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Association of Asian Pacific Community Health Organizations

Increasing Access to Care and Improving Health Outcomes:

A SPOTLIGHT ON ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER-SERVING HEALTH CENTERS

Moderator: Joe Lee, MSHA, *Training and Technical Assistance Director*
AAPCHO

December 19, 2019

About AAPCHO

- The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed in 1987
- National association of 32 community health organizations serving Asian Americans, Native Hawaiians, and other Pacific Islanders (AA and NHPIs)
- Dedicated to improving the health status and access of these medically underserved communities
- Bureau of Primary Care (BPHC) funded National Cooperative Agreement (NCA) to provide training and technical assistance to health centers

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Acknowledgement

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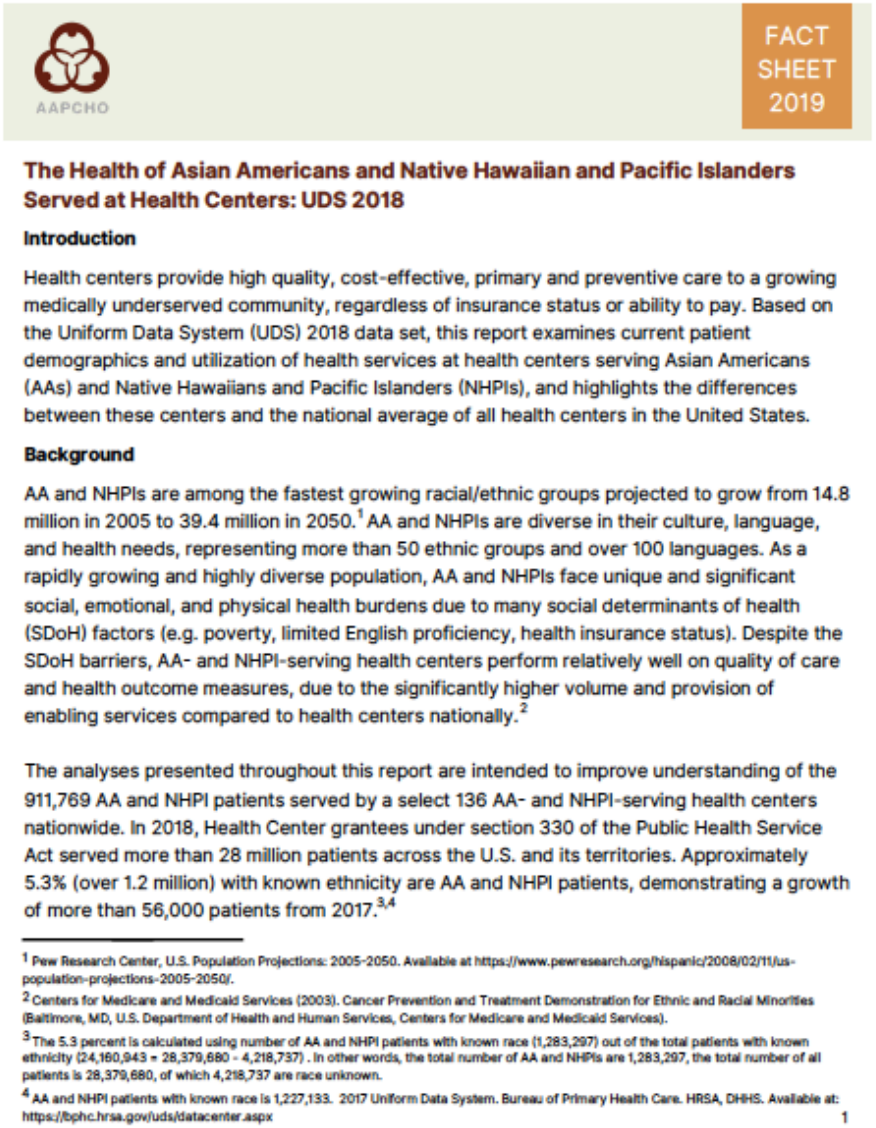
FULL REPORT

The Health of Asian Americans, Native Hawaiians and Pacific Islanders Served at Health Centers: UDS 2018



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FACT SHEET 2019

The Health of Asian Americans and Native Hawaiian and Pacific Islanders Served at Health Centers: UDS 2018

Introduction

Health centers provide high quality, cost-effective, primary and preventive care to a growing medically underserved community, regardless of insurance status or ability to pay. Based on the Uniform Data System (UDS) 2018 data set, this report examines current patient demographics and utilization of health services at health centers serving Asian Americans (AAs) and Native Hawaiians and Pacific Islanders (NHPIs), and highlights the differences between these centers and the national average of all health centers in the United States.

Background

AA and NHPIs are among the fastest growing racial/ethnic groups projected to grow from 14.8 million in 2005 to 39.4 million in 2050.[1] AA and NHPIs are diverse in their culture, language, and health needs, representing more than 50 ethnic groups and over 100 languages. As a rapidly growing and highly diverse population, AA and NHPIs face unique and significant social, emotional, and physical health burdens due to many social determinants of health (SDoH) factors (e.g. poverty, limited English proficiency, health insurance status). Despite the SDoH barriers, AA- and NHPI-serving health centers perform relatively well on quality of care and health outcome measures, due to the significantly higher volume and provision of enabling services compared to health centers nationally.[2]

The analyses presented throughout this report are intended to improve understanding of the 911,769 AA and NHPI patients served by a select 136 AA- and NHPI-serving health centers nationwide. In 2018, Health Center grantees under section 330 of the Public Health Service Act served more than 28 million patients across the U.S. and its territories. Approximately 5.3% (over 1.2 million) with known ethnicity are AA and NHPI patients, demonstrating a growth of more than 56,000 patients from 2017.[3,4]

[1] Pew Research Center, U.S. Population Projections: 2005-2050. Available at https://www.pewresearch.org/hispanic/2008/02/11/us-population-projections-2005-2050/.

[2] Centers for Medicare and Medicaid Services (2003). Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities (Baltimore, MD, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services).

[3] The 5.3 percent is calculated using number of AA and NHPI patients with known race (1,283,297) out of the total patients with known ethnicity (24,160,943 = 28,379,680 - 4,218,737) . In other words, the total number of AA and NHPIs are 1,283,297, the total number of all patients is 28,379,680, of which 4,218,737 are race unknown.

