Addressing Health Outcomes and Disparities at Native Hawaiian and Pacific Islander (NHPI) Serving Health Centers

Moderator: Albert Ayson, Jr., MPH, Senior Program Manager of Training and Technical Assistance
AAPCHO
January 21, 2020
About AAPCHO

• The Association of Asian Pacific Community Health Organizations (AAPCHO) was formed in 1987

• National association of 33 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
Acknowledgement

This webinar is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of awards as follow: Association of Asian Pacific Community Health Organizations (AAPCHO) Training & Technical Assistance National Cooperative Agreement totaling $450,000.00 with 0 percent financed with non-governmental sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.
Analysis of Native Hawaiian and Pacific Islander Health Outcomes and Disparities at Health Centers: UDS 2018

Coming Soon!
Learning Objectives

1. To get an overview of the 2018 Uniform Data System (UDS) analysis highlighting the impact of chronic disease outcomes for Native Hawaiian and Pacific Islander populations within health centers.

2. To explore key differences between Native Hawaiian and Pacific Islander-serving health centers and other health centers across the continental U.S., Hawaii, and the Pacific region.

3. To discuss the implications of key findings and opportunities to use the data for developing clinical and non-clinical interventions.
Speakers

Albert Ayson, Jr., MPH (Moderator)
Senior Program Manager, Training & Technical Assistance
AAPCHO

Vivian Li, MS
Research Project Manager & Analyst
AAPCHO

Adam P. Carbullido
Director of Policy & Advocacy
AAPCHO
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/postweinarsurvey

Are you sure you want to continue?

Continue  Stay on zoom.us
Polling Questions

1. Which of the following best describes your organization type?
2. Are you located in the Pacific, Hawaii, or the Continental U.S.?
3. Does your organization work with or focus on Native Hawaiian and Pacific Islanders?
4. For health centers or service providers, do you have new populations or growing populations of NHPIs in your city, state, or region?
What is UDS?

• The Uniform Data System (UDS) is a standardized reporting system that provides consistent information about health centers.

• All health center awardees, Look Alikes, and Bureau of Health Workforce (BHW) primary care clinics funded or designated before October 1 of the reporting year (including New Starts) with one or more BPHC grant (i.e., CHC, MHC, HCH, PHPC).

Source: http://bphcdata.net/docs/general_information.pdf
Key Findings: 2018 UDS Analysis

Vivian Li, MS
Research Project Manager & Analyst
vli@aapcho.org
NHPIs & Health Centers

- Native Hawaiians and Pacific Islanders (NHPIs) was one of the fastest growing racial groups in the United States between 2000 and 2010.
  - Approx. 1.3 million NHPIs in 2018
Methodology

• NHPI-serving health centers N=37

• NHPI-serving health centers are defined as those who served greater or equal to 1,000 NHPI (combined) patients in 2018. NH-serving health centers and PI-serving health centers are defined as those who served greater or equal to 1,000 NH or PI patients in 2018, respectively

• 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)
# NHPI-Serving Health Centers Are Geographically Diverse & Dispersed

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Total # of NHPI Patients at NHPI-Serving Health Centers</th>
<th># of Health Centers</th>
<th>State/Territory</th>
<th>Total # of NHPI Patients at NHPI-Serving Health Centers</th>
<th># of Health Centers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arkansas (AR)</td>
<td>2,884</td>
<td>1</td>
<td>Marshall Islands (MH)</td>
<td>7,779</td>
<td>1</td>
</tr>
<tr>
<td>American Samoa (AS)</td>
<td>15,099</td>
<td>1</td>
<td>New York (NY)</td>
<td>11,040</td>
<td>5</td>
</tr>
<tr>
<td>California (CA)</td>
<td>6,993</td>
<td>5</td>
<td>Pennsylvania (PA)</td>
<td>1,434</td>
<td>1</td>
</tr>
<tr>
<td>Federated States of Micronesia (FM)</td>
<td>26,463</td>
<td>4</td>
<td>Palau (PW)</td>
<td>11,175</td>
<td>1</td>
</tr>
<tr>
<td>Guam (GU)</td>
<td>10,630</td>
<td>1</td>
<td>Texas (TX)</td>
<td>1,846</td>
<td>1</td>
</tr>
<tr>
<td>Hawai‘i (HI)</td>
<td>54,140</td>
<td>9</td>
<td>Washington (WA)</td>
<td>15,380</td>
<td>7</td>
</tr>
</tbody>
</table>
Geographically Diverse & Dispersed in 12 states/territories
NHPI Patients

Percentage of NHPI Patients

- % NHPI patients: 6.8%
- % NH patients: 1.4%
- % PI patients: 5.4%

NHPI >1000 health centers average vs National health centers average
Demographic Differences Are Evident When Disaggregating NHPI-Serving Health Centers
NHPI-Serving Health Centers Fall Short of Healthy People 2020 Goals
NHPIs-Serving Health Centers Have Higher Than Average Diabetes Rates

Average Number of Diabetes Patients by CHCs

- NHPI > 1000 health centers: 4,583 (34% diabetic, 66% non-diabetic)
- PI > 1000 health centers: 4,116 (34% diabetic, 66% non-diabetic)
- National health centers: 1,759 (32% diabetic, 68% non-diabetic)

Legend:
- Blue: Average number of diabetes patients with Hba1c ≤9%
- Red: Average number of diabetes patients with Hba1c >9%
NHPIs Have Higher Than Average Diabetes and Hypertension Rates
Data Limitations

• UDS is a starting point and there is more information we do not know about NHPI population.

• 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 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
Knowledge Check!

1. NHPI-Serving Health Centers are geographically diverse and dispersed across the Continental U.S., Hawai‘i, and the Pacific Region, in _______ states/territories.

