AAPCHO

FACT SHEET 2018

# Analysis of Native Hawaiian and Pacific Islander Health Outcomes at Health Centers: UDS 2017

The 2017 U.S. Census Bureau estimates roughly 1.4 million Native Hawaiian (NH) and Pacific Islanders (PI) alone or in combination with one or more races who reside within the United States.[1] The NHPI population is also one of the fastest growing race groups—increasing 40% between 2000 and 2010.[2] NHPIs have cultural and historical challenges related to chronic disease management, especially diabetes and hypertension control. According to the latest Health Resources and Services Administration's 2017 Uniform Data System (UDS) report, 39% of NH and 40% of PI populations served at health centers have uncontrolled diabetes (or a Hemoglobin A1c greater than 9%), which is far from the Healthy People 2020 goal of 16.1% for uncontrolled diabetes (HbA1c >9%).[3] As for hypertensive patients, 59% of NH and 62% of PI populations served at health centers have controlled hypertension (or a BP<140/90), which are within reach or in-line with the Healthy People 2020 goal of 61.2% hypertension BP control.[4] In 2017, the NH and PI populations had overall lower rates of both controlled hypertensive patients and diabetic patients with HbA1c less than 8% compared to the White and Asian American populations at health centers.[5]

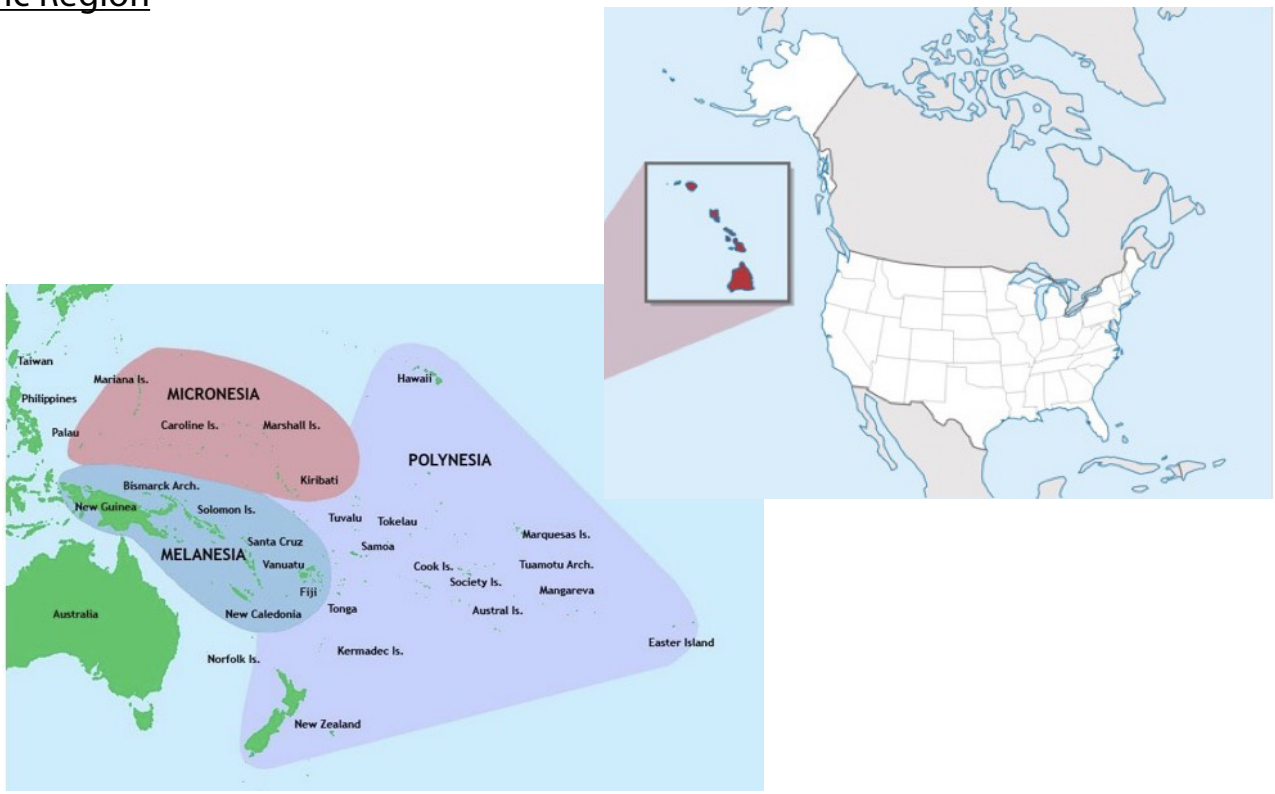
AAPCHO's data analysis, key findings, and recommendations in the subsequent sections serve as an informational resource to health centers on the current status of chronic disease amongst NHPIs at health centers throughout the continental U.S., Hawaii, and the Pacific region. Recommendations include future implications and innovative strategies for addressing PI health issues, considering that UDS reports do not disaggregate race/ethnicity data. Overall, this report offers promising practices to reduce the incidence of HbA1c>9%, including the Pacific Islander Diabetes Prevention Program—a Centers for Disease Control and Prevention (CDC)-recognized national program addressing prediabetes.

