



An Analysis of AAPCHO Member Health Centers: UDS 2020 Data

February 2023 Fact Sheet

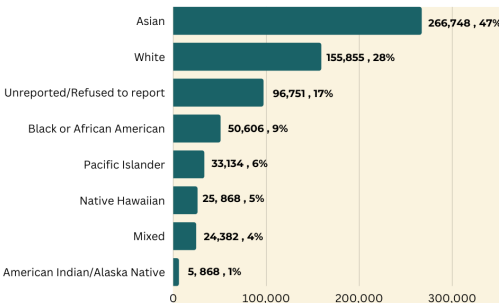
Since 1987, the Association of Asian Pacific Community Health Organizations (AAPCHO), a national, not-for-profit organization, has represented health centers that provide quality, comprehensive health services that are financially affordable, linguistically accessible and culturally appropriate for Asian Americans (AAs), Native Hawaiians, and Pacific Islanders (NH/PIs). AAPCHO's community-based organizations promote advocacy, collaboration, and leadership to improve the health status and access of medically underserved AAs and NH/PIs. AAPCHO member health centers 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, and dentistry;
- Assessment of social determinant of health (SDOH) and enabling services (ES); and
- Services in over 15 languages and dialects including Cantonese, Hawaiian, Ilocano, Korean, Mandarin, Samoan, Tagalog, and Vietnamese.



AAPCHO Member Demographics

In 2020, AAPCHO served nearly 700,000 patients at 28 federally qualified health centers (FQHCs). AA and NH/PI patients accounted for 64% of those served, with some AAPCHO FQHCs serving as high as 100% of AA and NH/PI patients.



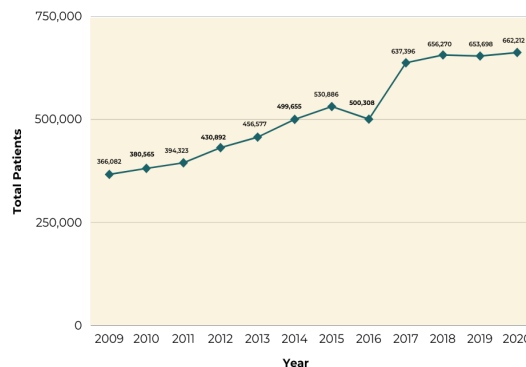
*AAPCHO patients are 25% Hispanic/Latino (% known for ethnicity)

AAPCHO FQHCs, 2020

AAPCHO's membership includes 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). In 2020, AAPCHO currently serves 28 FQHCs.

Total AAPCHO Patients, 2010-2020

The total number of patients served increased 74% between 2010 and 2020.



Terminology

Asian American

Persons having origins in any of the original peoples of Asia, Southeast Asia, or the Indian subcontinent including: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Indonesia, Thailand, or Vietnam

Pacific Islander

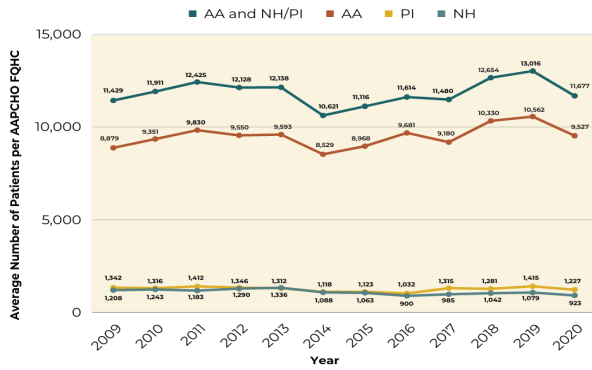
Persons having origins in any of the original peoples of Guam, Samoa, Tonga, Palau, Chuuk, Yap, Saipan, Kosrae, Ebeye, Pohnpei or other Pacific Islands in Micronesia, Melanesia, or Polynesia

Native Hawaiians

Persons having origins to any of the original peoples of Hawai'i

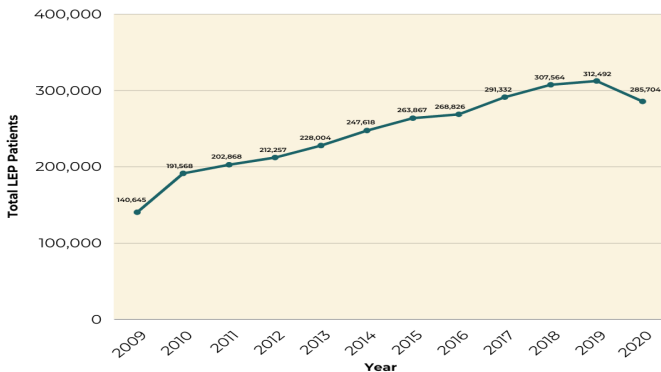
Average AAPCHO AA and NH/PI Patients, 2010-2020

The average number of AA and NH/PI patients served at each FQHC has mostly been consistent between 2010 and 2020, with some serving as high as 100% AAs, 54% NHs, or 99% PIs.



