National Improvement Partnership Network
Annual Meeting

Advancing Health Equity through Quality Improvement

Wendy Davis, MD FAAP – Associate Director

NIPN national improvement Partnership Network

November 30, 2022

VCHIP Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE

In Praise of Young Footballers

Tyler Adams (23 yo captain USMNT) during press interview 11/28/22:

- "There's discrimination everywhere you go," Adams said. "One thing that I've learned, especially from living abroad in the past years and having to fit in in different cultures ... is that in the U.S., we're continuing to make progress every single day."
- "*It's a process – I think as long as you see progress, that's the most important thing*."

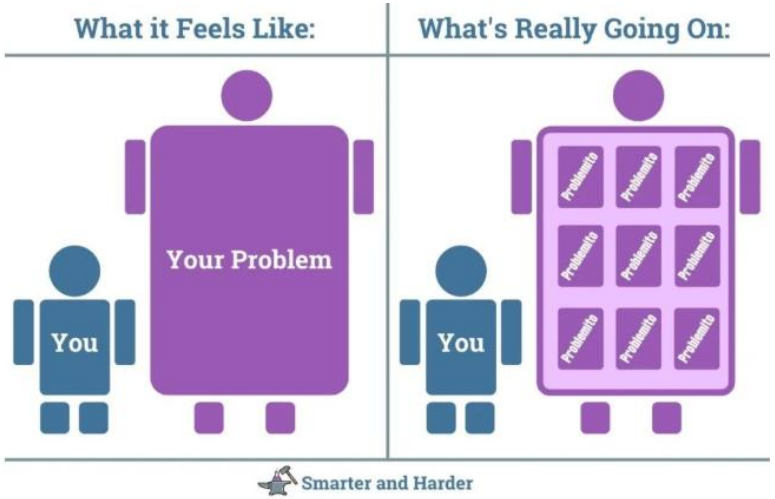
https://www.youtube.com/watch?v=x_Y5D_4eD_E

The task at hand… *(thank you, NIPN Leadership)*

- "We understand the scope of the problem...prefer to focus on ***action*** steps and how we ***apply*** this in our work."
  - Consider challenging this assumption
- How do we break this huge problem into smaller actionable steps to affect the system? "Where is the ***key driver diagram***?"
- What is the best way for IPs to use race/ethnicity/etc. ***data***?
  - Barriers: interpretations that lead to blame vs. systemic issues; lack of trust in accuracy of practice data; small denominators; reluctance to disclose information
- How can IPs ***inventory & address our own implicit biases*** and how they impact how we function and our work?

Objectives

- Examine a **framework** for breaking this problem into actionable steps
  - Key driver diagram?
- Consider a race-conscious approach to QI **measurement framework/data** collection
- Identify ways to inventory and begin to address **organizational and individual biases**
  - The IP journey to becoming an **anti-racist multicultural organization**



https://www.smarterandharder.com/break-down-problems/

Definitions

- **Equity** is fairness and justice achieved through systematically assessing disparities in opportunities, outcomes, and representation and redressing [those] disparities through targeted actions. (https://ssir.org/articles/entry/centering_equity_in_collective_impact#)
- **Health equity** is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires ongoing societal efforts to:
  - Address historical and contemporary injustices;
  - Overcome economic, social, and other obstacles to health and health care;
  - Eliminate preventable health disparities.
- To achieve health equity, we must change the systems/policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities. (https://www.cdc.gov/healthequity/whatis/index.html)

Definitions

Factors affecting health equity: Social Determinants/Contributors to Health

- The conditions in the places where people live, learn, work, play, and worship that affect a wide range of health risks and *outcomes…Examining these layered health and social inequities can help us better und*erstand how to promote health equity and improve health outcomes.
- Six key areas:
  - Social and community context (including Discrimination and **Racism**)
  - Healthcare access and Use
  - Neighborhood and Physical Environment
  - Workplace Conditions
  - Education
  - Income and Wealth Gaps

(https://www.cdc.gov/healthequity/whatis/index.html)

Definitions

- **Race-based medicine**: the inappropriate use of race as a corrective, risk-adjusting or dichotomizing variable in algorithms, practice guidelines, or policies that influence the clinical decision-making process.
- **Race-conscious medicine**: an alternative approach that emphasizes **racism**, rather than race, as a key determinant of illness and health, encouraging providers to focus only on the most relevant data to mitigate health inequities.
- **Anti-racism**: the active process of identifying and challenging racism, by changing systems, organizational structures, policies/practices, and attitudes, to redistribute power and resources in an equitable manner.

DEIA: Diversity, Equity, Inclusion *and* ***Anti-Racism***

(Personal) Guiding Principles

[*Consider whether these apply to your **organization***]

- **We are all learning – it isn't easy, but it may not be as overwhelming as you think.**
  - I am not an expert/do not have all the answers – but I have colleagues whose work I can learn from, amplify and support
- **We have a lot of work to do – where to begin?**
  - Acknowledge/identify your biases (IAT); raise your (individual & collective) awareness; reflect; intentionally expand your network; question; have a (strategic) plan
- **We are all be in different places on this individual and collective journey**

Collective Guiding Principles (?)

Can we all agree that… we seek to reduce health inequities and disparities and promote equity in children's health care and outcomes.

- **All children/adolescents have equitable health care within a medical home that includes primary care, subspecialty services, emergency medical services, & hospital care.**
- **Child & adolescent health care professionals (HCPs) shall address the social, behavioral, & environmental factors that affect children's health, development, & achievement.**
- Child & adolescent HCPs deliver care based on the best available evidence.
- Child & adolescent HCPs receive training on & deliver care in a culturally & linguistically effective manner that addresses the unique needs of each child & family.