[4] AA and NHPI patients with known race is 1,227,133. 2017 Uniform Data System. Bureau of Primary Health Care. HRSA, DHHS. Available at: https://bphc.hrsa.gov/uds/datacenter.aspx

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Download at: http://bit.ly/AANHPI-Fact-Sheet-UDS-2018

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Learning Objectives

1. To present an overview of patient demographics, health utilization and patient health outcomes at AA&NHPI-serving health centers
2. To highlight some key differences between AA&NHPI-serving health centers and other community health centers across the nation
3. To discuss the implications of key trends, findings and opportunities to improve health care delivery and outcomes at AA&NHPI-serving health centers

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Speakers

Joe Lee, MSHA (Moderator)
Training & Technical Assistance Director
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Vivian Li, MS
Research Project Manager & Analyst
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Albert Ayson, Jr., MPH
Senior Program Manager, Training & Technical Assistance AAPCHO

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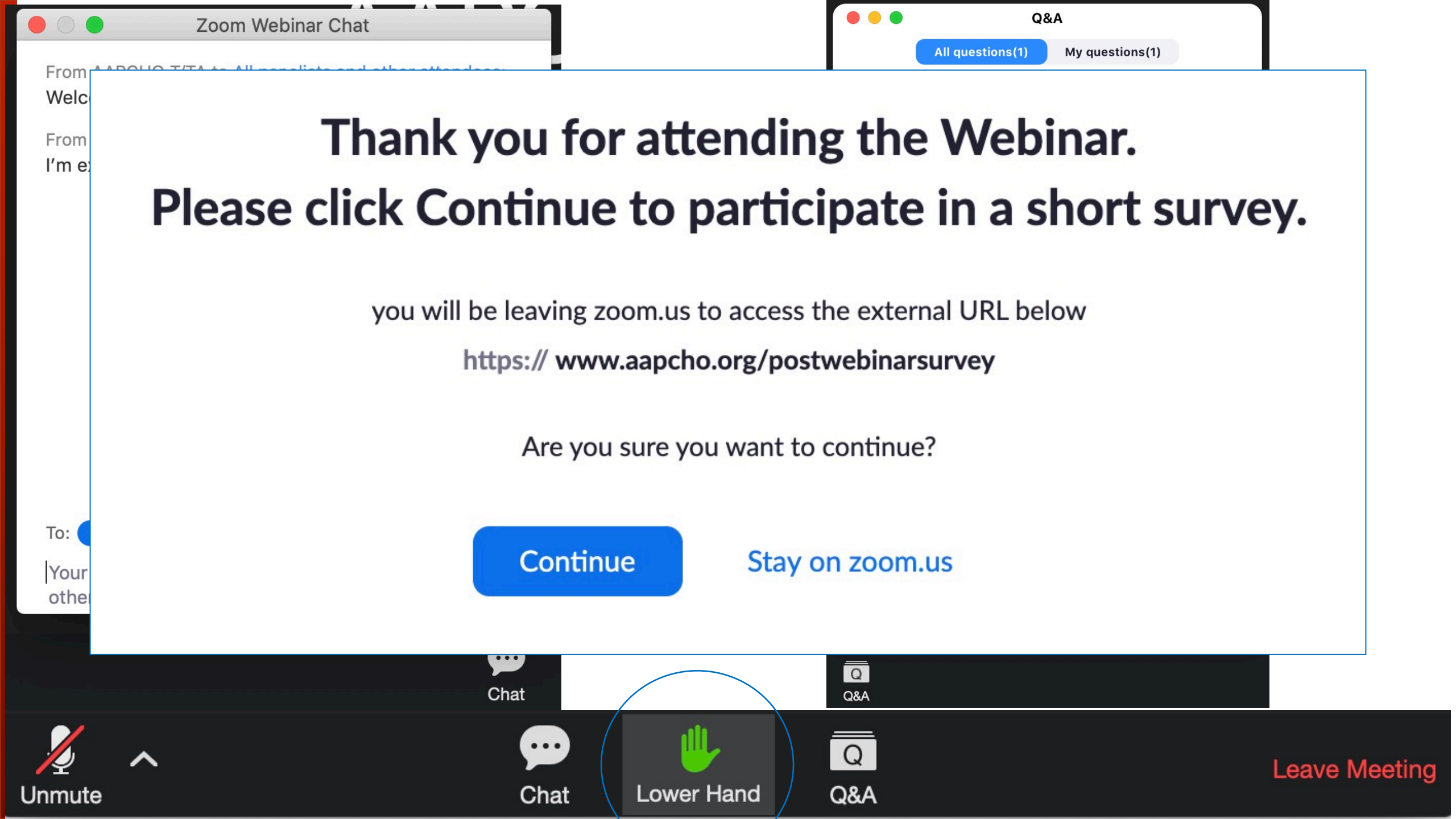
Zoom Webinar Chat
Q&A
All questions(1)
My questions(1)
Thank you for attending the Webinar.
Please click Continue to participate in a short survey.
you will be leaving zoom.us to access the external URL below
https:// www.aapcho.org/postwebinarsurvey
Are you sure you want to continue?
Continue
Stay on zoom.us
Chat
Q&A
Unmute
Chat
Lower Hand
Q&A
Leave Meeting

Polling Questions

1. Which of the following best describes your organization type?
2. Does your organization work with or focus on Asian American, Native Hawaiian and Pacific Islanders?
3. For health centers, do you have new populations or growing populations of AA&NHPIs in your city, state, or region?

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A Spotlight on AA&NHPI-Serving Health Centers

Vivian Li, MS, *Research Project Manager & Analyst*, AAPCHO

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FOCUS ON ASIAN AMERICANS, NATIVE HAWAIIANS AND PACIFIC ISLANDERS

Asian Americans, Native Hawaiians and Pacific Islanders (AAs and NHPIs) are among the fastest growing and highly diverse racial/ethnic groups in the United States

- Projected to grow from 15 million in 2005 to 40 million in 2050
- More than 50 ethnic groups and over 100 languages

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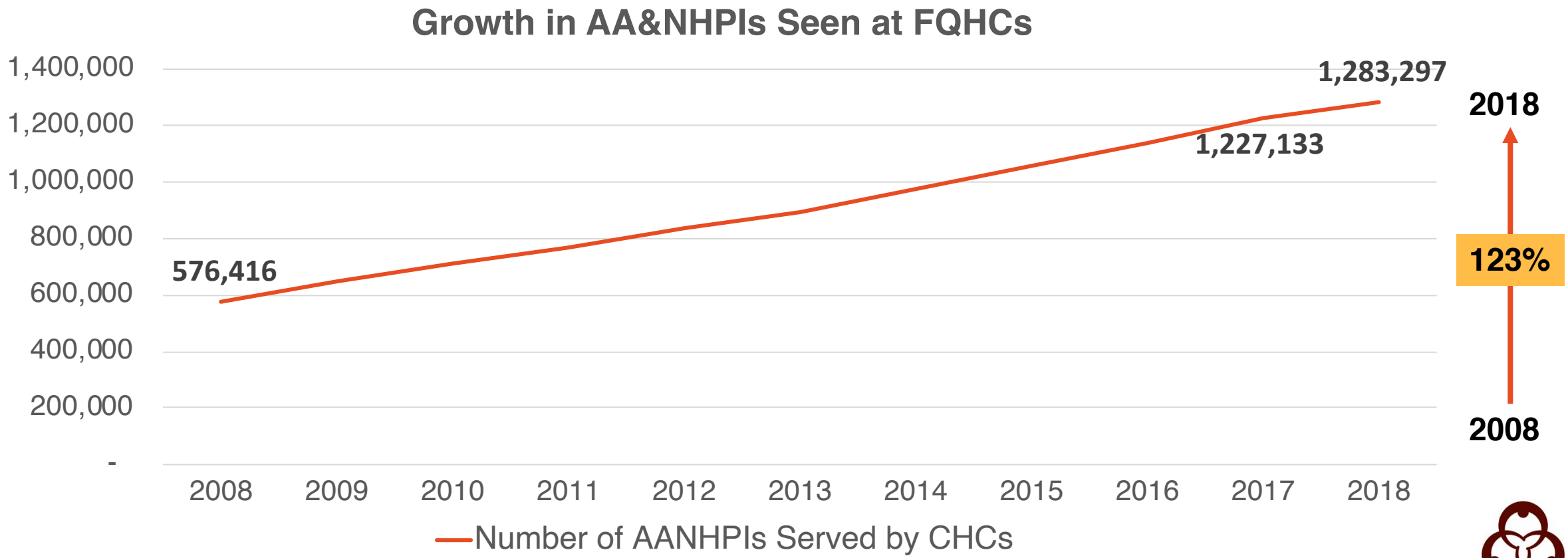
AA and NHPIs & HEALTH CENTERS

