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National Healthcare Quality and Disparities Report

Executive Summary

Agency for Healthcare Research and Quality

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2022 NATIONAL HEALTHCARE QUALITY AND DISPARITIES REPORT

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EXECUTIVE SUMMARY

AHRQ's *National Healthcare Quality and Disparities* Report (NHQDR) has provided an annual summary of the status of health and healthcare delivery in the United States since 2003. The NHQDR team prioritizes reporting data and measures that are broadly representative of the performance of the nation's healthcare system over time.

The NHQDR provides policymakers, health system leaders, and the public with a statistical portrait of how effectively the healthcare delivery system provides safe, high-quality, and equitable care to all Americans. It addresses the question, *how successfully does the nation ensure that people actually benefit from the scientific advancements and effective treatments available today?*

Multiple partners, including agencies throughout the Department of Health and Human Services (HHS) and all states, contribute data for the report, which is submitted each year to Congress by the Secretary of HHS. The 2022 NHQDR reports on more than 440 measures of quality and examines data in three sections:

- **Portrait of American Healthcare** provides a healthcare system overview, including descriptions of leading health concerns and the healthcare delivery system's capacity to address them.
- **Special Emphasis Topics** examine quality of care and disparities in four priority areas: maternal health, child and adolescent mental health, substance use disorders, and oral health.
- **Quality and Disparities Tables**, grouped into one of seven topic-related chapters, systematically summarize the nation's healthcare outcomes for each measure collected for this report.

Portrait of American Healthcare: Key Findings

Demographics

- The median age of Americans increased from 36.9 years to 38.2 years between 2010 and 2020. Fewer babies being born and the oldest adults living longer account for much of this increase.
- Racial and ethnic diversity has increased. An increase in the percentage of people who identify as two or more races accounts for most of the increase in diversity, rising from 2.9% to 10.2% between 2010 and 2020.
- According to the 2020 U.S. Census, 86.1% of Americans lived in metropolitan counties compared with 85.0% recorded in the 2010 Census.

Health Measures

- Life expectancy in the United States decreased for the first time in 2020 due to COVID-19.
- The decline in life expectancy was also greater for Hispanic and non-Hispanic Black groups than for non-Hispanic White groups, thus widening a health disparity among these groups.
- The decline in life expectancy was greater in the United States than in comparable industrialized countries, thus widening a gap in life expectancy that had been growing since the 1980s.
- The leading causes of death in the United States in 2020 were heart disease and cancer, followed by COVID-19 and unintentional injuries. The most common cause of unintentional injuries was drug overdose (which accounted for over 40% of unintentional injury deaths), followed by accidental falls and motor vehicle accidents (each of which accounted for approximately 20% of unintentional injuries).
- Suicide, which had been a top 10 cause of death from 2016 through 2019, fell to the 12th in 2020, displaced by COVID-19.
- The leading cause of years of potential life lost (YPLL), an important cause of death that disproportionately affects younger populations, was unintentional injury.
- Among the top 10 causes of YPLL, rates of unintentional injury, heart disease, liver disease, and diabetes were rising rapidly.

Social Determinants of Health

- Social determinants of health—social, economic, environmental, and community conditions—may have a stronger influence on the population's health and well-being than services delivered by practitioners and healthcare delivery organizations.
- The percentage of people with health insurance coverage has increased greatly in the past decade. However, those gains vary by race and ethnicity. Non-Hispanic American Indian or Alaska Native groups and Hispanic groups are significantly less likely to be insured.

Healthcare Delivery Systems

- After a sharp decline in the number of workers in ambulatory healthcare settings at the beginning of the COVID-19 public health emergency, employment in this setting has recovered.
- By contrast, the number of "employed and at work" healthcare workers[i] in hospitals and in nursing and residential care settings has decreased since January 2020, by 2% and 12.1%, respectively. A loss of healthcare workers in professions that require less educational attainment accounts for much of shrinking workforce size.

[i] The Current Population Survey, which provides the data for these analyses, classifies people as "employed" if they had a job or business during the survey's reference week. It classifies people as "at work" if they did at least 1 hour of work as a paid employee, worked in their own business or profession or on their own farm, or worked 15 hours or more as unpaid workers owned by a member of their family; it excludes people who were not working but had jobs or businesses from which they were temporarily absent. Thus "employed and at work" refers to people who had a job and were not temporarily absent for reasons such as vacation, illness, or industrial dispute.

