

National Healthcare Disparities Report



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The National Healthcare Disparities Report

JA Banks



The National Healthcare Disparities Report:

Future Directions for the National Healthcare Quality and Disparities Reports Institute of Medicine, Board on Health Care Services, Committee on Future Directions for the National Healthcare Quality and Disparities Reports, 2010-09-10 As the United States devotes extensive resources to health care evaluating how successfully the U S system delivers high quality high value care in an equitable manner is essential At the request of Congress the Agency for Healthcare Research and Quality AHRQ annually produces the National Healthcare Quality Report NHQR and the National Healthcare Disparities Report NHDR The reports have revealed areas in which health care performance has improved over time but they also have identified major shortcomings After five years of producing the NHQR and NHDR AHRQ asked the IOM for guidance on how to improve the next generation of reports The IOM concludes that the NHQR and NHDR can be improved in ways that would make them more influential in promoting change in the health care system In addition to being sources of data on past trends the national healthcare reports can provide more detailed insights into current performance establish the value of closing gaps in quality and equity and project the time required to bridge those gaps at the current pace of improvement

Guidance for the National Healthcare Disparities Report Institute of Medicine, Committee on Guidance for Designing a National Healthcare Disparities Report, 2002-10-25 The Agency for Healthcare Research Quality commissioned the Institute of Medicine establish a committee to provide guidance on the National Healthcare Disparities Report is of access to health care utilization of services and the services received The committee was asked to consider population characteristics as race and ethnicity society status and geographic location It was also asked to examine factors that included possible data sources and types of measures for the report National Healthcare Quality and Disparities Report Barbara Barton, Romsai Boonyasai, Cecilia Hahn, 2021 This Rural Health Care Chartbook is part of a family of documents and tools that support the National Healthcare Quality and Disparities Report NHQDR The NHQDR includes annual reports to Congress mandated in the Healthcare Research and Quality Act of 1999 P L 106 129 These reports provide a comprehensive overview of the quality of healthcare received by the general U S population and disparities in care experienced by different racial ethnic and socioeconomic groups The reports assess the performance of our health system and identify areas of strength and weakness in the healthcare system along four main axes access to healthcare quality of healthcare disparities in healthcare and Agency for Healthcare Research and Quality AHRQ priority areas **National Healthcare Disparities Report, 2010** U. S. Department Human Services, Agency for and Quality, 2014-04-30 Health care seeks to prevent diagnose and treat disease and to improve the physical and mental well being of all Americans Across the lifespan health care helps people stay healthy recover from illness live with chronic disease or disability and cope with death and dying Quality health care delivers these services in ways that are safe timely patient centered efficient and equitable Unfortunately Americans too often do not receive care that they need or they receive care that causes harm Care can be delivered too late or without full consideration

of a patient's preferences and values. Many times our system of health care distributes services inefficiently and unevenly across populations. Some Americans receive worse care than other Americans. These disparities may be due to differences in access to care, provider biases, poor provider-patient communication, and poor health literacy. Each year since 2003, the Agency for Healthcare Research and Quality (AHRQ) has reported on progress and opportunities for improving health care quality and reducing health care disparities. The Disparities Report (NHDR) focuses on prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations. In the past, separate Highlights were produced for each report. This year, we have integrated findings from the 2010 NHQR and 2010 NHDR to produce a single summary document. This is intended to reinforce the need to consider simultaneously the quality of health care and disparities across populations when assessing our health care system. The National Healthcare Reports Highlights seeks to address three questions critical to guiding Americans toward the optimal health care they need and deserve: What is the status of health care quality and disparities in the United States? How have health care quality and disparities changed over time? Where is the need to improve health care quality and reduce disparities greatest? Consistent with past reports, the 2010 reports emphasize one of AHRQ's priority populations as a theme. This year, we present expanded analyses of care across the urban-rural continuum, and the National Healthcare Reports Highlights includes a summary of care received by residents of different types of geographic areas. Finally, this document summarizes information on eight national priorities identified by the IOM Committee and presents novel strategies for improving quality and reducing disparities from AHRQ's Health Care Innovations Exchange. Four themes from the 2010 NHQR and 2010 NHDR emphasize the need to accelerate progress if the Nation is to achieve higher quality and more equitable health care in the near future. Health care quality and access are suboptimal, especially for minority and low-income groups. Quality is improving, but access and disparities are not improving. Urgent attention is warranted to ensure improvements in quality and progress on reducing disparities with respect to certain services, geographic areas, and populations, including cancer screening and management of diabetes. States in the central part of the country, residents of inner-city and rural areas, and disparities in preventive services and access to care. Progress is uneven with respect to eight national priority areas: Two are improving in quality: 1. Palliative and End of Life Care and 2. Patient and Family Engagement. Three are lagging: 3. Population Health, 4. Safety, and 5. Access. Three require more data to assess: 6. Care Coordination, 7. Overuse, and 8. Health System Infrastructure. All eight priority areas showed disparities related to race, ethnicity, and socioeconomic status.

