

# State Documentation of Racial and Ethnic Health Disparities to Inform Strategic Action

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# Federal and National Activity Setting the Stage for State Action

- Understanding the problem:
  - AHRQ *National Healthcare Quality Report & National Healthcare Disparities Report*
  - CDC *Health Disparities and Inequalities Report — United States, 2011*
  
- Offering guidance on what to do:
  - Institute of Medicine (IOM):
    - *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2003)
    - *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement* (2009)
  - Office of Minority Health: National Partnership for Action to End Health Disparities' National Plan for Action
  
- Federal Health Reform (Patient Protection & Affordable Care)
  - Directs states to collect information and data regarding disparities
  - Permanently reauthorizes the Indian Health Care Improvement Act
  - Includes provisions about workforce diversity, cultural competence

# Why States Need to Play a Role in Reducing Disparities

- State responsibility for enhanced data collection under federal health reform
- Provider incentives for data collection under Meaningful Use
- Growing interest in costs of disparities and improving health system efficiency
- Lean budgets may require states to target areas or populations with greatest disparities
- Medicaid programs have incentive to act given disproportionate representation by minorities

# Overview of Findings from New HCUP Report:

*State Documentation of  
Racial and Ethnic Health Disparities  
to Inform Strategic Action*

# State Roles in Reducing Disparities

- Purchase health care services
- Define benefits
- Regulate professionals and facilities
- Collect and report data
- Set standards and measure performance
- Inform consumers
- Educate and train healthcare professionals
- Convene stakeholders

