Since 1987, the Association of Asian Pacific Community Health Organizations (AAPCHO), a national, not-for-profit organization, represents 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’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). AAPCHO currently serves 26 FQHCs.

### AAPCHO Member Demographics

In 2021, AAPCHO served nearly 550,000 patients at 26 Federally Qualified Health Centers (FQHCs). AA and NH/PI patients accounted for 66% of those served, with some AAPCHO FQHCs serving as high as 100% of AA and NH/PI patients.

### AAPCHO FQHCS, 2021

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). AAPCHO currently serves 26 FQHCs.

### Total AAPCHO Patients, 2011-2021

The total number of patients served increased 39% between 2011 and 2021.

#### 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, Eneye, Pohnpei or other Pacific Islands in Micronesia, Melanesia, or Polynesia

**Native Hawaiian**

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

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*AAPCHO patients are 20% Hispanic/Latino (% known for ethnicity)
Average AAPCHO AA and NH/PI Patients, 2011-2021

The average number of AA and NH/PI patients served at each FQHC has mostly been consistent between 2011 and 2021, with some serving as high as 98% AAs, 53% NHs, or 100% PIs.

Limited English Proficient (LEP) Patients, 2011-2021

In 2021, the majority (53%) 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 44% between 2011 and 2021.

Patient Insurance Status: Uninsured and Medicaid, 2011-2021

The number of uninsured AAPCHO Member FQHC patients decreased by 44% from 2011 to 2021. During the same time period, patients on Medicaid increased 77% from 2011 to 2021, likely due to ACA implementation. In 2021, 14% of AAPCHO Member FQHC patients were uninsured and 54% were on Medicaid. For some AAPCHO Members, uninsured patients represented up to 64% and patients on Medicaid represented up to 78% of their patient populations.

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Many Face SDOH Barriers

AAPCHO’s Member FQHCs are located across the country in 11 states and one freely associated state. They serve a unique subset of our nation’s population who face many Social Determinant of Health barriers. Out of the 546,243 total patients served in 2021:

- 77% were racial/ethnic minorities, including 271,907 (55%) AAs, 27,235 (6%) NHs, and 24,938 (5%) PIs; * Percentages are out of known race
- 53% were patients best served in a language other than English (291,602);
- 66% were patients with incomes at or below 200% Federal Poverty Level (360,196);
- 14% were uninsured patients (77,938);
- 54% were patients with Medicaid (293,639); and some FQHCs served as high as 13% 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 (53% vs. 24%);
- Patients with Medicaid (54% vs. 48%); and
- Patients with hepatitis B (509 vs. 22 mean diagnoses per FQHC)

AAPCHO FQHCs also provide almost three times the national average number of enabling service encounters (12,544 vs. 5,202) that facilitate access to care and accounts for their high quality care. At the same time, AAPCHO FQHCs employ significantly more enabling services staff (30 vs 19 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 Member health centers 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.

Source for all data: BPHC UDS 2010 - 2021