National Healthcare Disparities Report, 2005 U. S. Department of Human Services, Agency for Health and Quality, 2014-04-30. Twenty years ago, the Department of Health and Human Services (HHS) released the Report of the Secretary's Task Force on Black and Minority Health. That report documented many disparities in health and led to interventions to improve the health and health care of minorities. This year, the Agency for Healthcare Research and Quality (AHRQ) is pleased to release the third National Healthcare Disparities Report (NHDR). This annual report provides a

comprehensive national overview of disparities in health care among racial ethnic and socioeconomic groups in the general U S population and within priority populations and tracks the success of activities to reduce disparities It is a companion report to the National Healthcare Quality Report NHQR a comprehensive overview of quality of health care in America A major advantage of an annual report series is its ability to track changes over time This year data are presented that begin tracking trends across a broad array of measures of health care quality and access for many racial ethnic and socioeconomic groups In addition the 2005 report begins to examine the issue of whether the Nation is making progress toward eliminating health care disparities The NHDR tracks disparities in both quality of health care and access to health care Measures of health care quality mirror those in the NHQR and encompass four dimensions of quality effectiveness patient safety timeliness and patient centeredness Measures of health care access are unique to this report and encompass two dimensions of access facilitators and barriers to care and health care utilization This year s NHDR and NHQR focus on findings from a set of core report measures which represent the most important and scientifically credible measures in the full measure sets Core report measures were selected from the full measure sets by the HHS Interagency Work Groups that support the reports based on their clinical importance policy relevance and data reliability The 2005 reports also introduce a number of new composite measures as well as improved methods for summarizing quality and disparities In the 2005 NHDR four key themes are highlighted for policymakers clinicians administrators and community leaders who seek information to improve health care services for all Americans Disparities still exist Some disparities are diminishing Opportunities for improvement remain Information about disparities is improving

National Healthcare Disparities Report, 2009 U. S. Department Human Services, Agency for and Quality, 2014-04-30

Examining health care disparities is an integral part of improving health care quality Health care disparities are the differences or gaps in care experienced by one population compared with another population As the National Healthcare Quality Report NHQR shows Americans too often do not receive care that they need or they receive care that causes harm The National Healthcare Disparities Report NHDR shows that some Americans receive worse care than other Americans Within the scope of health care delivery these disparities may be due to differences in access to care provider biases poor provider patient communication poor health literacy or other factors The purpose of the NHDR as mandated by Congress is to identify the differences or gaps where some populations receive poor or worse care than others and to track how these gaps are changing over time Although the emphasis is on disparities related to race and socioeconomic status the reporting mandate indicates an expectation that the Agency for Healthcare Research and Quality AHRQ will examine health care disparities across broadly defined priority populations These include ethnic minorities and other groups or categories of individuals experiencing disparate and inadequate health care The NHDR and NHQR use the same measures which are categorized across four dimensions of quality effectiveness patient safety timeliness and patient centeredness This year s report focuses on the state of health care disparities for a group of core measures that represent the

most important and scientifically credible measures of health care quality for the Nation as selected by the Department of Health and Human Services HHS Interagency Work Group By focusing on core measures the 2009 report provides a more readily understandable summary and explanation of the key results derived from the data Three key themes emerge in the 2009 NHDR Disparities are common and uninsurance is an important contributor Many disparities are not decreasing Some disparities merit particular attention especially care for cancer heart failure and pneumonia We also summarize efforts by AHRQ and HHS to accelerate the pace of improvement by Training providers Raising awareness Forming partnerships to identify and test solutions

National Healthcare Disparities Report, 2008 U. S. Department Human Services, Agency for and Quality, 2014-04-30

