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An Examination of Enabling Services at Charles B. Wang Community Health Center (CBWCHC) 2004 - 2007

Enabling Services Accountability Project

Association of Asian Pacific Community Health Organizations

INTRODUCTION

Asian Americans, Native Hawaiians and Pacific Islanders (AAPIs), especially those that are medically underserved, face substantial financial, cultural, and linguistic barriers that prevent them from obtaining appropriate health care. Enabling services (ES), non-clinical services such as interpretation and financial counseling, aimed to increase access to health care, are believed to improve health outcomes for underserved minority patients. They also help to promote better management of chronic diseases. However, there is little evidence to support this claim, as there is currently limited data on enabling services. In addition, these services are not reimbursed or adequately funded by payors. The limited data is a crucial barrier to securing financial support for these essential services at Community Health Centers (CHCs) such as Charles B. Wang Community Health Center (CBWCHC) in Chinatown, New York City.

The Enabling Services Accountability Project, which is a collaborative effort between the Association of Asian Pacific Community Health Organizations (AAPCHO) and its member clinics, aims to fill this information gap by developing an enabling services data collection model, and examining the impact of these services on health care delivery and health outcomes. Four AAPCHO community health centers serving primarily AAPIs, including CBWCHC, are participating in this project and utilizing this ES data collection model.

This fact sheet provides an overview of enabling services utilization at CBWCHC for the years 2004-2007 that includes data collection methods, patient type, encounters, and provider type. AAPCHO is assisting these health centers as they document enabling services utilization so we may provide much needed data on this topic, and better understand the impact of these services on access to care and quality of care for medically underserved AAPIs. The information is also useful for health centers in their efforts to secure staffing, funding and added resources that support enabling services provision, as well as to support advocacy efforts for enabling services reimbursement and funding. Overall, the documentation and examination of enabling services supports the national efforts to improve cultural and linguistic appropriate health care delivery and reduce and eliminate health disparities for underserved AAPI populations.

METHOD

Enabling Service Data Collection Procedure

- (1) Define enabling service measures & data collection variables
- (2) Develop enabling service encounter form & data codebook
- (3) Develop data collection protocol and assess face and content validity
- (4) Conduct enabling service data collection and assess inter-rater reliability

Please contact AAPCHO for definitions and data collection protocol.

Enabling Services Measures

- ♦ Case Management (CM) Assessment, Treatment, and Referral
- ♦ Eligibility Assistance
- ♦ Health Education or Supportive Counseling
- ♦ Interpretation
- ♦ Outreach
- ♦ Transportation
- ♦ Other Enabling Services

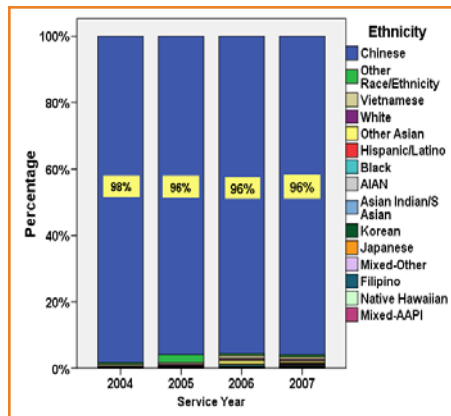
Enabling Service Patients Comparisons 2004 - 2007

	# of Patients	# of Services	Average Age	% Female
2004	2,410	9,885	27	69%
2005	4,540	32,825	32	65%
2006*	3,224	11,845	35	71%
2007	5,043	23,773	33	71%
Average**	3,998	22,161	32	69%

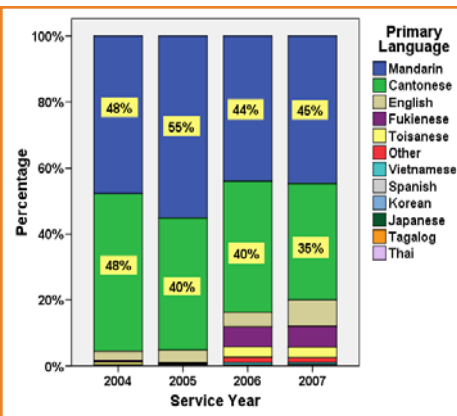
*Data from Apr - Dec 2006; Jan - Mar 2006 data was not available
** Yearly Average for 2004, 2005 and 2007

RESULTS

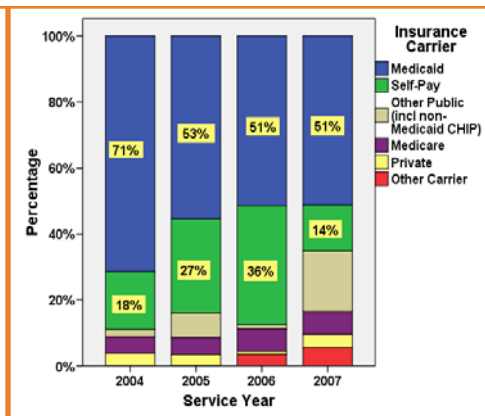
Enabling Service Patients: 2004 - 2007



Chinese comprised the majority of the patient population.



Mandarin and Cantonese were consistently the most common languages spoken.

