SPECIAL TOPICS
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Challenges to Measuring Health Care Disparities in the *National Healthcare Disparities Report*: Disparities in Data

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Track: Methods and Surveillance

The objective of this study was to assess the ability of extant national data sets to measure health care disparities in access, use, and quality for different racial and ethnic groups, based on our experiences in developing the Congressionally mandated *National Healthcare Disparities Report* (*NHDR*).

For each of the health care measures included in the *NHDR*, we examined the ability of national data sources to provide information for different groups. We focused on groups specified by 1997 Office of Management and Budget (OMB) Standards: racial minorities, including single-race blacks, Asians, Native Hawaiians and Other Pacific Islanders (NHOPI), American Indians and Alaska Natives (AI/AN), multiple-race individuals, and ethnic minorities (Hispanics).

Measurement challenges were categorized as issues of collection (if data for a particular group were not collected and usable); estimation (if data for a group were collected but suppressed because of small cell size or large relative standard error); and power (if data for a group were collected and adequate to generate estimates but lacked sufficient power to detect relative differences compared with comparison groups of 10% with $P < .05$).

For almost every *NHDR* measure, measurement challenges limited our ability to assess disparities for at least one group. Major measurement challenges varied among groups. Collection issues prevented assessments of disparities for NHOPI and for multiple-race individuals for more than 60% of *NHDR* measures. Estimation issues prevented an assessment of disparities for AI/AN for almost half of measures. Issues of statistical power were common among Asians, NHOPI, AI/AN, and multiple-race individuals. Measures that focus on subsets of the general populations (i.e., women, children, elderly) were particularly vulnerable to measurement challenges.

The goal of reducing disparities in health care depends upon our capacity to measure and track differences in care. For some racial and ethnic minority groups, extant national data are sufficient for assessing many areas of disparity. However, for smaller groups, challenges related to data collection, estimation, and power severely limit our ability to assess disparities. These disparities in data must be addressed to allow design of interventions that reduce disparities in care for all minority groups rather than just the larger groups.

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