MINNESOTA HEALTH CARE DISPARITIES

By Race, Ethnicity, Preferred Language, and Country of Origin

RESULTS FOR CARE DELIVERED IN 2022 | REPORT RELEASED OCTOBER 2023

MN Community
MEASUREMENT

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Results for care delivered in 2022

ABOUT MN COMMUNITY MEASUREMENT

As an independent nonprofit dedicated to empowering health care decision makers with meaningful data, MN Community Measurement (MNCM) is a statewide resource for timely, comparable information on health care quality, costs, and equity. While Minnesota has some of the best health indicators in the country, there continues to be wide variation in health care quality and wide disparities in outcomes for different population groups. Measuring and reporting on health care quality helps consumers understand how care varies across providers, allows providers to identify improvement opportunities and how their quality results compare to others, and helps health plans and other purchasers better understand and improve value for the money that is spent on health care.

ABOUT THIS REPORT

This report presents information on disparities by race, ethnicity, language, and country of origin (RELC) for quality measures for the 2022 measurement year (data collected in 2023 for care delivered in 2022).

For the measures included in this report, MNCM collects patient-level data on RELC to enable these comparisons. The RELC data used in this report only includes data that has been verified by MNCM to have been collected using best practices. More information on best practice methods can be found here: https://tinyurl.com/43byhcbk. Additionally, a minimum of 30 patients is needed for reporting of the categories presented in the report. Difference from statewide rates are calculated using 95 percent confidence intervals.

This report includes:

- Summary of performance rates by each RELC category for each measure.
- Three-year trend analysis by RELC category from 2020 to 2022 for each measure.
- Snapshot summary of performance rates for each measure by Black, Indigenous, and People of Color (BIPOC) populations.

Medical group and clinic performance rates by RELC are available through MNCM's Appendix Tables, available here: https://mncm.org/appendix-tables/

To view more reports by MNCM, click here: https://mncm.org/reports/#community-reports

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MINNESOTA HEALTH CARE DISPARITIES
By Race, Ethnicity, Preferred Language, and Country of Origin
Results for care delivered in 2022

KEY FINDINGS

- In 2022, performance rates varied by race, ethnicity, preferred language, and country of origin (RELC) across all quality measures. The demographic groups that tended to have significantly lower health care quality rates compared to the statewide average included:
    o **Race:** Black, Indigenous, or Multi Racial
    o **Ethnicity:** Hispanic/Latinx
    o **Language:** Patients who prefer to Hmong, Somali, or Spanish
    o **Country of Origin:** Patients from Laos, Mexico, or Somalia

- The Colorectal Cancer Screening measure continued to have the largest disparities in performance rates across subgroups in 2022:
    o In 2022, the eligible age range was expanded to include patients 45 to 49. This update is based on the latest U.S. Preventive Services Task Force (USPSTF) recommendation and in alignment with the National Committee for Quality Assurance's (NQCA) Colorectal Cancer Screening measure.
    o Some of the decline in Colorectal Cancer Screening rates in 2022 was due to the expanded age range for the measures. An additional analysis was completed in which the 2022 rates for each subpopulation were recalculated so that the age range used matched the age range used in 2021 rates (50-75 years of age). Patients who are Black, Indigenous/Native, White, Not Hispanic/Latinx, English speakers, and/or U.S.-born had recalculated 2022 rates that remained significantly below their 2021 rates.
    o However, the recalculated 2022 rates for patients who are Multi Racial and/or non-English speakers were significantly higher than their 2021 rates, suggesting that while the change in age range did have an impact on rates, other factors contributed to the screening decreases.

- The 2022 rates for most subpopulations were either significantly higher or not statistically different than their respective 2021 rates. However, for the Optimal Vascular Care and Optimal Asthma Control – Children measures, several subpopulations had significantly lower rates in 2022 compared to 2021: White, Not Hispanic/Latinx, English speakers, or U.S.-born.

- The 2022 rates for most subpopulations were either significantly lower or not statistically different than their respective 2019 rates. However, the Adolescent Mental Health and/or Depression Screening measure that had 11 out of the 12 subpopulations had a 2022 rate that was higher than their 2019 rate.

- Wide variation in health care quality rates exists across medical groups and across subpopulations. For example, some medical groups achieved above average outcomes across patient subpopulations, while others have more substantial variation in outcomes. Results by medical group can be accessed here: https://mncm.org/appendix-tables/

COLORECTAL CANCER SCREENING
Race/Ethnicity Summary

2022 measurement year

Statewide Average = 67.8%

Race

Category	Rate
Asian — N = 44,559	58.4%
Black — N = 69,159	51.7%
Indigenous/ Native — N = 9,483	48.3%
Multi Racial — N = 18,125	61.5%
Native Hawaiian/Pacific Islander — N = 1,737	53.3%
White — N = 1,354,318	70.0%

Ethnicity

Category	Rate
Hispanic/ Latinx — N = 35,979	50.5%
Not Hispanic/Latinx — N = 1,456,468	68.5%

Represents 95% confidence interval

Rate (x-axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%)

Compared to the statewide average for Colorectal Cancer Screening, patients who are:

RACE

↓ Asian, Black, Indigenous/ Native, Multi Racial, or Native Hawaiian/ Pacific Islander have significantly lower rates of screening.

↑ White patients have significantly higher rates of screening.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of screening.

↑ Not Hispanic/Latinx have significantly higher rates of screening.

See page 53 for measure definitions.

COLORECTAL CANCER SCREENING

Preferred Language Summary
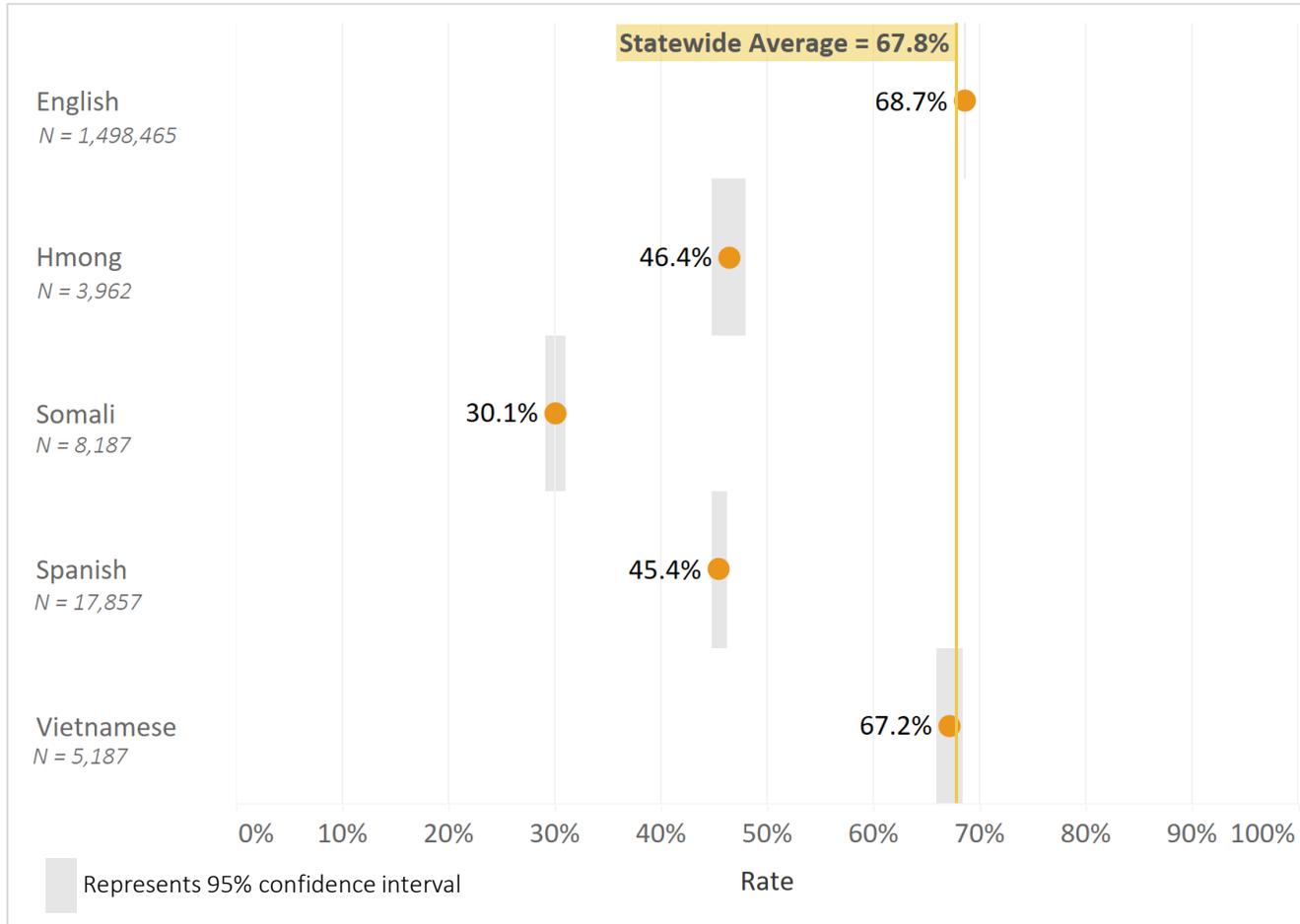
2022 measurement year

Statewide Average = 67.8%

Language	Rate
English N = 1,498,465	68.7%
Hmong N = 3,962	46.4%
Somali N = 8,187	30.1%
Spanish N = 17,857	45.4%
Vietnamese N = 5,187	67.2%

Rate axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Rate

Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Somali, Spanish, or Vietnamese make up 99% of the eligible population for the Colorectal Cancer Screening measure.

Compared to the statewide average for Colorectal Cancer Screening, patients who prefer to speak:

↓ Hmong, Somali, or Spanish have significantly lower rates of screening.

↑ English have significantly higher rates.

COLORECTAL CANCER SCREENING
Country of Origin Summary

2022 measurement year

Statewide Average = 67.8%

	Rate
Laos N = 6,692	47.4%
Mexico N = 12,924	47.5%
Somalia N = 9,644	31.3%
United States N = 1,321,329	69.5%
Vietnam N = 5,452	67.3%

Represents 95% confidence interval
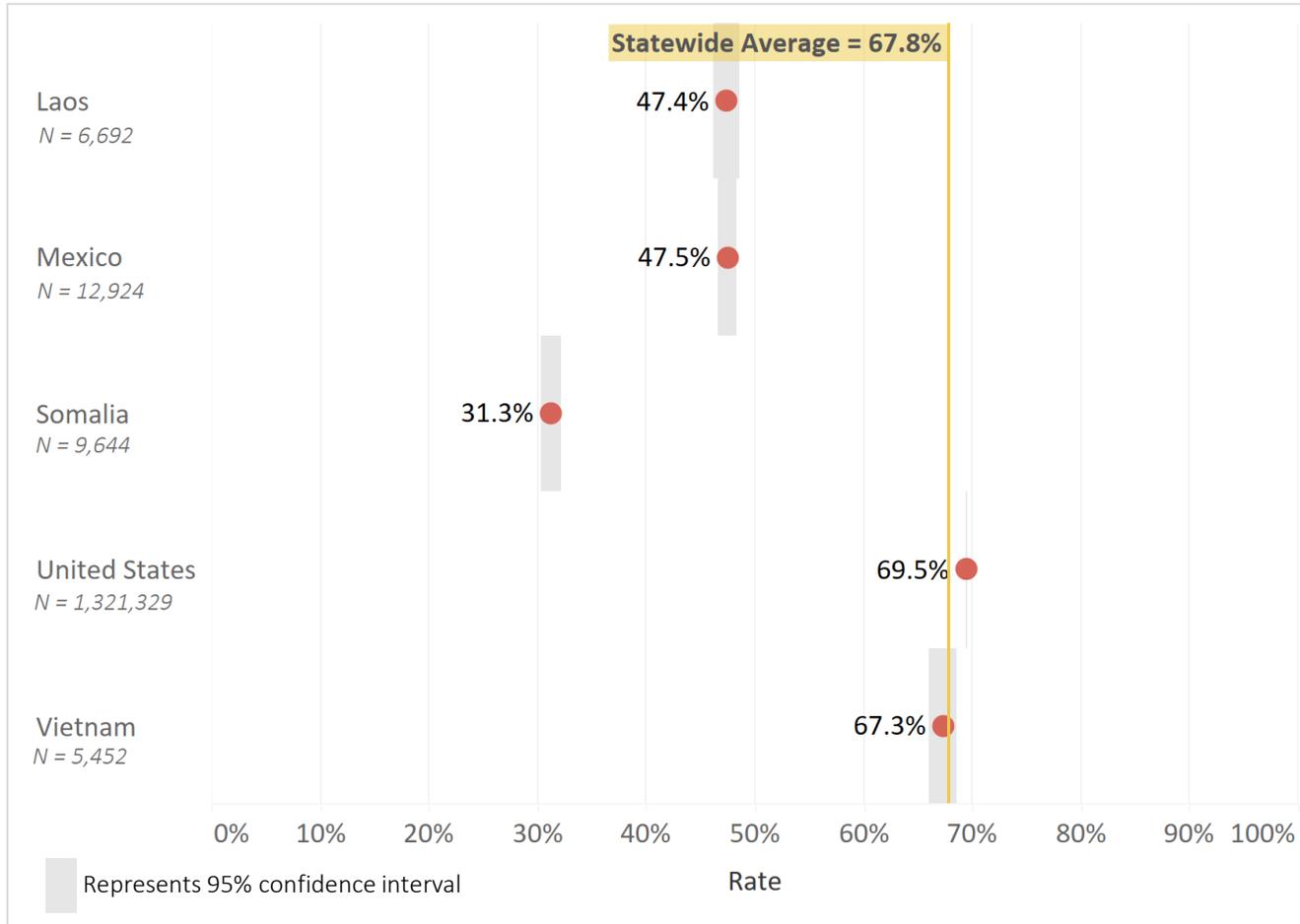
Patients from Laos, Mexico, Somalia, the United States, or Vietnam make up 94% of the eligible population for the Colorectal Cancer Screening measure.

Compared to the statewide average for Colorectal Cancer Screening, patients from:

↓ Laos, Mexico, or Somalia have significantly lower rates of screening.

↑ The United States have significantly higher rates.

See page 53 for measure definitions.