- Almost 63% of counties in the United States have been designated as "whole county" primary care health professional shortage areas, indicating areas where lack of primary care professionals threatens access to services when needed. Disproportionately more rural counties have received this designation than metropolitan ones.
- Before COVID-19, 135 rural hospitals had closed between 2010 and 2020, threatening rural residents' access to services provided by those hospitals.

Personal Healthcare Expenditures

- Approximately 38% of clinical care spending is allocated to hospital care, followed by 24% for physician and clinical services.
- Approximately 39% of healthcare spending comes from public insurance (Medicare and Medicaid), followed by 30% from private insurance, and 14% from other third parties. Importantly, out-of-pocket spending accounts for 12% of personal healthcare expenditures.

Geographic Variations in Care

- Five states in the Northeast region (Maine, Massachusetts, New Hampshire, Pennsylvania, and Rhode Island), four in the Midwest region (Iowa, Minnesota, North Dakota, and Wisconsin), and two in the West region (Colorado and Utah) had the highest overall quality scores based on NHQDR data for all states and the District of Columbia.
- Seven states in the West region (Alaska, Arizona, California, Montana, Nevada, New Mexico, and Wyoming), five states in the South region (District of Columbia,[ii] Georgia, Mississippi, Oklahoma, and Texas), and New York had the lowest overall quality scores when ranked nationally.

Special Emphasis Topics

The 2022 NHQDR highlights data in four Special Emphasis Topics that are priority issues for the Biden-Harris Administration and HHS: Maternal Health, Child and Adolescent Mental Health, Substance Use Disorders, and Oral Health. Highlights are below.

Maternal Health refers to the health of people during pregnancy, childbirth, and the period immediately after delivery. Data collected for the NHQDR highlight the importance of improving care delivery in this area.

- The United States has worse maternal health and healthcare than other industrialized nations, pointing to suboptimal maternal health outcomes for multiple measures, as well as considerable racial disparities for those measures.
- The overall maternal mortality rate in 2020 was 23.8 deaths per 100,000 live births, an increase from 2019 (20.1 deaths per 100,000 live births) and 2018 (17.4 deaths per 100,00 live births).

[ii] For the purposes of the NHQDR, the District of Columbia is treated as a state.

- The severe maternal morbidity rate, an overall measure of unexpected serious health outcomes during labor and delivery, increased by 11.1% (from 7.2 to 8.0 events per 1,000 deliveries) between 2016 and 2019.
- The eclampsia/preeclampsia rate, which measures a complication of pregnancy characterized by high blood pressure that can progress to kidney and liver dysfunction, blood cell destruction, seizures, and death, increased by 30.3% (from 53.2 to 69.3 cases per 1,000 deliveries) between 2016 and 2019.
- Data show worse outcomes for hospitals with characteristics typically associated with larger metropolitan communities.
- Patterns of disparities by race and ethnicity varied for different outcomes. For example, rates of cesarean deliveries in first-time, low-risk pregnancies, severe maternal morbidity, and preeclampsia/eclampsia were higher among non-Hispanic Black people than non-Hispanic White people. But severe postpartum hemorrhage occurred at higher rates among non-Hispanic Asian or Pacific Islander people.

Child and Adolescent Mental Health has become an urgent concern. An increase in the number of adolescents reporting persistent feelings of sadness or hopelessness prompted the Surgeon General to release a 2021 advisory on Protecting Youth Mental Health. NHQDR data support the findings of the advisory and highlight the need for improving access to treatment.

- Rates of emergency department visits with principal diagnosis related to mental health diagnoses per 100,000 population increased by 24.6% for children ages 0-17 years between 2016 and 2018, while rates for older age groups showed no statistically significant changes.
- The rate of death from suicide among adolescents ages 12-17 increased by 70.3% between 2008 and 2020, rising from 3.7 to 6.3 deaths per 100,000 population. This increase was greater than the suicide rate increase for the overall population, which grew by 16.4%, rising from 14.0 to 16.3 deaths per 100,000.
- Disparities data show that in 2020, among adolescents ages 12-17 years, non-Hispanic White adolescents (7.4 deaths per 100,000 population) were more likely to die from suicide than Hispanic (5.0 deaths per 100,000 population) or non-Hispanic Black (4.6 deaths per 100,000 population) adolescents.
- In 2020, only 41.6% of adolescents ages 12-17 with a major depressive episode in the last 12 months reported receiving treatment. Data from 2008 to 2019 suggest the rate of treatment has not substantially changed despite rising incidence of mental illness and suicide.
- In 2020, Hispanic adolescents (37.0%) had lower levels of access to depression treatment than non-Hispanic White adolescents (49.1%).

