

# 2019 NATIONAL HEALTHCARE QUALITY & DISPARITIES REPORT

## Executive Summary



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# 2019 NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORT

**U.S. DEPARTMENT OF  
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Agency for Healthcare Research and Quality

5600 Fishers Lane

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**Primary AHRQ Staff:** Gopal Khanna, David Meyers, Virginia Mackay-Smith, Jeff Brady, Erin Grace, Karen Chaves, Darryl Gray, Barbara Barton, Doreen Bonnett, Irim Azam, and Cecilia Hahn.

**HHS Interagency Workgroup (IWG) for the NHQDR:** Girma Alemu (HRSA), Irim Azam (AHRQ), Andreea Balan-Cohen (IMPAQ), Barbara Barton (AHRQ), Doreen Bonnett (AHRQ), Deron Burton (CDC), Victoria Chau (SAMHSA), Karen Chaves (AHRQ), Xiuhua Chen (Atlas Research), Deborah Duran (NIH-NIMHD), Melissa Evans (CMS), Camille Fabiyi (AHRQ), Paul Gorrell (Atlas Research), Darryl Gray (AHRQ), Kirk Greenway (IHS), Sarah Heppner (HRSA), Ed Huff (CMS), DeLoris Hunter (NIH-NIMHD), Susan Jenkins (ACL), Christine Lee (FDA), Doris Lefkowitz (AHRQ), Jesse Lichstein (HRSA), Lan Liang (AHRQ), Shari Ling (CMS), Iris Mabry-Hernandez (AHRQ), Marlene Matosky (HRSA), Tracy Matthews (HRSA), Christine Merenda (FDA), Kamila Mistry (AHRQ), Ernest Moy (VHA), Samia Noursi (NIH-NIDA), Kathy O'Connor (CDC), Rajasri Roy (NIH-OD-ORWH), Dianne Rucinski (OASH), Asel Ryskulova (CDC), Adelle Simmons (ASPE), Robin Streeter (HRSA), Loida Tamayo (CMS), Caroline Taplin (ASPE), Emmanuel Taylor (NIH-NCI), Michelle Washko (HRSA), and Ying Zhang (IHS).

**IWG Subgroup – Access to Care:** Karen Chaves (Chair), Girma Alemu (HRSA), Robin Cohen (CDC), Kirk Greenway (IHS), Lan Liang (AHRQ), Pradip Muhuri (AHRQ), Barbara Barton (AHRQ).

**NHQDR Team:** Irim Azam (CQuIPS), Barbara Barton (CQuIPS), Doreen Bonnett (OC), Xiuhua Chen (Atlas Research), James Cleeman (CQuIPS), Noel Eldridge (CQuIPS), Camille Fabiyi (OEREP), Paul Gorrell (Atlas Research), Erin Grace (CQuIPS), Darryl Gray (CQuIPS), Lan Liang (CFACT), Kamila Mistry (OEREP), Margie Shofer (CQuIPS).

**HHS Data Experts:** Cuong Bui (HRSA), Lara Bull (CDC), Robin Cohen (CDC-NCHS), Joann Fitzell (CMS), Elizabeth Goldstein (CMS), Irene Hall (CDC-HIV), Norma Harris (CDC-HIV), Pradip Muhuri (AHRQ), Jessica King (NPCR), Amanda Lankford (CDC), Denys Lau (CDC-NCHS), Lan Liang (AHRQ), Sharon Liu (SAMHSA), Marlene Matosky (HRSA), Tracy Matthews (HRSA), Robert Morgan (CMS), Richard Moser (NIH-NCI), Kathy O'Connor (CDC-NCHS), Robert Pratt (CDC), Neil Russell (SAMHSA), Asel Ryskulova (CDC-NCHS), Alek Sripipatana (HRSA), Reda Wilson (CDC- NCCDPHP-ONDIEH), Emily Zammiti (CDC-NCHS), and Xiaohong (Julia) Zhu (HRSA).

**Other Data Experts:** Mark Cohen (ACS NSQIP), Ashley Eckard (University of Michigan), Sheila Eckenrode (MPSMS-Qualidigm), Michael Halpern (American Cancer Society), Clifford Ko (ACS NSQIP), Vivian Kurtz (University of Michigan), Robin Padilla (University of Michigan KECC), Bryan Palis (NCDB, American College of Surgeons), and Yun Wang (MPSMS-Qualidigm).

**Other AHRQ Contributors:** Cindy Brach, Edwin Lomotan, Karen Migdail, Pamela Owens, Wendy Perry, Mary Rolston, Bruce Seeman, Randie Siegel, and Michele Valentine.

