



Guiding Principles and Values

Advancing Health and Health Access through Culturally-Focused Community-Based Health Care

Who We Are

The Association of Asian Pacific Community Health Organizations (AAPCHO) is comprised of community health centers serving Asian Americans, Native Hawaiians and other Pacific Islanders (AA & NHOPI) in the United States. As part of the community health center movement, we are dedicated to providing care for underserved and uninsured communities.

Meeting Unique Needs

Our member centers focus on the unique cultural and language needs of our communities, providing comprehensive primary care in over 25 languages to over 300,000 people in California, Florida, Hawaii, Illinois, Massachusetts, New York, Washington and the Republic of the Marshall Islands. We serve people of all ages, most of whom would otherwise have little or no access to care, due to language, cultural, financial or geographic barriers. Over half (59%) speak a primary language other than English and nearly 40% are uninsured. We work together to promote advocacy, collaboration and leadership that improve health and access to health care for our communities and AAPI communities that are not yet served.

Our Values

The following shared values underlie every aspect of AAPCHO and its member health centers' functions and operations.

- *Health care is a right not a privilege* - All people must have access to affordable quality care, regardless of language, culture, immigration status and ability to pay. No one is turned away due to inability to pay and our services and policies are designed to eliminate barriers and provide access to all.
- *Wellness* - Health is much more than the absence of disease. It includes physical, mental and spiritual well-being for individuals, families and communities. We acknowledge and respect different definitions of wellness and health within our communities.
- *Community Accountability and Empowerment* - Communities are the experts on their own health and essential participants in the health of their communities, families and selves. Our services and programs are informed by and responsive to community voices.
- *Diversity as Strength* - AA & NHOPI communities are rich in diversity of language, cultural heritage, spirituality, history, experience, health beliefs and practices. Many have undergone the hardships of war, colonization, poverty, or immigration to a foreign land. We honor and value the strengths of every culture and individual.

- *Collaboration Among Communities of Color* – Communities of color share a history of disparities and exclusion as well as a common interest in health and health care equity. Through collaboration, we learn from each other and grow stronger, while overcoming distrust and divisions that are fostered by competition for limited resources.

Our Policy Principles

A System of Care that is Accessible and Responsive to All Communities

A system of care that works for everyone must take into account the diverse needs of our communities and assure access to quality care for all. The AA & NHOPI communities have more than doubled in size over the past few decades. Many people in our communities are recent immigrants or indigenous people with challenging life circumstances. Nearly 18% of all Asian Americans and 21.8% of Native Hawaiians and Pacific Islanders are uninsured. Many are working poor, who cannot afford the high costs of health insurance. Over 75% of Asian Americans speak a primary language other than English at home. We are committed to working in partnership with state, federal and local governments for meaningful policy changes. Our policy/advocacy efforts are guided by the following principles:

- *Access to Care for Underserved* – Access to care must be guaranteed for all communities. Priority should be given to underserved communities that lack adequate health providers and/or cannot access those providers due to financial, language or cultural barriers.
- *Community Health Centers* – As a proven model of care that is both cost effective and high quality, community health centers (CHCs) should be sustained and expanded as an integral part of any system of care. Medical expenses for CHC patients are 41% lower than for patients seen by other providers, saving the health care system billions of dollars a year¹. These CHCs serve as medical homes for the people they serve, providing comprehensive primary care and linking patients to a wide range of medical, dental, behavioral and social services.
- *Culturally Responsive Models of Care* – Health services should be responsive to the unique cultural and linguistic characteristics of each community, family and individual. This may include hiring staff members from the communities served, developing programs based in cultural practices, such as traditional diets and healing practices and respecting cultural beliefs about health and medicine that differ from the Western biomedical model.
- *Language Access* – The patient right to receive care in his/her primary language is mandated by Civil Rights law and federal regulations. This right should be upheld at all points of patient access through bilingual staff, interpreters, translated materials and signage. Health organizations should be reimbursed for the additional costs of providing language services.
- *Eligibility for Health Care Benefits* - Everyone should receive health care benefits, regardless of immigration status and ability to pay. No immigration restrictions should be placed on public health benefits. Eligibility for public services should be extended to the working poor.

¹ *Community Health Centers: A Smart Investment in Health Care and Communities*

Our Vision

A Standard of Excellence in Care

AAPCHO's vision is to establish a standard of excellence for community-based health care that is equitable, affordable, accessible and culturally and linguistically appropriate. We see culturally-focused CHCs as indispensable in any health system. Universal coverage and advances in cultural competence throughout the system, while critical, will not guarantee quality and access for all. CHCs are rooted in and specialize in serving their communities and are uniquely positioned to respond to community needs and concerns. While each CHC is different, we are unified in our commitment to the following characteristics:

- *Accessible* - Health services are accessible to all people. There are no financial, cultural, linguistic or geographic barriers to care. Services such as interpretation, translated materials, education, information, patient advocacy and health literacy are provided to enable people to access services.
- *Comprehensive* - As primary care homes for their communities, health centers extend beyond a medical model to care for the whole patient, family and community. They provide and/or connect patients of all ages to comprehensive medical and dental care, case management, behavioral health services, traditional health practices, specialty care, and a wide range of social services are provided in a seamless system of care.
- *Prevention Focused* - Preventive programs and services are provided, including health education, activities that promote nutrition and physical fitness, preventive health and mental health care. By keeping their patients and communities healthy, they not only improve the quality of life for communities, but also save money by preventing the need for costly treatments.
- *Community-oriented* – Health centers are an integral part of the community they serve. They are often cornerstones in their communities, playing crucial roles as community institutions that extend far beyond service delivery. Their model of community governance insures that there is a strong community voice informing organizational decisions. Staff members from the communities served are mission-driven and their dedication fosters strong rapport with the consumers. As a result, the health centers' relationship to the communities they serve is not as an outside institution, but as a trusted part of the community.
- *Culturally and Linguistically Responsive* – Health centers are a cornerstone of a culturally competent system of care that incorporates awareness, valuing and responding to cultural and linguistic diversity throughout the system. Their programs, staffing and leadership are reflective of the languages and cultures of the communities served. They respond to unique challenges to the health and well-being of their communities, such as hepatitis B, tuberculosis, and thalassemia. Protocols and practices assure non-discrimination and availability of services in patients' primary language at all points of patient contact.
- *Community Building* - Health centers extend beyond the provision of care to provide programs that build community resilience, support networks, and healthy environments. Programs bring community members together for healthy physical activity, healthy eating, creating healthy environments or leadership development and provide venues for community members to contribute to each other while building capacity for health and wellness. Health centers also provide meaningful jobs for people within their communities.

- *Innovative* - Community health centers are at the cutting edge of engaging their communities, developing culturally and linguistically responsive approaches to service delivery, and balancing commitment to community with the requirements of sustaining strong business models. They have also pioneered in the area of data collection to assess utilization and outcomes and in the use of technology, such as electronic medical records to increase efficiency and quality of care. They share their expertise with other providers to enhance the quality of care for communities throughout the system.
- *Advocacy Oriented* - Community health centers are crucial players at local, state and federal levels providing a voice for the communities they serve. They have been instrumental in creating greater recognition of the importance of language access and other enabling services and expanding the number of health centers that service AA & NHOPI populations. AAPCHO and its member centers conduct research to study and document the value of our services in order to foster support for our model of care.