AAPCHO

Fact Sheet ~ January 2005

Health Centers' Role in Reducing Health Disparities Among Asian Americans and Pacific Islanders

HEALTH CENTERS' MISSION

The nation's health centers provide high quality, cost-effective, primary and preventive health care to the medically underserved, regardless of insurance status or ability to pay. Over 1000 community, migrant, and homeless health centers serve over 3,600 urban and rural communities in every state and territory. Many health center patients are Asian American or Pacific Islanders (AAPI).

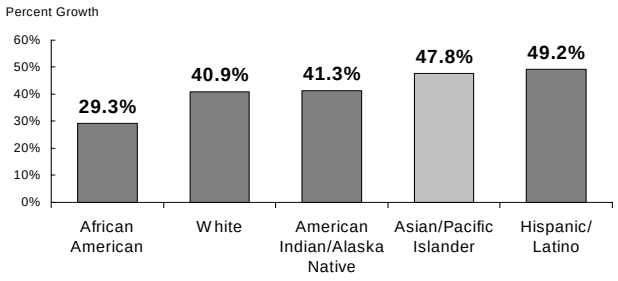
Health centers play a major role in addressing racial and ethnic health disparities. In fact, the 2002 Institute of Medicine landmark report, *Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare*, recognized the importance of health centers in increasing access to care and in improving health outcomes for all patients, especially minorities.

HEALTH CENTERS AS PROVIDERS FOR ASIAN AMERICANS AND PACIFIC ISLANDERS

Currently, health centers are the family doctor and medical home for 15 million people, including **nearly 500,000 AAPIs**. As Figure 1 displays, among federally-funded health centers, **the number of AAPIs served at federally-funded health centers grew 48% between 1998 and 2003**, a growth rate only slightly behind the fastest growing race/ethnicity group (Hispanic/Latinos). Under separate Bush Administration and Congressional initiatives to dramatically expand health center care, health centers will be the family doctor and health care home for 15% of all low-income AAPIs by 2006.

Figure 1

Growth Rate of Health Center Patients by Race/Ethnicity, 1998-2003



Note: Based on percent known. Includes only federally-funded health centers.
Source: Bureau of Primary Health Care, HRSA, DHHS, 1998-2003 Uniform Data System.

Health centers are open to all individuals, but they focus specifically on making care available and accessible to those who are uninsured or publicly insured, low income, and otherwise medically vulnerable. Nationally, 39% of health center patients are uninsured, 36% have Medicaid or SCHIP, and 90% are low income. The Association of Asian Pacific Community Health Organizations' (AAPCHO) member health centers (whose patient population is on average 75% AAPI) have similar rates of uninsurance, Medicaid/SCHIP coverage, and poverty. The proportion of AAPIs in poverty continues to grow nationally, increasing 11.5% from 2001 to 2003. For AAPCHO centers, the proportion of patients in poverty has increased 55%. Federally-funded health centers whose patient populations are over 60% AAPI have higher overall rates of patients with tuberculosis and hypertension than all health centers nationally.

Health centers provide culturally appropriate, comprehensive care, fitting their patients' individual language and cultural needs. Almost 60% of AAPCHO patients are best served in a language other than English, compared to roughly 40% of the total AAPI US population who rate their ability to speak English as less than "very well."

DISPARITIES AMONG ASIAN AMERICANS AND PACIFIC ISLANDERS

Although AAPIs represent 12.5 million or 4.4% of the US population, there is a lack of data on AAPI health status. In addition, AAPI health data are often aggregated into one category, masking the more meaningful differences among the numerous AAPI subgroups, especially those who are recent immigrants. In total, AAPIs represent more than 49 ethnic groups and 100 dialects and **are extremely diverse in health and socioeconomic status**. **They are among the fastest growing minority populations in the US**, increasing 46% between 1990 and 2000. While very little health services research focuses on AAPIs as a study population, available data point to **substantial disparities among and within the US AAPI population**:

