

AHRQ Resources for Research on Reducing Ethnic and Racial Inequities in Health Care

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AHRQ is the lead 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.



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The Agency for Healthcare Research and Quality (AHRQ) has supported extensive research that has identified and helped explain the reasons for racial and ethnic disparities in health status and health services delivery. Research conducted or supported by AHRQ continues to provide data, tools, and new models to help investigators and others in the health care community address issues of access and equity in the Nation's health care system, as well as to facilitate the application of sound health services research to patient-centered care.

Data

Healthcare Cost and Utilization Project (HCUP)

HCUP comprises a family of longitudinal databases, tools, and software that can be used with HCUP data as well as with other administrative databases. A Federal-State-industry partnership to build a standardized, multi-State health data system, HCUP provides encounter-level data converted into a uniform format to facilitate between-State comparisons.

HCUP's State Inpatient Databases (SID) provide hospital-discharge data from participating States (26 beginning with 1999 data). Similarly, HCUP's State Ambulatory Surgery Databases (SASD) provide ambulatory surgery encounter data from participating

States (13 beginning with 1999 data). The SID and SASD contain State-specific data for a core set of elements (e.g. diagnoses, discharge status, payment source, charges). Most HCUP States also provide data by race/ethnicity, thus permitting researchers to study ethnic/racial disparities in health care use for patients in specific States, regardless of age or insurance status (including the uninsured).

Medical Expenditure Panel Survey (MEPS)

MEPS is an ongoing nationally representative survey that collects detailed information on the health status, health services use, expenditures, and health insurance coverage of individuals and families in the United States. It is the only national survey that provides up-to-date, detailed information on how Americans use and pay for health care, including how changes in sources of payment and insurance coverage affect racial and ethnic minorities and other population groups.

MEPS enables researchers to investigate questions such as: How do access to care and satisfaction with care vary by racial and ethnic group? In what ways do health services utilization and spending by blacks differ from health care use and spending by whites? Do overall health care spending and use of



services differ for various Hispanic subgroups (e.g., individuals of Mexican, Puerto Rican, and Cuban descent)?

Data releases from the Medical Expenditure Panel Survey are available on the MEPS Web site at www.meps.ahrq.gov.

HIV Cost and Services Utilization Study (HCSUS)

HCSUS interviewed a national probability sample of HIV-infected adults who were receiving ongoing or regular medical care in 1996; the sample was 49 percent white, 33 percent black, 15 percent Hispanic, and 3 percent other. Public use tapes containing data from the baseline interview and two followup interviews are now available in CD-ROM format for research on a broad array of research and policy issues regarding HIV disease.

Research Tools

Consumer Assessment of Health Plans (CAHPS®)

CAHPS® is an easy-to-use kit of survey and report tools that provides reliable and valid information to help consumers and purchasers assess and choose among health plans. The kit contains a set of questionnaires to ask consumers about their experience with their health plans, sample formats for reporting results to consumers, and a handbook to help implement the surveys and produce the reports.

All CAHPS® questionnaires are available in Spanish and English versions. As the CAHPS® questionnaires were being developed they were tested in both languages. In fact, many decisions about the phrasing of the questionnaire items in English were made to assure as clear a translation into Spanish as possible. Subsequent evaluation has determined that both versions are psychometrically comparable (as to their reliability and validity).

Medical Treatment Effectiveness Centers for Minority Populations

AHRQ-supported research at several of the Agency's minority MEDTEP research centers has facilitated the development of tools for researchers interested in examining racial/ethnic disparities in health status and health care and addressing inequities in health care access and service delivery. For example:

- A questionnaire to assess interpersonal processes of care (IPC) from the perspective of minority patients—Developed and validated by AHRQ's Medical Effectiveness Research Center (MERC) at the University of California-San Francisco, the MERC IPC Questionnaire incorporates the perspective of diverse racial/ethnic or socioeconomic groups into a framework for investigating how processes of communication, decisionmaking and interpersonal style might account for observed ethnic and socioeconomic differences in health and health care.

Stewart AL, Napoles-Springer A, Perez-Stable EJ, et al. Interpersonal processes of care in diverse populations. *Milbank Quarterly* 1999;77(3):305-339.

- A cross-cultural adaptation of the SF-36 Health Survey—Researchers at AHRQ's UCLA MEDTEP Center translated the SF-36 into Japanese and validated the translation with a Japanese American elderly population in two long-term care facilities.
Harada N, Chiu V, Tsuneishi C, et al. Cross-cultural adaptation of the SF-36 health survey for Japanese American elderly. *Journal of Aging and Ethnicity* 1998;1(2):59-80.
- Cross-cultural adaptations and development of new data collection instruments for Spanish-speaking adults—Researchers at the University of Texas Health Sciences Center at San Antonio developed a consumer-based decision aid for screening mammography and

translated and validated a pain questionnaire, hearing inventory and other existing data collection tools for use with Mexican Americans.

Lawrence V, Streiner D, Hazuda H, et al. A cross-cultural consumer-based decision aid for screening mammography. *Preventive Medicine* 2000;30(3):200-208.

