since 1987, the Association of Asian Pacific Community Health Organizations (AAPCHO), a national, not-forprofit organization has represented community health centers (CHCs) that provide quality, comprehensive health services that are financially affordable, linguistically accessible and culturally appropriate for Asian Americans, Native Hawaiians, and other Pacific Islanders (AA&NHPIs). AAPCHO's 35 community-based organizations promote advocacy, collaboration, and leadership that improve the health status and access for medically underserved AA&NHPIs. AAPCHO member CHCs provide services that are uniquely appropriate to their patient populations, including:

- · Culturally and linguistically appropriate health care services
- Comprehensive primary medical care including internal medicine, prenatal care, pediatric, nutrition, nursing, pharmaceuticals, optometry, dentistry, and Enabling Services (ES)
- Services in over 15 languages and dialects including Cantonese, Hawaiian, Ilocano, Korean, Mandarin, Samoan, Tagalog and Vietnamese



AAPCHO MEMBER DEMOGRAPHICS

In 2014, AAPCHO served nearly half a million patients at 29 federally qualified health centers. AA&NHPI patients accounted for 68% of those served.



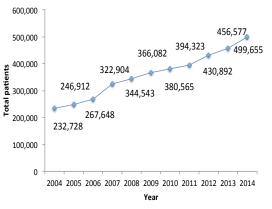
*AAPCHO has 12.7% Latino patients (% known for ethnicity)

AAPCHO FQHCS, 2004 - 2014

AAPCHO's membership includes federally gualified health centers (FQHCs) and other community health organizations. This fact sheet examines only FQHCs who report data to the Bureau of Primary Health Care Uniform Data Systems (UDS). AAPCHO currently serves 29 FQHCs, up from 16 in 2004.

TOTAL AAPCHO PATIENTS, 2004 - 2014

The total number of patients served increased 115% between 2004 and 2014. AAPCHO's average number of patients per site increased 18% in the same period.



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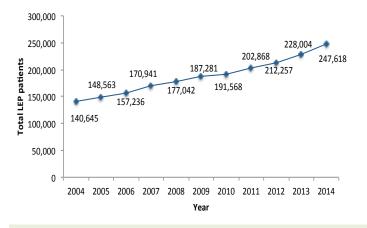
AVERAGE AAPCHO AA&NHPI PATIENTS

The average number of AA&NHPI patients served at each FQHC increased 2% between 2004 and 2014.



LIMITED ENGLISH PROFICIENT (LEP) PATIENTS, 2004 - 2014

In 2014, half of AAPCHO member FQHC patients were best served in a language other than English. For some AAPCHO members, LEP patients represented up to 100% of their patient populations. The number of LEP patients served increased 76% between 2004 and 2014.*



DEMOGRAPHICS FOR 2014

AAPCHO's FQHC members are located across the country in 12 states and one freely associated state. They serve a unique subset of our nation's population.

- 499,655 total patients served
- 80% racial/ethnic minorities, including 247,341 (55%) Asians, 29,374 (6%) Native Hawaiians, and 31,305 (7%) other Pacific Islanders
- 50% patients best served in a language other than English (247,618)*
- 88% patients with incomes at or below 200% Federal Poverty Level (339,806)
- 21% uninsured patients (104,886)

- 54% Medicaid patients (271,959)
- Some FQHCs serve as high as 21% homeless patients

HOW AAPCHO CENTERS COMPARE NATIONALLY

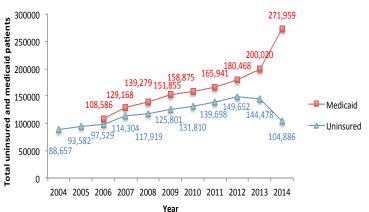
Compared to the average health center, AAPCHO FQHCs serve a significantly higher proportion of:

- Patients best served in a language other than English (50% vs. 23%)
- Medicaid patients (54% vs. 47%)
- Geriatric patients (11% vs. 8%)
- Patients with controlled blood pressure (68% vs. 64%)
- · Patients with controlled diabetes



PATIENT INSURANCE STATUS: UNINSURED AND MEDICAID, 2004 - 2014

The number of uninsured AAPCHO member FQHC patients increased 18% from 2004 to 2014; Medicaid patients increased 150% from 2006 to 2014. In 2014, 21% of AAPCHO member FQHC patients were uninsured and 54% had Medicaid. For some AAPCHO members, uninsured patients represented up to 100% of their patient populations. The recent decline in uninsured patients may be due to ACA implementation.



(74% vs. 69%)

AAPCHO FQHCs also provide a higher average number of enabling service encounters (9,159 vs 4,875) that facilitate access to care and accounts for their high quality care.

DISAGGREGATED DATA

AAPCHO CHCs strongly advocate for and collect disaggregated AA&NHPI data. Unfortunately this data is not provided in the UDS, and thus is not included in this report.

Source for all data: BPHC UDS 2004 - 2014

*For one CHC, 2013 LEP data was used in place of 2014 data because the CHC reported more LEP patients than their total number of patients.