- NHPI-Serving Health Centers: NHPI-serving health centers are defined as those who served greater or equal to 1,000 NHPI (combined) patients in 2017. NH-serving health centers and PI-serving health centers are defined as those who served greater or equal to 1,000 NH or PI patients in 2017, respectively. A total of 40 out of 1,373 health centers were identified as NHPI-serving health centers.
- Dataset & Data Analysis: this fact sheet uses the Uniform Data System (UDS) 2017 data. The total number of health centers reporting to UDS in 2017 was 1,373. National averages serve as references to compare with PI-serving health center averages. Results were considered statistically significant when $p<0.05$.

[1] Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2017. Source: U.S. Census Bureau, Population Division. Available at: https://factfinder.census.gov/
[2] U.S. Census Bureau, Census 2000 Redistricting Data (Public Law 94–171) Summary File, Table PL1; and 2010 Census Redistricting Data (Public Law 94–171) Summary File, Table P1. Available at: https://www.census.gov/prod/cen2010/briefs/c2010br-12.pdf
[3] [4] 2017 Uniform Data System. Bureau of Primary Health Care. HRSA, DHHS. Available at: https://bphc.hrsa.gov/uds/datacenter.aspx. For more information on Healthy People 2020 Objectives and Goals, visit: http://www.healthypeople.gov/2020/topics-objectives
[5] AAPCHO. The Health of Asian Americans, Native Hawaiians, and Pacific Islanders Served at Health Centers: UDS 2017. Available at: http://www.aapcho.org/resources_db/the-health-of-asian-americans-native-hawaiians-and-pacific-islanders-served-at-health-centers-2017/

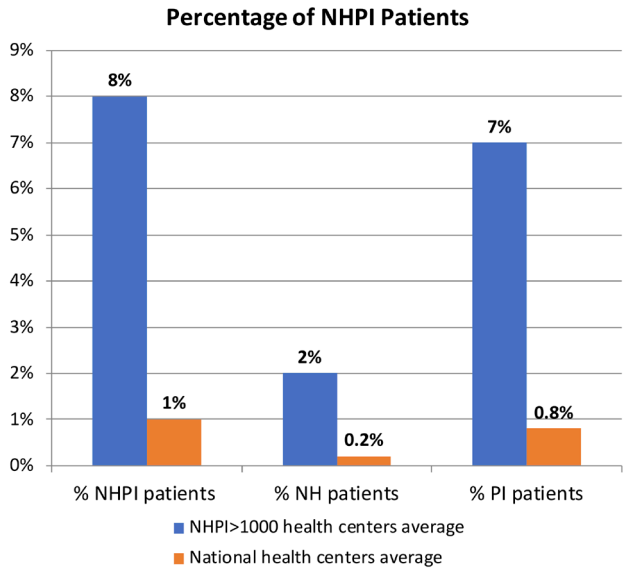
## Key Findings

NHPI-Serving Health Centers are Located Across the Continental U.S., Hawaii, and the Pacific Region




The 40 NHPI-serving health centers are geographically diverse and dispersed throughout the Continental U.S., Hawaii, and the Pacific. The Pacific region includes: a) the two U.S. territories of American Samoa and Guam; b) the Commonwealth of Northern Mariana Islands, and c) the three Compact of Free Association (COFA), or Freely Associated States of Palau, Marshall Islands, and Federated States of Micronesia (FSM).[6]

Within the United States, NHPI-serving health centers are located in the following states: Alaska, Arkansas, California, Hawaii, Massachusetts, New York, Pennsylvania, Texas, and Washington.[7] On average, NHPI-serving health centers see a significantly higher percentage of NH and PI populations when compared to the national health center average. Those average numbers translate to an 8% NHPI combined, 2% NH, and 7% PI patient population at NHPI-serving health centers.