Examining health care disparities is an integral part of improving health care quality Health care disparities are the differences or gaps in care experienced by one population compared with another population As the National Healthcare Quality Report NHQR shows Americans too often do not receive care that they need or they receive care that causes harm The National Healthcare Disparities Report NHDR shows that moreover some Americans receive even worse care than other Americans The quality of health care is different for different people Within the scope of health care delivery these disparities are due to differences in access to care provider biases poor provider patient communication poor health literacy and other factors The purpose of the NHDR as mandated by Congress is to identify the differences or gaps where some populations receive poor or worse care than others and to track how these gaps are changing over time Although the emphasis is on disparities related to race ethnicity and socioeconomic status this directive also includes a charge to examine disparities in priority populations These include groups with unique health care needs or issues that require special attention Among the priority populations addressed in the NHDR are women children older adults residents of rural areas and individuals with disabilities or special health care needs The NHDR uses the same 220 measures used in the NHQR categorized across four dimensions of quality effectiveness patient safety timeliness and patient centeredness This year's report focuses on the state of health care disparities for a group of 45 core measures that represent the most important and scientifically credible measures of health care quality for the Nation as selected by the Department of Health and Human Services HHS Interagency Work Group By focusing on core measures the 2008 report provides a more readily understandable summary and explanation of the key results derived from the data While the measures selected for inclusion in the NHDR are derived from the most current scientific knowledge this knowledge base is not evenly distributed across the dimensions of health care quality nor across racial ethnic and other priority populations The analysis in the following pages centers on measures for which data are available and that fit within the framework provided by the Institute of Medicine Three key themes emerge in the 2008 NHDR Disparities persist in health care quality and access Magnitude and pattern of disparities are different within subpopulations Some disparities exist across multiple priority populations

National Healthcare Disparities Report, 2007 U. S. Department Human Services, Agency for and Quality, 2014-04-30 This 2007

report is the fifth National Healthcare Disparities Report NHDR It is produced by the Agency for Healthcare Research and Quality AHRQ on behalf of the U S Department of Health and Human Services HHS and in collaboration with an HHS wide Interagency Work Group The NHDR provides a comprehensive national overview of disparities in health care among racial ethnic and socioeconomic groups in the general U S population and within specific priority populations and it tracks the progress of activities to reduce disparities The NHDR tracks disparities related to the quality of and access to health care This fifth report attempts to answer the following question Are we getting better at addressing disparities in the quality of and access to health care for priority populations in America To do this the report examines a set of 42 measures of quality and 8 measures of access For each measure the 2007 NHDR attempts to present a snapshot of the gaps between each racial ethnic and socioeconomic priority group and a comparison group More importantly where gaps exist this report attempts to systematically discuss whether these gaps are getting bigger or smaller Measures of health care quality address the extent to which providers and hospitals deliver evidence based care for specific services as well as the outcomes of the care provided They are organized around four dimensions of quality effectiveness patient safety timeliness and patient centeredness and cover four stages of care staying healthy getting better living with illness or disability and coping with the end of life Measures of health care access include assessments of how easily patients are able to get needed health care and their actual use of services They are organized around two dimensions of access facilitators and barriers to care and health care utilization The NHDR is complemented by its companion report the National Healthcare Quality Report NHQR which uses the same quality measures as the NHDR to provide a comprehensive overview of the quality of health care in America Both reports measure health care quality and track changes over time but with different orientations The NHQR addresses the current state of health care quality and the opportunities for improvement for all Americans as a whole In the 2007 NHDR three key themes emerge Overall disparities in health care quality and access are not getting smaller Progress is being made but many of the biggest gaps in quality and access have not been reduced The problem of persistent uninsurance is a major barrier to reducing disparities

National Healthcare Disparities Report, 2012 U. S. Department Human

Services, Agency for and Quality, 2014-04-30 The U S health care system is designed to improve the physical and mental well being of all Americans by preventing diagnosing and treating illness and by supporting optimal function Across the lifespan health care helps people stay healthy recover from illness live with chronic disease or disability and cope with death and dying Quality health care delivers these services in ways that are safe timely patient centered efficient and equitable Unfortunately Americans too often do not receive care they need or they receive care that causes harm Care can be delivered too late or without full consideration of a patient s preferences and values Many times our system of health care distributes services inefficiently and unevenly across populations Some Americans receive worse care than others These disparities may occur for a variety of reasons including differences in access to care social determinants provider biases poor provider