COLORECTAL CANCER SCREENING

Trend by RELC Subpopulations

Race

Asian
- 60.0% (2020)
- 64.1% (2021)
- 58.4% (2022)
- 65.0% (2019 avg)

Black
- 55.1% (2020)
- 57.3% (2021)
- 51.7% (2022)
- 59.0% (2019 avg)

Indigenous/Native
- 53.3% (2020)
- 53.6% (2021)
- 48.3% (2022)
- 55.4% (2019 avg)

Multi Racial
- 63.8% (2020)
- 62.1% (2021)
- 61.5% (2022)
- 60.2% (2019 avg)

Native Hawaiian/Pacific Islander
- 56.3% (2020)
- 59.3% (2021)
- 53.3% (2022)
- 59.8% (2019 avg)

White
- 72.4% (2020)
- 73.8% (2021)
- 70.0% (2022)
- 74.9% (2019 avg)

Ethnicity

Hispanic/Latinx
- 53.5% (2020)
- 56.2% (2021)
- 50.5% (2022)
- 57.9% (2019 avg)

Not Hispanic/Latinx
- 71.3% (2020)
- 72.8% (2021)
- 68.5% (2022)
- 73.9% (2019 avg)

Preferred Language

English
- 71.5% (2020)
- 73.0% (2021)
- 68.7% (2022)
- 74.2% (2019 avg)

Not English
- 47.4% (2020)
- 51.9% (2021)
- 48.5% (2022)
- 53.4% (2019 avg)

Country of Origin

Not U.S.-born
- 55.8% (2020)
- 59.5% (2021)
- 54.3% (2022)
- 60.8% (2019 avg)

U.S.-born
- 72.0% (2020)
- 73.4% (2021)
- 69.5% (2022)
- 74.5% (2019 avg)

Legend:
- ■ 2020
- ■ 2021
- ■ 2022
- — 2019 Subpopulation Average
- ▨ Represents 95% confidence interval

X-axis: Rate (0% to 80%)

Beginning in 2022, the eligible age range for the Colorectal Cancer Screening measure was expanded from 50-75 to 45-75 in 2022MY to reflect updated USPSTF recommendations and to align with NCQA's measure. As a result, comparisons to previous years should take this into consideration.

Comparison to 2021

The screening rates in 2022 significantly decreased compared to the respective 2021 rates in all subpopulations, except for the Multi Racial population. The 2022 rate for this population was not statistically different than its 2021 rate.

Comparison to Pre-Pandemic (2019)

The screening rates in 2022 remained significantly lower than the respective 2019 rates in all subpopulations, except for the Multi Racial population. The 2022 rate for this population was not statistically different than its 2019 rate.

See page 53 for measure definitions.

COLORECTAL CANCER SCREENING
Age Analysis

2021 Statewide Average = 72.2%

Race

Asian	
2021 (Actual)	64.1%
2022 (Actual)	58.4%
2022 (Recalculated)	63.2%

Black	
2021 (Actual)	57.3%
2022 (Actual)	51.7%
2022 (Recalculated)	55.5%

Indigenous/Native	
2021 (Actual)	53.6%
2022 (Actual)	48.3%
2022 (Recalculated)	48.3%

Multi Racial	
2021 (Actual)	62.1%
2022 (Actual)	61.5%
2022 (Recalculated)	68.4%

Native Hawaiian/Pacific Islander	
2021 (Actual)	59.3%
2022 (Actual)	53.3%
2022 (Recalculated)	56.8%

White	
2021 (Actual)	73.8%
2022 (Actual)	70.0%
2022 (Recalculated)	72.2%

Ethnicity

Hispanic/Latinx	
2021 (Actual)	56.2%
2022 (Actual)	50.5%
2022 (Recalculated)	56.7%

Not Hispanic/Latinx	
2021 (Actual)	72.8%
2022 (Actual)	68.5%
2022 (Recalculated)	72.5%

Preferred Language

English	
2021 (Actual)	73.0%
2022 (Actual)	68.7%
2022 (Recalculated)	72.7%

Not English	
2021 (Actual)	51.9%
2022 (Actual)	48.5%
2022 (Recalculated)	52.9%

Country of Origin

Not U.S.-born	
2021 (Actual)	59.5%
2022 (Actual)	54.3%
2022 (Recalculated)	59.7%

U.S.-born	
2021 (Actual)	73.4%
2022 (Actual)	69.5%
2022 (Recalculated)	73.2%

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Legend:
- 2021 (Actual)
- 2022 (Actual)
- 2022 (Recalculated)
- Represents 95% confidence interval

Some of the decline in Colorectal Cancer Screening rates in 2022 was due to the expanded age range for the measures. MNCM completed an additional analysis to determine the impact the change had on rates.

The recalculated rate (red) in this chart removes the added patients from the 45-49 age range and recalculates each subpopulation's 2022 rate to match the age range used in 2021 (50-75).

The recalculated 2022 rates for the following subpopulations still had significantly lower rates of screening compared to their respective 2021 rates:

- Black
- Indigenous/Native
- White
- Not Hispanic/Latinx
- English speakers
- U.S.-born

The recalculated 2022 rates for the following subpopulations were either not statistically different or significantly above their respective 2021 rates:

Not statistically different:
- Asian
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx
- Not U.S.-born

Significantly above:
- Multi Racial
- Non-English speakers

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – ADULTS
Race/Ethnicity Summary

2022 measurement year
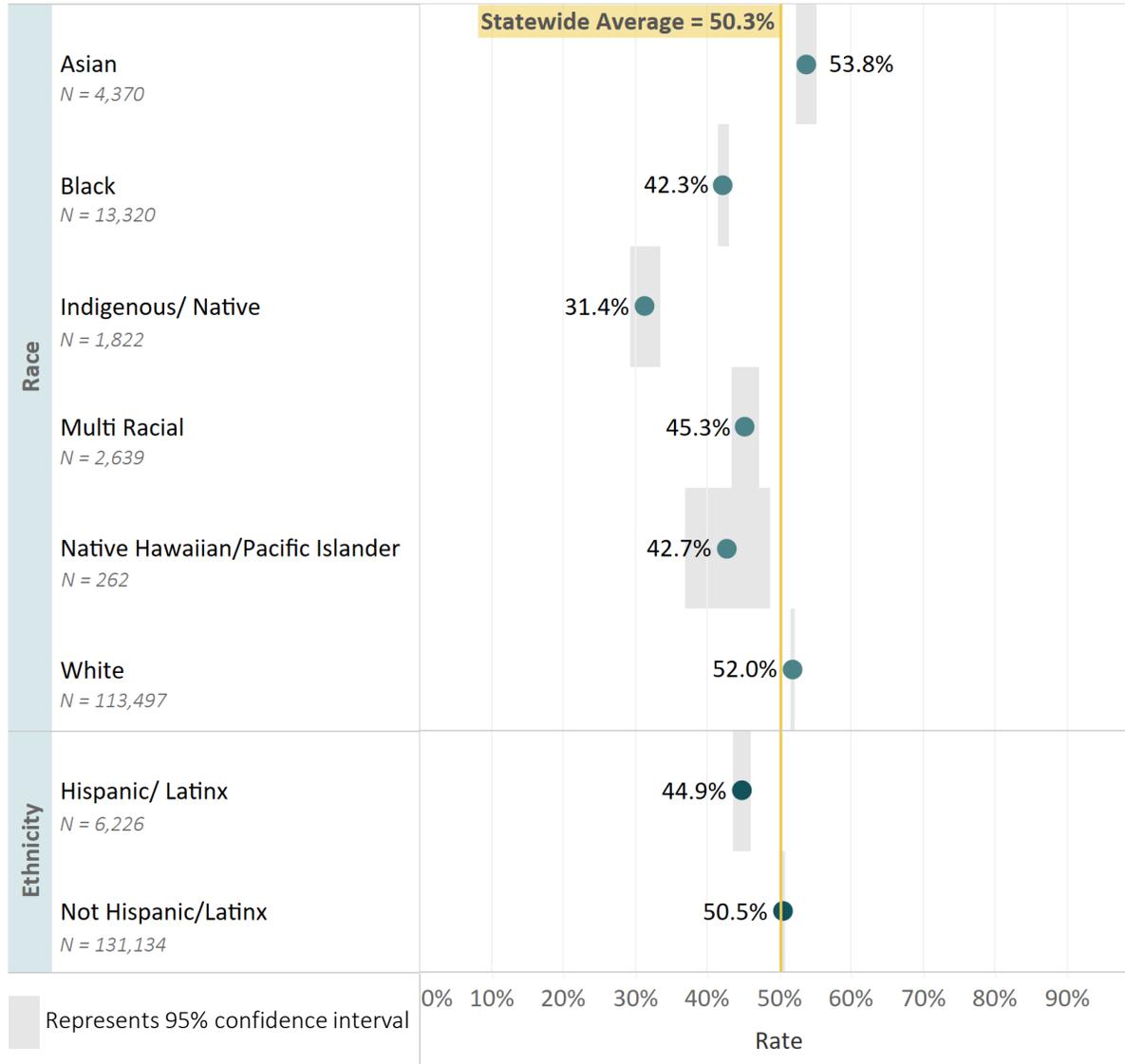
Compared to the statewide average for Optimal Asthma Control, adults who are:

RACE

↓ Black, Indigenous/ Native, Multi Racial, or Native Hawaiian/ Pacific Islander have significantly lower rates of optimal control.

↑ Asian or White have significantly higher rates of optimal control.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of optimal control.

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – ADULTS

Preferred Language Summary

2022 measurement year

Statewide Average = 50.3%

Language	Rate
Arabic — N = 119	29.4%
English — N = 140,576	50.5%
Karen — N = 176	50.6%
Somali — N = 664	36.4%
Spanish — N = 929	40.4%

Rate (x-axis: 0% – 100%)

Represents 95% confidence interval

Patients who prefer to speak Arabic, English, Karen, Somali, or Spanish make up 99% of the eligible adult population for the Optimal Asthma Control measure.

Compared to the statewide average for Optimal Asthma Control, adults who prefer to speak:

↓ Arabic, Somali, or Spanish have significantly lower rates of optimal control.

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – ADULTS
Country of Origin Summary

2022 measurement year

India
N = 327

Statewide Average = 50.3%

58.4%

Mexico
N = 733

43.8%

Somalia
N = 924

38.0%

South Korea
N = 287

61.7%

United States
N = 125,010

49.8%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90% 100%

Rate

Represents 95% confidence interval
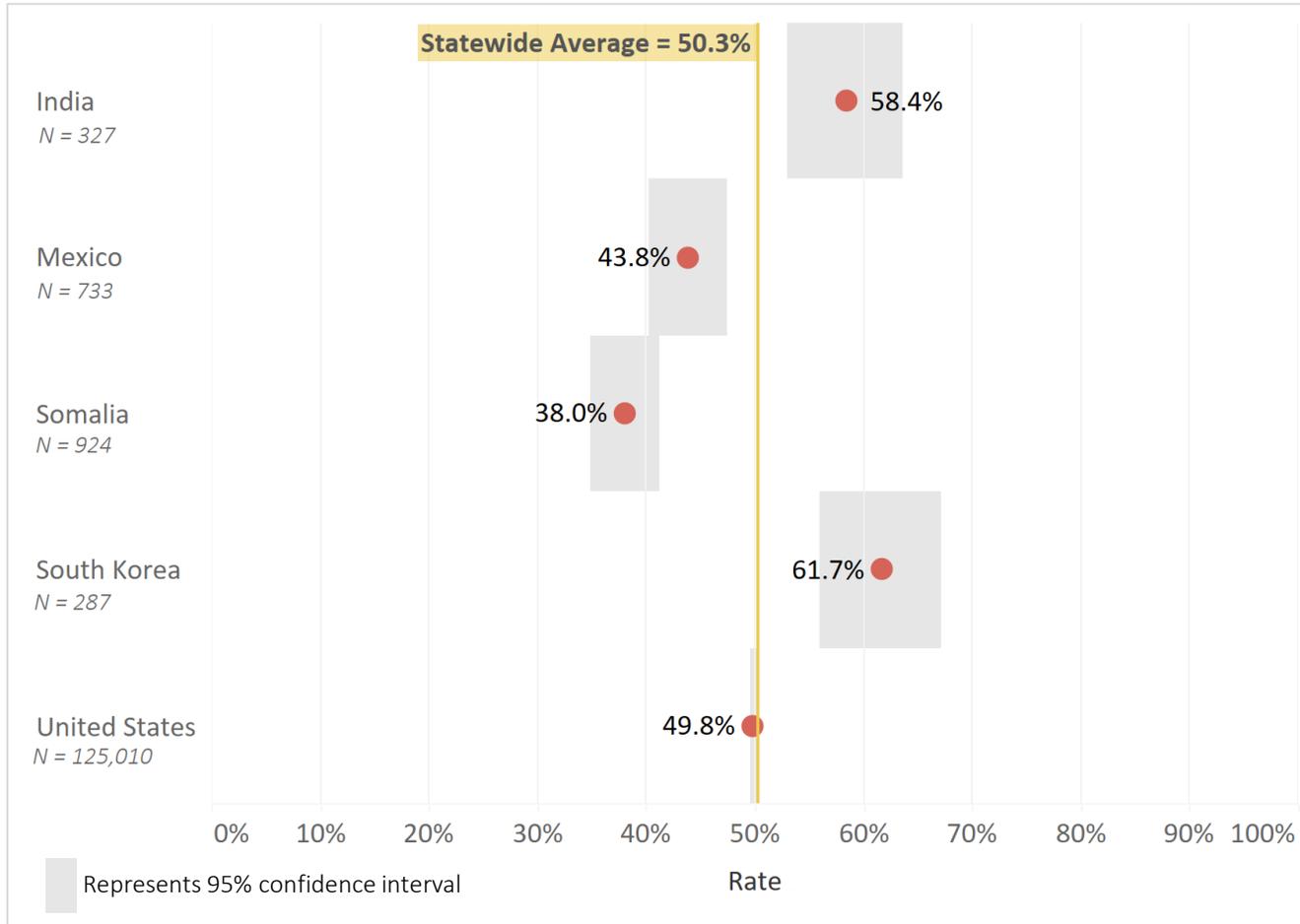
Patients from India, Mexico, Somalia, South Korea, or the United States make up 96% of the eligible adult population for the Optimal Asthma Control measure.

Compared to the statewide average for Optimal Asthma Control, adults from:

↓ Mexico or Somalia have significantly lower rates of optimal control.

↑ India or South Korea have significantly higher rates of optimal control.