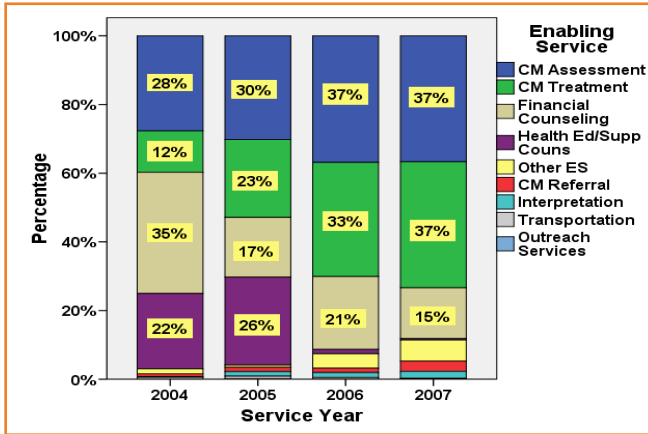


Medicaid was consistently the primary insurance source.

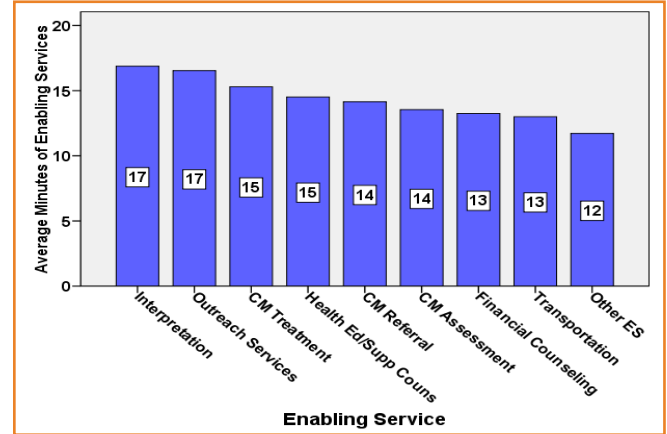


Examination of Enabling Services at CBWCHC

Enabling Services: 2004 - 2007

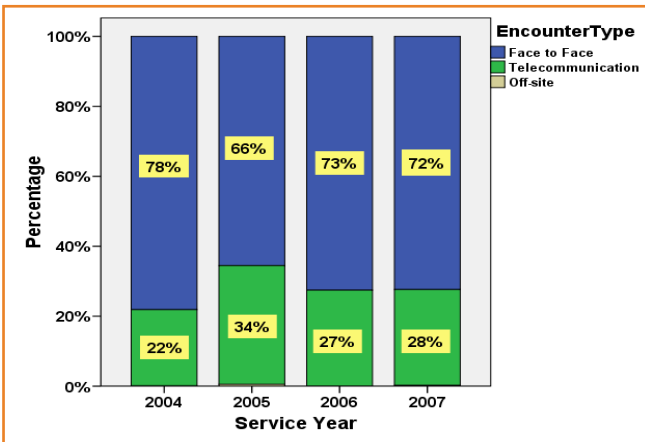


There was an increase in CM Treatment, and a decrease in Health Education/Supportive Counseling from 2004-2007.

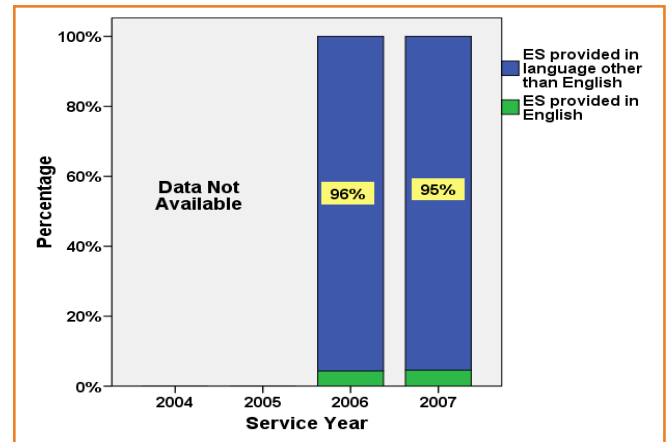


Interpretation (17 min.) and Outreach Services (17 min.) averaged the longest time.

Enabling Service Providers: 2004 - 2007



Most enabling services were Face-to-Face.



Most enabling services were provided in languages other than English.

SUMMARY

- ◆ The majority of enabling services patients were female (69%).
- ◆ The average age of enabling services patients was 32 years old.
- ◆ The most common ethnicity served at CBWCHC was Chinese (96%).
- ◆ The most common primary languages spoken were Mandarin (48%) and Cantonese (41%).
- ◆ The most common insurance source was Medicaid (57%).
- ◆ There was an increase in CM Treatment, and a decrease in Health Education/Supportive Counseling from 2004-2007.
- ◆ Interpretation (17 minutes) and Outreach Services (17 minutes) averaged the longest service time.
- ◆ Most enabling services were Fact-to-Face (72%).
- ◆ Of the reported cases, most cases were Walk-ins (61%).
- ◆ Most enabling services in 2007 were provided by Case Managers (76%) and Licensed Social Workers (24%).
- ◆ Most enabling services were provided in languages other than English.

CONCLUSIONS

Culturally and linguistically appropriate enabling services are essential to Asian Americans, Native Hawaiians, and Pacific Islanders and other underserved minorities that receive health care services from community health centers nationwide, such as Charles B. Wang Community Health Center.

By documenting enabling services and examining health outcomes through AAPCHO's Enabling Services Accountability Project, we demonstrate to policymakers the value of enabling services in improving access to care and quality of care to underserved minorities.

Overall, enabling services reduce health disparities and result in improved health outcomes for underserved populations. They are a vital investment in preventive care and reduce emergency room utilization.