- Almost 1.3 million AA&NHPIs receive care at FQHCs in 2018, about a 123% increase between 2008-2018



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METHODOLOGY

Target health centers: (N=136)

- Top 10% in terms of the number of AA&NHPI patients served at the health center in 2018
- National FQHCs N=1,362
- Averages were calculated using raw UDS. To determine statistical significance, two-sample t-tests were conducted (significance level = 0.05)

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NUMBER OF AA and NHPIs SERVED BY FQHCs in 2018 (TOP 5 STATES)

2018 (TOTAL FQHCs = 1,362)		
STATE	**AA&NHPIs SERVED BY STATE**	**# FQHCs BY STATE**
CA	328,171	177
NY	117,375	62
HI	85,957	14
WA	85,953	27
MA	66,857	39

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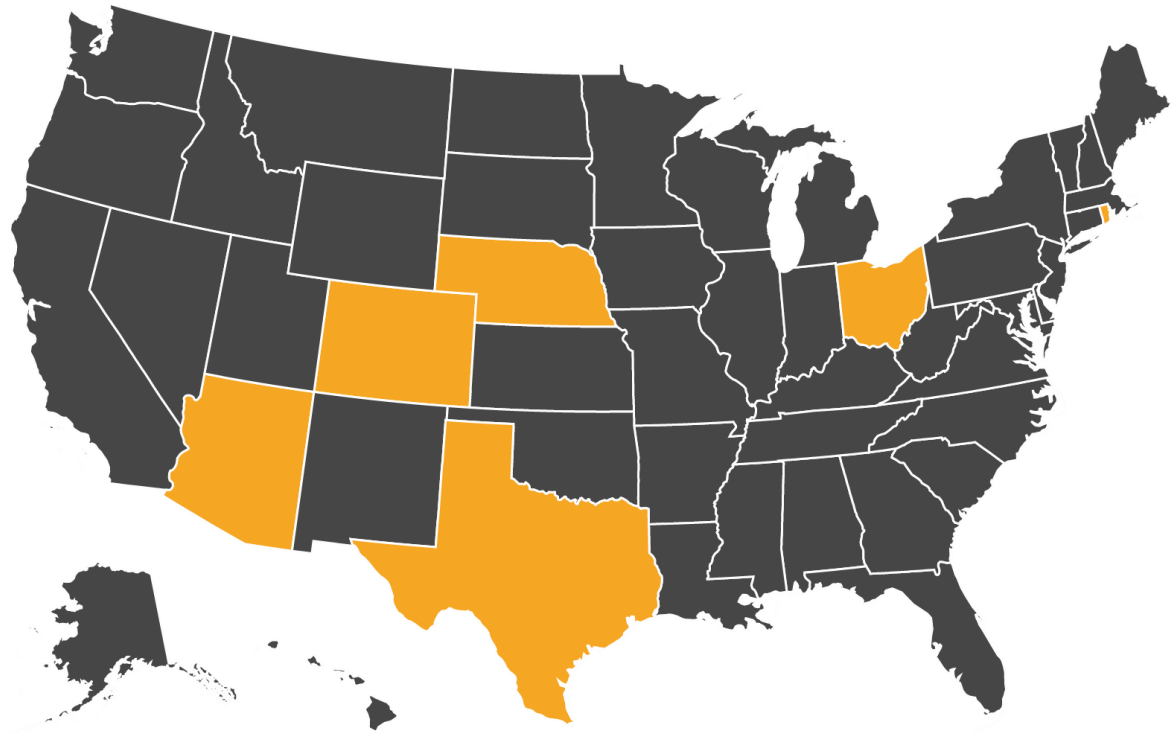
New Growth States, 2017-2018

- Colorado (Δ66%)
- Texas (Δ32%)
- Arizona (Δ14%)
- Rhode Island (Δ12%
- Nebraska (Δ11%)
- Ohio (Δ10%)



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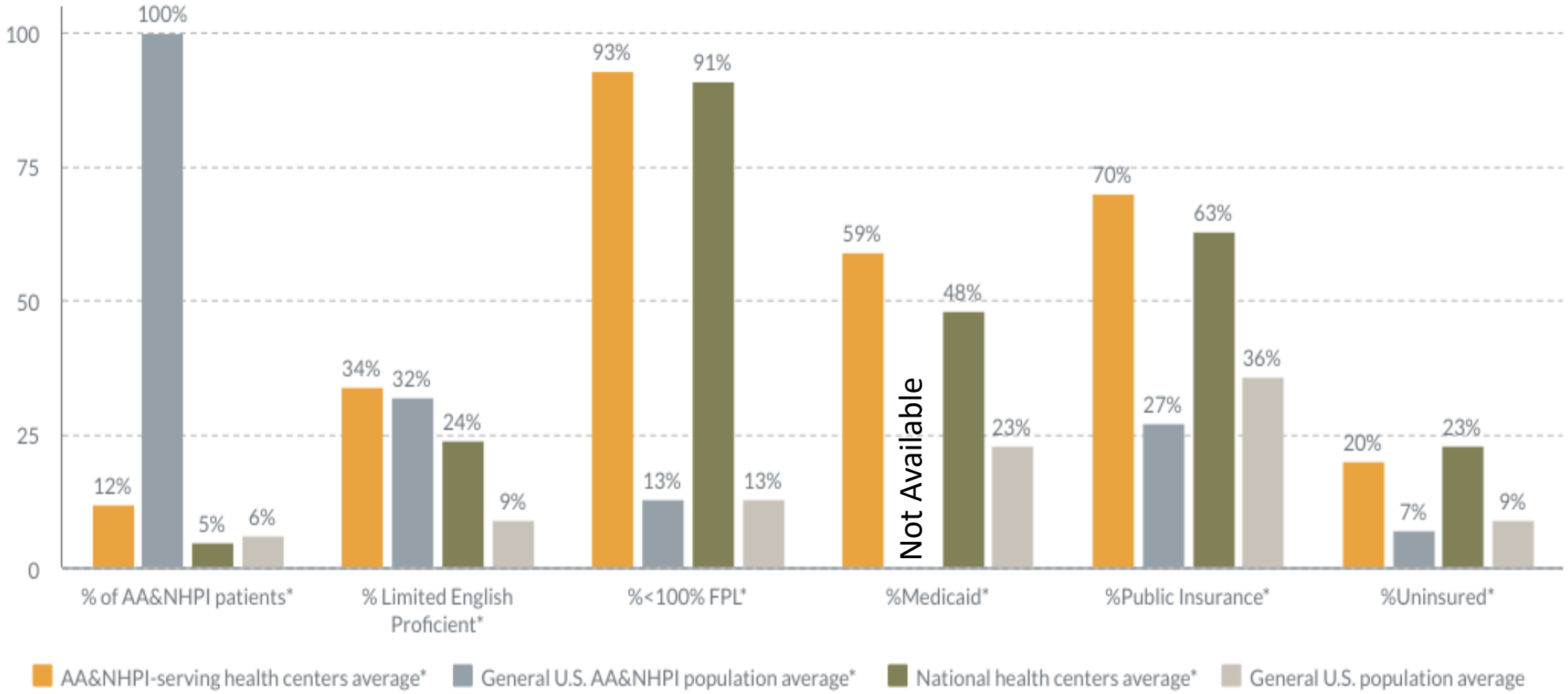
Patient Demographics