Collective Guiding Principles (cont'd.)

- Child & adolescent health care is delivered using language that the patient & family prefer in settings that are welcoming & reflect the diversity of their patients.
- **Child & adolescent HCPs advocate for identification & elimination of racist policies & inequities that contribute to racial disparities & impede equity.**
- **The child health care workforce is diverse & reflective of the child population.**
- **Child & adolescent health care services are evaluated using data stratified by insurance status, race and ethnicity, language, socioeconomic status, gender, gender identity, religion, disability, & sexual orientation.**

Adapted from the AAP Equity Agenda: https://www.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/aap-equity-agenda/

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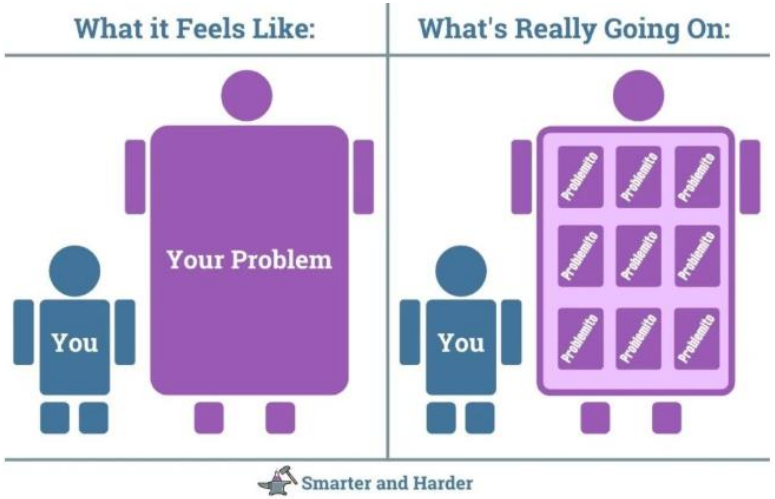

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Framework: The Institute for Healthcare Improvement

- **Achieving Health Equity: A Guide for Health Care Organizations** (2016)
- **IHI Pursuing Equity** (2017, 2020, 2023-2024): Learning Network and Action Community on Equity and Racial Justice in Health Care (accelerate the role of health care in improving equity).

Figure 1. IHI Framework for Health Care Organizations to Improve Health Equity

https://www.ihi.org/Engage/Initiatives/Pursuing-Equity/Pages/Resources.aspx

IHI Framework (cont'd.)

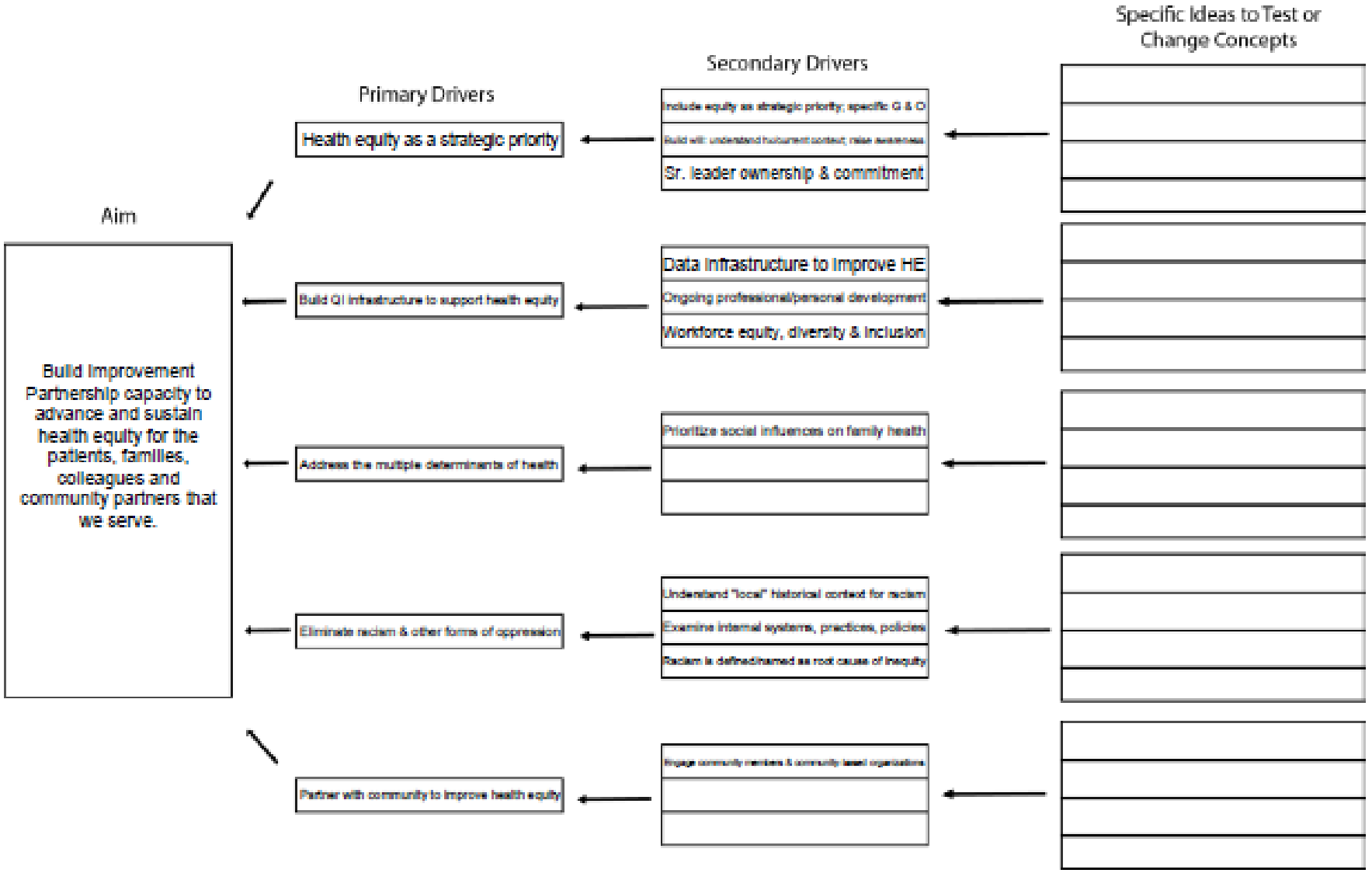
- **<u>Guides</u> for the five framework components:** Strategies, ex. of improvements tested, lessons learned, challenges/mitigation strategies, tools & resources
  - Make Equity a Strategic Priority
  - Build Infrastructure to Support Health Equity
  - Address the Multiple Determinants of Health
  - Eliminate Racism and Other Forms of Oppression
  - Partner with the Community to Improve Health Equity