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – ADULTS
Trend by RELC Subpopulations

Chart: Optimal Asthma Control rates by RELC subpopulations

Race

Asian: 49.3% (2020), 53.6% (2021), 53.8% (2022), 55.8% (2019 average)

Black: 37.9% (2020), 41.2% (2021), 42.3% (2022), 41.5% (2019 average)

Indigenous/Native: 28.6% (2020), 31.0% (2021), 31.4% (2022), 33.8% (2019 average)

Multi Racial: 45.6% (2020), 47.8% (2021), 45.3% (2022), 44.6% (2019 average)

Native Hawaiian/Pacific Islander: 42.5% (2020), 45.8% (2021), 42.7% (2022), 49.4% (2019 average)

White: 48.1% (2020), 51.8% (2021), 52.0% (2022), 55.9% (2019 average)

Ethnicity

Hispanic/Latinx: 40.5% (2020), 44.1% (2021), 44.9% (2022), 45.4% (2019 average)

Not Hispanic/Latinx: 47.0% (2020), 50.6% (2021), 50.5% (2022), 54.2% (2019 average)

Preferred Language

English: 47.0% (2020), 50.5% (2021), 50.5% (2022), 53.8% (2019 average)

Not English: 34.3% (2020), 36.7% (2021), 40.6% (2022), 36.5% (2019 average)

Country of Origin

Not U.S.-born: 42.8% (2020), 46.1% (2021), 47.6% (2022), 46.3% (2019 average)

U.S.-born: 46.2% (2020), 49.6% (2021), 49.8% (2022), 53.0% (2019 average)

Legend: ● 2020, ● 2021, ● 2022; — 2019 Subpopulation Average; ▮ Represents 95% confidence interval

X-axis: Rate (0% to 100%)

Comparison to 2021

The optimal rates in 2022 were not statistically different than the respective 2021 rates in all subpopulations, except for the Non-English speaker population. The 2022 rate for this population was significantly higher than its 2021 rate.

Comparison to Pre-Pandemic (2019)

The optimal rates in 2022 were not statistically different than the respective 2019 rates in all subpopulations, except for the following populations:

- White
- Not Hispanic/Latinx
- English-speakers
- U.S.-born

The 2022 rates for these populations were significantly lower than their 2019 rates.
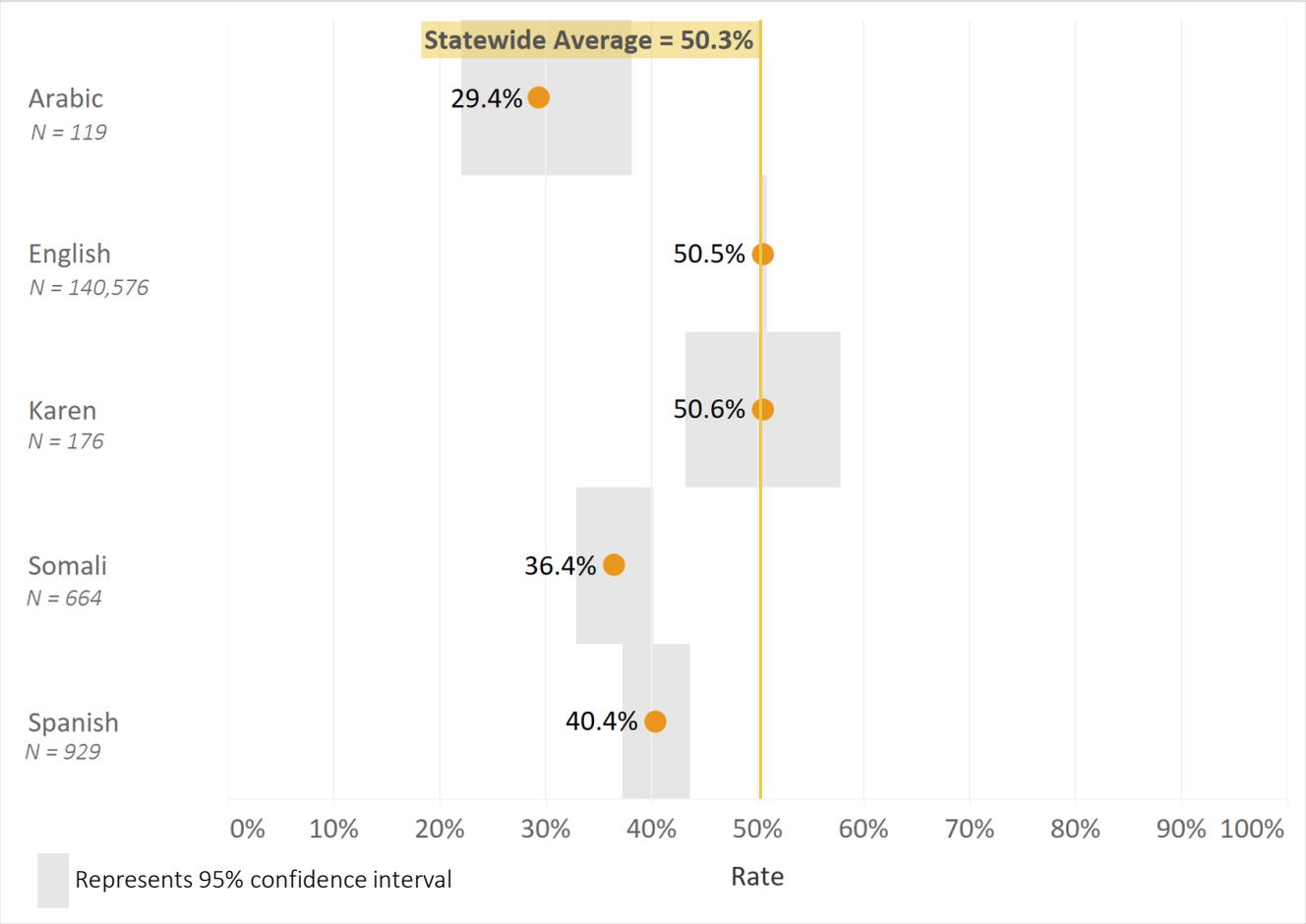
See page 53 for measure definitions.

OPTIMAL DIABETES CARE
Race/Ethnicity Summary
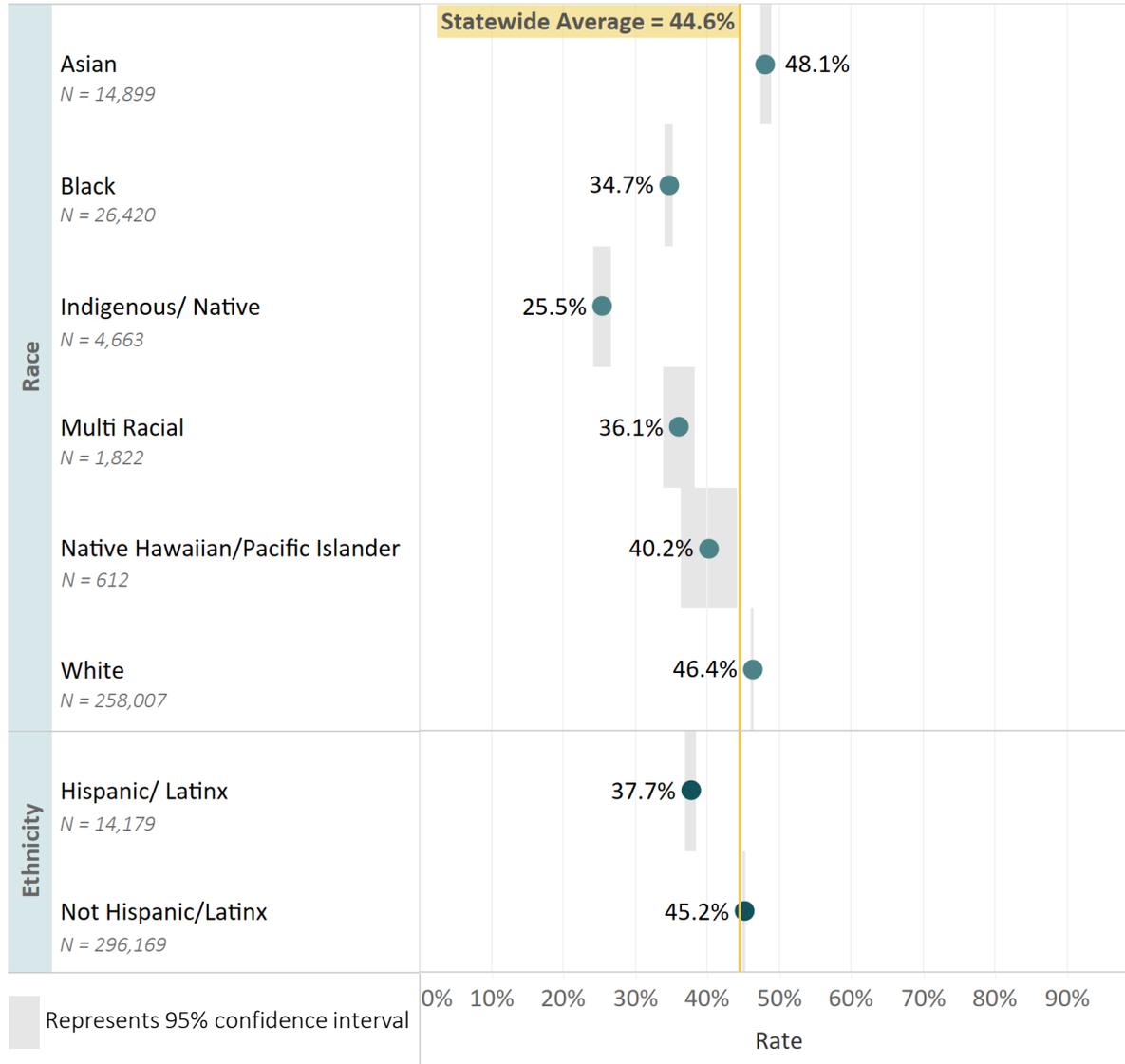
2022 measurement year

Statewide Average = 44.6%

Race

Group	Rate
Asian — N = 14,899	48.1%
Black — N = 26,420	34.7%
Indigenous/ Native — N = 4,663	25.5%
Multi Racial — N = 1,822	36.1%
Native Hawaiian/Pacific Islander — N = 612	40.2%
White — N = 258,007	46.4%

Ethnicity

Group	Rate
Hispanic/ Latinx — N = 14,179	37.7%
Not Hispanic/Latinx — N = 296,169	45.2%

Rate axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Rate

☐ Represents 95% confidence interval

Compared to the statewide average for Optimal Diabetes Care, patients who are:

RACE

↓ Black, Indigenous/ Native, Multi Racial, or Native Hawaiian/ Pacific Islander have significantly lower rates of optimal care.

↑ Asian or White have significantly higher rates of optimal care.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of optimal care.

↑ Not Hispanic/Latinx have significantly higher rates of optimal care.

OPTIMAL DIABETES CARE
Preferred Language Summary

2022 measurement year

Statewide Average = 44.6%

English
N = 303,824
44.8%

Hmong
N = 1,765
35.4%

Somali
N = 3,198
40.2%

Spanish
N = 7,148
36.8%

Vietnamese
N = 1,324
56.4%

0%   10%   20%   30%   40%   50%   60%   70%   80%   90% 100%

Rate

Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Somali, Spanish, or Vietnamese make up 98% of the eligible population for the Optimal Diabetes Care measure.

Compared to the statewide average for Optimal Diabetes Care, patients who prefer to speak:

↓ Hmong, Somali, or Spanish have significantly lower rates of optimal care.

↑ Vietnamese have a significantly higher rate of optimal care.

See page 53 for measure definitions.

OPTIMAL DIABETES CARE
Country of Origin Summary

2022 measurement year

Statewide Average = 44.6%

India *N = 1,929*	48.6%
Laos *N = 2,567*	39.1%
Mexico *N = 5,746*	36.5%
Somalia *N = 3,960*	38.0%
United States *N = 267,336*	44.7%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Rate

Represents 95% confidence interval
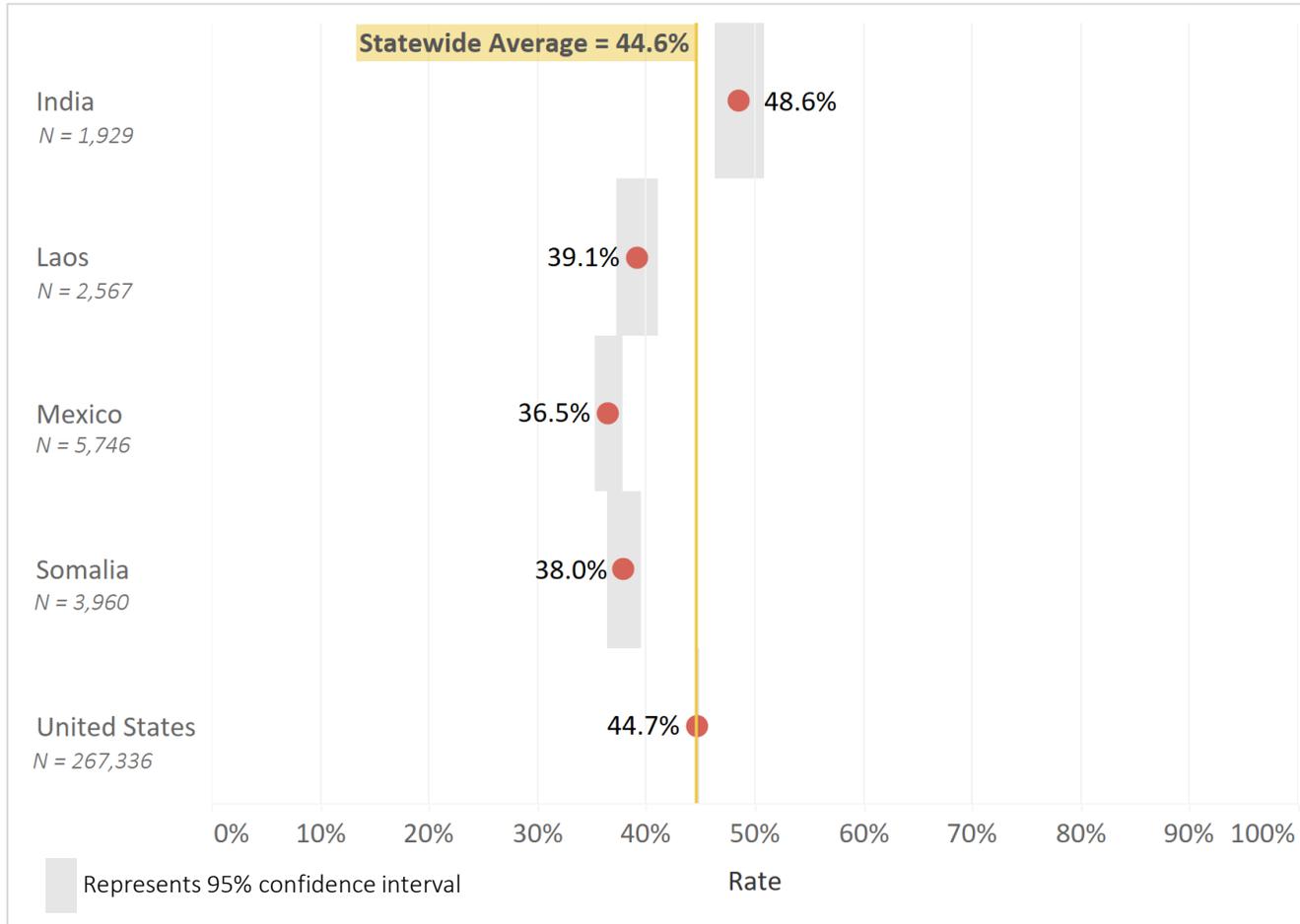
Patients from India, Laos, Mexico, Somalia, or the United States make up 92% of the eligible population for the Optimal Diabetes Care measure.