Substance Use Disorders occur when the recurrent, problematic use of alcohol or other drugs causes health problems, disability, or failure to meet major responsibilities at work, school, or home. Published studies signal a rise in health concerns related to both alcohol and illicit drug use in recent years. However, data collected for the NHQDR are better suited for monitoring trends in concerns related to opioid use disorders. They highlight inadequate access to treatment and recovery programs.

- Overall rates of overdose deaths involving any opioid increased by 36.8% between 2019 and 2020, rising from 15.2 to 20.8 deaths per 100,000 population in a single year.
- Deaths related to synthetic opioids increased by 55.0% between 2019 and 2020, rising from 11.1 to 17.2 deaths per 100,000 population, while deaths related to natural and semisynthetic opioids increased by 13.9%, rising from 3.6 to 4.1 deaths per 100,000 population.[iii] The data signal decreased effectiveness of strategies intended to restrict the prescribing of pharmaceutical opioids and a sharp rise in deaths resulting from a new, more potent type of opioid than used in prior waves of the opioid epidemic.
- Deaths related to opioids increased in all racial and ethnic groups and in all rural-urban locations although disparities among groups exist. Deaths from any opioid in 2020 were highest in non-Hispanic American Indian or Alaska Native (28.1), non-Hispanic Black (26.6), and non-Hispanic White (25.5) communities, followed by Hispanic (13.1) and Asian (2.6) communities.
- Despite the rising incidence of opioid-related deaths, the percentage of people age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility was only 9.9% in 2020, indicating a need for better access to treatment and recovery programs.

Oral Health is linked to overall health because untreated oral health problems cause pain, interfere with eating, lead to poor nutrition, and exacerbate chronic health conditions. Many Americans cannot afford dental care due to health insurance plans that "carve out" separate coverage for dental, vision, hearing, and mental health services. A notable exception is public health insurance provided through Medicaid for children and the Children's Health Insurance Program, which mandate comprehensive dental coverage.

Over the past two decades, the percentage of people with private dental insurance has not changed, but the percentage of people with health insurance coverage, including public health insurance, has increased. During this time, access to dental services and oral health outcomes have mostly improved for populations for whom public insurance covers dental care services.

- Approximately one in seven (14.3%) people were unable to get or delayed in getting needed dental care due to cost in 2019, but the percentage of children ages 0-17 who experience cost-related barriers to dental care is approximately one-third that of adults.
- The percentage of people who had a dental visit in the calendar year increased by 16.3% (from 49.1% to 57.1% of the population) between 2002 and 2019 for children ages 2-17 but there was no statistically significant change for adults.
- The percentage of people with untreated cavities decreased by nearly 50% (from 24.3% to 13.2% of the population) between the 1988-1994 and 2015-2018 periods for children ages 5-19 but did not change for adults.

[iii] "Natural opioids" refer to substances extracted from the seed pods of certain varieties of poppy plants, including morphine and codeine. "Semisynthetic opioids" refer to substances synthesized from a naturally occurring opioid, such as oxycodone, hydrocodone, hydromorphone, and oxymorphone. "Synthetic opioids" refer to substances synthesized in a laboratory that act on the same targets in the brain as naturally occurring opioids, such as fentanyl, tramadol, and methadone.

- When these measures are stratified by race, ethnicity, and income, they show that outcomes for children in the lowest income households and for Black and Hispanic children improved faster than outcomes for children in the highest income households or for White children, thus narrowing an important health disparity.

Quality and Disparities Tables

Readers will find the full collection of the more than 440 NHQDR measures online at https://datatools.ahrq.gov/nhqdr and in the Healthcare Quality and Disparity tables in Appendix B. Each measure is summarized in a table, and each table shows (1) key details about the measure; (2) the nation's performance (*quality*) on the measure; and (3) differences in outcomes for priority populations or subgroups (*disparities*).