- **Improving Health Equity: Assessment Tool for Health Care Orgs.:** Evaluate current health equity efforts and determine where to focus improvements
- **Health System Team Summary Reports:** Summaries of each team's equity improvement work and learning from the **Pursuing Equity initiative**

https://www.ihi.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx

Framework

Health Equity Key Driver Diagram



Adapted from IHI Framework for Health Care Organizations to Improve Health Equity

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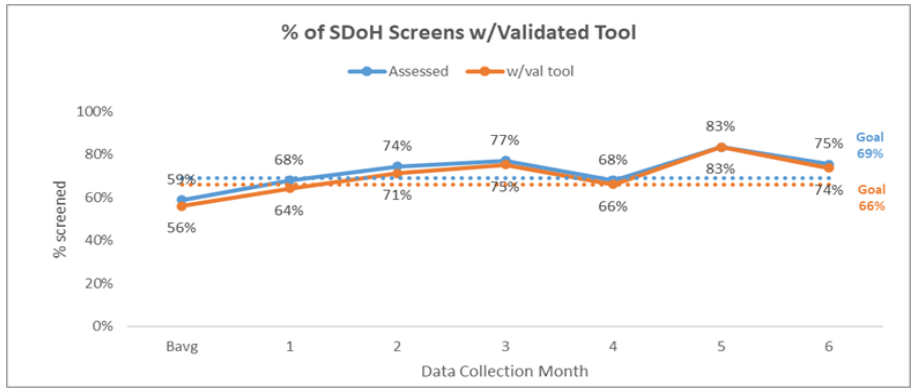

Moving from Race-Based to Race-Conscious Medicine


POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

July 2019

American Academy of Pediatrics
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The Impact of Racism on Child and Adolescent Health

Maria Trent, MD, MPH, FAAP, FSAHM,[a] Danielle G. Dooley, MD, MPhil, FAAP,[b] Jacqueline Dougé, MD, MPH, FAAP,[c] SECTION ON ADOLESCENT HEALTH, COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON ADOLESCENCE

AAP: From policy to action in *3 years*


POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

July 2022

American Academy of Pediatrics
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Eliminating Race-Based Medicine

Joseph L. Wright, MD, MPH, FAAP,[a,b] Wendy S. Davis, MD, FAAP,[c] Madeline M. Joseph, MD, FAAP,[d] Angela M. Ellison, MD, MSc, FAAP,[e,f] Nia J. Heard-Garris, MD, MSc, FAAP,[f] Tiffani L. Johnson, MD, MSc, FAAP,[g] and the AAP Board Committee on Equity


VIEWPOINT

Jan 2020

The Case for Removing Race From the American Academy of Pediatrics Clinical Practice Guideline for Urinary Tract Infection in Infants and Young Children With Fever

Rachel H. Kowalsky, MD, MPH
Division of Pediatric

People are trapped in history and history is trapped in them.
-James Baldwin[1]

should be used with care in pediatric research. Race-based or ethnicity-based assessments about biologic vulnerabilities to disease can reify disproven concepts,


Oct 2021

American Academy of Pediatrics
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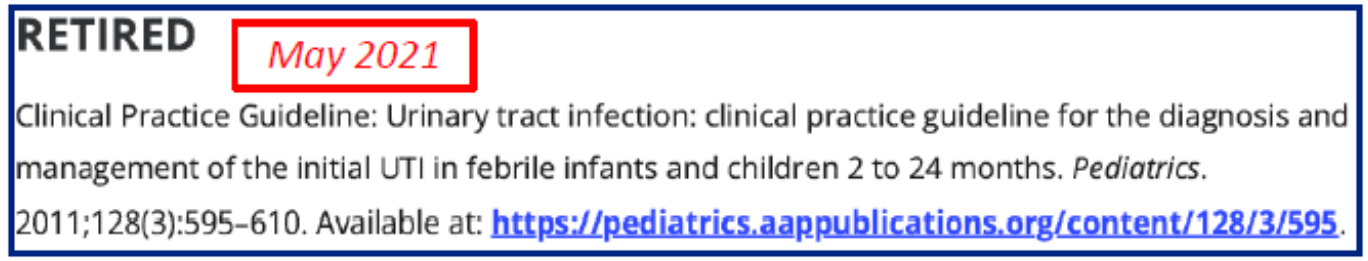
AAP Perspective: Race-Based Medicine

American Academy of Pediatrics Board of Directors and Executive Committee


RETIRED

May 2021

Clinical Practice Guideline: Urinary tract infection: clinical practice guideline for the diagnosis and management of the initial UTI in febrile infants and children 2 to 24 months. *Pediatrics*. 2011;128(3):595–610. Available at: https://pediatrics.aappublications.org/content/128/3/595.

