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

July 2011
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):
    - *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
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
<table>
<thead>
<tr>
<th>State</th>
<th>Document Title(s)</th>
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| CO    | 2008-2010 Office of Health Disparities Strategic Plan  
|       | Racial and Ethnic Health Disparities in Colorado 2009  
|       | Colorado Health Disparities Strategic Plan 2008: Interagency Health Disparities Leadership Council |
| CT    | The 2009 Connecticut Health Disparities Report |
| GA    | Health Disparities Report 2008: A County-Level Look at Health Outcomes for Minorities in Georgia |
| MD    | Maryland Chartbook of Minority Health and Minority Health Disparities Data  
|       | Maryland Plan to Eliminate Minority Health Disparities Plan of Action 2010-2014 |
| NJ    | Strategic Plans to Eliminate Health Disparities in New Jersey March 2007, December 2007 Update, and Update and Addendum |
| NM    | Racial and Ethnic Health Disparities Report Card |
| RI    | Minority Health Plan for Action  
|       | Heart Disease and Stroke Prevention Rhode Island State Plan 2009  
|       | Reducing the Burden of Asthma in Rhode Island: Asthma State Plan, 2009-2014 |
| UT    | Health Status by Race and Ethnicity: 2010  
|       | Action Plan to Eliminate Racial/Ethnic Health Disparities in the State of Utah |
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
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.
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


All available at
  – http://www.hcup-us.ahrq.gov/reports/r_e_disparities.jsp
Other AHRQ Resources

- **2010 National Healthcare Disparities Report**
  - 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=](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
Institute of Medicine:


CDC Health Disparities and Inequalities Report, United States, 2011

Health Care Reform

- U.S. DHHS. “Health Disparities and the Affordable Care Act”

  http://www.jointcenter.org/hpi/sites/all/files/PatientProtection_PREP_0.pdf