Compared to the statewide average for Optimal Diabetes Care, patients from:

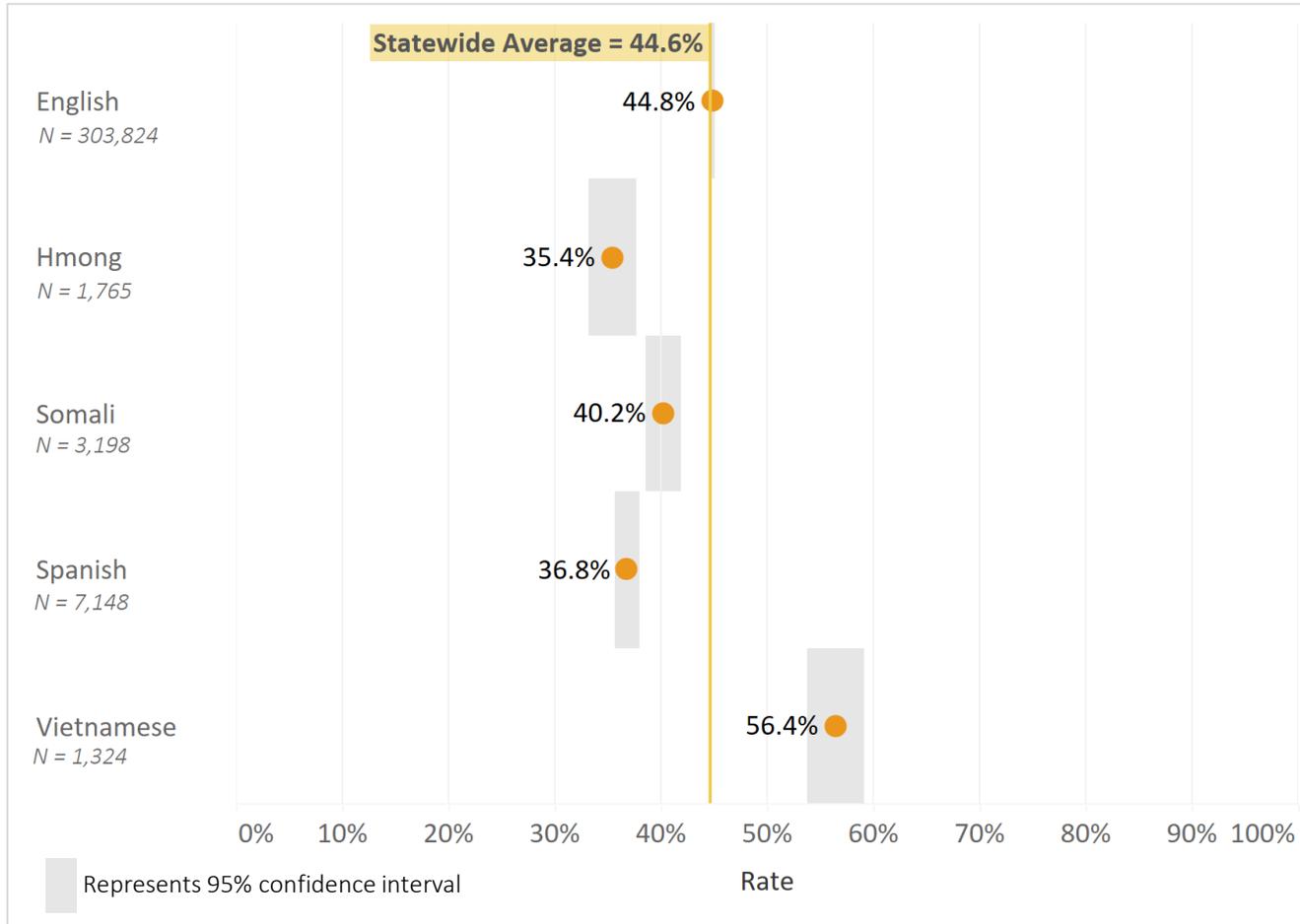↓ Laos, Mexico, or Somalia have significantly lower rates of optimal care.

↑ India have a significantly higher rate of optimal care.

See page 53 for measure definitions.

OPTIMAL DIABETES CARE
Trend by RELC Subpopulations

Race

Asian — 42.4% / 45.9% / 48.1% — 48.7%

Black — 29.6% / 33.4% / 34.7% — 35.0%

Indigenous/Native — 23.2% / 25.7% / 25.5% — 25.8%

Multi Racial — 32.5% / 35.7% / 36.1% — 35.8%

Native Hawaiian/Pacific Islander — 35.7% / 38.0% / 40.2% — 39.7%

White — 42.4% / 45.3% / 46.4% — 47.0%

Ethnicity

Hispanic/Latinx — 33.2% / 35.3% / 37.7% — 37.6%

Not Hispanic/Latinx — 41.0% / 44.1% / 45.2% — 45.9%

Preferred Language

English — 40.9% / 43.9% / 44.8% — 45.7%

Not English — 36.7% / 39.3% / 41.4% — 41.4%

Country of Origin

Not U.S.-born — 38.4% / 41.4% / 42.9% — 44.6%

U.S.-born — 40.8% / 43.8% / 44.7% — 45.2%

Legend: 2020 / 2021 / 2022
— 2019 Subpopulation Average
Represents 95% confidence interval

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Comparison to 2021

The optimal care rates in 2022 significantly increased compared to the respective 2021 rates in all subpopulations, except for the following populations:

- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander

The rates for these populations were not statistically different than their rates 2021.

Comparison to Pre-Pandemic (2019)

The optimal care rates in 2022 were not statistically different than the respective 20219 rates in all subpopulations, except for the following populations:

- White
- Not Hispanic/Latinx
- English speakers
- Not U.S.-born
- U.S.-born

The 2022 rates for these populations were significantly lower than their 2019 rates.

See page 53 for measure definitions.

OPTIMAL VASCULAR CARE
Race/Ethnicity Summary

2022 measurement year

Race

Asian	N = 3,943	64.1%
Black	N = 6,999	44.6%
Indigenous/ Native	N = 1,922	40.4%
Multi Racial	N = 654	48.5%
Native Hawaiian/Pacific Islander	N = 194	57.7%
White	N = 165,667	55.8%

Ethnicity

Hispanic/ Latinx	N = 2,801	54.6%
Not Hispanic/Latinx	N = 174,260	55.3%

Statewide Average = 55.3%

Represents 95% confidence interval

Rate

Compared to the statewide average for Optimal Vascular Care, patients who are:

RACE

↓ Black, Indigenous/ Native, or Multi Racial have significantly lower rates of optimal care.

↑ Asian or White have significantly higher rates of optimal care.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of optimal care.

↑ Not Hispanic/Latinx have significantly higher rates of optimal care.

See page 53 for measure definitions.

OPTIMAL VASCULAR CARE
Preferred Language Summary

2022 measurement year

Statewide Average = 55.3%

English
N = 179,663 — 55.2%

Hmong
N = 604 — 65.1%

Somali
N = 440 — 55.7%

Spanish
N = 938 — 55.9%

Vietnamese
N = 335 — 63.6%

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Represents 95% confidence interval

Patients who prefer to speak English, Hmong, Somali, Spanish, or Vietnamese make up 99% of the eligible population for the Optimal Vascular Care measure.

Compared to the statewide average for Optimal Vascular Care, patients who prefer to speak:

↑ Hmong or Vietnamese have significantly higher rates of optimal care.

See page 53 for measure definitions.

OPTIMAL VASCULAR CARE

Country of Origin Summary
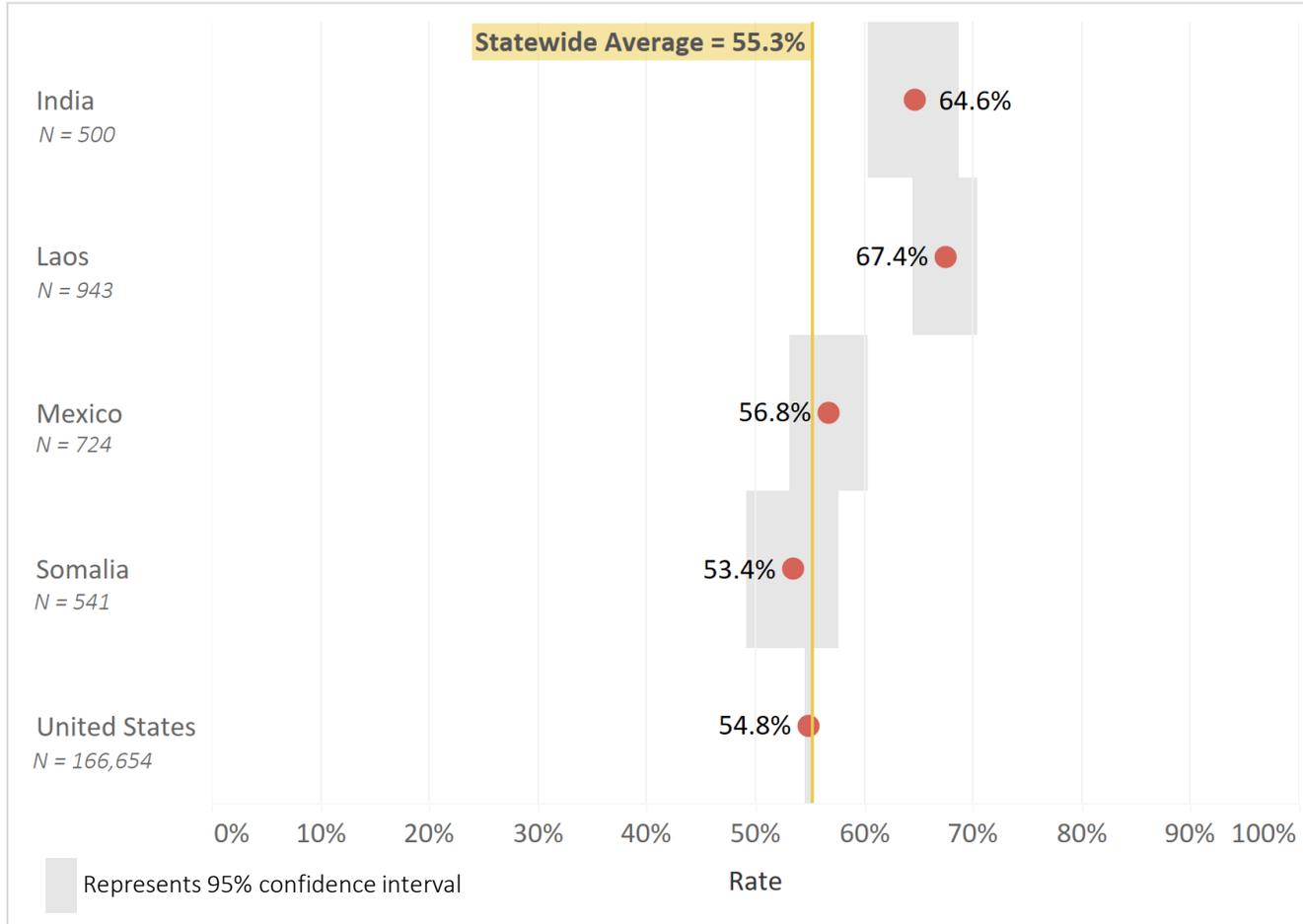
2022 measurement year

Statewide Average = 55.3%

Country	Rate
India N = 500	64.6%
Laos N = 943	67.4%
Mexico N = 724	56.8%
Somalia N = 541	53.4%
United States N = 166,654	54.8%

Rate (0% – 100%)