Escalante A, Lichtenstein MJ, Rios N, Hazuda HP. Measuring chronic rheumatic pain in Mexican Americans: cross-cultural adaptation of the McGill Pain Questionnaire. *Journal of Clinical Epidemiology* 1996;49(12):1389-1399.

Lichtenstein M, Hazuda H. Cross-cultural adaptation of the Hearing Handicap Inventory for the Elderly-Screening Version (HHIE-S) for use with Spanish-speaking Mexican Americans. *Journal of the American Geriatrics Society* 1998;46(4):492-498.

Translating Research Into Practice (TRIP-II) Projects

TRIP-II projects focus on identifying and assessing implementation tools and methods associated with successfully applying sound research findings to diverse clinical care settings. Begun in September 2000, several TRIP-II studies are evaluating how these implementation strategies affect health outcomes and address inequities in health care access and delivery. Examples of the types of tools and methods under study in AHRQ's TRIP-II initiative include:

- Two strategies—an evidence-based case management model for children enrolled in 29 Head Start programs, and a computer-based guideline prompt system for children in a Medicaid managed care organization—for improving pediatric asthma care.
- A quality improvement model that uses academic detailing with electronic medical records to enhance prevention of cardiovascular disease and stroke in primary care settings.
- A nurse-mediated, single standard-of-practice model for improving clinical preventive service delivery in

primary care clinics serving low-income, largely Medicaid-eligible, populations.

- A two-part program for primary care providers that combines provider training with a customized screening and charting instrument for use in adolescent preventive services.
- A culturally sensitive, interactive multimedia computer program that aims to enhance diabetes education and increase compliance with self-care.
- An educational and behavioral intervention (in English and Spanish) that includes a staff knowledge and attitude survey, staff training videos on pain assessment techniques and pain management strategies, and videos for residents and family members on reporting and managing pain in nursing homes.

Research Models

Excellence Centers To Eliminate Ethnic/Racial Disparities (EXCEED)

In September 2000, AHRQ awarded nine EXCEED program grants as part of a major research initiative to improve knowledge of the factors underlying ethnic and racial inequities in health care. In addition, these projects aim to help identify practical tools and strategies for eliminating these inequities and develop capacity for further health services research in this field.

Each project, comprising a group of four to seven studies organized around a central theme, focuses particularly on causes of ethnic/racial health disparities that could be addressed through improvements in health services delivery and health systems. The nine new research projects—which are supported by AHRQ in partnership with the National Institutes of Health, the Health Resources and Services Administration, and a number of private foundations—are being conducted in collaboration with community health centers, other health





care providers, and universities that serve ethnically diverse populations.

Integrated Delivery System Research Network (IDSRN)

In fiscal year 2000, AHRQ implemented a new model of field-based research that links researchers with large health care systems to examine questions of health care delivery and to develop data and measurement capacity. The IDSRN capitalizes on the research capacity of large integrated health care delivery systems to determine what works and what does not in terms of data and measurement systems and organizational best practices related to care delivery and research diffusion. Among the projects underway is a study of the current capacity of health plans to investigate racial/ethnic disparities by using databases from managed care organizations. The project also aims to identify strategies to improve this capacity.

Primary Care Practice-Based Research Network (PBRN)

A PBRN is a group of ambulatory practices devoted principally to the primary care of patients, affiliated with each other (and often with an academic or professional organization) in order to investigate questions related to community-based practice. These networks link research questions with rigorous research methods to produce research findings that can be more easily assimilated into everyday primary care practice.

In fiscal year 2000, AHRQ awarded planning grants to 19 networks to enhance their capacity to: 1) study the health care of ethnically and

socioeconomically diverse populations, 2) improve data collection, and 3) develop methods to assist network clinicians in translating research findings into practice. Together, the 19 PBRNs provide access to over 5,000 primary care providers and roughly 7 million patients in 49 States.

For More Information

Printed copies of the following Fact Sheets are available without charge from the AHRQ Publications Clearinghouse at 1-800-358-9295. Order by title and publication number.

Databases and related resources from the Healthcare Cost and Utilization Project (HCUP). AHRQ Pub. No. 00-P021, October 2000.

The Medical Expenditure Panel Survey. A new national health information resource. AHRQ Pub. No. 00-P050, May 2000.

Advantages of the Medical Expenditure Panel Survey. AHRQ Pub. No. 00-P055, May 2000.

Excellence Centers To Eliminate Ethnic/Racial Disparities (EXCEED). AHRQ Pub. No. 01-P021, May 2001.

Integrated Delivery System Research Network (IDSRN). AHRQ Pub. No. 01-P004, October 2000.

Primary Care Practice-based Research Networks. AHRQ Pub. No. 01-P020, June 2001.

CAHPS®. Consumer Assessment of Health Plans. AHRQ Pub. No. 00-P047, September 2000.

Translating Research Into Practice (TRIP) – II. AHRQ Pub. No. 01-P017, March 2001.

More information on these resources as well as on other AHRQ programs and activities can be found on the AHRQ Web site at www.ahrq.gov.



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