Health Understanding Education

The Ohio Commission on Minority Health

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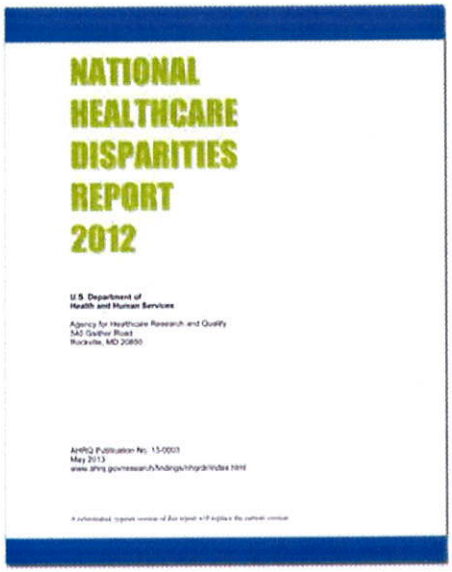
John Kasich, Governor
Gregory L. Hall, MD, Chairman
Angela C. Dawson, Executive Director

Monitoring Healthcare Disparities in the US



By Deena Chisolm, PhD.

For the past decade, the Agency for Healthcare Research and Quality (AHRQ) has published an annual *National Healthcare Disparities Report (NHDR)*. This report, along with the *National Healthcare Quality Report (NHQR)*, was created in response to a legislative mandate from congress in 1999 calling for an annual report on "national trends in health care quality provided to the American people."

The goal of the NHDR is to describe "prevailing disparities in healthcare delivery as it relates to racial factors and socioeconomic factors in priority populations". These populations include groups with unique health needs or issues requiring special focus including racial and ethnic minorities, low income persons, and the disabled. AHRQ's directive in compiling the report is to "examine disparities in healthcare utilization, access, costs, outcomes, satisfaction, and perceptions of care." The reports include more than 250 healthcare measures calculated using more than 45 databases. Measures are selected with guidance from an advisory board of representatives from across the US Department of Health and Human Services.

The 2012 *National Healthcare Disparities Report* celebrates the 10th anniversary of the publication. It seeks to address three primary questions:

- What is the status of health care quality and disparities in the US?
- How have health care quality and disparities changed over time?
- Where is the greatest need to improve healthcare quality and reduce disparities?

According to the 2012 report, healthcare in the US still has significant opportunities for improvement. On average 29% of Americans reported barriers that restricted their access to care and only 70% of those who were able to access the healthcare system got the appropriate care. Overall, health care quality is showing the greatest improvement in the acute care setting. More than 80 percent of acute treatment indicators have shown improvement in the past 10 years and none have worsened. On the other hand, only 46% of preventive care measures have shown improvement and nearly 10 percent have worsened.

Performance is notably worse for minority populations. Disparities are most pronounced in African-American and Hispanic populations but specific disparities also exist for Asian and American Indian/Native American populations. While overall healthcare quality for Americans is

Ohio Commission on Minority Health
77 South High Street
18th Floor
Columbus, Ohio 43215
614 466-4000

www.mih.ohio.gov

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improving, disparities are largely not improving and access to care is getting worse. This article summarizes some of the key findings of the report. The complete publication is available at http://www.ahrq.gov/research/findings/nhqrdr/index.html.

Key findings:

Disparities in care are common

The overall findings of the report demonstrate that racial and ethnic disparities in health and health care persist. Of the 191 quality measures tracked for both Whites and African-Americans, 40% showed lower scores in the African-American population. Quality was similar in another 40% of cases and was higher for African-Americans in the remaining 20%. This distribution was similar in Hispanics and in American Indian/Alaska Native populations. Asians, however, were more likely to have equal or better quality of care compared to whites.

Many disparity gaps are not closing over time

Of great concern is that most of the reported disparities in care are not closing over time. Comparing data in 2000-2002 to data in 2008-2010, 80% of disparities are either staying the same or getting worse. For African-Americans, areas of worsening disparities include diagnosis of advanced stage invasive breast in women over 40, and maternal deaths. Hispanic disparities worsened for shortness of breath in home health care, regular blood sugar monitoring in diabetes, and timely medication delivery in heart attack patients. On a positive note, areas that have seen reductions in disparities include vaccination for pneumonia in hospitalized elderly African-Americans, Hispanics, and Asians and incidence of end-stage renal disease African-Americans and American Indians with diabetes.

Access to care is worsening

Beyond challenges in healthcare quality, the report also found worsening access to health care. For African-Americans, Hispanics, and American Indians, none of the fifteen health care access disparity measures have shown improvement since 2000-2002. Asians showed improvement on one measure. Hispanics remained significantly more likely to be uninsured for a full year than non-Hispanic Whites. Hispanics were also less likely to have a usual primary care provider as were African Americans and Asians.

The ability to measure disparities is improving

Since 2006, the percentage of measures for which disparities could not be calculated because of data quality has decreased for all racial groups. Reliable disparities statistics for Blacks can be calculated for all measures. Over than 90% of disparity measures can be calculated for Hispanics. Significant challenges still exist, however, for other minority groups. Forty percent of measures could not be calculated for Asians and three-quarters of measures could not be calculated for Native Hawaiian and Other Pacific Islanders. It is hoped that Affordable Care Act requirements regarding standardized collection of racial and ethnic data in all federally funded programs will help to improve measurement across populations.

Work is still needed

The summary of the report notes that these statistics are only useful "to the extent that they inform policies and initiatives and help us track progress toward the ultimate goal...which is to improve the lives of patients and families." It is up to health care providers, policy makers, and patient advocates to use the results to improve care. In many areas, the pace of improvement is unacceptably slow and concerted efforts will be needed to create meaningful improvements.