Represents 95% confidence interval

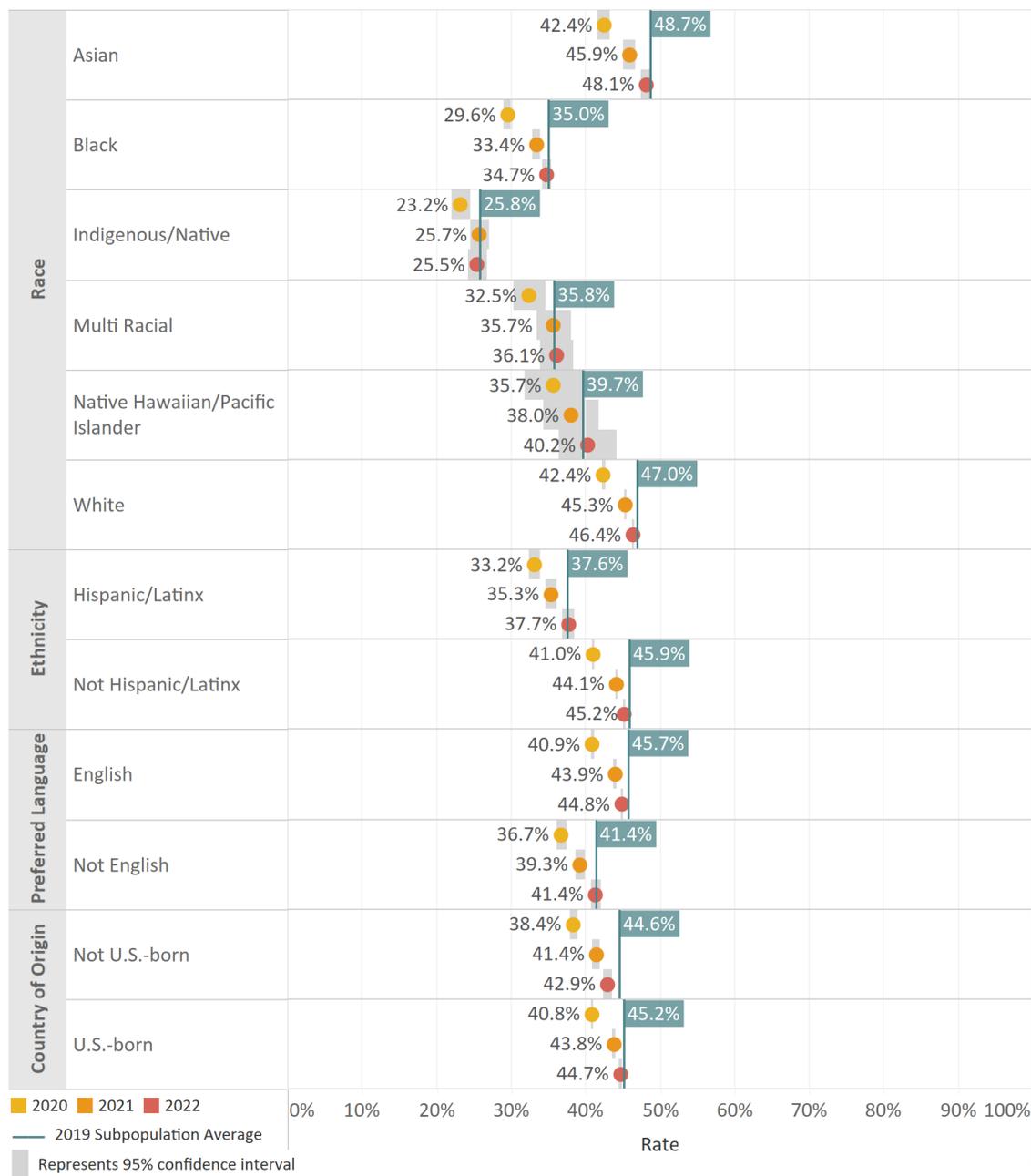Patients from India, Laos, Mexico, Somalia, or the United States make up 96% of the eligible population for the Optimal Vascular Care measure.

Compared to the statewide average for Optimal Vascular Care, patients from:

↑ India or Laos have significantly higher rates of optimal care.

See page 53 for measure definitions.

OPTIMAL VASCULAR CARE
Trend by RELC Subpopulations
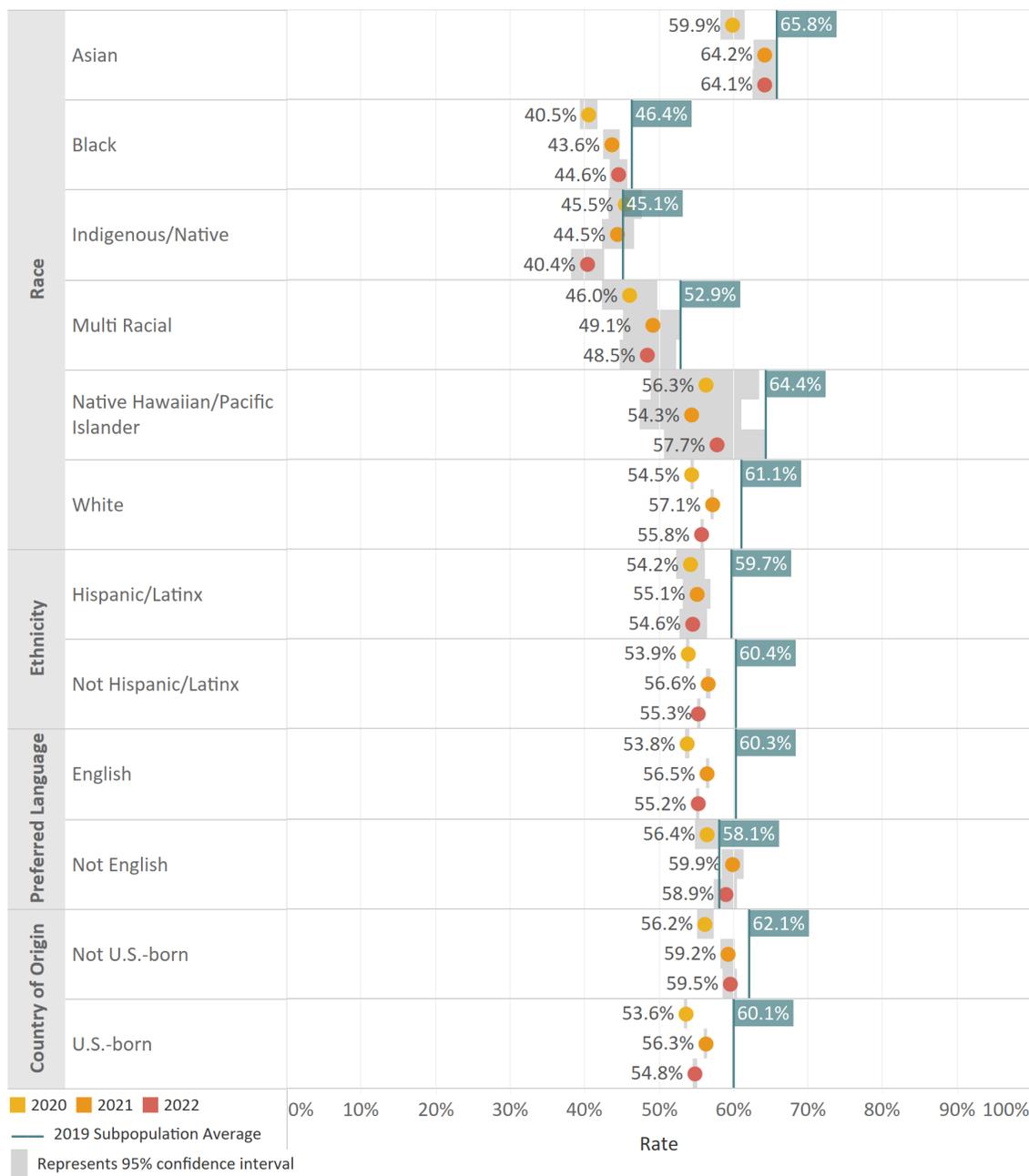
Race

Asian: 59.9%, 64.2%, 64.1% (2022 CI 65.8%)
Black: 40.5%, 43.6%, 44.6% (2022 CI 46.4%)
Indigenous/Native: 45.5%, 44.5%, 40.4% (2022 CI 45.1%)
Multi Racial: 46.0%, 49.1%, 48.5% (2022 CI 52.9%)
Native Hawaiian/Pacific Islander: 56.3%, 54.3%, 57.7% (2022 CI 64.4%)
White: 54.5%, 57.1%, 55.8% (2022 CI 61.1%)

Ethnicity

Hispanic/Latinx: 54.2%, 55.1%, 54.6% (2022 CI 59.7%)
Not Hispanic/Latinx: 53.9%, 56.6%, 55.3% (2022 CI 60.4%)

Preferred Language

English: 53.8%, 56.5%, 55.2% (2022 CI 60.3%)
Not English: 56.4%, 59.9%, 58.9% (2022 CI 58.1%)

Country of Origin

Not U.S.-born: 56.2%, 59.2%, 59.5% (2022 CI 62.1%)
U.S.-born: 53.6%, 56.3%, 54.8% (2022 CI 60.1%)

Legend: ● 2020 ● 2021 ● 2022
— 2019 Subpopulation Average
▨ Represents 95% confidence interval

X-axis: Rate (0% to 100%)

Comparison to 2021

The optimal rates in 2022 were not statistically different than the respective 2021 rates in all subpopulations, except for the following populations:

- White
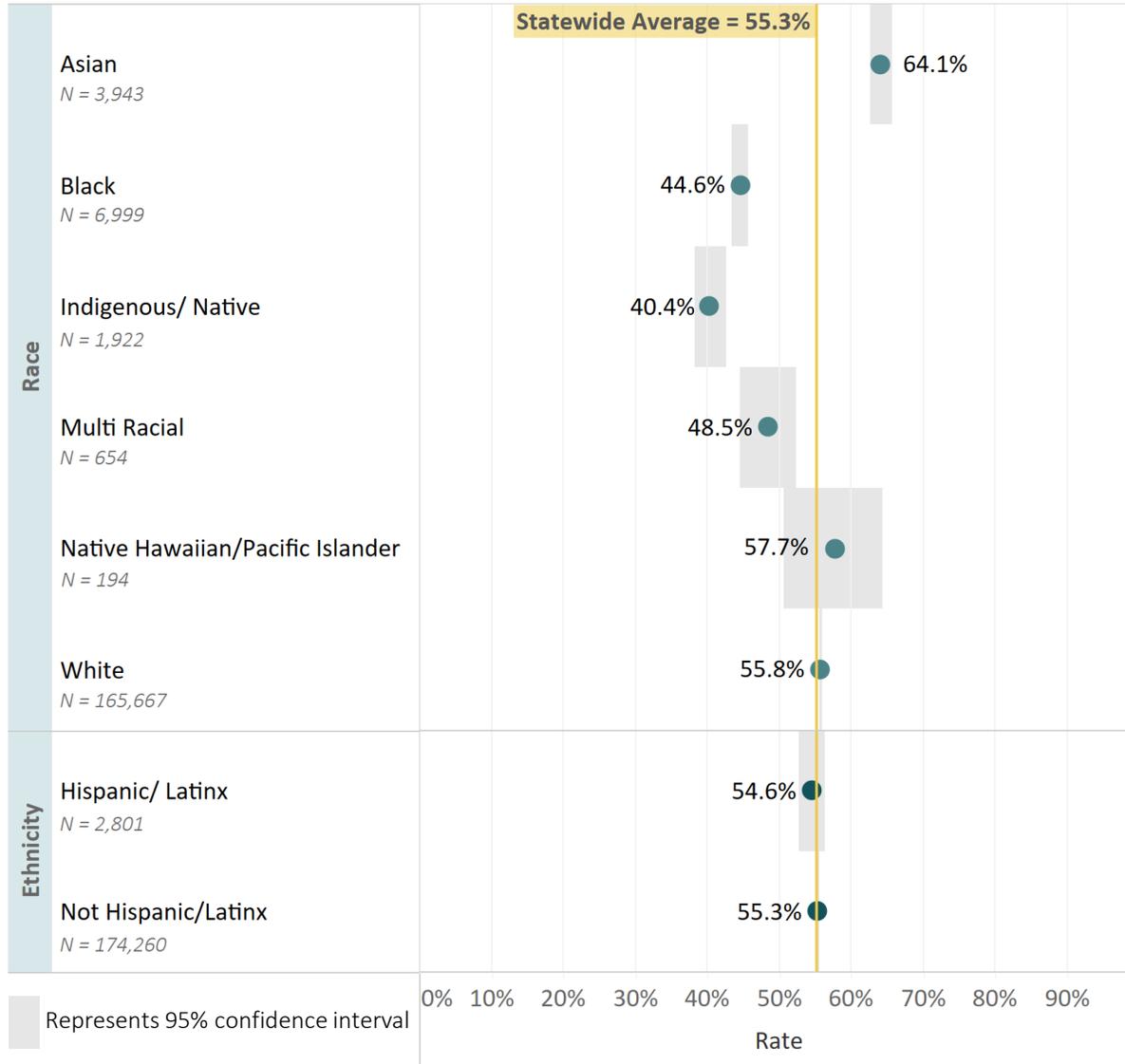- Not Hispanic/Latinx
- English speakers
- U.S.-born

The rates for these populations were significantly lower than their rates in 2021.

Comparison to Pre-Pandemic (2019)

The optimal rates in 2022 were significantly lower than the respective 2019 rates for all subpopulations, except for the following populations:

- Asian
- Black
- Multi Racial
- Native Hawaiian/Pacific Islander
- Non-English speakers

The 2022 rates for these populations were not statistically different than their 2019 rates.

See page 53 for measure definitions.

ADULT DEPRESSION: SIX MONTH MEASURES
Race/Ethnicity Summary

2022 measurement year

Follow-up PHQ-9/9M

Race

	Rate
Asian, N = 3,094	43.8%
Black, N = 5,772	39.0%
Indigenous/ Native, N = 1,325	44.5%
Multi Racial, N = 1,233	43.1%
Native Hawaiian/ Pacific Islander, N = 158	39.2%
White, N = 94,294	48.6%

Ethnicity

	Rate
Hispanic/ Latinx, N = 4,585	41.8%
Not Hispanic/Latinx, N = 101,621	48.3%

Statewide Average = 47.3%

Response

Race

	Rate
Asian, N = 3,094	15.2%
Black, N = 5,772	13.5%
Indigenous/ Native, N = 1,325	14.3%
Multi Racial, N = 1,233	13.1%
Native Hawaiian/ Pacific Islander, N = 158	14.6%
White, N = 94,294	18.8%

Ethnicity

	Rate
Hispanic/ Latinx, N = 4,585	15.0%
Not Hispanic/Latinx, N = 101,621	18.5%

Statewide Average = 17.9%

Remission

Race

	Rate
Asian, N = 3,094	8.3%
Black, N = 5,772	7.4%
Indigenous/ Native, N = 1,325	8.8%
Multi Racial, N = 1,233	6.0%
Native Hawaiian/ Pacific Islander, N = 158	8.9%
White, N = 94,294	10.6%

Ethnicity

	Rate
Hispanic/ Latinx, N = 4,585	8.6%
Not Hispanic/Latinx, N = 101,621	10.4%

Statewide Average = 10.1%

Represents 95% confidence interval

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Follow-up at Six Months
Compared to the statewide average for Follow-up PHQ-9/9M at Six Months, adults who are:

RACE

↓ Asian, Black, or Multi Racial have significantly lower rates of follow-up.

↑ White have a significantly higher rate of follow-up.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of follow-up.

Response at Six Months
Compared to the statewide average for Response at Six Months, adults who are:

RACE

↓ Asian, Black, Indigenous/Native, or Multi Racial have significantly lower rates of response.

↑ White have a significantly higher rate of response.

ETHNICITY

↑ Not Hispanic/Latinx have significantly higher rates of response.

Remission at Six Months
Compared to the statewide average for Remission at Six Months, adults who are:

RACE

↓ Asian, Black, or Multi Racial have significantly lower rates of remission

↑ White have a significantly higher rate of remission.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of remission.

