State Health Equity Measure Set

Prepared by Bailit Health

STATE Health & Value **STRATEGIES** | *Driving Innovation Across States*

A grantee of the Robert Wood Johnson Foundation

The *State Health Equity Measure Set* is a curated set of measures intended for use by states to evaluate progress towards health equity. The measures in the *State Health Equity Measure Set* rely on publicly available data that states can use to assess their own performance and compare it to the performance of other states. It consists of 10 population-level measures that gauge how health status varies by race and ethnicity and 19 healthcare measures that assess receipt of, and outcomes associated with, evidence-based healthcare services. There are several considerations states must be aware of when adopting the *State Health Equity Measure Set*.[1] For more information, please refer to the full brief *Measuring Health Equity: A State Measure Set to Assess and Improve Equity*.

Table 1: Health Status Measures

#	Measure Name	Description	Primary Data Source	Secondary Data Source
Behavioral Health Conditions				
1	Behavioral Health Condition Prevalence Rate (Pediatric)	Rate of mental, emotional, developmental, or behavioral conditions among children (ages 3 through 17 years).	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
2	Mental Illness Prevalence Rate (Adult)	Rate of mental illness in the past year among adults (ages 18 years and older).	National Survey on Drug Use and Health	National Survey on Drug Use and Health
3	Substance Use Prevalence Rate (Adolescent and Adult)	Rate of substance use among people ages 12 or older in the past month.	National Survey on Drug Use and Health	National Survey on Drug Use and Health
Birthing People, Infant, Perinatal and Family Care				
4	Maternal Mortality Rate (Adult)	Rate of maternal deaths per 100,000 live births (ages 15 through 44 years).	Natality Data from CDC WONDER	Natality Data from CDC WONDER
5	Infant and Perinatal Mortality Rate (Pediatric)	Rate of infant (ages one year and under) and perinatal (infants ages 7 days and under; fetal deaths at 28 completed weeks at gestation) deaths per 1,000 live births.	March of Dimes – PeriStats (Topic - Mortality and Morbidity)	Natality Data from CDC WONDER
6	Premature Birth (Pediatric and Adolescent)	Percentage of children (ages 0 through 17 years) who were born more than three weeks before their birth date.	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
Chronic Physical Conditions				
7	Asthma Prevalence Rate (Adult)	Asthma prevalence among adults (ages 18 years and older).	Chronic Disease Indicators Tool	Behavioral Risk Factor Surveillance System
8	Cancer Incidence Rates (Adult)	Incidence rates for invasive cancer, breast cancer, cervical cancer, colorectal cancer, lung cancer, melanoma, oral cancer, and prostate cancer (ages 18 years and older).	Chronic Disease Indicators Tool	Behavioral Risk Factor Surveillance System
9	Cardiovascular Conditions Prevalence Rates (Adult)	Rate of ever having a heart attack, angina or coronary heart disease, COPD, or emphysema per 100,000 adults (ages 18 years and older).	Behavioral Risk Factors Surveillance System (Prevalence and Trends Data)	Behavioral Risk Factor Surveillance System (Annual Survey Data)
10	Diabetes Prevalence Rate (Adult)	Diabetes prevalence among adults (ages 18 years and older).	Chronic Disease Indicators Tool	Behavioral Risk Factor Surveillance System

---

1 States must be cognizant of how people of color are represented in healthcare data, as underrepresentation or overrepresentation may respectively temper or exacerbate the reporting of health disparities. These limitations are embedded in the data used to select measures for the *State Health Equity Measure Set*, as well as any additional analyses that states may wish to pursue on their own.

Notes:

- In one instance [i.e., for the National Survey on Drug Use and Health (NSDUH) data source], the "Primary" and "Secondary" data sources are the same because the available interactive tools in each source cannot stratify performance by race and ethnicity or compare state performance in a single data location. For example, the NSDUH has detailed tables and an interactive state tool, but the former cannot compare state performance and the latter cannot stratify performance by race and ethnicity. Consequently, the authors recommend the detailed data tables as the primary data source as they thought these tables would be most helpful for states.

