

July 31, 2015

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Dear Dr. Dankwa-Mullan,

Thank you for the opportunity to comment on how to shape the NIH's Science Vision for Health Disparities Research. The Association of Asian Pacific Community Health Organizations (AAPCHO) strongly believes in the impact of research, within each of our member centers, and as a consortium. As evidenced by the questions posed in this RFI (NOT-MD-15-006), NIHMD understands the complexity in addressing health disparities; AAPCHO's member centers must find unique ways to address health disparities within their own communities because many challenges to reduce disparities among AA&NHOPIs exist.

AAPCHO is a national not-for-profit association of 35 community-based health care organizations, 29 of which are Federally Qualified Health Centers, located across the United States. AAPCHO members are dedicated to promoting advocacy, collaboration, and leadership to improve the health status and access of medically underserved AA&NHOPIs in the U.S., its territories, and its freely associated states. AAPCHO is also considered a leader in research through many projects working to address health disparities in hepatitis B, as well as through the collaborations within the AAPCHO network.

AAPCHO members focus on providing services that are uniquely appropriate to their patient populations including: comprehensive primary medical care, culturally and linguistically appropriate health care services, and non-clinical supportive enabling services such as interpretation and case management. On average, AAPCHO's health centers have a higher percentage of patients age 65+ than other health centers (10% vs. 7%). Our members also have a much higher rate of patients who are Limited English Proficient (LEP) (50% vs. 23%) with some health centers serving as many as 99% LEP individuals. AAPCHO members also provide a higher average number of enabling service encounters (9274 vs. 4953) than other health centers in response to the needs of our patients (HRSA Uniform Data System, 2013).

AAPCHO currently works on many innovative projects to reduce health disparities, informed by its member centers. One is a NIH-funded project; a community-scientific collaboration between AAPCHO, one of its federally qualified health center members, International Community Health Services (ICHHS) in Seattle, WA, and our scientific partner affiliated with the University of Washington and Virginia Mason Medical Center. AAPCHO used a community-based participatory research (CBPR)

approach to conduct needs assessments that informed the development of a Health Information Technology (HIT) intervention to address Hepatitis B Virus (HBV) health disparities applicable across Asian American communities. The aims of the project are to: 1) expand local and national multi-level community-engaged partnerships and a national data registry to improve HBV screening, vaccination, and linkages to care rates among Asian Americans; 2) develop and conduct a community participatory needs assessment to determine HIT needs for a culturally proficient intervention for HBV screening and vaccination from patient, family member, and provider perspectives; 3) plan, conduct, and evaluate a pilot intervention study incorporating HIT models to examine impact on HBV screening, vaccination, and linkages to care for Asian American patients and family members attending a community based clinic; and 4) develop plans for a culturally tailored intervention for a full-scale HBV screening and vaccination study for AA&NHOP populations across AAPCHO's health center network.

The HIT-B project, as it is named, works to address the health disparity of hepatitis B among Asian Americans, Pacific Islanders, and African immigrant populations, all of whom face high prevalence rates. Projects like HIT-B work to address disparities by increasing the amount of screening, vaccination, and other data related to hepatitis B by racial and ethnic population. Knowing prevalence rates by subpopulation helps to inform policymakers in the administration and legislature better see the impact of hepatitis B in specific populations. Additionally, specific data about where lab tests are available/missing help to determine where there are gaps in provider education.

AAPCHO also has a wealth of information through its data from member community health centers. AAPCHO is in the process of developing a data warehouse, which will include key factors that affect health center patient populations, including measurement of the provision of culturally and linguistically-appropriate services, and ensuring the data collection of health issues that adversely affect the populations that AAPCHO members serve (by race/ethnicity, socioeconomic status, age, and insurance status). We welcome the opportunity to speak with NIHMD about this project, to use this effort as a sustainable model for future efforts to inform policy related to health equity.

We are happy to provide you with corresponding materials or more information about any of the projects listed above. Please contact me ([isha@aapcho.org](mailto:isha@aapcho.org) or at (202) 331-4600) if you have any questions.

Thank you,

A handwritten signature in black ink, appearing to read 'Isha Weerasinghe', with a stylized flourish at the end.

Isha Weerasinghe  
Senior Policy Analyst