See page 53 for measure definitions. 21

ADULT DEPRESSION: 12 MONTH MEASURES
Race/Ethnicity Summary

2022 measurement year

Follow-up PHQ-9/9M

Race

Asian N = 3,094	42.9%	Statewide Average = 44.4%
Black N = 5,772	35.9%	
Indigenous/ Native N = 1,325	41.6%	
Multi Racial N = 1,233	38.6%	
Native Hawaiian/ Pacific Islander N = 158	35.4%	
White N = 94,294	46.2%	

Ethnicity

Hispanic/ Latinx N = 4,585	38.2%
Not Hispanic/Latinx N = 101,621	45.7%

Response

Race

Asian N = 3,094	16.2%	Statewide Average = 17.4%
Black N = 5,772	12.2%	
Indigenous/ Native N = 1,325	15.8%	
Multi Racial N = 1,233	10.8%	
Native Hawaiian/ Pacific Islander N = 158	12.0%	
White N = 94,294	18.4%	

Ethnicity

Hispanic/ Latinx N = 4,585	14.5%
Not Hispanic/Latinx N = 101,621	18.0%

Remission

Race

Asian N = 3,094	8.2%	Statewide Average = 10.1%
Black N = 5,772	6.7%	
Indigenous/ Native N = 1,325	8.9%	
Multi Racial N = 1,233	5.5%	
Native Hawaiian/ Pacific Islander N = 158	8.9%	
White N = 94,294	10.7%	

Ethnicity

Hispanic/ Latinx N = 4,585	8.1%
Not Hispanic/Latinx N = 101,621	10.4%

Represents 95% confidence interval

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Rate

Follow-up at 12 Months
Compared to the statewide average for Follow-up PHQ-9/9M at 12 Months, adults who are:

RACE
↓ Black, Multi Racial, or Native Hawaiian/Pacific Islander have significantly lower rates of follow-up.

↑ White have a significantly higher rate of follow-up.

ETHNICITY
↓ Hispanic/Latinx have a significantly lower rate of follow-up.

↑ Not Hispanic/Latinx have a significantly lower rate of follow-up.

Response at 12 Months
Compared to the statewide average for Response at 12 Months, adults who are:

RACE
↓ Black or Multi Racial have significantly lower rates of response.

↑ White have a significantly higher rate of response.

ETHNICITY
↓ Hispanic/Latinx have a significantly lower rate of response

↑ Not Hispanic/Latinx have a significantly higher rate of response.

Remission at 12 Months
Compared to the statewide average for Remission at 12 Months, adults who are:

RACE
↓ Asian, Black, or Multi Racial have significantly lower rates of remission.

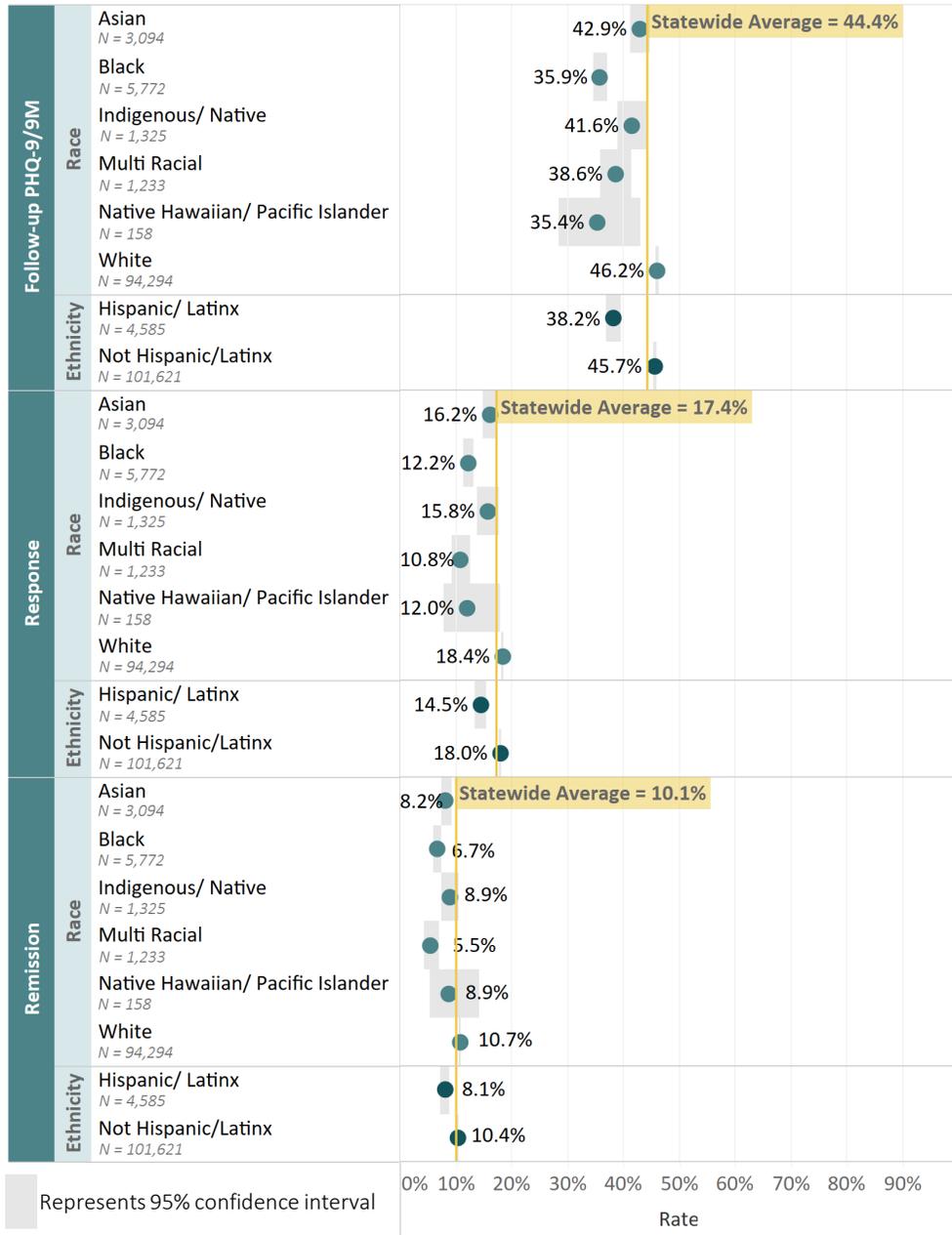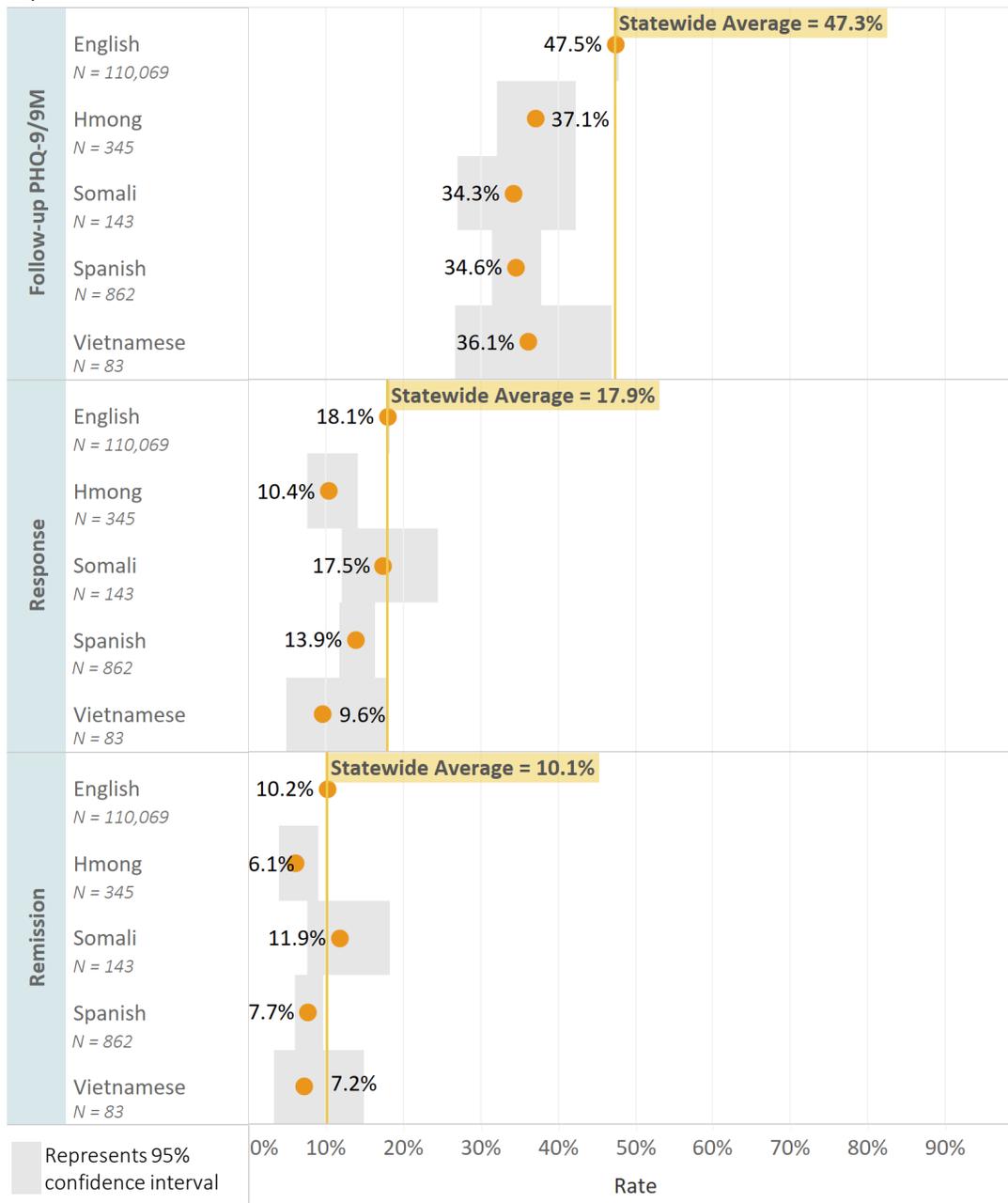↑ White have a significantly higher rate of remission.

ETHNICITY
↓ Hispanic/Latinx have a significantly lower rate of remission.

ADULT DEPRESSION: SIX MONTH MEASURES
Preferred Language Summary

2022 measurement year

Follow-up PHQ-9/9M

Language	Rate	
English N = 110,069	47.5%	Statewide Average = 47.3%
Hmong N = 345	37.1%	
Somali N = 143	34.3%	
Spanish N = 862	34.6%	
Vietnamese N = 83	36.1%	

Response

Language	Rate	
English N = 110,069	18.1%	Statewide Average = 17.9%
Hmong N = 345	10.4%	
Somali N = 143	17.5%	
Spanish N = 862	13.9%	
Vietnamese N = 83	9.6%	

Remission

Language	Rate	
English N = 110,069	10.2%	Statewide Average = 10.1%
Hmong N = 345	6.1%	
Somali N = 143	11.9%	
Spanish N = 862	7.7%	
Vietnamese N = 83	7.2%	

Represents 95% confidence interval

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Patients who prefer to speak English, Hmong, Somali, Spanish, or Vietnamese make up 99% of the eligible population for the suite of Adult Depression measures.

Follow-up at Six Months

Compared to the statewide average for Follow-up PHQ-9/9M at Six Months, adults who prefer to speak:

↓ Hmong, Somali, Spanish, or Vietnamese have significantly lower rates of follow-up.

Response at Six Months

Compared to the statewide average for Response at Six Months, adults who prefer to speak:

↓ Hmong or Spanish have significantly lower rates of response.

Remission at Six Months

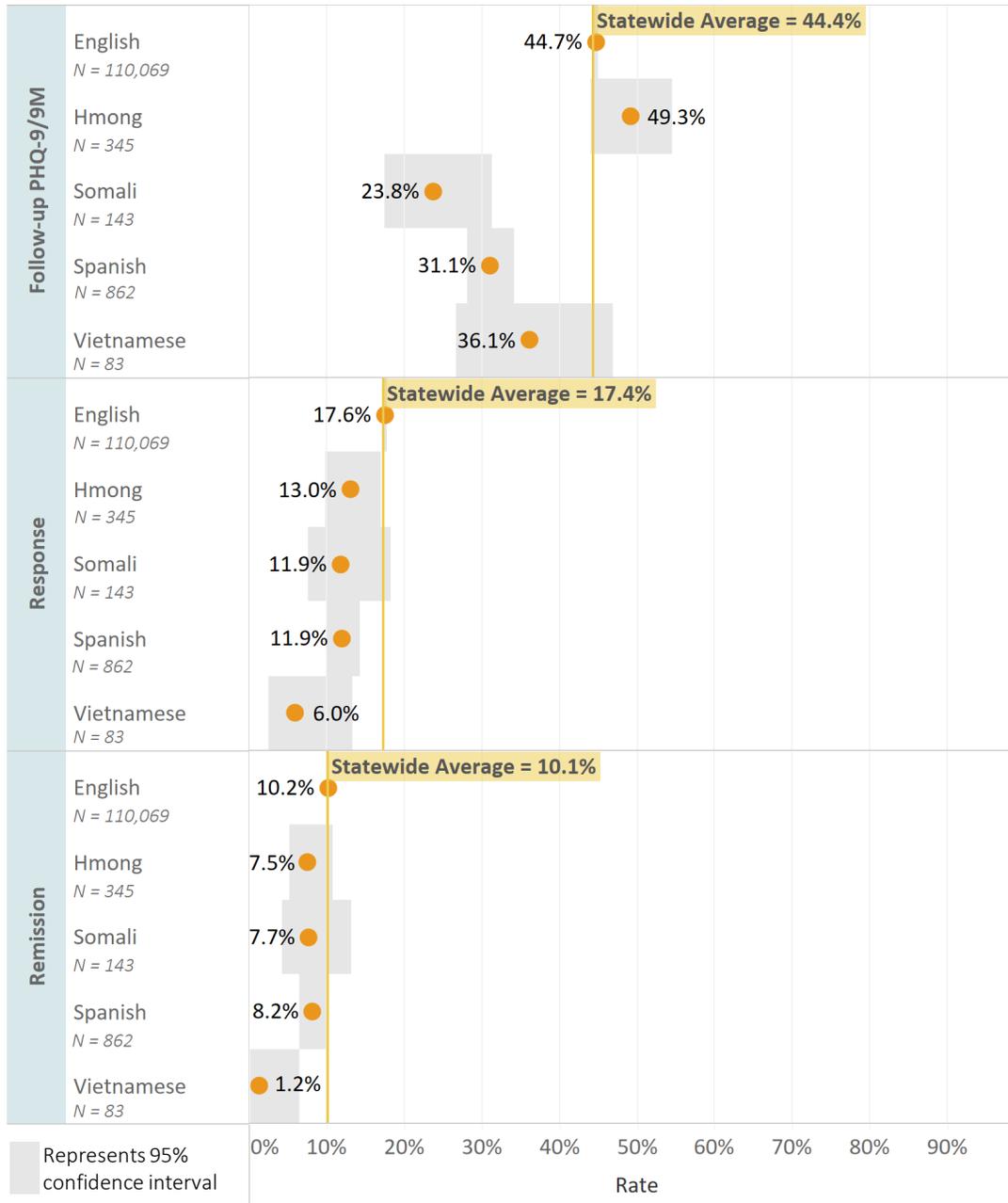Compared to the statewide average for Remission at Six Months, adults who prefer to speak:

↓ Hmong or Spanish have significantly lower rates of remission.