- Chronic Disease Indicators (CDI) Tool: States can compare their performance, stratified by race, ethnicity and other variables (e.g., gender), with other states using the CDI Tool. This tool uses data from the Behavioral Risk Factor Surveillance System (BRFSS) survey.

- March of Dimes – PeriStats: Users can find state-specific summaries that compare state performance to national performance and stratify state performance by race and ethnicity. States can find these summaries by navigating to the 'State Summaries' tab of the March of Dimes' PeriStats page. Users can select the appropriate state, topic, and subtopic to generate data for the desired measure.

- National Survey on Children's Health (NSCH): The NSCH provides instructions on how to compare data across states on the Data Resource Center. States can also use the NSCH's Interactive Data Query tool to compare performance on measures by state, region, and subgroup **for data collected from 2016 and beyond**.

  o *States cannot trend current data with data prior to 2016*: Most data collected from the 2020 survey will be comparable to data collected from 2016 through 2019. However, the survey method and design of the survey changed significantly in 2016; therefore, states cannot compare or trend analyses data from surveys completed prior to 2016 with data from surveys completed starting in 2016 to present day.

- National Survey on Drug Use and Health (NSDUH): States can compare their performance, stratified by race and geography, with other states using the NSDUH's interactive state comparison tool. These data, however, cannot be stratified by race and ethnicity. The NSDUH also has detailed tables that examine performance on measures by race and ethnicity and other demographic categories (e.g., age, gender, poverty level). Of note, the Substance Abuse and Mental Health Service Administration (SAMHSA) publishes annual national reports using data from the NSDUH results, which present data using tables and graphs.

  o *No interactive tool where states can stratify performance by race and ethnicity and compare stratified performance to other states*. There is an interactive state comparison tool that allows states to compare their performance on select measures by age and geography, but not by race and ethnicity; there are detailed tables that examine national performance by race and ethnicity and other demographic variables (e.g., gender). As a result, the "primary source" and "secondary source" both link to the raw data.

  o *States cannot trend current data with data prior to 2020*: The NSDUH survey methodology changed drastically in 2020 in response to the COVID-19 pandemic (i.e., shift to web-based interviewing for select quarters, adoption of the DSM-5 rather than DSM-4 that had been used in previous years). States should first examine data for 2019 and prior years if they would like to make multi-year historical comparisons.

Table 2: Healthcare Measures

#	Measure Name	Description	Primary Data Source	Secondary Data Source
Access and Affordability				
1	Avoided/ Foregone Care (Adult)	Percentage of adults (ages 18 years and older) who could not see a doctor in the past 12 months due to cost.	CDC Disability and Health Data Systems	Behavioral Risk Factor Surveillance System
2	Avoided/ Foregone Care (Pediatric)	Percentage of children (ages 0 through 17 years) who needed care but did not receive it in the past 12 months.	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
3	High Medical Cost Burden (All Ages)	Percentage of families where out-of-pocket spending on healthcare, including premiums, accounted for more than 10% of all annual income.	SHADAC Health Compare	Current Population Survey
4	Usual Source of Care (Pediatric)	Percentage of children (ages 0 through 17 years) who have a place they go to first when they are sick or a caregiver needs advice about their health.	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
Behavioral Health Conditions				
5	Receipt of Mental Health Services (Adolescent and Adult)	Percentage of people (ages 12 years and older) with mental illness who received mental health services. Note: There are separate rates for adolescents and adults.	National Survey on Drug Use and Health	National Survey on Drug Use and Health
6	Receipt of Substance Use Treatment (Adolescent and Adult)	Percentage of people (12 years and older) with substance use disorder who received substance use treatment in the past year. Note: There are separate rates for adolescents and adults.	National Survey on Drug Use and Health	National Survey on Drug Use and Health
7	Medications for Behavioral Health Conditions (Pediatric)	Percentage of children (ages 3 through 17 years) taking medication for ADD/ADHD, autism/ASD, or difficulties with emotions, concentration, or behavior.	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
Birthing People, Infant, Neonatal and Family Care				
8	History of Breastfeeding (Pediatric)	Percentage of children who ever breastfed or fed breast milk. There are two rates: • Breastfed ever, ages 0 through 5 years. • Exclusively breastfed, ages 6 months through 5 years.	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
9	Inadequate Prenatal Care (Adult)	Percentage of women (ages 15 through 44 years) who received care beginning in the fifth month or later, or less than 50% of the appropriate number of visits for the infant's gestational age.	March of Dimes - PeriStats (Topic - Prenatal Care)	Natality Data from CDC WONDER
10	Use of Long-Acting Contraceptives (Adolescent and Adult)	Percentage of women (ages 15 through 44 years) who have ever used a long-acting contraceptive.	National Survey on Family Growth	National Survey on Family Growth
11	Alcohol Use During Pregnancy (Adult)	Percentage of mothers (ages 15 through 44 years) who reported having any alcoholic drinks during the last three months of pregnancy.	March of Dimes - PeriStats (Topic - Smoking/Alcohol/Drugs)	Pregnancy Risk Assessment Monitoring System