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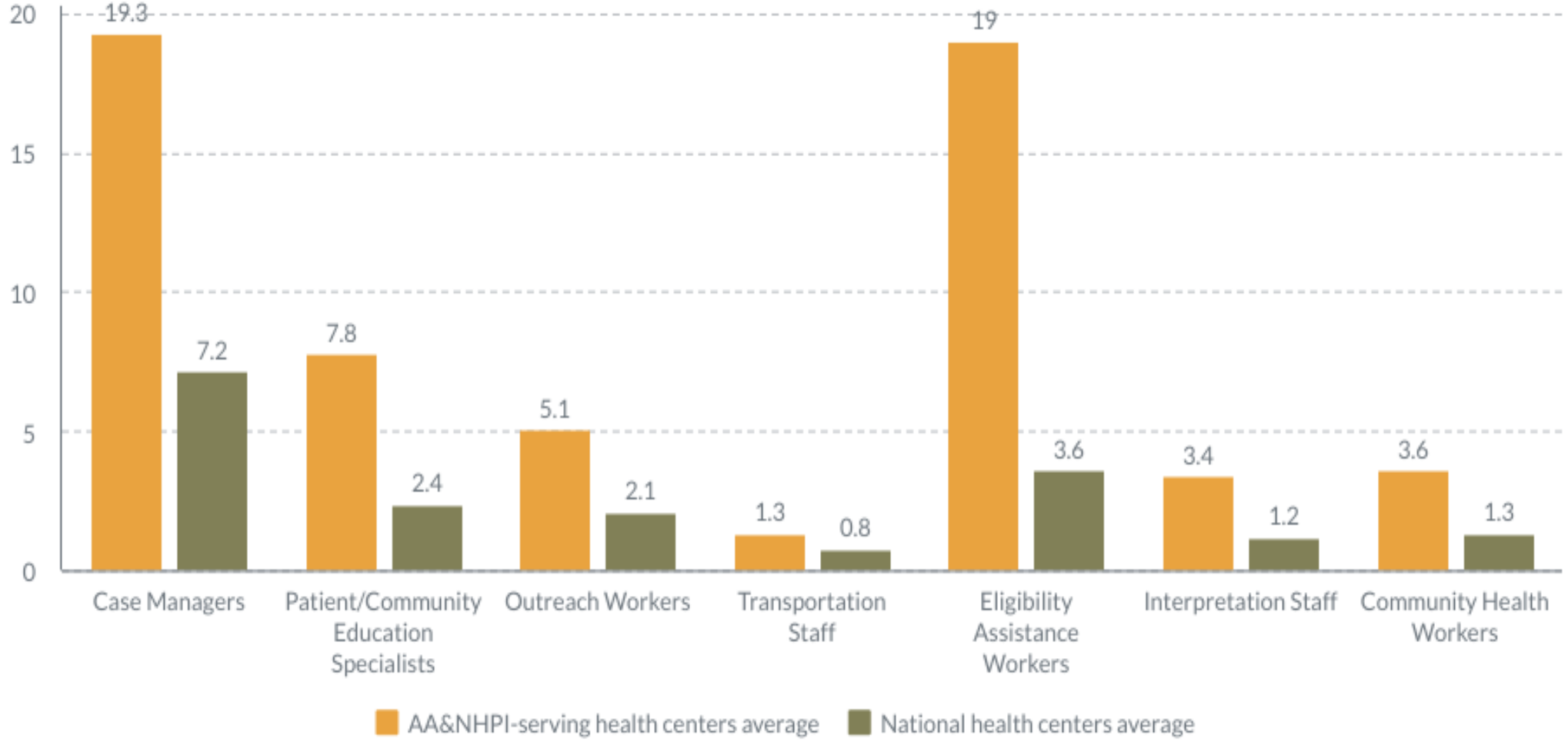
Average Enabling Services Staff FTE



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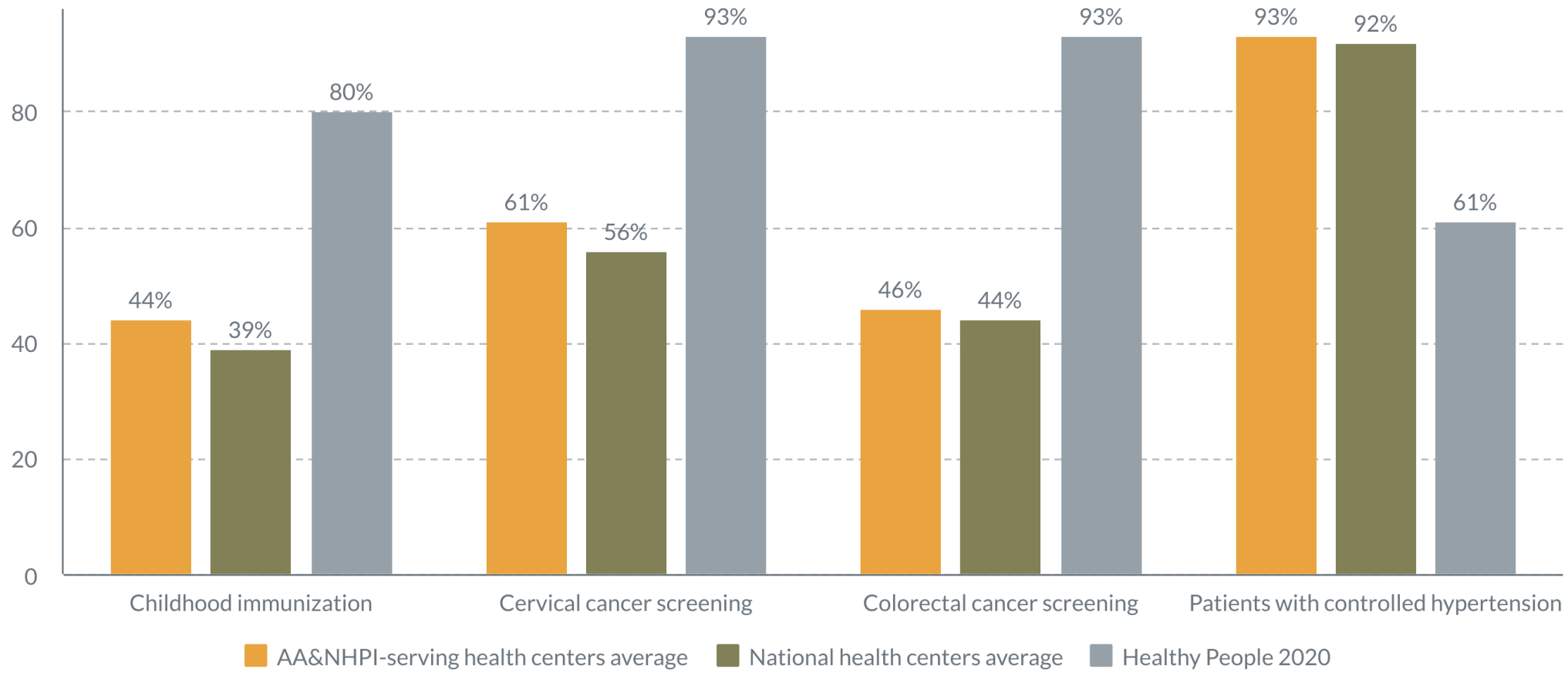
Quality of Care