See page 53 for measure definitions.

ADULT DEPRESSION: 12 MONTH MEASURES
Preferred Language Summary

2022 measurement year

Follow-up PHQ-9/9M

Language	Rate
English (N = 110,069)	44.7%
Hmong (N = 345)	49.3%
Somali (N = 143)	23.8%
Spanish (N = 862)	31.1%
Vietnamese (N = 83)	36.1%

Statewide Average = 44.4%

Response

Language	Rate
English (N = 110,069)	17.6%
Hmong (N = 345)	13.0%
Somali (N = 143)	11.9%
Spanish (N = 862)	11.9%
Vietnamese (N = 83)	6.0%

Statewide Average = 17.4%

Remission

Language	Rate
English (N = 110,069)	10.2%
Hmong (N = 345)	7.5%
Somali (N = 143)	7.7%
Spanish (N = 862)	8.2%
Vietnamese (N = 83)	1.2%

Statewide Average = 10.1%

Represents 95% confidence interval

Rate

Patients who prefer to speak English, Hmong, Somali, Spanish, or Vietnamese make up 99% of the eligible population for the suite of Adult Depression measures.

Follow-up at 12 Months

Compared to the statewide average for Follow-up PHQ-9/9M at 12 Months, adults who prefer to speak:

↓ Somali or Spanish have significantly lower rates of follow-up.

Response at 12 Months

Compared to the statewide average for Response at 12 Months, adults who prefer to speak:

↓ Hmong, Spanish, or Vietnamese have significantly lower rates of response.

Remission at 12 Months

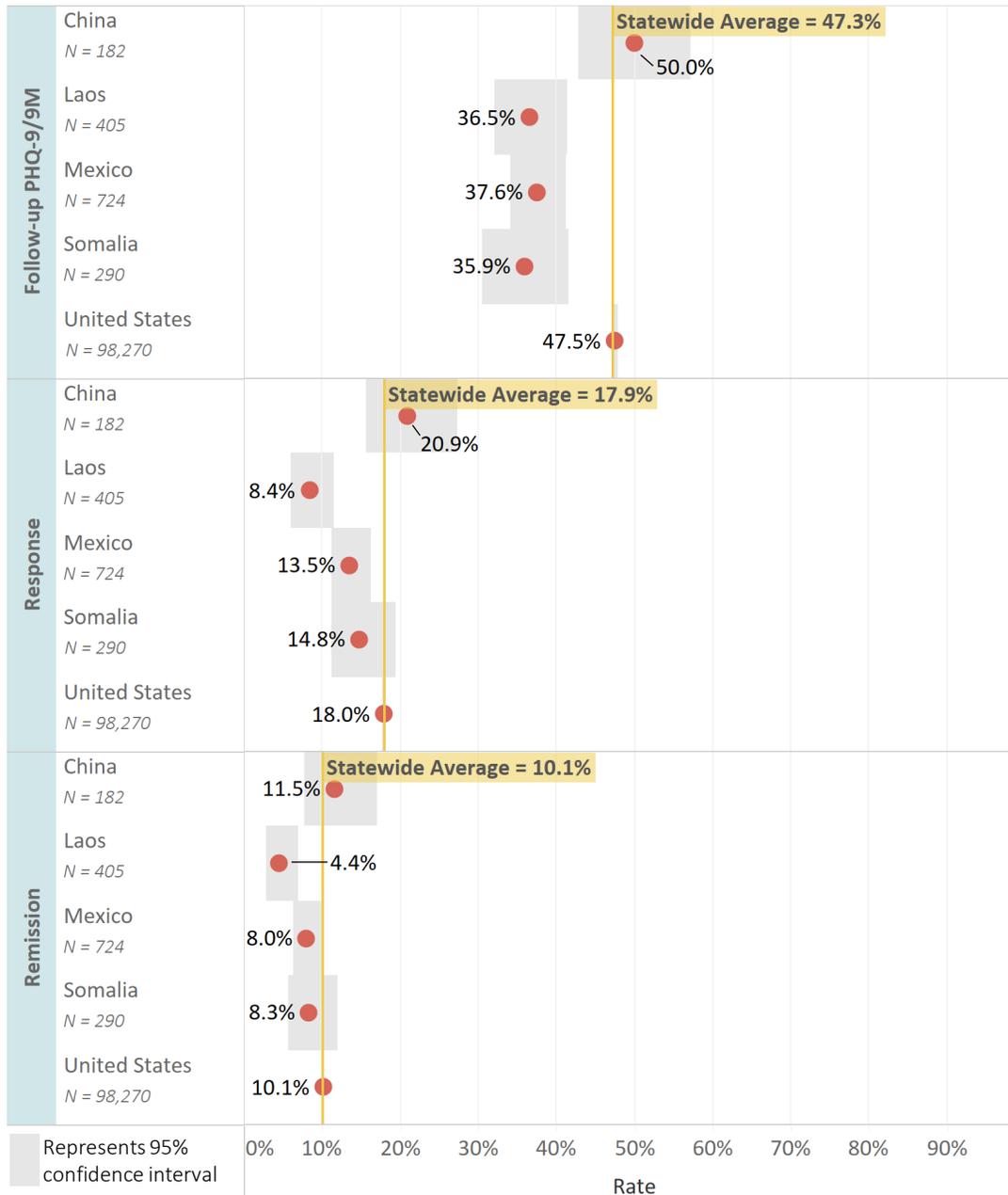Compared to the statewide average for Remission at 12 Months, adults who prefer to speak:

↓ Vietnamese have a significantly lower rate of remission.

See page 53 for measure definitions.

ADULT DEPRESSION: SIX MONTH MEASURES
Country of Origin Summary

2022 measurement year

Follow-up PHQ-9/9M

China	N = 182	Statewide Average = 47.3%
Laos	N = 405	36.5%
Mexico	N = 724	37.6%
Somalia	N = 290	35.9%
United States	N = 98,270	47.5%

China: 50.0%

Response

China	N = 182	Statewide Average = 17.9% — 20.9%
Laos	N = 405	8.4%
Mexico	N = 724	13.5%
Somalia	N = 290	14.8%
United States	N = 98,270	18.0%

Remission

China	N = 182	Statewide Average = 10.1% — 11.5%
Laos	N = 405	4.4%
Mexico	N = 724	8.0%
Somalia	N = 290	8.3%
United States	N = 98,270	10.1%

Represents 95% confidence interval

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Patients from China, Laos, Mexico, Somalia, or the United States make up 96% of the eligible population for the suite of Adult Depression measures.

Follow-up at Six Months

Compared to the statewide average for Follow-up PHQ-9/9M at Six Months, adults from:

↓ Laos, Mexico, or Somalia have significantly lower rates of follow-up.

Response at Six Months

Compared to the statewide average for Response at Six Months, adults from:

↓ Laos or Mexico have significantly lower rates of response.

Remission at Six Months

Compared to the statewide average for Remission at Six Months, adults from:
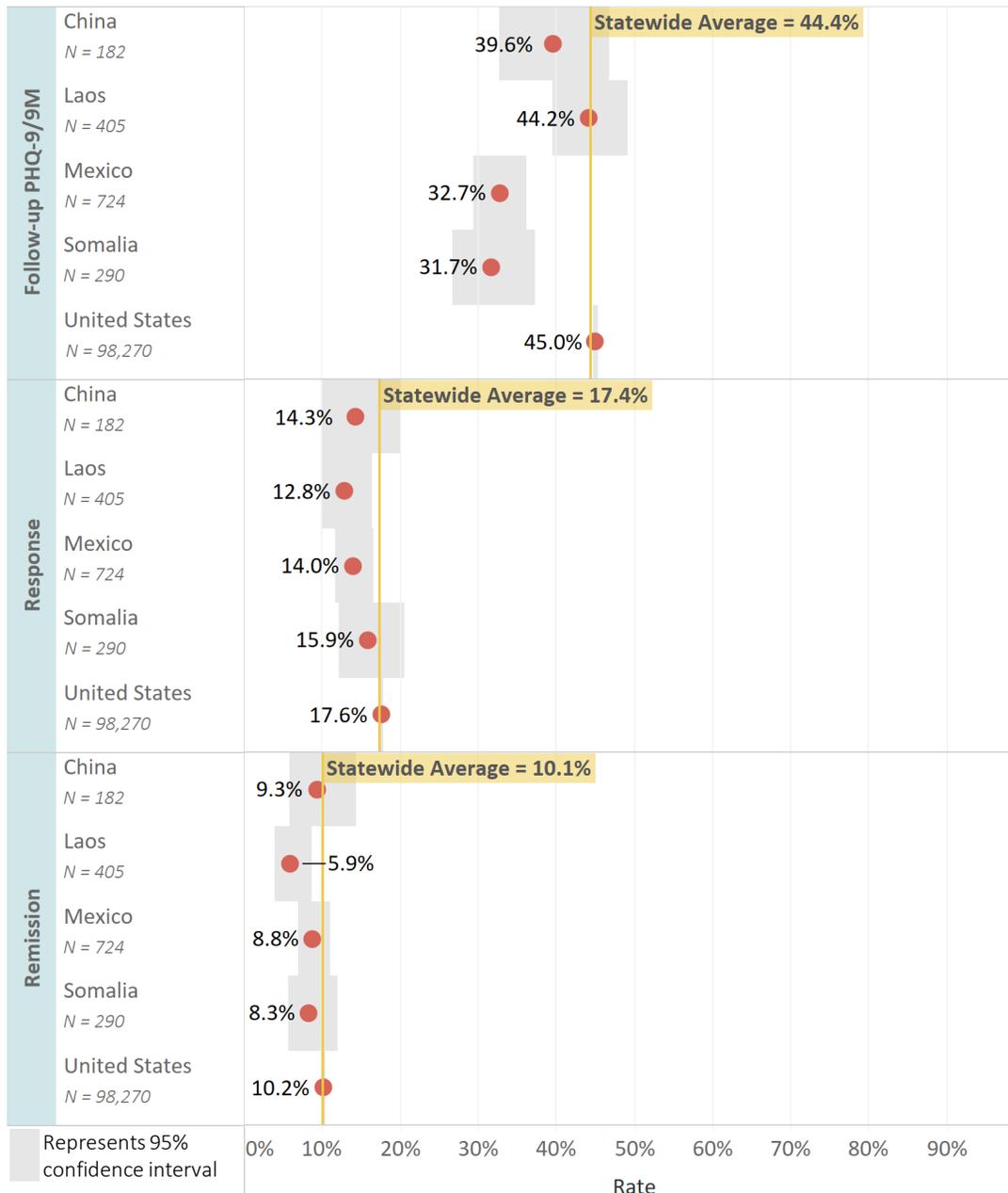
↓ Laos have a significantly lower rate of remission.

See page 53 for measure definitions.

ADULT DEPRESSION: 12 MONTH MEASURES
Country of Origin Summary

2022 measurement year

Follow-up PHQ-9/9M

Country	N	Rate
China	182	39.6%
Laos	405	44.2%
Mexico	724	32.7%
Somalia	290	31.7%
United States	98,270	45.0%

Statewide Average = 44.4%

Response

Country	N	Rate
China	182	14.3%
Laos	405	12.8%
Mexico	724	14.0%
Somalia	290	15.9%
United States	98,270	17.6%

Statewide Average = 17.4%

Remission

Country	N	Rate
China	182	9.3%
Laos	405	5.9%
Mexico	724	8.8%
Somalia	290	8.3%
United States	98,270	10.2%

Statewide Average = 10.1%

Represents 95% confidence interval

Rate

Patients from China, Laos, Mexico, Somalia, or the United States make up 96% of the eligible population for the suite of Adult Depression measures.

Follow-up at 12 Months

Compared to the statewide average for Follow-up PHQ-9/9M at 12 Months, adults from:

↓ Mexico or Somalia have significantly lower rates of follow-up.