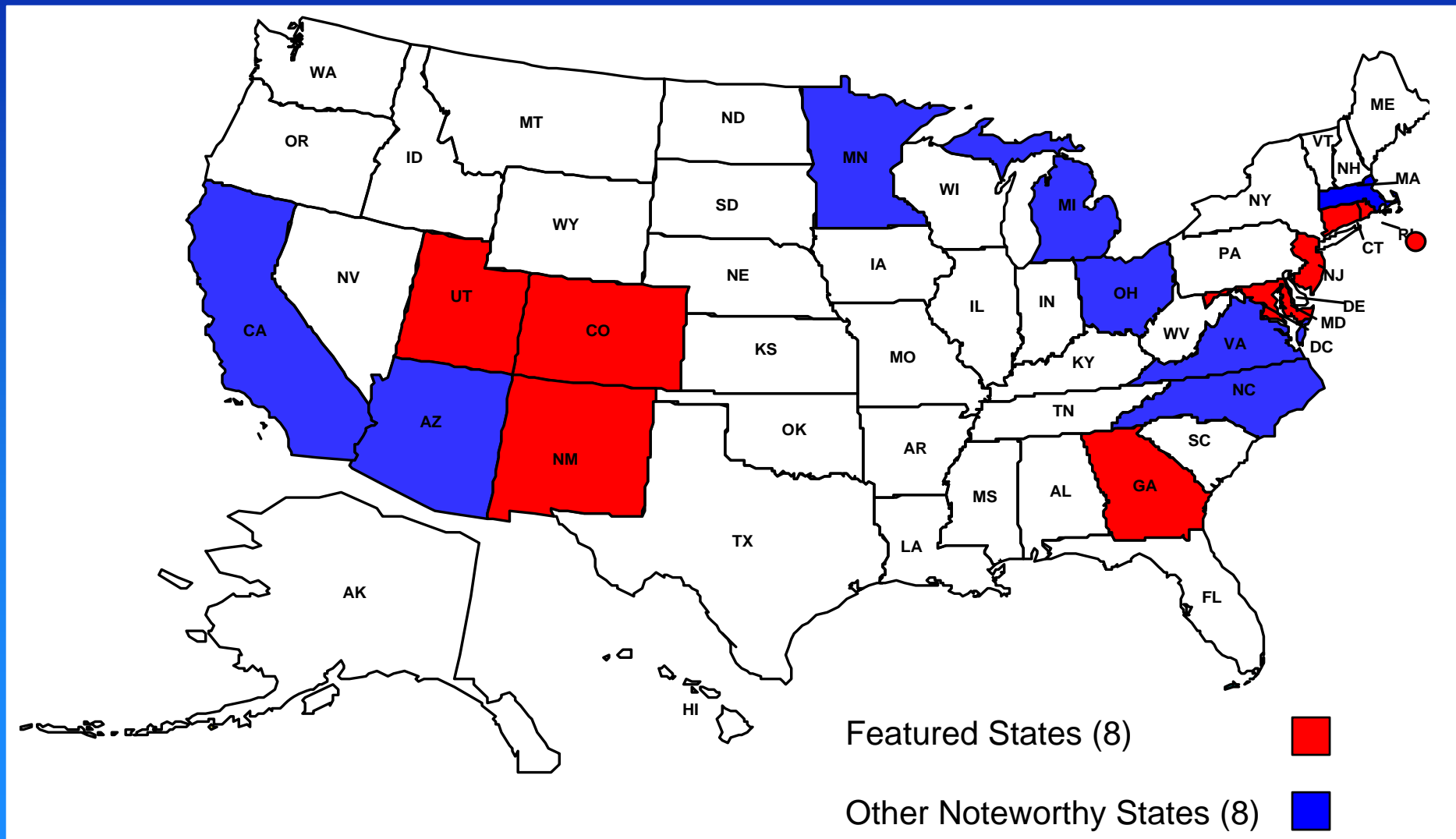
# Report Background & Methodology

- Builds on 2010 HCUP Report:
  - *State Uses of Hospital Discharge Databases to Reduce Racial and Ethnic Disparities.*
  
- Environmental scan for documents:
  - Published in 2007 or later;
  - Data-driven;
  - Addressing *health care* disparities; and
  - With evidence of state use of the information

## Methodology (cont'd)

- Email follow up to confirm scan findings
- Identified 8 leading states to feature: CO, CT, GA, MD, NJ, NM, RI, UT
- Phone conversations
- “Noteworthy” activity cited in 8 additional states
- 50-state scan findings will soon be available on HCUP website

# Highlighted States in New HCUP Report





# Featured States' Documents

State	Document Title(s)
<b>CO</b>	<ul style="list-style-type: none"> <li>• 2008-2010 Office of Health Disparities Strategic Plan</li> <li>• Racial and Ethnic Health Disparities in Colorado 2009</li> <li>• Colorado Health Disparities Strategic Plan 2008: Interagency Health Disparities Leadership Council</li> </ul>
<b>CT</b>	<ul style="list-style-type: none"> <li>• The 2009 Connecticut Health Disparities Report</li> </ul>
<b>GA</b>	<ul style="list-style-type: none"> <li>• Health Disparities Report 2008: A County-Level Look at Health Outcomes for Minorities in Georgia</li> </ul>
<b>MD</b>	<ul style="list-style-type: none"> <li>• Maryland Chartbook of Minority Health and Minority Health Disparities Data</li> <li>• Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010-2014</li> </ul>
<b>NJ</b>	<ul style="list-style-type: none"> <li>• Strategic Plans to Eliminate Health Disparities in New Jersey March 2007, December 2007 Update, and Update and Addendum</li> </ul>
<b>NM</b>	<ul style="list-style-type: none"> <li>• Racial and Ethnic Health Disparities Report Card</li> </ul>
<b>RI</b>	<ul style="list-style-type: none"> <li>• Minority Health Plan for Action</li> <li>• Heart Disease and Stroke Prevention Rhode Island State Plan 2009</li> <li>• Reducing the Burden of Asthma in Rhode Island: Asthma State Plan, 2009-2014</li> </ul>
<b>UT</b>	<ul style="list-style-type: none"> <li>• Health Status by Race and Ethnicity: 2010</li> <li>• Action Plan to Eliminate Racial/Ethnic Health Disparities in the State of Utah</li> </ul>