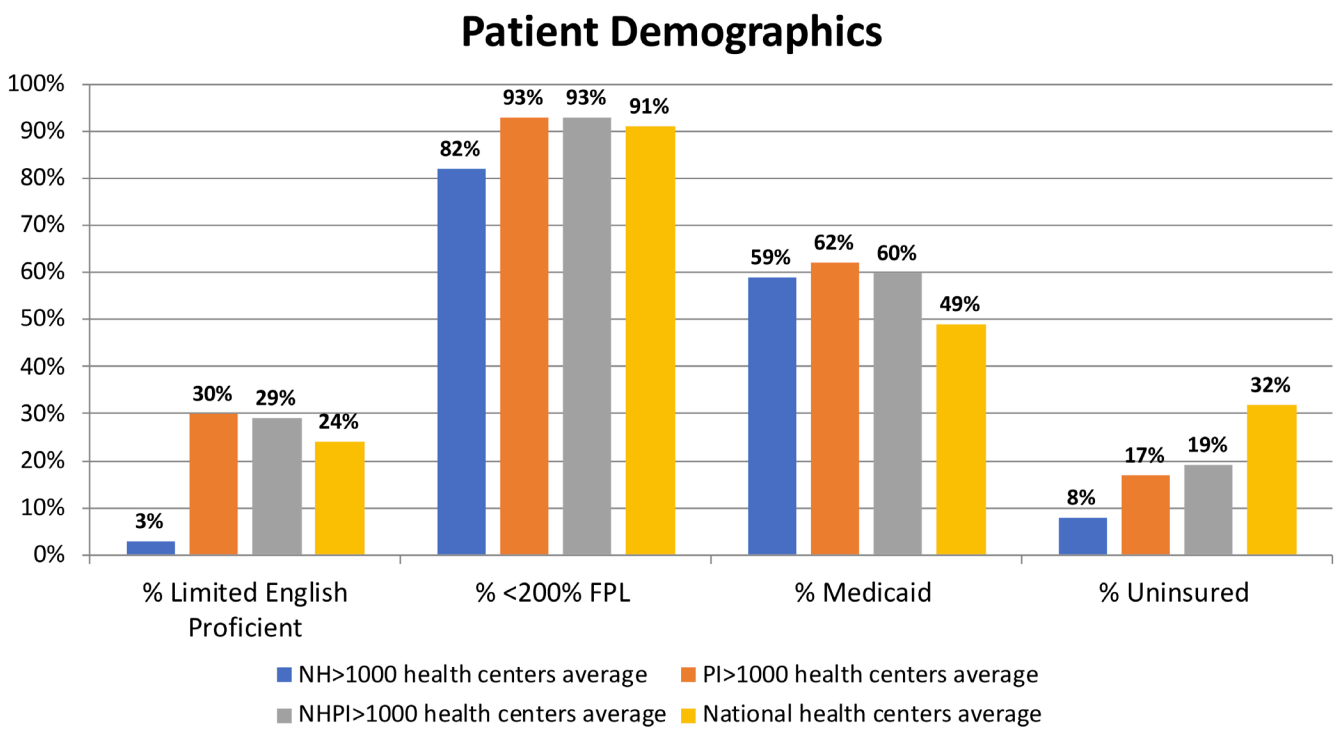

[6] Compact of Free Association (COFA) or Freely Associated States refer to the Republic of Palau, Republic of the Marshall Islands, and Federated States of Micronesia. More information about COFA is available at: http://uscompact.org/about/cofa.php

[7] According to the 2015 U.S. Census Bureau estimate, the states that have a significant NHPI population are: Hawaii, California, Washington, Texas, Nevada, and Utah. So there the states are a little bit different from the NHPI-serving health center states. Available at: https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=65