Deena Chisolm, PhD. is an Associate Professor of Pediatrics and Public Health at The Ohio State University and a Principal Investigator in the Center for Innovation in Pediatric Practice in the Research Institute at Nationwide Children's Hospital. Her research is focused on improving health and healthcare for at-risk adolescents.

She is a current member of the Ohio Commission of Minority Health Board and actively serves in leadership for a number of other national, state, and local health organization.

2012 National Healthcare Disparities Report:

How does Ohio rank?

From the Executive Director

Angela C. Dawson

The *National Healthcare Disparities Report* summarizes health care quality and access among various racial, ethnic, and income groups and other priority populations.

This annual report provides information that can help guide policy initiatives within states to address efforts to reduce racial and ethnic health disparities. The causes of these disparities are varied and can include differences in; access to care, social determinants, provider biases, poor provider-patient communication, and poor health literacy

Without focused efforts, systems of health care can distribute services inefficiently and unevenly across populations. This can result in even greater disparities.

This annual data report can be paired with the U.S. Health and Human Services (HHS) - "Action Plan to Reduce Racial and Ethnic Health Disparities" to create an overarching plan within states to develop strategic interventions to improve efforts within states to address this issue.

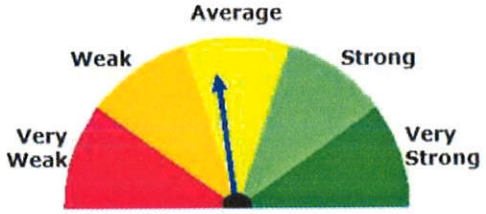
The 2012 HCDR report revealed three themes:

- Health care quality and access are suboptimal, especially for minority and low-income groups.
- While overall quality is improving, access is getting worse, and disparities are not changing.
- Urgent attention is warranted to ensure continued improvements in the quality of diabetes care, maternal and child health care, and adverse events; disparities in cancer care and quality of care among states in the South.

Focus in these areas is needed to accelerate progress if the Nation is to achieve higher quality and more equitable health care in the near future.

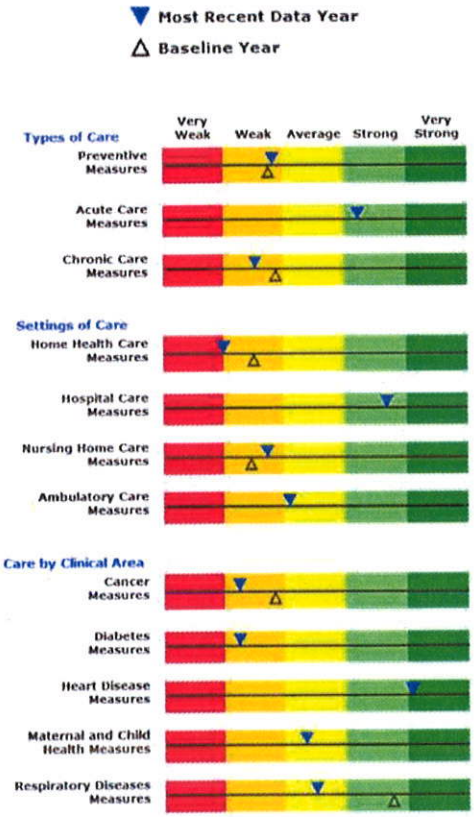
The 2011 State Snapshots provide the most recent information available in relationship to Ohio's ranking as compared to the Nation. As indicated by the dashboard below, Ohio ranked average on overall healthcare quality.

Ohio Dashboard on Healthcare Quality Compared to All States
Overall Healthcare Quality



Performance Meter: All Measures

The following dashboards provide an overview of Ohio's ranking by Types of Care; Setting of Care and Care by Clinical Area.



These rankings provide an opportunity for the State of Ohio to focus efforts specifically on strategies that can assist us in improving Ohio's status in these areas.

However, these annual reports and state rankings are only beneficial to the extent that they inform policies and initiatives that target the reduction of disparities and improve the quality of care.

The Ohio Commission on Minority Health continues to push for policy efforts to bring attention to health disparities and their related costs. Recent efforts with collaborating partners resulted in disparities language within the Medicaid contracts, compliance to the HHS data standards within the integrated eligibility system as well as increased efforts to place Patient Centered Medical Homes (PCMH) within racial and ethnic communities.

In addition, the Ohio Commission on Minority Health, in collaboration with the Office of Health Transformation and the Ohio Department of Health, used the "National Stakeholder Strategy for Health Equity" as the basis for a formal survey. Health and human services cabinet agencies implemented the survey to identify the level of funding, staffing, and programming that focused on reducing health disparities.

While this report reflects a high level of national and state health system performance data that can be used to initiate improvements, our work must impact the ground level where too many Ohioans struggle with a low level of health status and high levels of preventable chronic diseases and conditions. ***In Ohio, we must increase our efforts and create cross cutting strategies to improve access to care, reduce disparities, and accelerate the pace of quality improvement and preventative care.***

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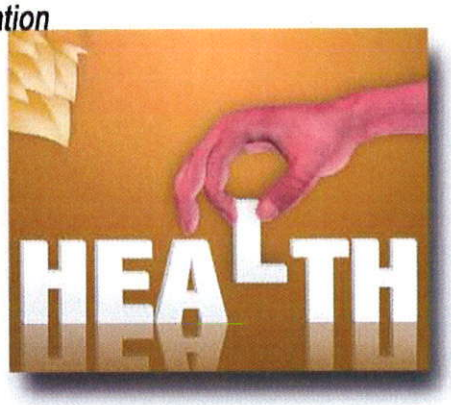

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77 South High Street, 18th Floor, Columbus, Ohio 43215