2. Demographic differences are evident when ______________________ NHPI-Serving Health Centers.

3. NHPI-Serving Health Centers have room for improvement in reaching some ____________________.

4. NHPIs have higher than average ___________ AND ___________ numbers and rates when compared to the national average.
Recommendations and Policy Implications

Adam P. Carbullido
Director of Policy and Advocacy
acarbullido@aapcho.org
Report Summary

1. NHPI-serving health centers span the Continental U.S., Hawai‘i, and the Pacific region.

2. Patient demographic differences are evident when disaggregating NHPI-Serving Health Centers into two subgroups: NH-serving vs. PI-serving health centers.

3. Quality of care at NHPI-Serving Health Centers does not meet a majority of Healthy People 2020 goals.

4. Uncontrolled diabetes and hypertension rates are higher than average for NHPI patients, especially at NHPI-Serving Health Centers and when compared to national health center average.
Report Recommendations

- Increase Capacity for Data and Research
- Explore Cross-Sector Partnerships
- Provide Culturally and Linguistically Appropriate Clinical and Non-Clinical Services
- Improve Federal, State, Regional, and Local Relationships
<table>
<thead>
<tr>
<th>State/Country of Origin</th>
<th>Relationship</th>
<th>Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hawaii</td>
<td>U.S. State</td>
<td>U.S. Citizen</td>
</tr>
<tr>
<td>Guam</td>
<td>U.S Territory</td>
<td>U.S. Citizen</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td>U.S Territory</td>
<td>U.S. Citizen</td>
</tr>
<tr>
<td>American Samoa</td>
<td>U.S Territory</td>
<td>U.S. National</td>
</tr>
<tr>
<td>Federated States of Micronesia</td>
<td>Associated Country</td>
<td>COFA</td>
</tr>
<tr>
<td>Republic of the Marshall Islands</td>
<td>Associated Country</td>
<td>COFA</td>
</tr>
<tr>
<td>Republic of Palau</td>
<td>Associated Country</td>
<td>COFA</td>
</tr>
</tbody>
</table>
## Health Coverage Eligibility

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Guam</td>
<td>+(^1)</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td>+(^1)</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>American Samoa</td>
<td>+(^1)</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Marshall Islands</td>
<td>-</td>
<td>(-2)</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Federated States of Micronesia</td>
<td>-</td>
<td>(-2)</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>Palau</td>
<td>-</td>
<td>(-2)</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>

\(^1\) Medicaid in the Territories operate as a block grant with limited federal funding and reimbursement rates.

\(^2\) Some states have extended Marketplace subsidies/eligibility options to COFA citizens who would have otherwise qualified for Medicaid.
## Medicaid Block Grants in the U.S. Territories

<table>
<thead>
<tr>
<th>Territory</th>
<th>FY2019 and prior¹</th>
<th>2019 Budget Agreement for FY2020 – FY2021²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Federal Allotment (in millions)</td>
<td>Spending (in millions)</td>
</tr>
<tr>
<td>American Samoa</td>
<td>$11.9</td>
<td>$20.1</td>
</tr>
<tr>
<td>Guam</td>
<td>17.6</td>
<td>56.3</td>
</tr>
<tr>
<td>Northern Mariana Islands</td>
<td>6.6</td>
<td>25.0</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>359.5</td>
<td>2,290.5</td>
</tr>
<tr>
<td>Virgin Islands</td>
<td>17.87</td>
<td>70.0</td>
</tr>
</tbody>
</table>

¹ MACPAC, Medicaid and CHIP in the Territories, July 2019
² Public Law 116-94
Health Coverage for COFA Citizens

• Categorically ineligible for Medicaid and CHIP as a result of 1996 welfare reform

• Some states and territories provide health care coverage for COFA citizens using state funds

• Eligible for Marketplace subsidies but often limited in providing affordable coverage

• Lack of Medicaid eligibility adversely affects PI-serving health centers
Future Implications

Opportunities
• Increased education and awareness of unique NHPI health disparities
• Increased cultural and linguistic competency among NHPI-serving health centers
• Increased federal attention to Pacific Islander issues

Challenges
• No/limited availability of NHPI-focused disaggregated data
• Inequitable Medicaid Block Grants in the U.S. Territories
• Immigration Status of COFA citizens in the U.S.
• Varying resource levels impact replication of CHC interventions or QI programs
Tools & Resources

Albert Ayson, Jr., MPH
Senior Program Manager of Training and Technical Assistance
aayson@aapcho.org
FULL REPORT

Analysis of Native Hawaiian and Pacific Islander Health Outcomes and Disparities at Health Centers: UDS 2018

Coming Soon!
Enabling Services Data Collection Toolkit

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

http://EnablingServices.aapcho.org
PRAPARE Implementation and Action Toolkit

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

• PRAPARE Assessment Tool available in 10 languages and undergoing translation in Chuukese, Marshallese, and Tongan.

https://www.aapcho.org/projects/prapare/
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
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 Spanish
Immigrant Access to Care

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

https://www.surveymonkey.com/r/NHPI2018UDSWEBINAR
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
Partner Websites

Hawai‘i Primary Care Association (HPCA)
https://www.hawaiipca.net/

Pacific Islands Primary Care Association (PIPCA)
https://pacificislandspca.org/

Papa Ola Lokahi
http://www.papaolalokahi.org/
Keep in Touch!

Albert Ayson, Jr.
aayson@aapcho.org

Vivian Li
vli@aapcho.org

Adam P. Carbullido
acarbullido@aapcho.org

For more information visit:
www.aapcho.org
THANK YOU!!!

http://www.aapcho.org