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Eliminating Race-Based Medicine

- **From race-based to race-conscious medicine: how anti-racist uprisings call us to act.** (Cerderia J, Plaisime M, Tsai J. Lancet 2020; 396:1125-28.)
  - …hypotheses involving race are frequently implicit and circular, relying on conventional wisdom that Black and Brown people are genetically distinct from White people.
  - We argue that such approaches are harmful and unnecessary, contributing to health-care disparities among the exact populations they are intended to help…propagation of race-based medicine promotes racial stereotyping, diminishes the need for research identifying more precise biomarkers underpinning disparities, and condones false notions about the biological inferiority of Black and Brown people.

Eliminating Race-Based Medicine

- From race-based to race-conscious medicine: how anti-racist uprisings call us to act. (Cerderia J, Plaisime M, Tsai J. Lancet 2020; 396:1125-28.)
- AAP Policy Statement: Eliminating Race-Based Medicine
  - Race-based medicine has been pervasively interwoven into the fabric of health care delivery in the United States for more than 400 years. Race is a historically derived social construct that has no place as a biologic proxy. In addition to valid measures of social determinants of health, the effects of racism require consideration in clinical decision-making tools in ways that are evidence informed and not inappropriately conflated with the limiting phenotype of race categorization. This policy statement addresses the elimination of race-based medicine as part of a broader commitment to dismantle the structural and systemic inequities that lead to racial health disparities.

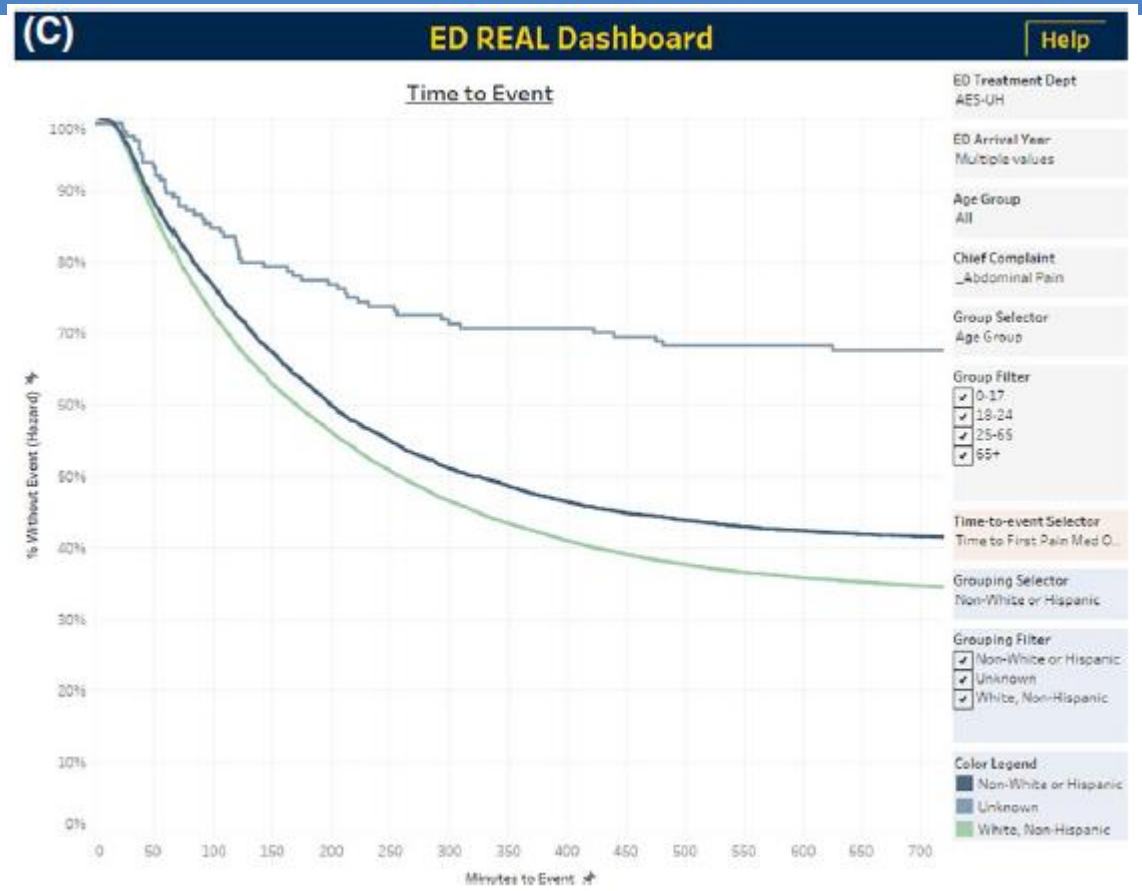
Improving **Data Collection** to Advance Health Equity

- Barriers: interpretations that lead to blame vs. issues of systemic racism; lack of trust in accuracy of practice data; small denominators; reluctance to disclose information.
- REaL framework: Race, Ethnicity and Language (may expand to include gender identity, sexual orientation, etc.)
- United States Core Data for Interoperability (USCDI) V3.0 (V4.0 coming soon)
  - Updates: seeking to **advance health equity** & public health data interoperability.
  - Now includes data elements of race, ethnicity, SDoH, new data class of **Health Insurance Information** "to identify health care disparities related to insurance."