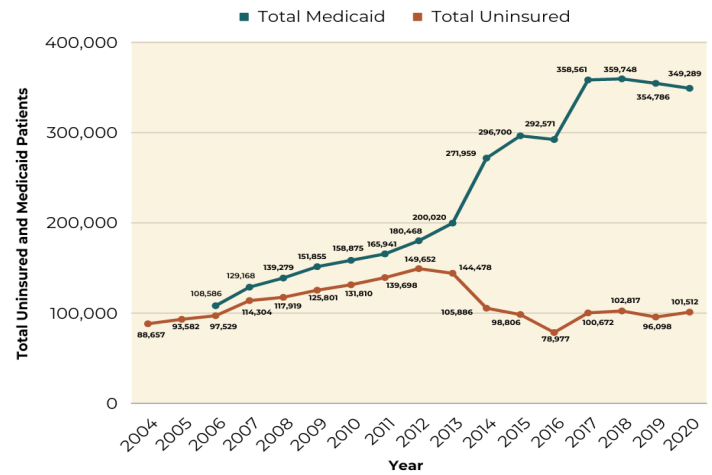
Limited English Proficient (LEP) Patients, 2010-2020

In 2020, 46% of AAPCHO member FQHC patients were best served in a language other than English. For some AAPCHO members, limited English proficient (LEP) patients represented up to 100% of their patient populations. The number of LEP patients served increased 49% between 2010 and 2020.



Patient Insurance Status: Uninsured and Medicaid, 2010-2020

The number of uninsured AAPCHO member FQHC patients decreased by almost 23% from 2010 to 2020. During the same time period, patients on Medicaid increased 120% from 2010 to 2020, likely due to the Affordable Care Act (ACA) implementation. In 2020, 15% of AAPCHO member FQHC patients were uninsured and 53% were on Medicaid. For some AAPCHO members, uninsured patients represented up to 84% and patients on Medicaid represented up to 78% of their patient populations.



Acknowledgments

The following AAPCHO staff contributed to the preparation of this material: Dionne Nguyen, *Communications and Member Services Assistant*; Julia Liu, MPH, CPH, *Translational Research, Evaluation, and Data Analyst*; Kristine Cecile Alarcon, MPH, *Communications and Storytelling Manager*; and Liam Weir, *Data Analysis Programmer Intern*.

Many Face SDOH Barriers

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 who face many SDOH barriers. Out of the 662,212 total patients served in 2020:

- 72% were racial/ethnic minorities, including 266,748 (47%) AAs, 25,868 (5%) NHs, and 33,134 (6%) PI*;
- 43% were patients best served in a language other than English (285,704);
- 69% were patients with incomes at or below 200% Federal Poverty Level (459,425);
- 15% were uninsured patients (101,512);
- 53% were patients with Medicaid (349,289); and some FQHCs served as high as 18% 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 (46% vs. 19%);
- Patients with Medicaid (51% vs. 42%); and
- Patients with hepatitis B (476 vs. 21 mean diagnoses per FQHC)

AAPCHO FQHCs also provide over three times the national average number of enabling service encounters (16,140 vs. 4,712) that facilitate access to care and accounts for their high quality care. At the same time, AAPCHO FQHCs employ significantly more enabling services staff (27 vs 17 FTEs on average per FQHC) compared to the national average.

Identifying effective interventions to treat chronic conditions has been particularly difficult because of the complex and multi-layer social barriers faced by the population served at health centers. Therefore, the application of effective SDOH assessment tools to understand and prioritize enabling service interventions are especially important in the health center setting.

Disaggregated Data

AAPCHO health center members strongly advocate for and collect disaggregated AA and NH/PI data. Unfortunately, this data is not provided in the UDS, and thus is not included in this report.

* Percentages are out of known race

Source for all data: BPHC UDS 2010 - 2020