patient communication and poor health literacy Each year since 2003 the Agency for Healthcare Research and Quality AHRQ has reported on progress and opportunities for improving health care quality and reducing health care disparities As mandated by the U S Congress the National Healthcare Quality Report NHQR focuses on national trends in the quality of health care provided to the American people The National Healthcare Disparities Report NHDR focuses on prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations As in previous years we have integrated findings from the 2012 NHQR and NHDR to produce a single summary chapter This is intended to reinforce the need to consider concurrently the quality of health care and disparities across populations when assessing our health care system The National Healthcare Reports Highlights seeks to address three questions critical to guiding Americans toward the optimal health care they need and deserve What is the status of health care quality and disparities in the United States How have health care quality and disparities changed over time Where is the greatest need to improve health care quality and reduce disparities Three themes from the 2012 NHQR and NHDR emphasize the need to accelerate progress if the Nation is to achieve higher quality and more equitable health care in the near future Health care quality and access are suboptimal especially for minority and low income groups Overall quality is improving access is getting worse and disparities are not changing Urgent attention is warranted to ensure continued improvements in Quality of diabetes care maternal and child health care and adverse events Disparities in cancer care Quality of care among states in the South

2015 National Healthcare Quality and Disparities Report and 5th Anniversary Update on the National Quality Strategy, 2016 This year's National Healthcare Quality and Disparities Report and National Quality Strategy Update have been integrated into this single document that describes the nation's progress in improving health care access quality and disparities Key findings from this year's report include Access to health care has improved dramatically led by sustained reductions in the number of Americans without health insurance and increases in the number of Americans with a usual source of medical care Quality of health care continues to improve but wide variation exists across the National Quality Strategy priorities Disparities related to race and socioeconomic status persist among measures of access and all National Quality Strategy priorities but progress is being made in some areas Disparities in quality of care and disparities in access to care typically follow the same pattern although disparities in access tend to be more common than disparities in quality As health care delivery continues to evolve the framework of the National Quality Strategy and the tracking of the National Healthcare Quality and Disparities Report can help identify system successes that should be celebrated as well as aspects of the system that require attention While most measures of health care quality can only be tracked through 2013 and therefore are insufficient for assessing trends following the major coverage expansions of the Affordable Care Act these reports establish the baseline against which to track progress in future years

National Healthcare Disparities Report, 2006 U. S. Department Human Services, Agency for and Quality, 2014-04-30 The Agency for Healthcare Research and Quality

AHRQ is pleased to release the 2006 National Healthcare Disparities Report NHDR on behalf of the U S Department of Health and Human Services HHS and in collaboration with an HHS wide Interagency Work Group Like previous reports the 2006 NHDR also received significant guidance from AHRQ leadership and AHRQ s National Advisory Committee This fourth annual report to Congress provides a comprehensive national overview of disparities in health care among racial ethnic and socioeconomic groups in the general U S population and within priority populations and tracks the progress of activities to reduce disparities The NHDR tracks disparities related to quality of health care and access to health care Measures of health care quality address the extent to which providers and hospitals deliver evidence based care for specific services as well as the outcomes of the care provided They are organized around four dimensions of quality effectiveness patient safety timeliness and patient centeredness and cover four stages of care staying healthy getting better living with illness or disability and coping with the end of life Measures of health care access include assessments of how easily patients are able to get needed health care and their actual use of services They are organized around two dimensions of access facilitators and barriers to care and health care utilization The NHDR is complemented by its companion report the National Healthcare Quality Report NHQR which uses the same quality measures as the NHDR to provide a comprehensive overview of the quality of health care in America Both reports measure health care quality and track changes over time but with different orientations The NHQR addresses the current state of health care quality and the opportunities for improvement for all Americans as a whole This perspective is useful for identifying where we are doing well as a Nation and where more work is needed The NHDR addresses the distribution of improvements in health care quality and access across the different populations that make up America This perspective is useful for ensuring that all Americans benefit from improvements in care Perspectives from both reports are needed for a complete understanding of quality of health care and both reports support HHS Secretary Mike Leavitt s 500 Day Plan to fulfill the President s vision of a healthier America specifically in the areas of better transparency of health care quality information and eliminating inequities in health care This year s NHDR and NHQR continue the tracking of trends across a broad array of measures of health care quality and access for many racial and ethnic minority groups and socioeconomic groups In addition the 2006 reports incorporate improved measures and methods for summarizing quality and disparities in health care including new composite measures and expanded analyses of trends in disparities This section offers a concise overview of findings from the 2006 NHDR More detailed findings are presented in the chapters that follow In the 2006 NHDR four key themes are highlighted for policymakers researchers clinicians administrators and community leaders who seek information to improve health care services for all Americans Disparities remain prevalent Some disparities are diminishing while others are increasing Opportunities for reducing disparities remain Information about disparities is improving but gaps still exist