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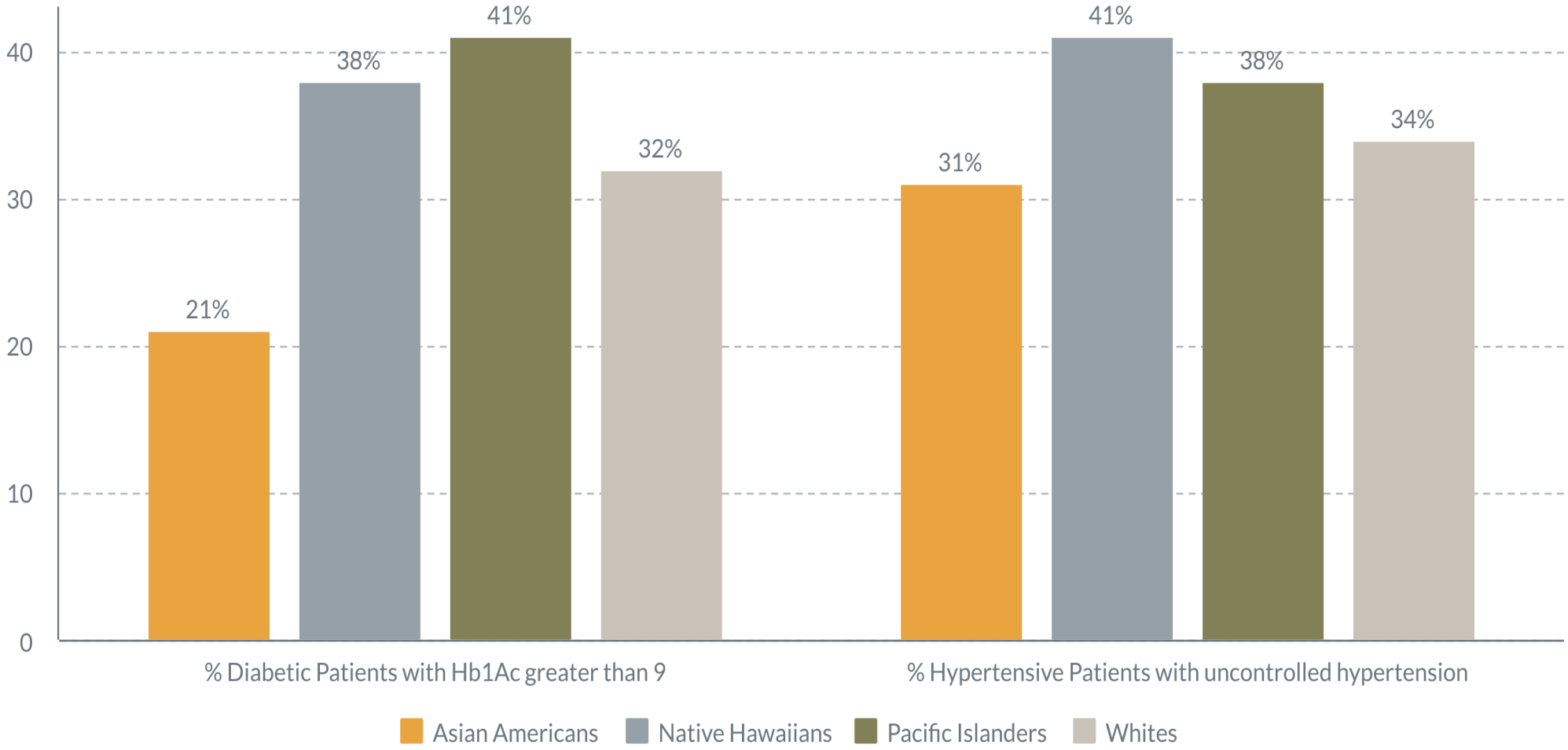
Diabetes & Hypertension Outcomes



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Data Limitations

- UDS data is health center summary data. Averages used for comparisons.
- UDS is aggregate level data that may mask potential health and demographic differences amongst AA&NHPI populations
- Data disaggregation can distinguish racial and ethnic health outcomes
  - UDS Table 7 (health outcomes and disparities) only highlights diabetes, hypertension, and birth weight

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Summary and Recommendations

Albert Ayson, Jr., MPH, *Senior Program Manager of T/TA*, AAPCHO

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Summary

AA- and NHPI-Serving Health Centers	High Quality of Care Delivery Characteristics
Growth and Geographic Distribution of AA and NHPI Populations	• Promotion of research and data projects around disaggregating AA&NHPI data at the health center • Compare national AA&NHPI health center data set to your own data set • Assess your access to care issues for AA&NHPI populations • Inform your health center organizational and community needs assessments
Higher Concentration of AA and NHPI Patients with Complex Health Needs	• Implementation and enforcement of Cultural and Language Access Standards • Fostering community partnerships to enhance access to social services and legal partnerships to meet the needs of low income AA&NHPI children and families (e.g. housing, transportation, language access)
Greater Number of Enabling Services Staff	• Standardized enabling services (ES) data collection • Workforce investments to enhance ES staffing infrastructure, especially translation and interpretation services by hiring multi-lingual staff

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Summary (*continued*)

AA- and NHPI-Serving Health Centers	High Quality of Care Delivery Characteristics
High Quality Care	• Adoption of nationally recognized standards on Enabling Services and SDoH to prioritize interventions responsible for better health outcomes • Ensuring adequate and sustainable value-based payments for ES ➢ Support alternative payment methods that are inclusive of ES ➢ Risk adjustment for language, SDoH and ES ➢ Advocate for enhanced reimbursement rates for interpretation (spoken) and translation (written) enabling services
Health Disparities Are Masked When AA and NHPI Subpopulations Are Combined	• Regular data analysis to better understand relationship and impact of health center services (e.g. enabling services) on health disparities and patient health outcomes for AA&NHPIs. Data may include: ➢ Patient-level data (vs. health center level data in UDS) ➢ Disaggregated AA&NHPI data (vs. AA, NH, PI only in UDS) ➢ Analysis with Enabling Services and Social Determinants of Health data
Higher Hepatitis B and Tuberculosis Rates	• Implementation and enforcement of high quality standards of care in screening (perinatal Hep B screening, Screen at 23, and LTBI screening etc.) • Enhanced specialty care relationships, care coordination investments

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Recommendations

- Disaggregate Race/Ethnicity Data
- Improve Population Health Management
- Leverage Local, State, and/or Regional Resources
- Increase SDoH Screening and Standardized Data Collection
- Ensure Access to Health Insurance:
- Demonstrate the Value of Enabling Services Staff
- Inform the Standards of Care

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Key Takeaway: Increase Access to Care