Improving **Data Collection** to Advance Health Equity

Equity “Dashboard”

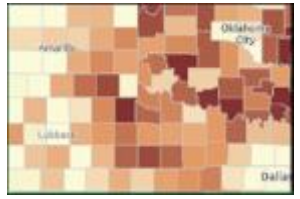
- Built to allow for the exploration of disparities in care, outcomes.
- Example from the Dept. of Emergency Medicine, Univ. of MI (focus on learners)
  - Time to pain medication by race: documented administration time plotted as a survival curve where administration of pain medication is the event of interest (lower curves indicate higher likelihood of receiving pain med).



Tsuchida RE, Haggins AN, Perry M, et al. Developing an electronic health record–derived health equity dashboard to improve learner access to data and metrics. *AEM Educ Train*. 2021;5(Suppl. 1):S116–S120. https://doi.org/10.1002/aet2.10682

Improving **Data Collection** to Advance Health Equity

- Consider integrating geographical data in your analyses, e.g.:
- CDC PLACES: collaboration between CDC, the Robert Wood Johnson Foundation, and the CDC Foundation.
  - Provides health data for small areas across the U.S.
  - Allows local DOH/jurisdictions, regardless of population size and rurality, to better understand burden and geographic distribution of health measures in their areas and assist them in planning public health interventions.
  - Provides model-based, population-level analysis and community estimates of health measures to all counties, places (incorporated and census designated places), census tracts, and ZIP Code Tabulation Areas (ZCTAs) across the U.S.



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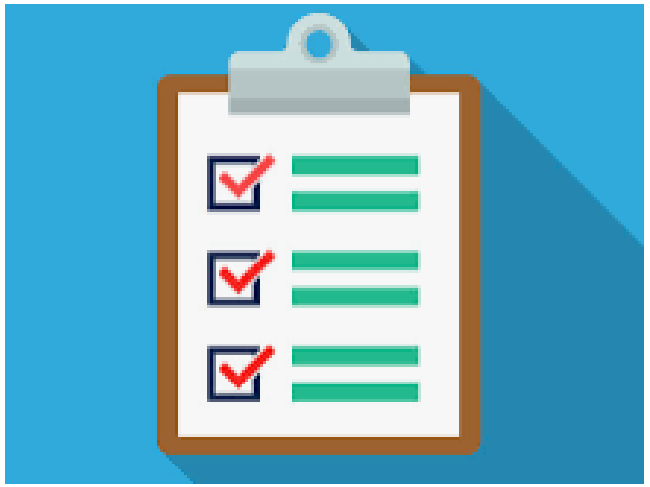


*Identifying and Addressing **Organizational** Biases*

IHI Organizational Assessment Tool

- List of individual elements for each of 5 framework components
- Scale of 1-5 (or “do not know”) to rate level of progress for each element to assess current health equity efforts & ID opportunities for improvement.
- One approach – ask individuals to complete, then discuss:
  - Where does greatest variation exist and why?
  - For which elements are ratings low – what would it take to raise them?
  - For “do not know,” ask “why” and seek the answer
- Examples:
  - (Strategic Priority): We are building staff awareness, will and skills to improve health equity.
  - (Addressing Multiple Determinants of Health): We use data stratified by REaL to identify inequities, set aims to address major gaps, and are implementing efforts to close those gaps.

Continuum on Becoming an Anti-Racist Multicultural Organization

MONOCULTURAL ==> MULTICULTURAL ==> ANTI-RACIST ==> ANTI-RACIST MULTICULTURAL

Racial and Cultural Differences Seen as Deficits ==> Tolerant of Racial and Cultural Differences ==> Racial and Cultural Differences Seen as Assets

Exclusive An Exclusionary Institution	2. Passive A "Club" Institution	3. Symbolic Change A Compliance Organization	4. Identity Change An Affirming Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society
• Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans • Intentionally and publicly enforces the racist status quo throughout institution • Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels • Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc. • Openly maintains the dominant group's power and privilege	• Tolerant of a limited number of "token" People of Color and members from other social identify groups allowed in with "proper" perspective and credentials. • May still secretly limit or exclude People of Color in contradiction to public policies • Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life • Often declares, "We don't have a problem." • Monocultural norms, policies and procedures of dominant culture viewed as the "righ" way" business as usual" • Engages issues of diversity and social justice only on club member's terms and within their comfort zone.	• Makes official policy pronouncements regarding multicultural diversity • Sees itself as "non-racist" institution with open doors to People of Color • Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff • Expanding view of diversity includes other socially oppressed groups *But...* • "Not those who make waves" • Little or no contextual change in culture, policies, and decision making • Is still relatively unaware of continuing patterns of privilege, paternalism and control • Token placements in staff positions: must assimilate into organizational culture	• Growing understanding of racism as barrier to effective diversity • Develops analysis of systemic racism • Sponsors programs of anti-racism training • New consciousness of institutionalized white power and privilege • Develops intentional identity as an "anti-racist" institution • Begins to develop accountability to racially oppressed communities • Increasing commitment to dismantle racism and eliminate inherent white advantage • Actively recruits and promotes members of groups have been historically denied access and opportunity *But...* • Institutional structures and culture that maintain white power and privilege still intact and relatively untouched	• Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity • Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyles • Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work • Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities • Anti-racist multicultural diversity becomes an institutionalized asset • Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments	• Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression. • Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices • Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest • A sense of restored community and mutual caring • Allies with others in combating all forms of social oppression • Actively works in larger communities (regional, national, global) to eliminate all forms of oppression and to create multicultural organizations.

