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An Examination of Enabling Services at Kalihi-Palama Health Center (KPHC)

2004 - 2007

Enabling Services Accountability Project



www.kphc.org

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 Kalihi-Palama Health Center (KPHC) in Honolulu, Hawaii.

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 KPHC, are participating in this project and utilizing this ES data collection model.

This fact sheet provides an overview of enabling services utilization at KPHC 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

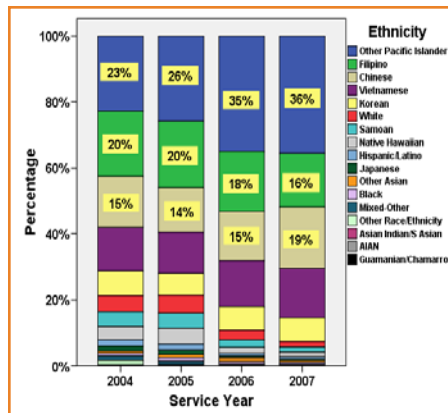
	# of Patients	# of Services	Average Age	% Female
2004	2,651	7,510	38	65%
2005	3,702	15,876	37	64%
2006	3,358	16,624	39	66%
2007*	3,134	11,469	41	68%
Average**	3,237	13,337	39	66%

*Data from Jan-Aug 2007; data from Sep-Dec 2007 was not available

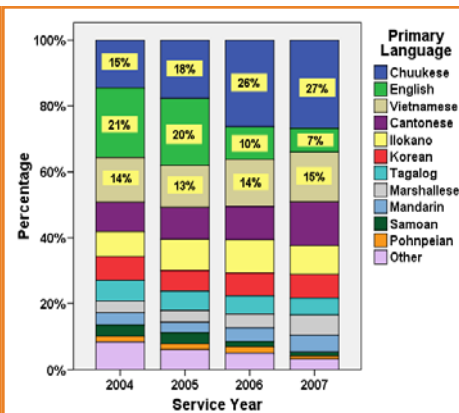
** Yearly Average for 2004-2006

RESULTS

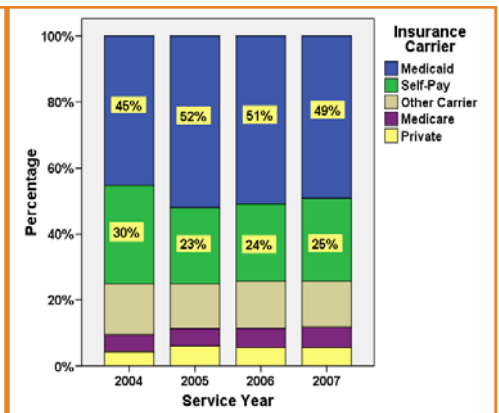
Enabling Service Patients: 2004 - 2007



Other Pacific Islanders, mostly Chuukese, was the largest ethnicity group.



Chuukese, English and Vietnamese were the most common languages spoken.

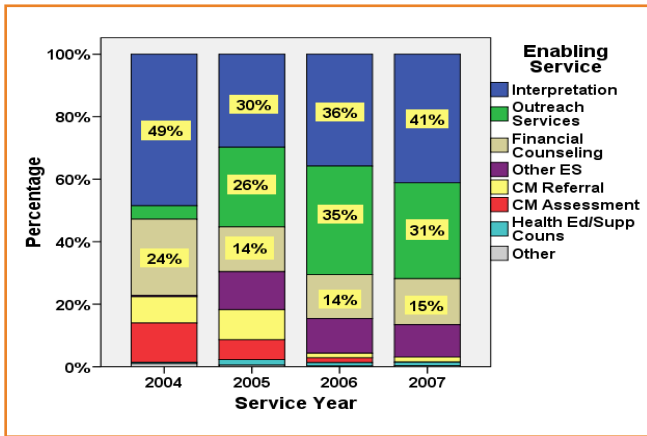


Medicaid and Self-Pay were consistently the most common insurance sources.