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## EXECUTIVE SUMMARY

### Key Findings

- **Access:** From 2000 through 2016-2018, more than half (11 of 20) of access measures showed improvement, 25% (5 of 20) did not show improvement, and 20% (4 of 20) showed worsening. For example, there were significant gains in the percentage of people who reported having health insurance.
- **Quality:** Quality of healthcare improved overall from 2000 through 2018, but the pace of improvement varied by priority area:
  - **Person-Centered Care:** Almost half (14 of 29) of person-centered care measures were improving overall.
  - **Patient Safety:** Nearly half (12 of 26) of patient safety measures were improving overall.
  - **Healthy Living:** Almost 60% (41 of 70) of healthy living measures were improving overall.
  - **Effective Treatment:** More than 40% (15 of 36) of effective treatment measures were improving overall.
  - **Care Coordination:** Nearly 40% (3 of 8) of care coordination measures were improving overall.
  - **Care Affordability:** Forty percent (2 of 5) of affordable care measures were improving overall.
- **Disparities:** Overall, some disparities were getting smaller from 2000 through 2016-2018, but disparities persist and some even worsened, especially for poor<sup>i</sup> and uninsured populations in all priority areas.
  - Racial and ethnic disparities vary by group:
    - ♦ For about 40% of quality measures, Blacks (82 of 202) and American Indians and Alaska Natives (47 of 116) received worse care than Whites. For more than one-third of quality measures, Hispanics (61 of 177) received worse care than Whites.
    - ♦ For nearly 30% of quality measures, Asians (52 of 185) received worse care than Whites, but Asians received better care than Whites for nearly one-third (56 of 185) of quality measures.

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<sup>i</sup> Poor is defined as having family income below 100% of the federal poverty level (FPL).

- ◆ For one-third of quality measures, Native Hawaiians/Pacific Islanders (24 of 72) received worse care than Whites.
- Disparities vary by residence location:
  - ◆ For nearly a quarter (24 of 102) of quality measures, residents of large central metropolitan areas received worse care than residents of large fringe metropolitan areas.
  - ◆ For one-third of quality measures, residents of micropolitan and noncore areas received worse care than residents of large fringe metropolitan areas.
  - ◆ For a little less than 20% of quality measures, medium and small metropolitan residents received worse care than residents of large fringe metropolitan areas.

## About the National Healthcare Quality and Disparities Report

For the 17th year in a row, AHRQ is reporting on healthcare quality and disparities. The annual *National Healthcare Quality and Disparities Report* (NHQDR) 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 assesses the performance of our healthcare system and identifies areas of strength and weakness, as well as disparities, for access to healthcare and quality of healthcare. Quality measures are grouped by priority areas, including person-centered care, patient safety, healthy living, effective treatment, care coordination, and affordable care.

More than 250 measures used in these reports span a wide range of structure, process, and outcome measures for which existing national data sources can be used. This report presents selected findings in each priority area and examples of large disparities, disparities worsening over time, and disparities showing improvement. A U.S. Department of Health and Human Services (HHS) Interagency Work Group (IWG)<sup>ii</sup> that

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<sup>ii</sup> Federal participants on IWG: AHRQ, Administration for Children and Families, Administration for Community Living, Assistant Secretary for Planning and Evaluation, Centers for Disease Control and Prevention, Centers for Medicare & Medicaid Services, Food and Drug Administration, Health Resources and Services Administration, Indian Health Service, National Institutes of Health, Office of the Assistant Secretary for Health, Substance Abuse and Mental Health Services Administration, and Veterans Health Administration.

supports the reports selected the measures for tracking based on their importance, scientific soundness, and feasibility.

## Social Determinants of Health

Healthcare quality and delivery affect each person's healthcare outcomes, but many other factors contribute to individual health. An integral part of delivering high-quality healthcare is understanding the social determinants of health (SDOH) of patients and of communities in which healthcare is provided. The World Health Organization defines SDOH as the conditions in which people are born, grow, live, work, and age.

SDOH can be discussed in the following contexts:

- Social context (e.g., demographics, social networks and supports; social cohesion; discrimination based on race, ethnicity, religion, sex, and gender identity; community safety; criminal justice climate; civic participation).
- Economic context (e.g., employment, income, poverty).
- Education (e.g., quality of daycare, schools, and adult education; literacy and high school graduation rates; English proficiency).
- Physical infrastructure (e.g., housing, transportation, workplace safety, food availability, parks and other recreational facilities, environmental conditions, sufficiency of social services).
- Healthcare context (e.g., access to high-quality, culturally and linguistically appropriate, and health-literate care; access to insurance; healthcare laws; health promotion initiatives; supply side of services; attitudes toward healthcare; and use of services).<sup>1</sup>

This report examines SDOH by highlighting disparities experienced by various subpopulations. Policymakers, researchers, providers, and other stakeholders can use this report's analyses to understand the outcomes for racial and ethnic, insurance, income, and residence location groups.

## Reference

1. Agency for Healthcare Research and Quality. About SDOH in Healthcare. Content | Last reviewed February 2020. Agency for Healthcare Research and Quality, Rockville, MD. <https://www.ahrq.gov/sdoh/about.html>. Accessed September 14, 2020.