## General Findings

- 3 types of state documents:
  - Data report
  - Action plan
  - Combination of both
- 2 states use a report card (GA, NM)
- BRFSS and vital records used by all states
  - 5 states use hospital discharge data (CT, GA, MD, NJ, RI)
- 4 states provide county-level data (CO, GA, NJ, MD)
- Relative rates are more common than absolute rates

## General Findings (cont'd)

- Only slight variation in races/ethnicities included
- Measures:
  - Condition or risk factor prevalence/incidence (all)
  - Access/utilization (all)
  - Mortality (all)
  - Socioeconomic Status (CO, CT, GA, RI, UT)
  - Cost (CT, GA, MD)
- Common topics: heart disease/stroke, HIV/STDs, diabetes, cancer, and maternal, prenatal and child health care

## Use and Impact of State Documents

- Incorporate into national or federal grant applications
- Conduct outreach to stakeholders
- Inform public health projects and the provision of grants to address disparities described in reports
- Publish or plan new documents
- Strengthen internal state government processes

## Lessons from Featured States

- States use data documents to identify and address disparities.
- Data sources, units of analysis, and rates vary, yet reports share many commonalities.
- Additional data on disparities are necessary.
- States have different organizational approaches to documenting and addressing disparities.

## Lessons (cont'd)

- Partnerships are critical.
- State reports include a focus on making data actionable.
- States need additional funding sources in order to focus on reducing disparities.
- State Offices of Minority Health are important leaders, but cannot act alone to achieve health equity.

# RESOURCES FOR MORE INFORMATION

## Related HCUP Reports

- *State Documentation of Racial and Ethnic Health Disparities to Inform Strategic Action, Report (2011)*
- *Assessing the Costs of Racial and Ethnic Health Disparities: State Experience, Issue Brief (2011)*
- *State Uses of Hospital Discharge Databases to Reduce Racial and Ethnic Disparities, Report (2010)*
  
- All available at
  - [http://www.hcup-us.ahrq.gov/reports/r\\_e\\_disparities.jsp](http://www.hcup-us.ahrq.gov/reports/r_e_disparities.jsp)



## Other AHRQ Resources

### ■ *2010 National Healthcare Disparities Report*

- <http://www.ahrq.gov/qual/qrd10.htm>
- Identifies gaps where some populations receive worse care than others and tracks changes in gaps over time

### ■ AHRQ State Snapshots

- <http://statesnapshots.ahrq.gov/snaps10/index.jsp?menuId=1&state=>
- Focus on Disparities section
- Demographic data on state population
- NEW SECTION: State Resources for Addressing Disparities in Health Care Quality
- <http://statesnapshots.ahrq.gov/snaps10/SnapsController?menuId=99&action=resources&state=>

## Additional Resources

- Institute of Medicine:
  - *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care* (2003) (<http://www.nap.edu/openbook.php?isbn=030908265X>)
  - *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement* (2009) (<http://www.nap.edu/catalog/12696.html>)
  
- *CDC Health Disparities and Inequalities Report, United States, 2011*
  - <http://www.cdc.gov/minorityhealth/CHDIReport.html>

# Health Care Reform

- U.S. DHHS. “Health Disparities and the Affordable Care Act”  
<http://www.healthcare.gov/law/infocus/disparities/index.html>
- D.P.Andrulis et al., *Patient Protection and Affordable Care Act of 2010: Advancing Health Equity for Racially and Ethnically Diverse Populations*. (Washington, DC: Joint Center for Political and Economic Studies, July 2010)  
[http://www.jointcenter.org/hpi/sites/all/files/PatientProtection\\_PREP\\_0.pdf](http://www.jointcenter.org/hpi/sites/all/files/PatientProtection_PREP_0.pdf)