#	Measure Name	Description	Primary Data Source	Secondary Data Source
Chronic Physical Conditions				
12	Cancer Screening Rates (Adult)	Rate of up-to-date screening (ages 18 years and older) for breast cancer, cervical cancer and colorectal cancer.	CDC Disability and Health Data System	Behavioral Risk Factor Surveillance System
13	Diabetes Management (Adult)	Percentage of patients (ages 18 years and older) with diabetes who (three separate rates): • Are taking insulin. • Check their blood for glucose and sugar. • Have seen a health professional for diabetes in the last 12 months.	Behavioral Risk Factor Surveillance System (Prevalence and Trends Data)	Behavioral Risk Factor Surveillance System (Annual Survey Data)
14	Weight Concern (Pediatric)	Percentage of parents who expressed concern about their child's weight (ages 0 through 17 years).	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
Oral Health				
15	Access to Oral Health Services (Pediatric)	Percentage of children (ages 0 through 17 years) who received dental or oral healthcare in the last 12 months.	National Survey on Children's Health Interactive Tool	National Survey on Children's Health Datasets
16	Access to Oral health Services (Adult)	Percentage of adults (ages 18 years and older) who received dental or oral healthcare in the past year.	CDC Disability and Health Data System	Behavioral Risk Factor Surveillance System
Prevention				
17	Adolescent Vaccination Rates (Adolescent)	Percentage of adolescents (ages 13 through 17 years) who received the following vaccines: Hep A, Hep B, HPV, MenACWY, MMR, Tetanus and Varicella (can assess receipt of individual vaccines or a combination of vaccines, as well as vaccinations for 13 through 15 years and 13 through 17 years).	National Immunization Survey's TeenVaxView	National Immunization Survey
18	Child Vaccination Rates (Pediatric)	Percentage of children (ages 0 through 35 months) who received the following vaccines: DTaP, Hep A, Hep B, Hib, Influenza, MMR, PCV, Polio, Rotavirus and Varicella (can assess receipt of individual vaccines or a combination of vaccines, as well as vaccinations by 13 months, 19 months, 24 months and 35 months).	National Immunization Survey's ChildVaxView	National Immunization Survey
19	Flu Vaccination Rates (All Ages)	Percentage of influenza vaccination among (four separate rates): • The general public (ages 6 months and older). • Healthcare personnel (ages 18 years and older). • Nursing home residents (ages 18 years and older). • Pregnant women (ages 18 years and older).	CDC's FluVaxView Interactive Tool	National Immunization Survey

Notes:

- In one instance [i.e., for the National Survey on Drug Use and Health (NSDUH) data source], the "Primary" and "Secondary" data sources are the same because the available interactive tools in each source cannot stratify performance by race and ethnicity or compare state performance in a single data location. For example, the NSDUH has detailed tables and an interactive state tool, but the former cannot compare state performance and the latter cannot stratify performance by race and ethnicity. Consequently, the authors recommend the detailed data tables as the primary data source as they thought these tables would be most helpful for states.

- CDC Disability and Health Data System (DHDS): States compare their performance, stratified by race, ethnicity and other variables (e.g., gender) using the DHDS Tool. This tool uses data from the BRFSS, which also includes an additional question about screening for prostate cancer that is not captured in the DHDS Tool.

- Current Population Survey (CPS): This link provides information from SHADAC on the different types of CPS data to which states can refer to find the appropriate raw data.