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- **Lack of access to regular care.** Asians are least likely to report having a personal doctor compared to other racial and ethnic groups in the US. 19.4 % of Asian adults compared to 12.9% of whites report being without a usual source of health care. Cambodians and Vietnamese are three times more likely to forgo visiting a doctor due to cost compared to all Asians or US residents.
- **Less satisfaction with care.** Compared to other racial and ethnic groups, Asians are least likely to be satisfied with the speed of their care, doctor-patient communication, and office staff.
- **Fewer preventive services.** Asians are less likely to have blood pressure monitoring and pap smears. In fact, cervical cancer screening rates are significantly lower among Asian women in California compared to the general population. Only 60.5% of Vietnamese women reported receiving a pap test in the past three years compared to 86.2% of all women in California.
- **Poorer quality care.** Native Hawaiians and other Pacific Islanders report having poorer quality care. For example, they receive less prenatal care in the first trimester and have higher infant mortality than whites.
- **Higher disease incidence.** The rate of Tuberculosis per 100,000 is nearly 19 times greater among AAPIs than among whites. Incidence of breast cancer among AAPI women increased from 87.0 to 97.8 cases per 100,000 women from 1990 to 2001, a growth rate that has increased faster than any other racial/ethnic group.

HOW HEALTH CENTERS ADDRESS DISPARITIES

Health centers are uniquely poised to address the disparities facing AAPI subgroups, such as those described above. These providers meet five unique federal requirements that are central to their success in reducing disparities. Health centers must:

1. be located in *high-need areas* that are identified by the federal government as "medically underserved." They eliminate disparities by improving access for people who traditionally confront geographic barriers to health care.
2. be able to provide *comprehensive* health and "enabling" services. They tailor their services to fit the special needs and priorities of their communities, and provide services in a *linguistically and culturally appropriate* setting. They also connect patients to other social services, such as WIC and Medicaid/SCHIP enrollment.
3. be *open to all* residents, regardless of income, with sliding scale fee charges for out-of-pocket payments based on an individual's or family's income and ability to pay.
4. be governed by *community boards*, of which the majority must consist of their patients to assure responsiveness to local needs.
5. *follow rigorous performance and accountability requirements* regarding their administrative, clinical, and financial operations. While this reporting requirement does not directly remove barriers to care for patients, it establishes a means of health center accountability and ensures quality of care.

HEALTH CENTER SUCCESS IN REDUCING DISPARITIES

Regardless of the lack of data specific to AAPI populations, it is clear that health centers remove barriers to quality care for AAPIs and reduce racial and ethnic disparities. Literature on health centers link their community-based, culturally appropriate, and comprehensive services to improved patient health, which leads to:

- **Reduced Low Birth Weight.** AAPI women who receive prenatal care at health centers have lower rates of low birth weight compared to AAPI women nationally – 6.9% vs. 7.8% in 2002.
- **Improved Access to Primary and Preventive Care.** Studies continuously show that health centers improve access to timely screening and preventive services for high-risk patients – including AAPIs – who would not otherwise access services such as immunizations, health education, mammograms, pap smears, and other screenings. Low income, uninsured health center patients are also more likely to have a usual source of care than the uninsured nationally. Having a usual source of care is more effective in improving health outcomes than having insurance alone.
- **Effectively Managing Chronic Illness.** The Institute of Medicine and the General Accountability Office have recognized health centers as models for screening, diagnosing, and managing chronic conditions such as diabetes, cardiovascular disease, asthma, depression, cancer, and HIV. Health centers' efforts have led to *improved health outcomes* for their AAPI patients, as well as *lowered the cost of treating patients* with chronic illness.
- **Improved Patient Health Status.** Disparities in health status *do not exist* among health center patients, even after controlling for socio-demographic factors.
- **High Patient Satisfaction.** 99% of surveyed patients report that they were satisfied with the care they receive at health centers.

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