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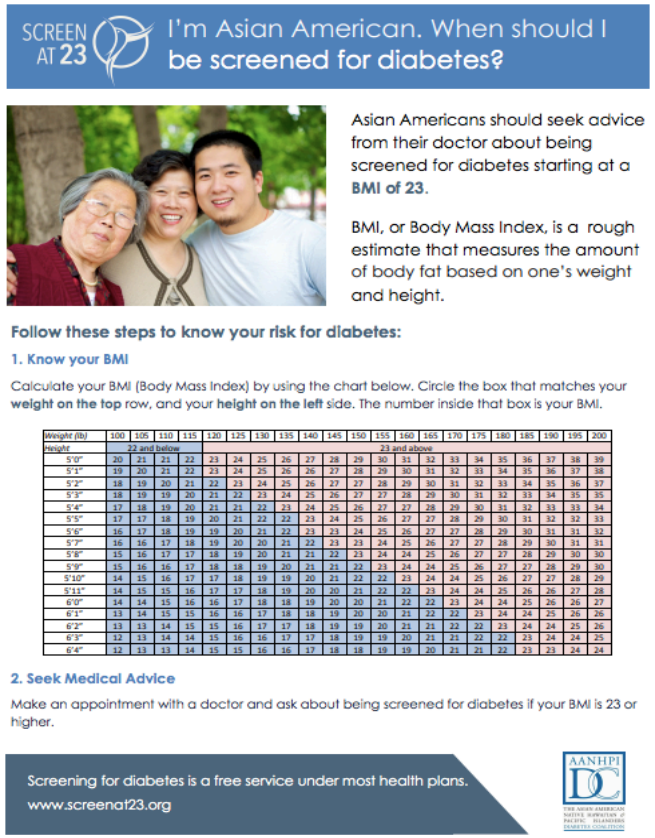
Key Takeaway: Improve Health Outcomes

- Incentives to increase adoption of quality improvement initiatives addressing diabetes, Hepatitis B, and TB
  - U.S. Preventive Services Task Force recommended Hep B preventive services and LTBI screening
  - Diabetes Screen at 23 BMI for Asian Americans (screenat23.org)
- Expansion of evidence-based care models for addressing disparities (e.g. Chronic Care Model, Health Homes, PCMH)



SCREEN AT 23

I'm Asian American. When should I be screened for diabetes?

Asian Americans should seek advice from their doctor about being screened for diabetes starting at a **BMI of 23**.

BMI, or Body Mass Index, is a rough estimate that measures the amount of body fat based on one's weight and height.

Follow these steps to know your risk for diabetes:

1. Know your BMI

Calculate your BMI (Body Mass Index) by using the chart below. Circle the box that matches your **weight on the top** row, and your **height on the left** side. The number inside that box is your BMI.

Weight (lb)	100	105	110	115	120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200
Height	22 and below				23 and above																
5'0"	20	21	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39
5'1"	19	20	21	22	23	24	25	26	26	27	28	29	30	31	32	33	34	35	36	37	38
5'2"	18	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	36	37
5'3"	18	19	19	20	21	22	23	24	25	26	27	27	28	29	30	31	32	33	34	35	35
5'4"	17	18	19	20	21	21	22	23	24	25	26	27	27	28	29	30	31	32	33	33	34
5'5"	17	17	18	19	20	21	22	22	23	24	25	26	27	27	28	29	30	31	32	32	33
5'6"	16	17	18	19	19	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31	32
5'7"	16	16	17	18	19	20	20	21	22	23	23	24	25	26	27	27	28	29	30	31	31
5'8"	15	16	17	17	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30	30
5'9"	15	16	16	17	18	18	19	20	21	21	22	23	24	24	25	26	27	27	28	29	30
5'10"	14	15	16	17	17	18	19	19	20	21	22	22	23	24	24	25	26	27	27	28	29
5'11"	14	15	15	16	17	17	18	19	20	20	21	22	22	23	24	24	25	26	26	27	28
6'0"	14	14	15	16	16	17	18	18	19	20	20	21	22	22	23	24	24	25	26	26	27
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6'3"	12	13	14	14	15	16	16	17	17	18	19	19	20	21	21	22	22	23	24	24	25
6'4"	12	13	13	14	15	15	16	16	17	17	18	18	19	19	20	21	21	22	23	23	24

2. Seek Medical Advice

Make an appointment with a doctor and ask about being screened for diabetes if your BMI is 23 or higher.

Screening for diabetes is a free service under most health plans.
www.screenat23.org

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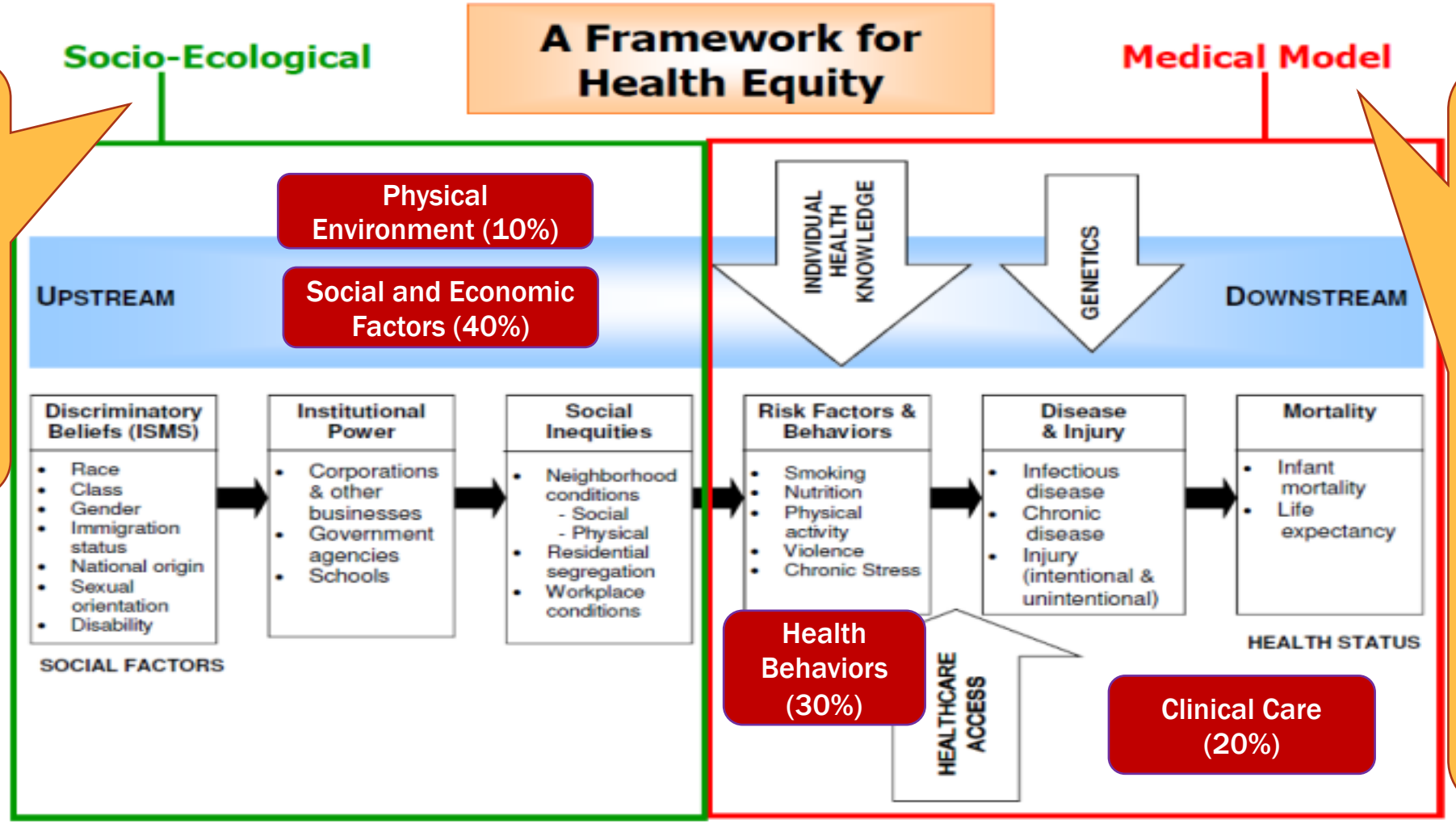
Key Takeaway: Promote Health Equity

How well do we know our patients?



