



National Healthcare Disparities Report Update on Current Status

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AHRQ is the lead Federal agency charged with supporting research designed to improve the quality of health care, reduce its cost, address patient safety and medical errors, and broaden access to essential services. AHRQ sponsors and conducts research that provides evidence-based information on health care outcomes; quality; and cost, use, and access.

The information helps health care decisionmakers—patients and clinicians, health system leaders, and policymakers—make more informed decisions and improve the quality of health care services.

As part of a national effort to eliminate healthcare disparities, Congress in 1999 required the Agency for Healthcare Research and Quality (AHRQ) to produce a new annual publication, the National Healthcare Disparities Report (NHDR). AHRQ's reauthorizing legislation requires that its Director prepare and annually submit to the Congress a report on "prevailing disparities in health care delivery as they relate to racial factors and socioeconomic factors in priority populations."

The NHDR will provide answers to critical questions about disparities in health care nationally and will permit the development of a more complete picture of health care in America. It also will offer an important opportunity for the Department of Health and Human Services (DHHS) to identify and reduce avoidable disparities in health care. The report is scheduled for publication in September 2003.

Priority Populations

The legislation specifies that the following priority populations be included in the NHDR:

- Low income groups;
- Minority groups—i.e., racial (Federally recognized racial categories are: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian

or other Pacific Islander; and White) and ethnic (Federally recognized ethnic categories are: Hispanic or Latino, or not Hispanic or Latino);

- Women;
- Children;
- Elderly; and
- Individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life care.

Conceptual Framework

The Institute of Medicine (IOM) worked with AHRQ to provide guidance on the NHDR's design. IOM created the Committee for Guidance in Designing a National Healthcare Disparities Report, which held two public meetings in early 2002 to gather information from national experts. Representatives from the U.S. Bureau of the Census, the National Center for Health Statistics, the National Quality Forum, AHRQ, and the IOM were among the attendees. In September 2002, the IOM released its recommendations.

The NHDR will build upon the conceptual framework developed for the National Healthcare Quality Report (NHQR), its congressionally-mandated sister report. This framework is a matrix of healthcare and consumer



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perspectives on healthcare needs. Because the NHDR will significantly expand the equity section of the NHQR, its framework and measures include dimensions of healthcare quality (e.g., safety, effectiveness, patient-centeredness, timeliness, equity), as well as access to care, use of services, and costs of services. The matrix relates these concepts to patient needs (e.g., staying healthy, getting better, living with illness or disability, coping with the end of life).

The IOM recommended that AHRQ:

- Present in the NHDR analyses of racial and ethnic disparities in ways that take into account the effect of socioeconomic status.
- Pursue a research initiative to more precisely measure socioeconomic status as it relates to health care access, service utilization, and quality.
- Give access, a central aspect of health care quality, prominent attention in the NHDR.
- Include in the NHDR measures of poor health care quality related to both high utilization of certain health care services (e.g., diabetes-related limb amputations), and of low utilization of other services (e.g., pain medication).
- Present data in the NHDR on disparities at the state level and along a rural–urban continuum.
- Work with public and private organizations to standardize core elements of subnational surveys.
- Receive adequate resources to develop datasets and measures needed for the NHDR.

NHDR Measures and Data Sources

To ensure synergy with existing efforts (such as *Healthy People 2010*, the NHQR, and the DHHS's survey integration priorities), AHRQ has sought input from a wide range of stakeholders who helped identify additional datasets and develop the final set of measures. The NHDR Data Group, which comprises AHRQ staff

with special expertise in data analysis, has focused on defining racial and socioeconomic factors and priority populations, identifying data sources, and developing preliminary access, utilization, and cost measures relevant to studying disparities.

A Department-wide NHDR Interagency Work Group includes members from each operating unit of DHHS. In its monthly meetings, it has provided invaluable advice and comments on draft definitions and measures, and identified new data sources and measures for inclusion in NHDR. Additionally, AHRQ staff has collaborated with external data experts from multiple organizations, such as the National Center for Health Statistics, the Substance Abuse and Mental Health Services Administration, the National Institutes of Health, the Centers for Medicare & Medicaid Services, the Indian Health Service, and the Commonwealth Fund.

NHDR Audience Research

AHRQ is currently conducting research to identify the needs of potential audiences for the report in an effort to develop a final product that meets those needs. In addition to the main report, AHRQ will publish an executive summary of its findings, and plans to make all tables available on the AHRQ website.

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