

Message from the Editors

Federally Qualified Health Centers: A Prescription for Health Equity

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As we celebrate the fiftieth anniversary of the Community Health Center movement, we are proud to present this special issue on health services provided through federally qualified health centers (FQHCs), focusing on Asian Americans, Native Hawaiians & Pacific Islanders (AANHPI). The AANHPI population has grown forty-six percent over the past decade, primarily through immigration (U.S. Census Bureau, 2010). Due to population characteristics such as limited English proficiency and low rates of insurance, this population has also increasingly relied on FQHCs to provide linguistically and culturally appropriate health care services as well as other enabling services that address the negative social determinants of health experienced by this diverse population. As noted in Dr. Jack Geiger's foreword, increased federal investment in FQHCs, which have served as the safety net for U.S. health care, is one of the major pillars of the Patient Protection and Affordable Care Act (ACA). The ACA expands coverage to millions of Americans, many of them poor minorities with language assistance needs (Betancourt and Tan-McGrory, 2014).

Rooted in its fifty-year tradition of turning no one away, FQHCs are nationally and locally recognized as leaders in addressing health equity. Now with decades of experience serving medically underserved AANHPI populations that have a multitude of cultural and linguistic needs, FQHCs are well positioned to showcase their research, policy development, and innovative business and care strategies. Notably, the audience for this expertise is a larger arena of health care actors: employers, hospitals, and government payers, all of whom are unified by the health care system directive to achieve the triple aims of improved population health,

improved patient experience of care, and reduced per capita cost (Berwick, Nolan, and Whittington, 2008).

Our goal in this special issue is to provide a compendium of papers that highlight the progress of featured FQHCs toward achieving these triple aims. Their accomplishments are demonstrated in the following articles, which build on a research infrastructure and measurement framework to track population health improvements and disparities, on promising culturally and linguistically appropriate practices and care models that are patient-centered and community-engaged, and on payment approaches and innovations that could reduce costs and fairly reward FQHC efforts that explicitly address the social determinants of the health of their patients.

The articles in this special issue are organized into six themes: The National Picture, Expanding Coverage and Incentivizing Quality, Implementing Patient-Centered Medical Homes, Integrating Behavioral Health with Primary Care, Practicing Culturally and Linguistically Competent Services and Measurement, and Building a Research Infrastructure for Health Equity and Effectiveness. These themes reflect the fundamental tenets of health care system change, and each article reflects careful, evidence-based consideration of issues with precise application to AANHPI groups. The topics of this special issue touch on the following areas: early lessons learned from the rollout of the ACA; the policy importance of new models of risk adjustment with social determinants of health; the principles in engaging FQHCs in conducting research; the development of a national patient data warehouse and community institutional review board; the implementation of patient-centered medical home models to serve special populations, such as children with special needs and patients with Hepatitis B, diabetes, and depression; operationalizing the ACA directive to integrate primary care and behavioral health; the culturally and linguistically competent approaches in community needs assessments of newly emerging refugee populations; disaggregating FQHC quality data on Native Hawaiians and Pacific Islanders from Asians Americans; the development of Chinese-language patient portals; and evaluating various ways to assess patient experiences at FQHCs. These articles are all timely, address important issues facing FQHCs, and are instructive to other health care providers serving all patients, but in particular, the vulner-

able AANHPI populations. Owing to the vast network of FQHCs nationwide, the articles also represent geographic diversity (New York, Oakland, Long Beach, and Honolulu) and ethnic diversity (interventions described are for the Chinese, Cambodian, Karen, Burmese, and Native Hawaiian populations).

In concert with national efforts to achieve the triple aims, FQHCs have been and will continue to be at the frontline, providing much-needed culturally and linguistically appropriate health care and other enabling services to the newly insured under the ACA as well as other medically underserved populations in these communities. Through these important, and timely articles, we hope readers will be able to gain new knowledge and insights that will enhance their own ability to take action in the areas of health advocacy, strategic planning, program development, quality improvement, and health service planning to improve the health and well-being of vulnerable AANHPIs and the community providers who are committed to their care.

This special issue reflects a true collaborative effort between FQHC practitioners, academic partners, and the AAPI Nexus Journal staff to showcase the broad and diverse range of topics that are important to FQHC stakeholders. It is a joint project of the Asian Health Services, Charles B. Wang Community Health Center, Waianae Coast Comprehensive Health Center, Waimanalo Health Center, Association of Asian Pacific Community Health Organizations, UCLA Fielding School of Public Health, UCLA Center for Health Policy Research, and UCLA Asian American Studies Center. As with any team, this special effort would not have been possible without the unbelievable efforts of all toward the common vision of better services in order to meet the needs of the Asian American and Pacific Islander communities we all serve and are proud to be members of. A special thanks to the Community Health Applied Research Network (CHARN) that facilitated the collaboration between the community health center organizations and UCLA. CHARN is a program funded by the Department of Health and Human Services, Health Resources and Services Administration.

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