## Demographic Differences are Evident When Disaggregating NHPI-Serving Health Centers

In comparison to the national average health center, NHPI-serving health centers have slightly higher percentages of patients who are Limited English Proficient or LEP (29% vs. 24%) and low-income or less than 200% Federal Poverty Level (FPL) (93% vs. 91%). Furthermore, NHPI-serving health centers have higher Medicaid rates (60% vs. 49%) and lower uninsured rates (19% vs. 32%). These improvements in health coverage may be associated with the Affordable Care Act's implementation of Medicaid expansion and the insurance marketplace in participating states.[8] When examining NH-serving health centers (N=5) vs. PI-serving health centers (N=34) as individual sub-groups, some pronounced differences arise:

- PI-serving health centers have higher LEP rates than the national average.
- PI-serving health centers have a marginally higher rate of patients living below 200% FPL than the national average. This demonstrates that health centers with a significant proportion of Pacific Islanders have a higher number of low-income patients.

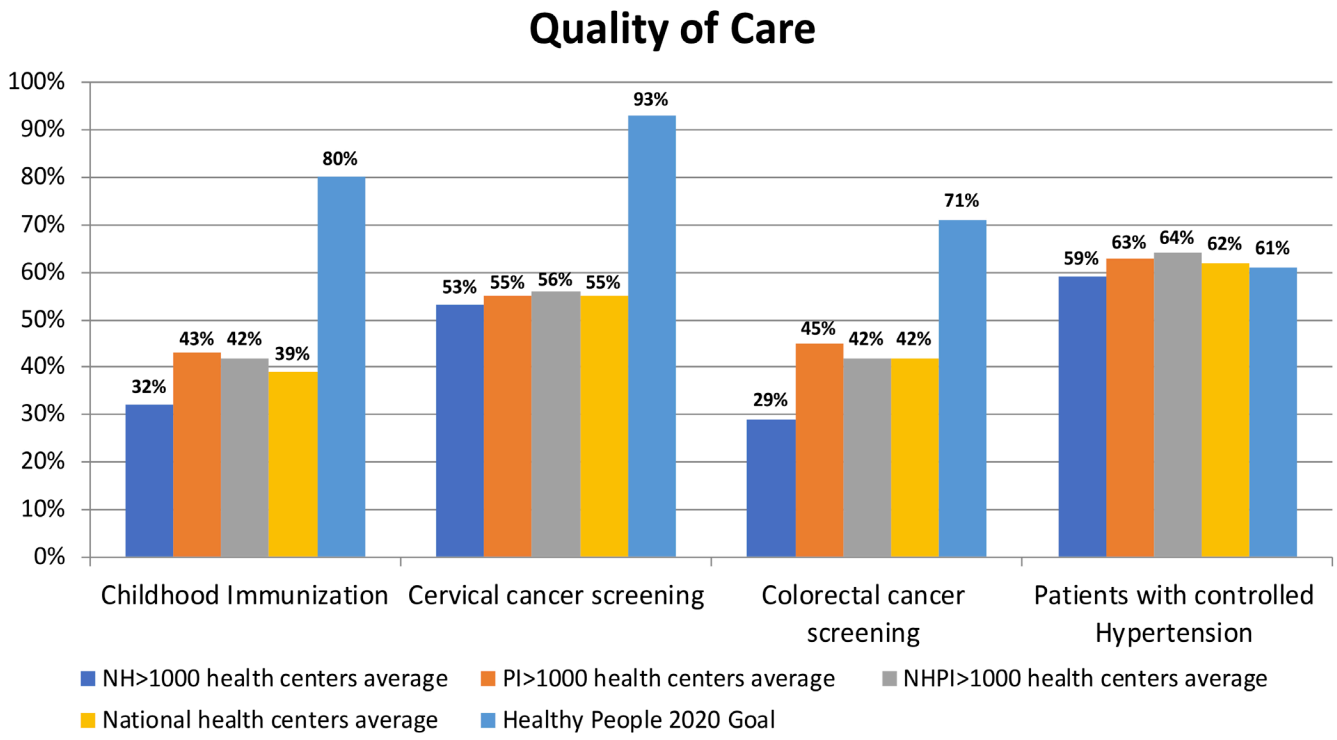



[8] Park JJ, Humble S, Sommers BD, Colditz GA, Epstein AM, Koh HK. Health Insurance for Asian Americans, Native Hawaiians, and Pacific Islanders Under the Affordable Care Act. JAMA Intern Med. 2018;178(8):1128–1129. doi:10.1001/jamainternmed.2018.1476