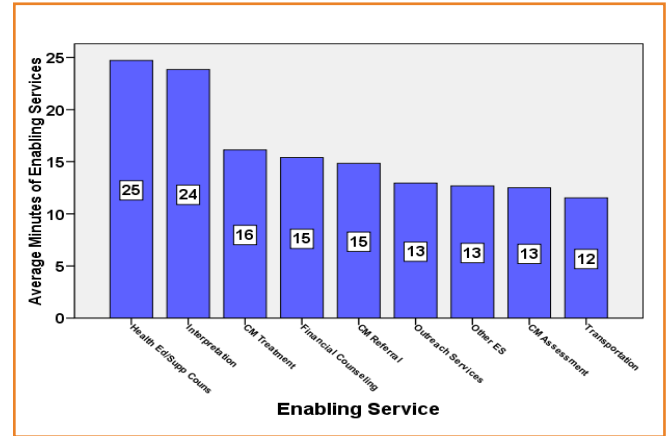


Examination of Enabling Services at KPHC

Enabling Services: 2004 - 2007

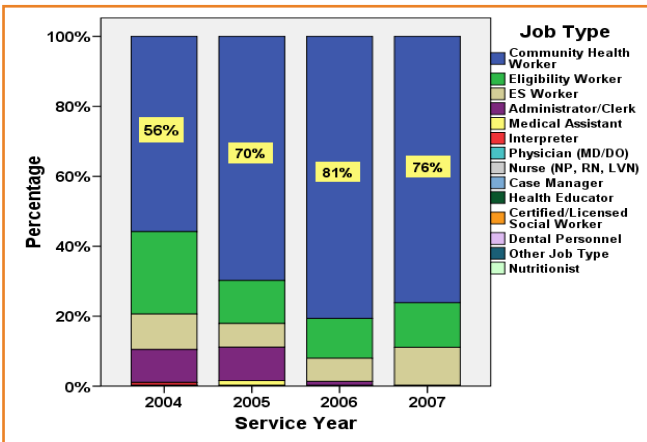


Interpretation, Outreach Services and Financial Counseling were the most commonly used ES services.

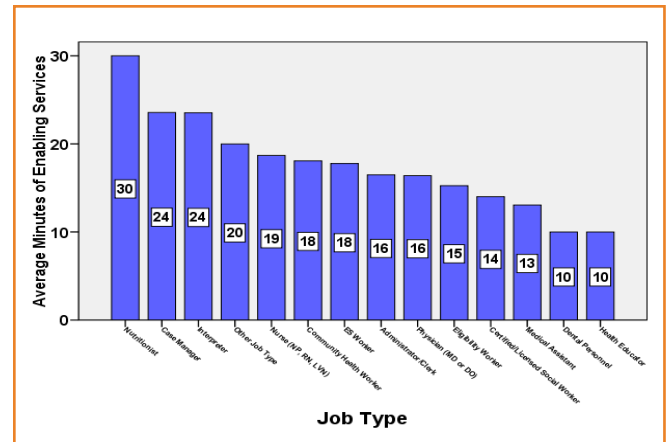


Health Education (25 min.) and Interpretation (24 min.) averaged the longest time.

Enabling Service Providers: 2004 - 2007



Community Health Workers consistently provided the most enabling services.



Services provided by Nutritionists (30 min.) averaged the longest time.

SUMMARY

- ♦ The majority of enabling services patients were female (66%).
- ♦ The average age of enabling services patients was 39 years old.
- ♦ The most common ethnicities served at KPHC were Other Pacific Islander (31%), Filipino (19%) and Chinese (14%).
- ♦ Chuukese (21%), English (18%) and Vietnamese (11%) were the most common languages spoken.
- ♦ The most common insurance sources were Medicaid (47%) and Self-Pay (29%).
- ♦ 33% of patients were on Managed Care.
- ♦ Interpretation, Outreach Services and Financial Counseling were the most commonly used enabling services for each year.
- ♦ Most enabling services lasted 10 minutes (54%) and 20 minutes (22%).
- ♦ Health Education/Supportive Counseling (25 minutes) and Interpretation (24 minutes) averaged the longest service time.
- ♦ Community Health Workers (73%) consistently provided the most enabling services.
- ♦ Services provided by Nutritionists averaged the longest service time (30 minutes).

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 Kalihi-Palama 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.