Are services addressing SDH incentivized and sustainable?

Are community partnerships adequate and integrated?

Bay Area regional Health Inequities Initiative (BARHII). 2008. "Health Inequities in the Bay Area", accessed November 28, 2012 from http://barhii.org/resources/index.html.

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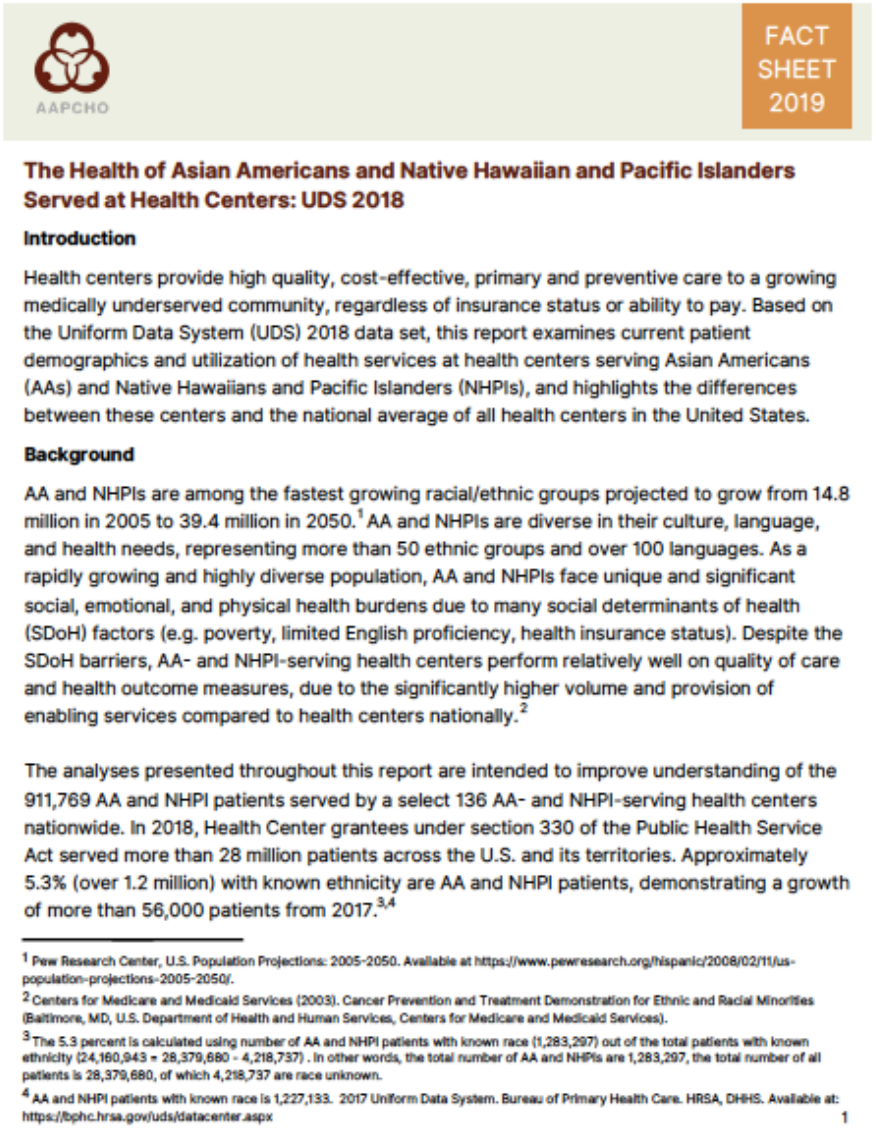
FULL REPORT

The Health of Asian Americans, Native Hawaiians and Pacific Islanders Served at Health Centers: UDS 2018



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Download at: http://bit.ly/AANHPI-Fact-Sheet-UDS-2018

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Tools & Resources

Joe Lee, MSHA, *Training and Technical Assistance Director*, AAPCHO

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Enabling Services Data Collection Toolkit

- Needs Assessment
- Readiness Assessment
- Workflows
- EHR Integration
- Database Strategy
- Training Guidelines
- Report Cards

http://EnablingServices.aapcho.org

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PRAPARE Implementation and Action Toolkit

- 10 Chapters: Data Collection Preparation, Collection, Assessment, and Responding

- PRAPARE Assessment Tool translated in Arabic, Burmese, Chinese (simplified and traditional), Korean, Tagalog, Vietnamese, etc.

https://www.aapcho.org/projects/prapare/

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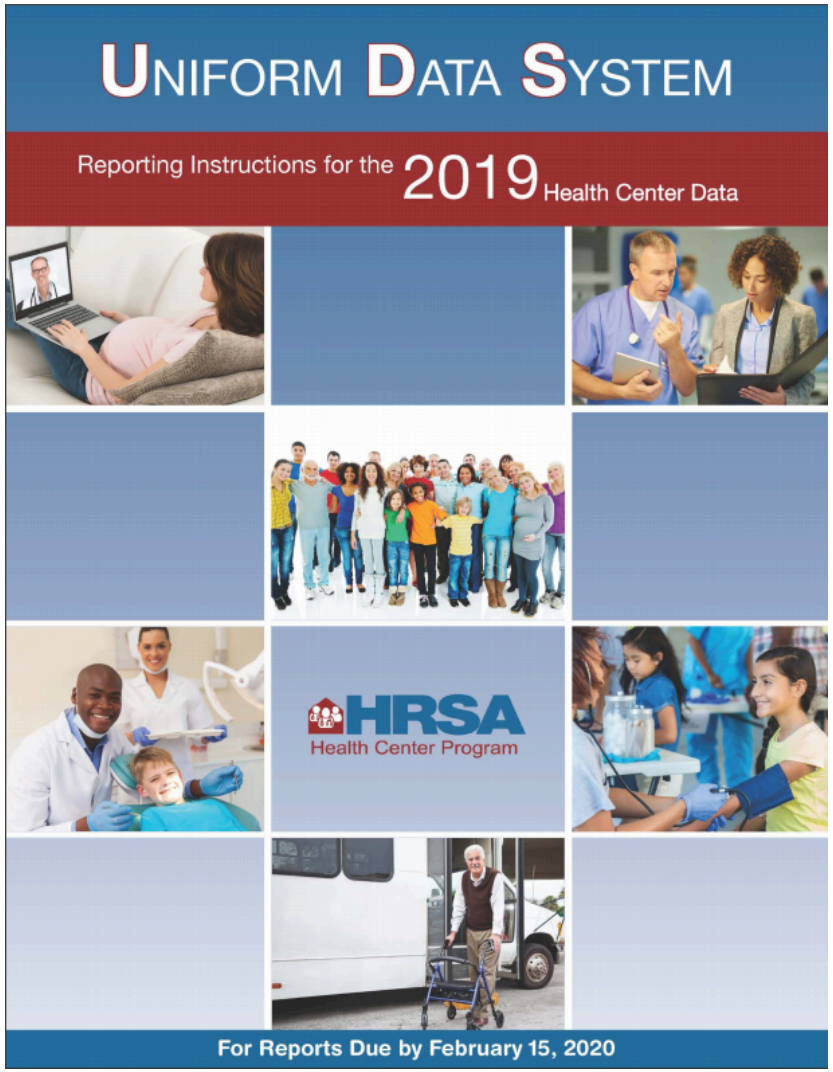
NEW UDS Questions for 2019