## NHPI-Serving Health Centers Fall Short of Healthy People 2020 Goals

NHPI-serving health centers do not meet Healthy People 2020 goals, with the exception of controlled hypertension rates.[9] When examining NH- vs. PI-serving health centers individually and in isolation, PI-serving health centers (N=34) appear to have better clinical quality measures and performance rates that move closer to the national average. Despite the smaller sample of NH-serving health centers in this group (N=5), the analysis reveals the following:

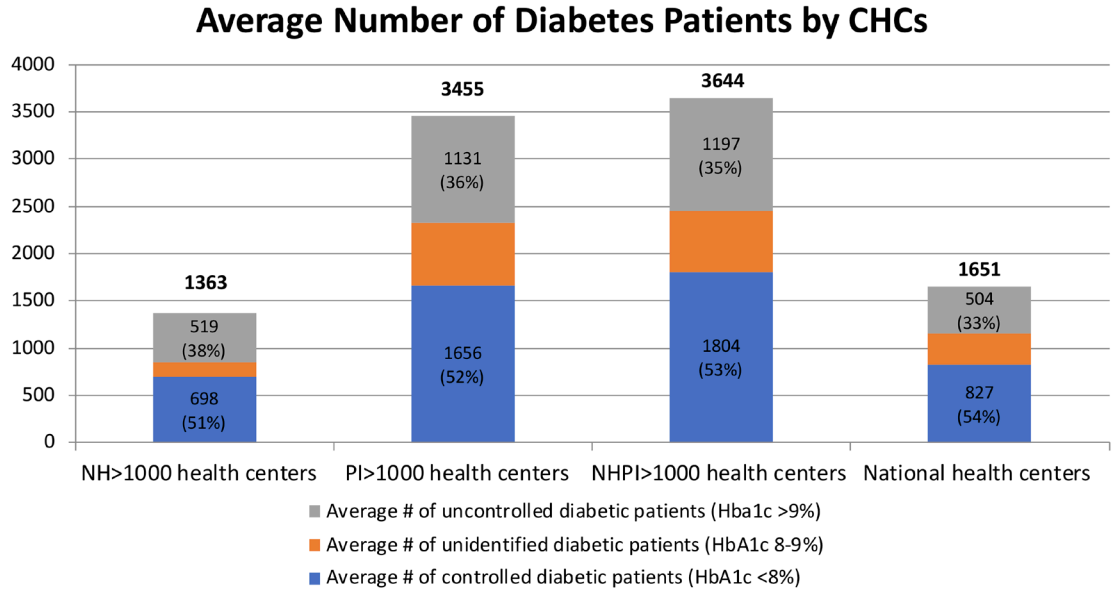
- NH-serving health centers currently do not meet the target Healthy People 2020 goals for childhood immunization (32% vs. 80%), cervical cancer screening (53% vs. 93%), and colorectal cancer screening rates (29% vs. 71%); and fall short compared to the national health centers' average immunization and screening rates in each area.
- NH-serving health centers almost meet the same performance rate of patients with controlled hypertension compared to national health centers (59% vs. 62%) and the target Healthy People 2020 goal (59% vs. 61%).



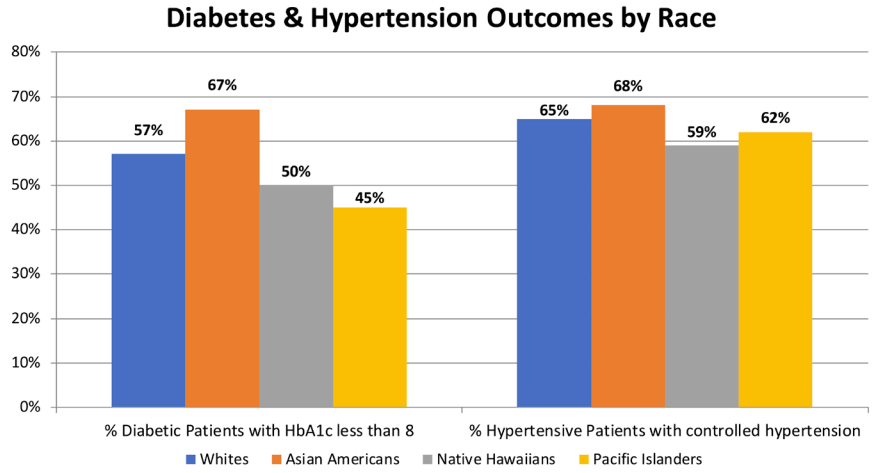

[9] Healthy People 2020. Available at: http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx

