The Health of Asian Americans, Native Hawaiians, and Pacific Islanders Served at Health Centers: An Analysis of the 2021 Uniform Data Data System

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About AAPCHO

The Association of Asian Pacific Community Health Organizations (AAPCHO) is a national association of community health organizations dedicated to promoting advocacy, collaboration, and leadership that improves the health status and access of Asian Americans (AAs) and Native Hawaiians/Pacific Islanders (NH/PIs) within the United States, its territories, and freely associated states.

AAPCHO supports all health centers, which provide high quality health services to medically underserved communities, regardless of insurance status or ability to pay. By operating under governing boards primarily composed of patients and community members, health centers deliver culturally sensitive care that reflect the needs of the populations they serve. To learn more about the Health Center program, visit https://bphc.hrsa.gov/about/index.html.¹
Abbreviations and Readability

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AA</td>
<td>Asian American</td>
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<tr>
<td>“AANHPI” or “AA and NH/PI” or “AA&amp;NHPI”</td>
<td>Asian American, Native Hawaiian, and Pacific Islander</td>
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<td>BPHC</td>
<td>Bureau of Primary Health Care</td>
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<td>CHC</td>
<td>Community Health Center</td>
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<td>COFA</td>
<td>Compacts of Free Association</td>
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<td>EHR</td>
<td>Electronic Health Record</td>
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<td>ES</td>
<td>Enabling Services</td>
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<td>HRSA</td>
<td>Health Resources and Services Administration</td>
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<tr>
<td>LEP</td>
<td>Limited English Proficiency</td>
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<tr>
<td>NH</td>
<td>Native Hawaiian</td>
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<tr>
<td>NH/PI</td>
<td>Native Hawaiian and Pacific Islander</td>
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<tr>
<td>PI</td>
<td>Pacific Islander</td>
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<tr>
<td>PRAPARE</td>
<td>Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences</td>
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<tr>
<td>PPE</td>
<td>Personal Protective Equipment</td>
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<tr>
<td>SDOH</td>
<td>Social Drivers of Health or Social Determinants of Health</td>
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<tr>
<td>UDS</td>
<td>Uniform Data System</td>
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<tr>
<td>USAPI</td>
<td>U.S. Affiliated Pacific Islands</td>
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For easier readability, AA- and NH/PI-serving health centers will be addressed as AA&NHPI-serving health centers, whereas NH/PI-serving health centers will be addressed as NHPI-serving health centers. In this report, AAs and NH/PIs will be referenced as racial and ethnic groups, and specific AA (e.g., Cambodian, Hmong, Indian) and NH/PI communities (e.g., Marshallese, Native Hawaiian, Samoan) will be referenced as racial and ethnic subgroups.
Enabling Services and Quality Care at AA&NHPI-serving and NHPI-serving Health Centers
Enabling Services and Quality of Care at AA&NHPI-serving and NHPI-serving Health Centers

Highlights

• Health centers across the continental U.S., Hawai‘i, and the Pacific Islands employed more than 25 thousand Full Time Equivalent (FTE) Enabling Services (ES) personnel.

• In every category of ESs measured in the Uniform Data System (UDS), AA&NHPI-serving and NHPI-serving health centers had more FTE ES staff than health centers nationally.

• On average, AA&NHPI-serving health centers employed 22.3 Case Managers, 7.4 Community Education Specialists, 5 Community Health Workers, 10 Eligibility Assistance Workers, 3.4 Interpretation Staff Members, 5.2 Outreach Workers, and 1.3 Transportation Staff Members.

• On average, NHPI-serving health centers employed 23.9 Case Managers, 7.5 Community Education Specialists, 6.2 Community Health Workers, 11.2 Eligibility Assistance Workers, 1.7 Interpretation Staff Members, 7.4 Outreach Workers, and 1.2 Transportation Staff Members.

• AA&NHPI- and NHPI-serving health centers demonstrate high quality of care by providing services that are correlated with positive long-term health outcomes.

• From 2020 to 2021, AA&NHPI-serving health centers, NHPI-serving health centers, and health centers nationally have increased the proportion of patients who have received cervical cancer screening and depression screening with a follow-up plan.
**Introduction**

Enabling Services (ES), also called supportive services, are non-clinical services that increase access to care and improve health outcomes. These services can include case management, referrals, translation/interpretation, transportation, eligibility assistance, health education, and outreach. According to the Association of Asian Pacific Community Health Organizations (AAPCHO)'s [Enabling Services Accountability Project](#), uninsured patients and patients with public insurance benefits were more likely to utilize ES. As ES help to bridge gaps in access to care, they are indispensable tools for advancing health equity. This section examines the role of ES at AA&NHPI-serving and NHPI-serving health centers as well as the quality care measures that improve the health outcomes of the AA and NH/PI population.

**UDS Enabling Workforce Services Categories**

![UDS Enabling Workforce Services Categories](image)

**ES Staffing**

In 2021, health centers employed more than 25,000 full-time equivalent (FTE) Enabling Services personnel. In every category of ES measured in the UDS, AA&NHPI-serving and NHPI-serving health centers had more FTE staff than health centers nationally. For example, the average number of interpretation staff at AA&NHPI-serving and NHPI-serving health centers was 2.7 and 2 times greater than the national average, respectively. Interpretation staff are important to health centers as nearly a quarter of all health center patients have limited English proficiency (LEP). Moreover, AA&NHPI-serving and NHPI-serving health centers both serve a greater percentage of LEP patients (34% and 28% respectively).
AA&NHPI-serving and NHPI-serving health centers also had a significantly greater number of case managers than the national average of 8.8. AA&NHPI-serving health centers employed approximately 22 case managers while NHPI-serving health centers employed approximately 24.

Furthermore, the number of staff at AA&NHPI-serving and NHPI-serving all health centers who provide ES support may be undercounted. For example, the UDS Manual instructs grantees to exclude nurses, medical assistants, or other support personnel who provide interpretation, translation, or bilingual services in their roles. AA&NHPI-serving and NHPI-serving health centers commonly employ multilingual providers and other staff from the community. Therefore, it is likely there are even more staff who directly provide in-language services and referrals using their multilingual abilities and informed by their multicultural backgrounds.
High Quality Care at Community Health Centers

Quality of care is defined by the Institute of Medicine as “the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.” The Quality-of-Care Measures reported in the UDS, described as “process measures,” are services correlated with positive long-term health outcomes. These measures include data on Screening and Preventive Care, Maternal Care and Children’s Health, and Disease Management.

AA&NHPI-serving and NHPI-serving health centers have a higher quality of care for certain screenings and health outcomes than community health centers as a whole. AA&NHPI-serving and NHPI-serving health centers are trusted providers of care in the communities they serve.

Average Health Center Quality of Care

Quality-of-Care Process Measure
In 2020, AA&NHPI-serving and NHPI-serving health centers demonstrated lower rates of screening and follow-up plans for depression than health centers nationally. However, 2021 UDS data show increased depression screening and follow up plans for AA&NHPI-serving health centers and NHPI-serving health centers as well as health centers nationally. AA&NHPI-serving health centers had a 6% increase in depression screening from (62% to 68%) and NHPI-serving health centers had a 4% increase in depression screening from (59% to 63%).

As AAs and NH/PIs face disparities in certain health outcomes as well as unique social risk factors, services that improve healthcare access and quality of care are key in the mission to advance health equity.
References


18. 42 U.S. Code § 11701.


Disclaimer

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