Figure ES-1. Format of the NHQDR's quality and disparities tables

Measure Description
(Measure title, data source, and other details)

Quality table	Disparities table
Displays time-related trends in outcomes for the overall population and subgroups	Compares outcomes of subgroups with a reference group

Eight overarching findings in the tables are:

1. The percentage of people under age 65 with health insurance coverage is at the highest level recorded in the NHQDR, but people in low-income households, minority communities, and "inner city" and "rural" communities are significantly less likely to have health insurance coverage.[iv]
2. Personal spending for healthcare services has increased for the most well-off Americans. For example, one in five people under age 65 with private, employer-sponsored health insurance reported that their family's health insurance premium and out-of-pocket spending accounted for more than 10% of their family's income in 2019, a 66.7% increase since 2002.
3. The burden of out-of-pocket healthcare costs is far higher for lower income households. Nearly one in four people under age 65 with household incomes between 100% and 199% of the poverty line reported their family's health insurance premium and out-of-pocket spending accounted for more than 10% of their family's income in 2019.
4. The nation's investments in science and healthcare delivery have yielded improved care for people with certain conditions, including breast cancer, colon cancer, heart failure, and HIV/AIDS. Breast cancer deaths decreased by 28.7% between 2000 and 2020; colorectal cancer deaths decreased by 37.5% between 2000 and 2020; in-hospital deaths from heart failure decreased by 14.5% between 2016 and 2019 (despite an overall

[iv] The NHQDR reports many measures stratified by the National Center for Health Statistics 2013 Urban-Rural classification scheme, which groups counties and equivalent areas in terms of population size and density. The six classifications are Large Central Metro, Large Fringe Metro, Medium Metro, Small Metro, Micropolitan, and Noncore. For this Executive Summary, "inner city" refers to Large Central Metro counties; "rural" refers to Noncore counties.

increase in hospital admissions for this condition); and deaths from HIV/AIDS decreased by 57.7% between 2000 and 2020.

5. Other health conditions warrant the nation's attention because measures of healthcare delivery and health outcomes for these conditions have worsened. These include worsening maternal healthcare delivery outcomes, which receive focused attention as a Special Emphasis Topic, and rising hospital admissions for often preventable acute complications of diabetes,[v] which increased by 66.2% between 2016 and 2019.
6. Although healthcare delivery for some conditions, such as breast cancer and HIV/AIDS, has improved for all populations, disparities by race, ethnicity, household income, and location of residence persist because the gains experienced by disadvantaged populations have been insufficient to close the gap between advantaged and disadvantaged populations. In some cases, a disparity has widened.
7. Overall, racial and ethnic minority communities have similar outcomes as White communities for just under half of quality-of-care measures. However, when disparities exist, racial and ethnic minority communities exhibit worse outcomes than White communities on a larger number of measures than better outcomes. For example, American Indian and Alaska Native communities have worse quality of care than White communities on 43% of measures and better outcomes on only 12% of measures. An exception is the experience of Asian communities, which have worse outcomes than White communities on 28% of measures and better outcomes on 28% of measures.
8. While some healthcare disparities, such as for HIV care, are present across many disadvantaged groups, other disparities appear to disproportionately affect certain groups, which may reflect circumstances and issues specific to that group. For example, Hispanic people and non-Hispanic Black people consistently experience worse care on most measures of breast cancer care. An implication of this observation is that certain groups may benefit from targeted policies and approaches specific to their community's needs.

Resources To Improve Healthcare

HHS and the administration have produced and distributed a wide range of resources to support the healthcare delivery system and aid Americans in addressing the issues outlined in this report. For resources relevant to each Special Emphasis Topic, the NHQDR includes links to HHS websites relevant to the topic. The NHQDR team invites readers to use the data and resources in this report to improve quality of care and advance health equity, and it invites readers' suggestions for monitoring the nation's health in the future.

[v] The measure "hospital admissions for short-term complications of diabetes among adults age 18 years and over" tracks hospital admission for diabetic ketoacidosis, hyperosmolarity, and diabetic coma. These are potentially life-threatening complications of diabetes that often can be prevented with care by primary care providers and access to medications such as insulin.

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