

**Director's Office**

400 R Street, Suite 310
Sacramento, California 95811-6213
(916) 326-3600
Fax (916) 322-2531
www.oshpd.ca.gov

PRESS RELEASE
December 31, 2010

CONTACT: David Byrnes
(916) 326-3606

**HEALTHCARE DISPARITIES CONTINUE AMONG SOME
RACIAL AND ETHNIC POPULATIONS**

SACRAMENTO – A new report “Racial & Ethnic Disparities in Healthcare in California” issued by the Office of Statewide Health Planning and Development (OSHPD) shows a general improvement in racial and ethnic disparities across many healthcare access and quality measures in California. The report covers more than 30 services that patients received in hospitals, as well as other medical settings, comparing results across California’s racial and ethnic populations.

This second OSHPD report on racial and ethnic disparities shows a general improvement in racial and ethnic disparities across most of the sixteen measures of outpatient care, and most of the fifteen hospital inpatient measures. However, these modest gains did not eliminate disparities, as some racial and ethnic groups had smaller improvements than others. The most significant disparities were seen in outpatient settings, and not for hospital inpatient care, suggesting that once patients are admitted to a hospital, the outcomes are relatively similar across race or ethnic group.

“Racial and ethnic disparities in health outcomes raise concerns that require the attention of healthcare providers, policymakers and communities alike,” says OSHPD Director Dr. David Carlisle. Providing this information is important to help address these disparities.”

Among the findings in the report:

- African Americans were two to three times more likely than other populations to be hospitalized for 14 of the preventable health conditions studied, including diabetes, asthma and heart disease.
- Hispanics had the second highest rates of hospitalization for 10 of 16 preventable measures, and the highest for one of the measures (pediatric gastroenteritis or severe vomiting and/or severe diarrhea in children).
- Asian/Pacific Islanders had the highest death rates for heart attack, stroke, pneumonia and cardiovascular treatments of coronary artery bypass graft surgery and coronary artery treatment.
- Whites had the highest mortality rates for congestive heart failure.



This report compares California's racial and ethnic populations using two types of nationally-recognized indicators developed by the federal *Agency for Healthcare Research and Quality* (AHRQ): *Prevention Quality Indicators* (PQIs) for preventable hospitalizations, which measure access to care, and *Inpatient Quality Indicators* (IQIs) for hospital inpatient death/mortality, which measure quality of hospital care. PQIs serve as indicators of a population's ability to access healthcare services provided in a doctor's office or clinic, as they measure the rate of hospitalization for conditions and complications that can be prevented with proper care. IQIs measure death rates of selected illnesses and types of treatment, indicators of the quality of care hospital inpatients received. The report also presents utilization measures developed by OSHPD involving cardiovascular (heart and circulatory system) treatments, another indicator of healthcare quality. Hospital discharge data collected by OSHPD from all California-licensed hospitals were used to calculate all of the measures presented in this report.

OSHPD's healthcare data are increasingly being utilized as important resources in providing information to healthcare providers, purchasers, insurers and consumers. The findings in this report reinforce the benefit and importance of making our healthcare system more transparent and improving consumer access on quality and performance. Consumers and patients now can be better informed about the healthcare system and more involved in their healthcare choices.

The report is available at www.oshpd.ca.gov.