- March of Dimes – PeriStats: Users can find state-specific summaries that compare state performance to national performance and stratify state performance by race and ethnicity. States can find these summaries by navigating to the 'State Summaries' tab of the March of Dimes' PeriStats page. Users can select the appropriate state, topic, and subtopic to generate data for the desired measure.

- National Survey on Children's Health (NSCH): The NSCH provides instructions on how to compare data across states on the Data Resource Center. States can also use the NSCH's Interactive Data Query tool to compare performance on measures by state, region, and subgroup **for data collected from 2016 and beyond**.

  o States cannot trend current data with data prior to 2016: Most data collected from the 2020 survey will be comparable to data collected from 2016 through 2019. However, the survey method and design of the survey changed significantly in 2016; therefore, states cannot compare or trend analyses data from surveys completed prior to 2016 with data from surveys completed starting in 2016 to present day.

- National Survey on Drug Use and Health (NSDUH): States can compare their performance, stratified by race and geography, with other states using the NSDUH's interactive state comparison tool. These data, however, cannot be stratified by race and ethnicity. The NSDUH also has detailed tables that examine performance on measures by race and ethnicity and other demographic categories (e.g., age, gender, poverty level). Of note, the Substance Abuse and Mental Health Service Administration (SAMHSA) publishes annual national reports using data from the NSDUH results, which present data using tables and graphs.

  o *There is no interactive tool where states can stratify performance by race and ethnicity and compare stratified performance to other states*. There is an interactive state comparison tool that allows states to compare their performance on select measures by age and geography, but not by race and ethnicity; there are detailed tables that examine national performance by race and ethnicity and other demographic categories (e.g., gender). As a result, the "primary source" and "secondary source" both link to the raw data.

  o *States cannot trend current data with data prior to 2020*: The NSDUH survey methodology changed drastically in 2020 in response to the COVID-19 pandemic (i.e., shift to web-based interviewing for select quarters, adoption of the DSM-5 rather than DSM-4 that had been used in previous years). States should first examine data for 2019 and prior years if they would like to make multi-year historical comparisons.

ABOUT THE ROBERT WOOD JOHNSON FOUNDATION

The Robert Wood Johnson Foundation (RWJF) is committed to improving health and health equity in the United States. In partnership with others, we are working to develop a Culture of Health rooted in equity that provides every individual with a fair and just opportunity to thrive, no matter who they are, where they live, or how much money they have.

Health is more than an absence of disease. It is a state of physical, mental, and emotional wellbeing. It reflects what takes place in our communities, where we live and work, where our children learn and play, and where we gather to worship. That is why RWJF focuses on identifying, illuminating, and addressing the barriers to health caused by structural racism and other forms of discrimination, including sexism, ableism, and prejudice based on sexual orientation.

We lean on evidence to advance health equity. We cultivate leaders who work individually and collectively across sectors to address health equity. We promote policies, practices, and systems-change to dismantle the structural barriers to wellbeing created by racism. And we work to amplify voices to shift national conversations and attitudes about health and health equity. Through our efforts, and the efforts of others, we will continue to strive toward a Culture of Health that benefits all. It is our legacy, it is our calling, and it is our honor.

For more information, visit *www.rwjf.org*.

ABOUT STATE HEALTH AND VALUE STRATEGIES—PRINCETON UNIVERSITY SCHOOL OF PUBLIC AND INTERNATIONAL AFFAIRS

State Health and Value Strategies (SHVS) assists states in their efforts to transform health and healthcare by providing targeted technical assistance to state officials and agencies. The program is a grantee of the Robert Wood Johnson Foundation, led by staff at Princeton University's School of Public and International Affairs. The program connects states with experts and peers to undertake healthcare transformation initiatives. By engaging state officials, the program provides lessons learned, highlights successful strategies and brings together states with experts in the field. Learn more at *www.shvs.org*.

ABOUT BAILIT HEALTH

This measure set was developed by Deepti Kanneganti, Jessica Mar and Michael Bailit. Bailit Health is a health policy consulting firm dedicated to ensuring insurer and provider performance accountability on behalf of public agencies and private purchasers. For more information on Bailit Health, see *www.bailit-health.com*.