## NHPIs Have Higher Than Average Diabetes and Hypertension Rates

NHPI-serving health centers have a higher average rate of patients with HbA1c > 9% than national health centers, which translate to more uncontrolled diabetics (35% vs. 33%) and less controlled diabetics (53% vs. 54%), respectively.




Compared to national health centers, NHPI- and PI-serving health centers have more than double the average number of patients with diabetes (3,644 at NHPI-serving health centers and 3,455 at PI-serving health centers, compared to 1,651 at national health centers); and more than double the average number of patients with HbA1c levels greater than 9% (1,197 at NHPI-serving health centers and 1,131 at PI-serving health centers, compared to 504 at national health centers).[10]




NHPIs have lower percentages of patients with controlled diabetes and controlled hypertension, when compared to their White and Asian American population counterparts. The findings suggest an opportunity for health centers to identify social, cultural, and economic determinants of health that may contribute to the health disparities that exist amongst the NHPI population.

[10] Note the red portion is unidentified patients with diabetes HbA1c between 8-9%. For UDS, under HbA1c<8 is controlled and HbA1c>9 is uncontrolled. Source: 2017 Uniform Data System. Bureau of Primary Health Care. HRSA, DHHS. - Table 7 - Health Outcomes and Disparities. Available at: https://bphc.hrsa.gov/uds/datacenter.aspx?q=t7&year=2017&state=&fd=

## Summary

The report, using the 2017 Uniform Data System (UDS), highlights the impact of chronic disease outcomes for Native Hawaiian and Pacific Islander populations at health centers. It compares and contrasts health outcomes between NHPI-, NH-, and PI-serving health centers to national health centers across the continental U.S., Hawaii, and the Pacific region.

## Recommendations

The report findings suggest an opportunity for NH-serving health centers to improve immunization and screening rates by strengthening population health management strategies. The findings also suggest the potential effectiveness of NH-serving health centers' clinical and non-clinical interventions related to hypertension. Lastly, NHPI-serving health centers serving large PI populations can increase their cultural and linguistic competency due to their higher LEP rates and lower incomes. In particular, health centers serving a high proportion of PI patients (i.e. Micronesians from the Marshall Islands and Chuuk State in the FSM) are being challenged to increase access to quality care for a special and vulnerable population. Recent reports have shown Micronesians often experience health inequities due to their migrant and second-class status; especially when arriving to Hawaii and the continental U.S. for better education and health care opportunities.[11] [12] Moreover, there is a continued need to identify social, cultural, and economic determinants of health-related interventions that are critical to address diabetes, hypertension, and other health or social related needs for NH and PI populations. Our general recommendations include:

1. Data and Research: Collect disaggregated data for Pacific Islanders beyond Native Hawaiians.
2. Cross-Sector Partnerships: Expand innovative community partnership models (e.g. Pacific Islander-Diabetes Prevention Program or PI-DPP) to support retention and positive results for special and vulnerable populations. The CDC recognizes the PI-DPP for its community-based organization and community health center partnership model, which has demonstrated promising practices to prevent diabetes through an evidence-based lifestyle change program.
3. Programs & Services: Develop culturally and linguistically appropriate health care interventions that successfully address social determinants of health needs in NHPI communities.
4. Policy & Payment: Improve federal, state, and local policies and support funding that adequately address health disparities for Native Hawaiians and Pacific Islanders (i.e. COFA migrants) living in Hawaii and the continental U.S.

[11] Study: Chuukese Study: Chuukese Patients In Hawaii Patients In Hawaii Often Face Often Face Discrimination. Available at: https://www.civilbeat.org/2018/12/study-chuukese-patients-in-hawaii-often-face-discrimination/

[12] Essay: "How an Oahu Doctor Struggles to Care for his Micronesian Patients." Available at: http://www.zocalopublicsquare.org/2018/09/14/oahu-doctor-struggles-care-micronesian-patients/ideas/essay/

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