- Appendix D: Health Center Health Information Technology (HIT) Capabilities

- Questions 11 and 12
  - "Does your health center collect data on individual patients' social risk factors…?"
  - "Which standardized screener(s) for social risk factors… do you use?"

http://www.bphcdata.net/docs/uds_rep_instr.pdf

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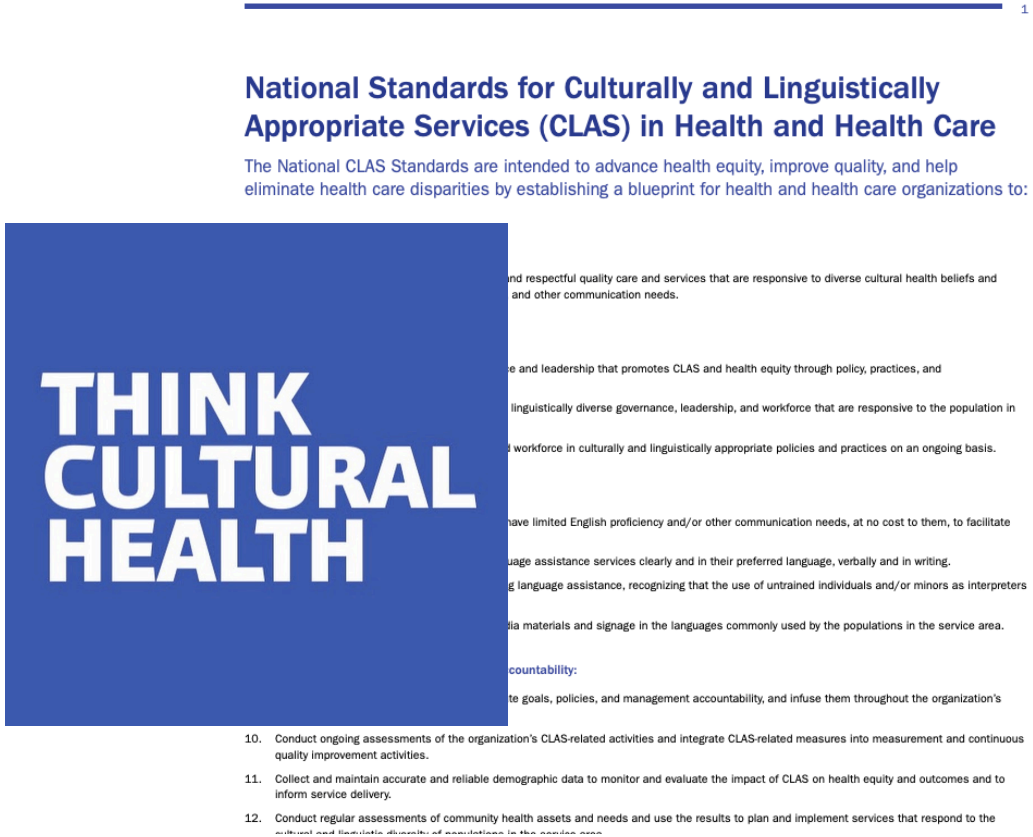
National CLAS Standards



- 15 guiding action steps intended to advance health equity, improve quality, and help eliminate health care disparities
- Translated in Mandarin or Chinese, Vietnamese, Korean, Tagalog, and more

https://thinkculturalhealth.hhs.gov/

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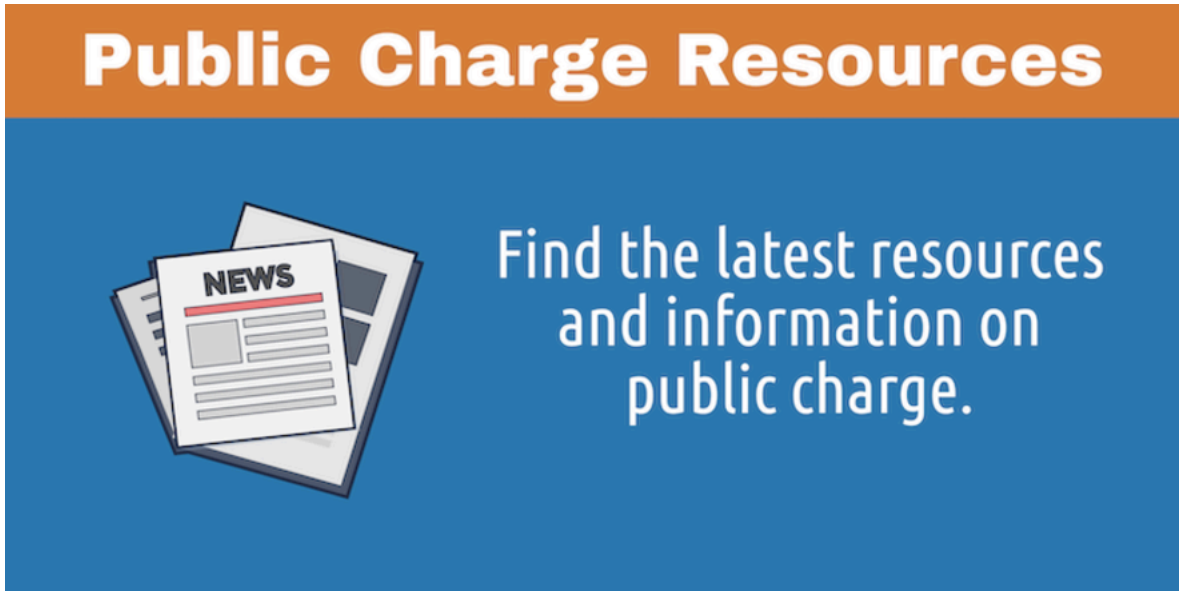
Immigrant Access to Care



- Addressing Public Charge
- Protecting Immigrant Access and Eligibility
- Monitoring Enforcement at Health Centers
- Combating Fears

https://www.aapcho.org/projects/immigrant-access-to-care/

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Questions?

NEXT STEPS

- E-mail the Training & Technical Assistance team at: training@aapcho.org
- Visit AAPCHO's Training & Technical Assistance homepage: www.aapcho.org/projects/tta-nca/
- Visit AAPCHO's Enabling Services homepage: http://enablingservices.aapcho.org
- Visit the Health Center Resource Clearinghouse: www.healthcenterinfo.org

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HELPFUL LINKS

AAPCHO Website
www.aapcho.org

ES Data Collection Protocol
www.enablingservices.aapcho.org

SDOH Data Collection
www.healthcarecommunities.org/ResourceCenter.aspx

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THANK YOU!!!

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