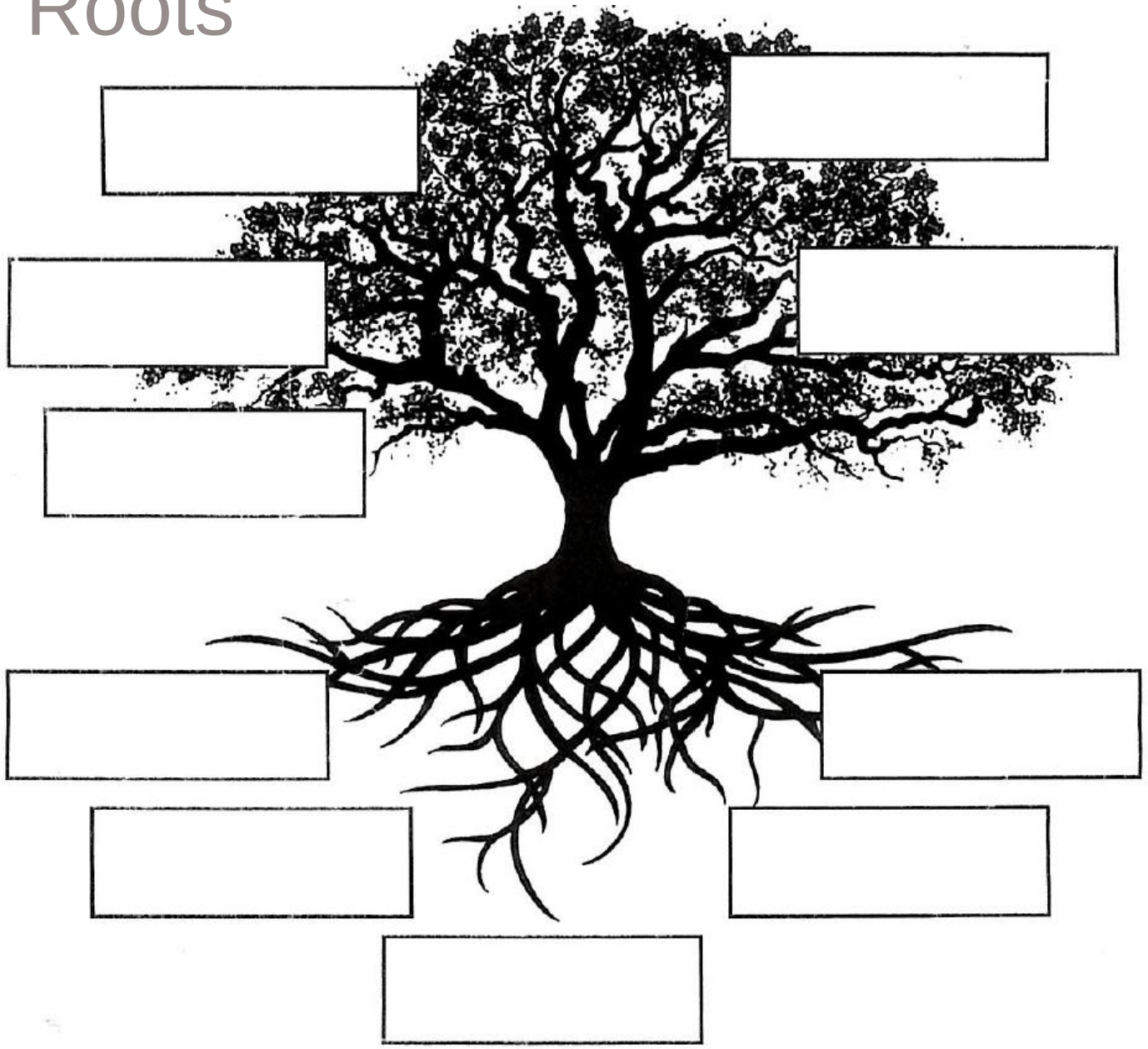
Identifying and Addressing **Individual** Biases

- Recognize that DEIA is the responsibility of all, not just individuals from underrepresented groups
- Consider completion of unconscious bias awareness training by leaders, staff/teams (may be helpful to seek outside facilitation)
  - Project Implicit®: https://implicit.harvard.edu/implicit/takeatest.html
  - Association of American Medical Colleges (AAMC): https://www.aamc.org/initiatives/diversity/322996/lablearningonunconsciousbias.html

Identifying and Addressing **Individual** Biases

- **Leaves and Roots**: networking activity to foster deeper connections and share *as much as you like* with colleagues that you may know really well or are meeting for the first time (see graphic next slide)
  - Leaves: Things about you that **are readily visible** (hobbies, demographic information, important people in your life, distinguishable personal traits, favorite music, things you do well, etc.)
  - Roots: Things about you that **are not easily visible** (where you are from, values, important life events, achievements, things you struggle with, long term goals, secret dreams, etc.)
- Resources for other group activities
  - https://www.uh.edu/cdi/resources/student-resources/_files/_activities/diversity-activities-resource-guide.pdf
  - https://studentlife.mit.edu/sites/default/files/Diversity-based%20Teambuilders%20and%20Icebreakers%20from%20Stonehill%20College.pdf