National Healthcare Disparities Report , Future Directions for the National Healthcare Quality and Disparities Reports Institute of Medicine, Board on

Health Care Services, Committee on Future Directions for the National Healthcare Quality and Disparities Reports, 2010-08-10 As the United States devotes extensive resources to health care evaluating how successfully the U S system delivers high quality high value care in an equitable manner is essential At the request of Congress the Agency for Healthcare Research and Quality AHRQ annually produces the National Healthcare Quality Report NHQR and the National Healthcare Disparities Report NHDR The reports have revealed areas in which health care performance has improved over time but they also have identified major shortcomings After five years of producing the NHQR and NHDR AHRQ asked the IOM for guidance on how to improve the next generation of reports The IOM concludes that the NHQR and NHDR can be improved in ways that would make them more influential in promoting change in the health care system In addition to being sources of data on past trends the national healthcare reports can provide more detailed insights into current performance establish the value of closing gaps in quality and equity and project the time required to bridge those gaps at the current pace of improvement

2013 National Healthcare Disparities Report, 2014 **National Healthcare Disparities Report, 2004** U. S. Department Human Services, Agency for and Quality, 2014-04-30 The United States health care delivery system is among the world s finest with outstanding providers facilities and technology Many Americans enjoy easy access to care However not all Americans have full access to high quality health care Released in 2003 the first National Healthcare Disparities Report NHDR is a comprehensive national overview of disparities in health care among racial ethnic and socioeconomic groups in the general U S population and among priority populations This second NHDR is built upon the 2003 report and continues to include a comprehensive national overview of disparities in health care in America In addition in the 2004 report a second critical goal of the report is developed tracking the Nation s progress towards the elimination of health care disparities In the 2004 report three key themes are highlighted for policymakers clinicians health system administrators and community leaders who seek to use this information to improve health care services for all Americans Disparities are pervasive Improvement is possible Gaps in information exist especially for specific conditions and populations

Changes to the National Healthcare Disparities Report, 2004 **National Healthcare Quality Report** U S Department of Health and Human Serv, U.S. Department of Health and Human Services Staff, 2015-01-16 Each year since 2003 the Agency for Healthcare Research and Quality AHRQ has reported on progress and opportunities for improving health care quality and reducing health care disparities As mandated by the U S Congress the National Healthcare Quality Report NHQR focuses on national trends in the quality of health care provided to the American people 42 U S C 299b 2 b 2 The National Healthcare Disparities Report NHDR focuses on prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations 42 U S C 299a 1 a 6 As in previous years the 2013 NHQR and NHDR track more than 200 health care process outcome and access measures covering a wide variety of conditions and settings Data years vary across measures most trend analyses include data points from 2000 2002 to 2010 2011 It is important to note that

the reports provide a snapshot of health care prior to implementation of most of the health insurance expansions and consumer protections included in the Affordable Care Act and serve as a baseline against which to track progress in upcoming years Each year the reports emphasize one priority population this year s reports provide expanded analyses of people with disabilities including children with special health care needs and adults with multiple chronic conditions

National Healthcare Disparities Report 2009 ,2010 National Health Care Disparities Report 2008 United States. Agency for Healthcare Research and Quality,2009 **2019 National Healthcare Quality and Disparities Report** ,2020 For the 17th year in a row AHRQ is reporting on healthcare quality and disparities The annual National Healthcare Quality and Disparities Report is mandated by Congress to provide a comprehensive overview of the quality of healthcare received by the general U S population and disparities in care experienced by different racial and socioeconomic groups The report is produced with the help of an Interagency Work Group led by AHRQ

Embracing the Track of Term: An Psychological Symphony within **The National Healthcare Disparities Report**

In a global consumed by monitors and the ceaseless chatter of instantaneous interaction, the melodic splendor and psychological symphony created by the published term often fade in to the back ground, eclipsed by the relentless noise and interruptions that permeate our lives. Nevertheless, set within the pages of **The National Healthcare Disparities Report** an enchanting literary prize full of organic feelings, lies an immersive symphony waiting to be embraced. Constructed by an outstanding musician of language, that fascinating masterpiece conducts visitors on an emotional trip, skillfully unraveling the hidden melodies and profound affect resonating within each carefully crafted phrase. Within the depths of the emotional review, we can investigate the book is central harmonies, analyze their enthralling publishing design, and surrender ourselves to the profound resonance that echoes in the depths of readers souls.

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