Leaves and Roots



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So What **Now**? (or, *what will you do by next Tuesday?!*)

- **Make Equity a Strategic Priority**
  - Incorporate/infuse throughout your org. strategic plan. If none, consider developing an organizational Equity Agenda and Work Plan (see https://www.aap.org/en/about-the-aap/american-academy-of-pediatrics-equity-and-inclusion-efforts/aap-equity-agenda/ & please ***steal shamelessly***!)
  - Practice inclusive collegiality and leadership
  - Ensure inclusive language and images are incorporated throughout materials and communications: "*You can't be what you can't see*."
- **Build infrastructure to Support Health Equity**
  - Make DEIA a part of every staff, team, advisory meeting
  - Create and monitor opportunities for professional development: building the will, knowledge and skills to improve health equity
  - Review (& restructure if necessary) your measurement framework
  - Identify opportunities to improve workforce hiring & retention

So What **Now**? (or, *what will you do by next Tuesday?!*)

- **Address the Multiple Determinants of Health**
  - Broaden your focused QI project topics (e.g., food, housing education); support practices to incorporate social contribut health
- **Eliminate Racism and Other Forms of Oppression**
  - Screen every algorithm, clinical practice guideline, etc. promulgated for elements of race-based medicine.
- **Partner with Community to Improve Health Equity**
  - Invite participation
  - Create opportunities for listening

Bright Futures/Periodicity Schedule

American Academy of Pediatrics
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Recommendations for Preventive Pediatric Health Care

Bright Futures/American Academy of Pediatrics

Bright Futures

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving nurturing parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require more frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest concerns.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care.

Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*. 4th ed. American Academy of Pediatrics; 2017).

The recommendations in this statement do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

The Bright Futures/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care are updated annually.

	INFANCY							EARLY CHILDHOOD							MIDDLE CHILDHOOD						ADOLESCENCE										
AGE[1]	Prenatal[2]	Newborn[3]	3-5 d[4]	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo	18 mo	24 mo	30 mo	3 y	4 y	5 y	6 y	7 y	8 y	9 y	10 y	11 y	12 y	13 y	14 y	15 y	16 y	17 y	18 y	19 y	20 y	21 y
HISTORY Initial/Interval	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
MEASUREMENTS																																	
Length/Height and Weight		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Head Circumference		•	•	•	•	•	•	•	•	•	•	•																					
Weight for Length		•	•	•	•	•	•	•	•	•	•																						
Body Mass Index[5]												•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
SENSORY SCREENING																																	
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	•	•	•	•	★	•	★	•	★	•	★	★	•	★	★	★	★	★	★
Hearing		•[8]	•[8]	◄	►	★	★	★	★	★	★	★	★	★	•	•	•	★	•	★	•	◄	►	•[14]	►	◄	•	►	◄	•	►		
DEVELOPMENTAL/SOCIAL/BEHAVIORAL/MENTAL HEALTH																																	
Maternal Depression Screening[11]				•	•	•	•																										
Developmental Screening[12]								•			•		•																				
Autism Spectrum Disorder Screening[13]											•	•																					
Developmental Surveillance		•	•	•	•	•	•		•	•		•		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Behavioral/Social/Emotional Screening[14]		•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•
Tobacco, Alcohol, or Drug Use Assessment[15]																						★	★	★	★	★	★	★	★	★	★	★	★
Depression and Suicide Risk Screening[16]																							•	•	•	•	•	•	•	•	•	•	•

BEHAVIORAL/SOCIAL/EMOTIONAL

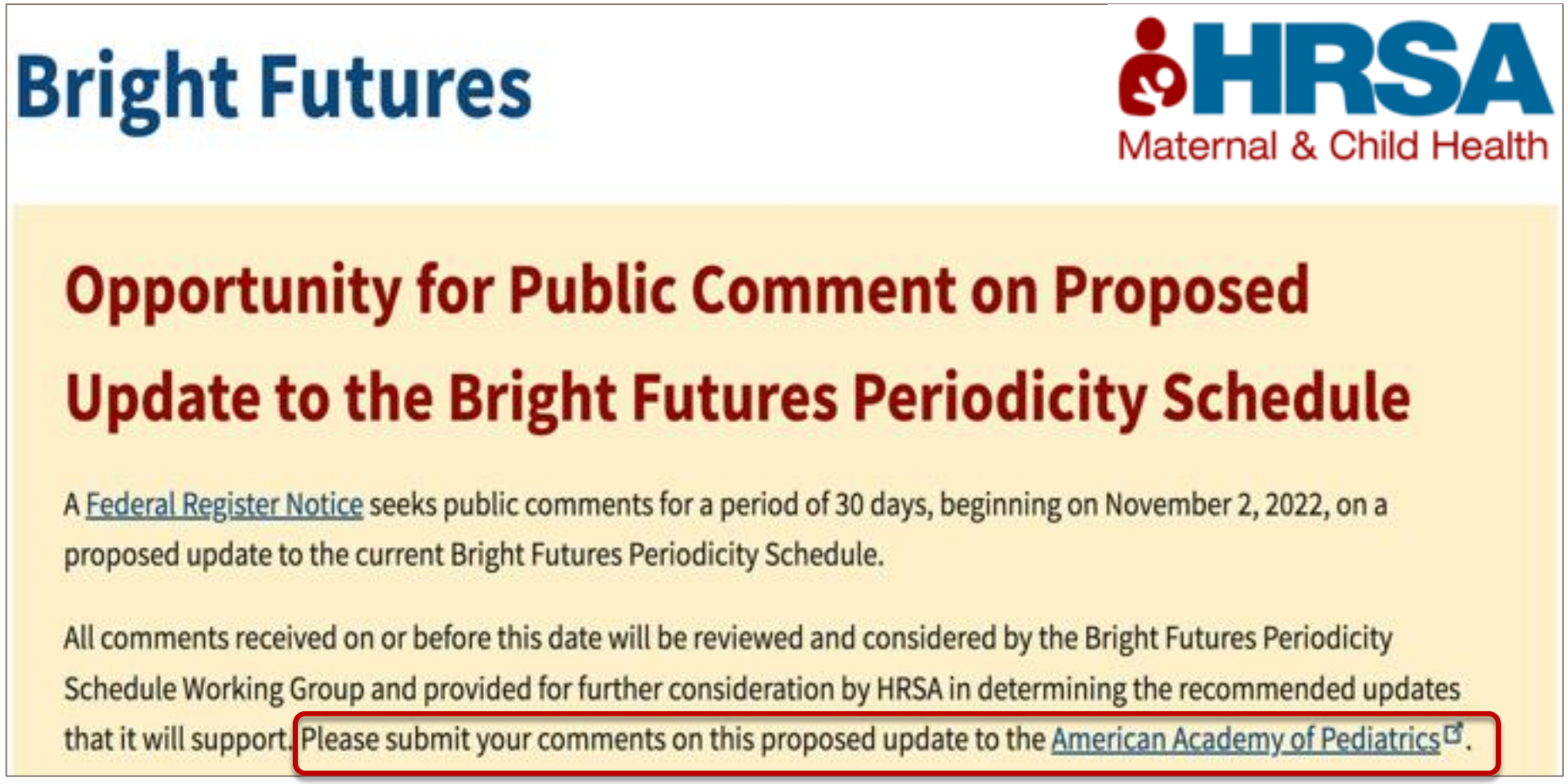
The Psychosocial/Behavioral Assessment recommendation has been updated to Behavioral/Social/Emotional Screening (annually from newborn to 21 years) to align with AAP policy.

Footnote #14

NIPN national improvement Partnership Network

VCHIP Vermont Child Health Improvement Program UNIVERSITY OF VERMONT LARNER COLLEGE OF MEDICINE

Updating Bright Futures to Address DEIA



Bright Futures

HRSA
Maternal & Child Health

Opportunity for Public Comment on Proposed Update to the Bright Futures Periodicity Schedule

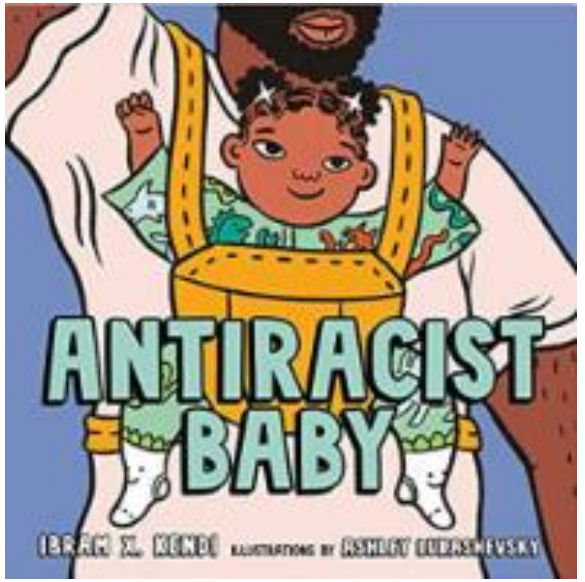
A Federal Register Notice seeks public comments for a period of 30 days, beginning on November 2, 2022, on a proposed update to the current Bright Futures Periodicity Schedule.

All comments received on or before this date will be reviewed and considered by the Bright Futures Periodicity Schedule Working Group and provided for further consideration by HRSA in determining the recommended updates that it will support. Please submit your comments on this proposed update to the American Academy of Pediatrics.

Closing Thoughts: Teach Your Children

From Anti-Racist Baby (Ibram X. Kendi; illus. Ashely Lukashevsky)

- Open your eyes to all skin colors.
- Use your words to talk about race.
- Point at policies as the problem, not people.
- Shout: “There’s nothing wrong with the people!”
- Celebrate all our differences.
- Knock down the stack of cultural blocks.
- Confess when being racist.
- Grow to be an anti-racist.
- Believe we shall overcome racism.



Thank You – Let's Discuss!

- Questions for consideration in your breakout groups
  - What caught your attention? What excites you/concerns you about this topic?
  - What new insights or clarifications did you gain?
  - What challenged you?
  - What questions did this raise for you?

"*Equitable care is when quality does not vary because of personal characteristics such as gender, race, ethnicity, geographical location and socioeconomic status*." (Crossing the Quality Chasm 2001)

Disparities : Racial and Ethnic

- 2019 AHRQ's National Healthcare quality and disparities report (racial and ethnic)
  - Blacks and American Indians and Alaska Natives received worse care than Whites for about 40% of quality measures.
  - Hispanics received worse care than Whites for more than one-third of quality measures.
  - Asians received worse care than Whites for nearly 30% of quality measures but better care for nearly one-third of quality measures.
  - Native Hawaiians/Pacific Islanders received worse care than Whites for one-third of quality measures