Response at 12 Months

Compared to the statewide average for Response at 12 Months, adults from:

↓ Laos or Mexico have significantly lower rates of response.
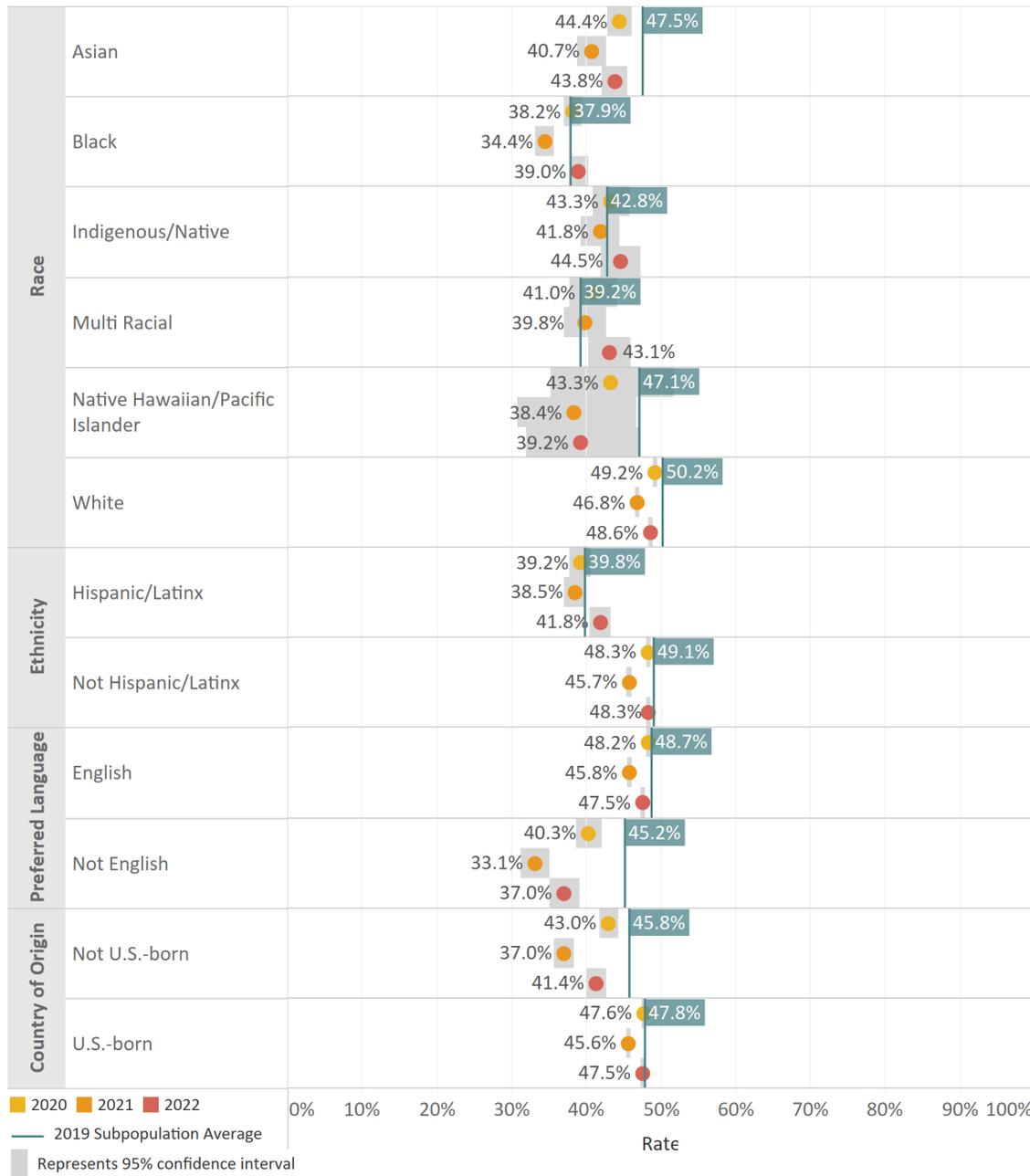
Remission at 12 Months

Compared to the statewide average for Remission at 12 Months, adults who prefer to speak:

↓ Laos have a significantly lower rate of remission.

See page 53 for measure definitions.

ADULT DEPRESSION: FOLLOW-UP PHQ-9/9M AT SIX MONTHS
Trend by RELC Subpopulations

Race

Asian
- 44.4%
- 47.5%
- 40.7%
- 43.8%

Black
- 38.2% / 37.9%
- 34.4%
- 39.0%

Indigenous/Native
- 43.3% / 42.8%
- 41.8%
- 44.5%

Multi Racial
- 41.0% / 39.2%
- 39.8%
- 43.1%

Native Hawaiian/Pacific Islander
- 43.3% / 47.1%
- 38.4%
- 39.2%

White
- 49.2% / 50.2%
- 46.8%
- 48.6%

Ethnicity

Hispanic/Latinx
- 39.2% / 39.8%
- 38.5%
- 41.8%

Not Hispanic/Latinx
- 48.3% / 49.1%
- 45.7%
- 48.3%

Preferred Language

English
- 48.2% / 48.7%
- 45.8%
- 47.5%

Not English
- 40.3%
- 45.2%
- 33.1%
- 37.0%

Country of Origin

Not U.S.-born
- 43.0% / 45.8%
- 37.0%
- 41.4%

U.S.-born
- 47.6% / 47.8%
- 45.6%
- 47.5%

Legend:
- 2020
- 2021
- 2022
- 2019 Subpopulation Average
- Represents 95% confidence interval

X-axis: Rate (0% to 100%)

Comparison to 2021

The follow-up rates in 2022 significantly increased compared to the respective 2021 rates in all subpopulations, except for the following populations:

- Asian
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Non-English speakers

The rates for these populations were not statistically different than their rates in 2021.

Comparison to Pre-Pandemic (2019)

The follow-up rates in 2022 were significantly lower than the respective 2019 rates in all subpopulations, except for the following populations:
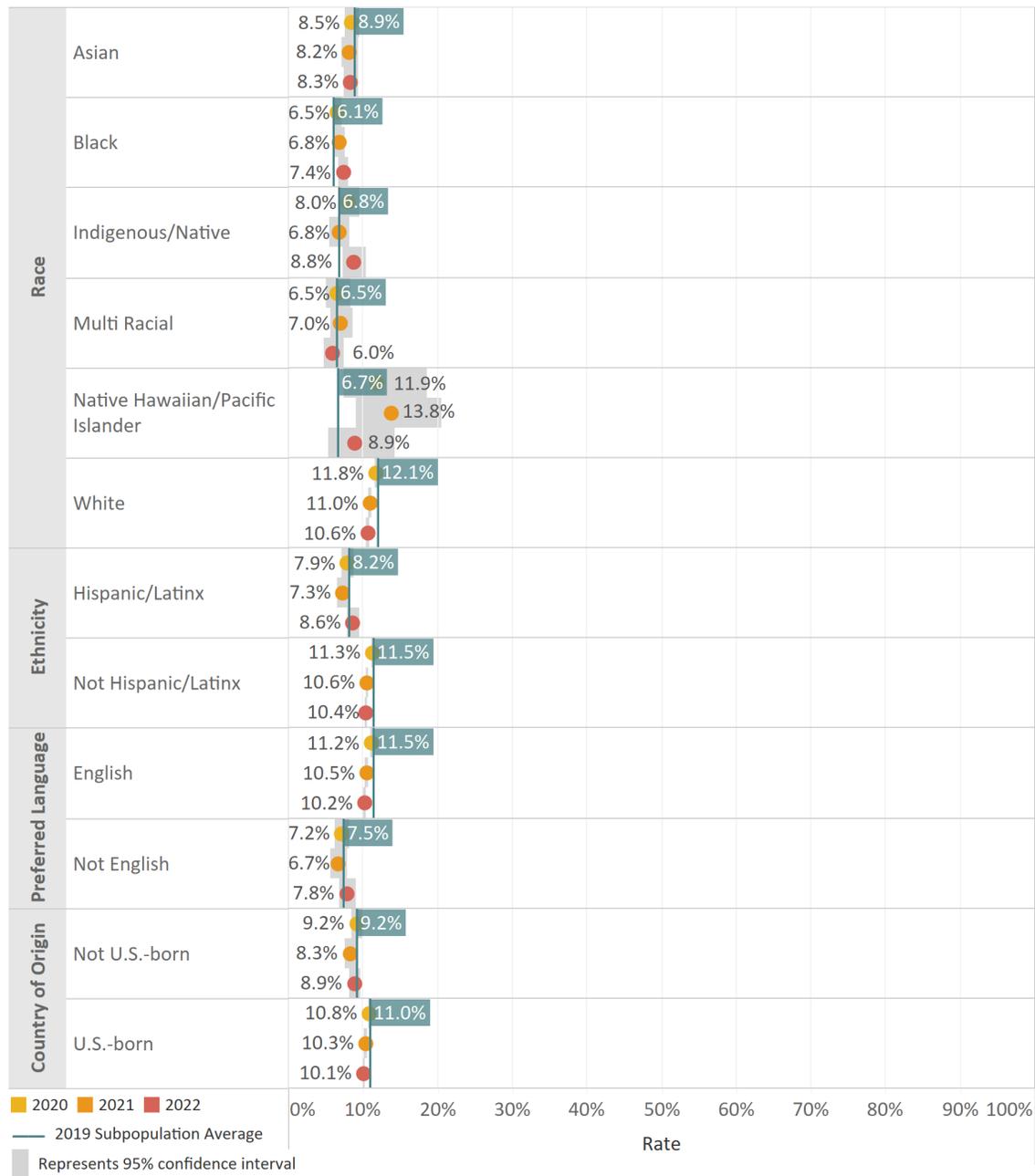
- Black
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx
- U.S.-born

The rates for these populations were not statistically different than their rates in 2019.

See page 53 for measure definitions.

ADULT DEPRESSION: REMISSION AT SIX MONTHS

Trend by RELC Subpopulations

Race

Asian	8.5% / 8.9%
	8.2%
	8.3%
Black	6.5% / 6.1%
	6.8%
	7.4%
Indigenous/Native	8.0% / 6.8%
	6.8%
	8.8%
Multi Racial	6.5% / 6.5%
	7.0%
	6.0%
Native Hawaiian/Pacific Islander	6.7% / 11.9%
	13.8%
	8.9%
White	11.8% / 12.1%
	11.0%
	10.6%

Ethnicity

Hispanic/Latinx	7.9% / 8.2%
	7.3%
	8.6%
Not Hispanic/Latinx	11.3% / 11.5%
	10.6%
	10.4%

Preferred Language

English	11.2% / 11.5%
	10.5%
	10.2%
Not English	7.2% / 7.5%
	6.7%
	7.8%

Country of Origin

Not U.S.-born	9.2% / 9.2%
	8.3%
	8.9%
U.S.-born	10.8% / 11.0%
	10.3%
	10.1%

Legend: 2020, 2021, 2022 — 2019 Subpopulation Average — Represents 95% confidence interval

Rate (0% to 100%)

Comparison to 2021

The remission rates in 2022 were not statistically different than the respective 2021 rates in all subpopulations.

Comparison to Pre-Pandemic (2019)

The remission rates in 2022 were not statistically different than the respective 2019 rates in all subpopulations, except for the following populations:
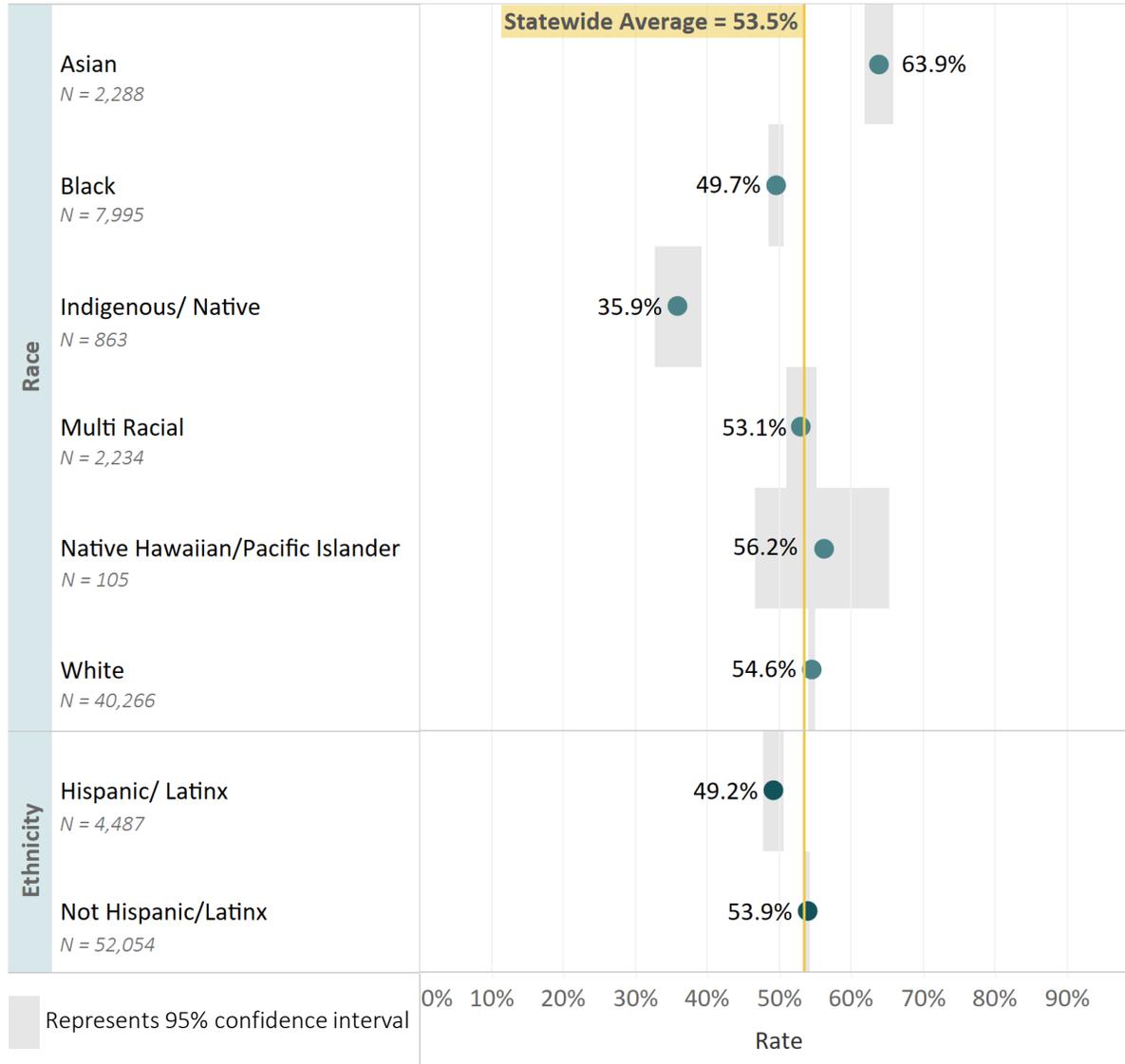
- Black
  Significantly higher than 2019 rate

- White
  Significantly lower than 2019 rate

- Not Hispanic/Latinx
  Significantly lower than 2019 rate

- English speakers
  Significantly lower than 2019 rate

- U.S.-born
  Significantly lower than 2019 rate

See [page 53](#) for measure definitions.

OPTIMAL ASTHMA CONTROL – CHILDREN
Race/Ethnicity Summary

2022 measurement year

Statewide Average = 53.5%

Race

Asian	N = 2,288	63.9%
Black	N = 7,995	49.7%
Indigenous/ Native	N = 863	35.9%
Multi Racial	N = 2,234	53.1%
Native Hawaiian/Pacific Islander	N = 105	56.2%
White	N = 40,266	54.6%

Ethnicity

Hispanic/ Latinx	N = 4,487	49.2%
Not Hispanic/Latinx	N = 52,054	53.9%

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

☐ Represents 95% confidence interval

Compared to the statewide average for Optimal Asthma Control, children who are:

RACE

↓ Black or Indigenous/Native have significantly lower rates of optimal control.

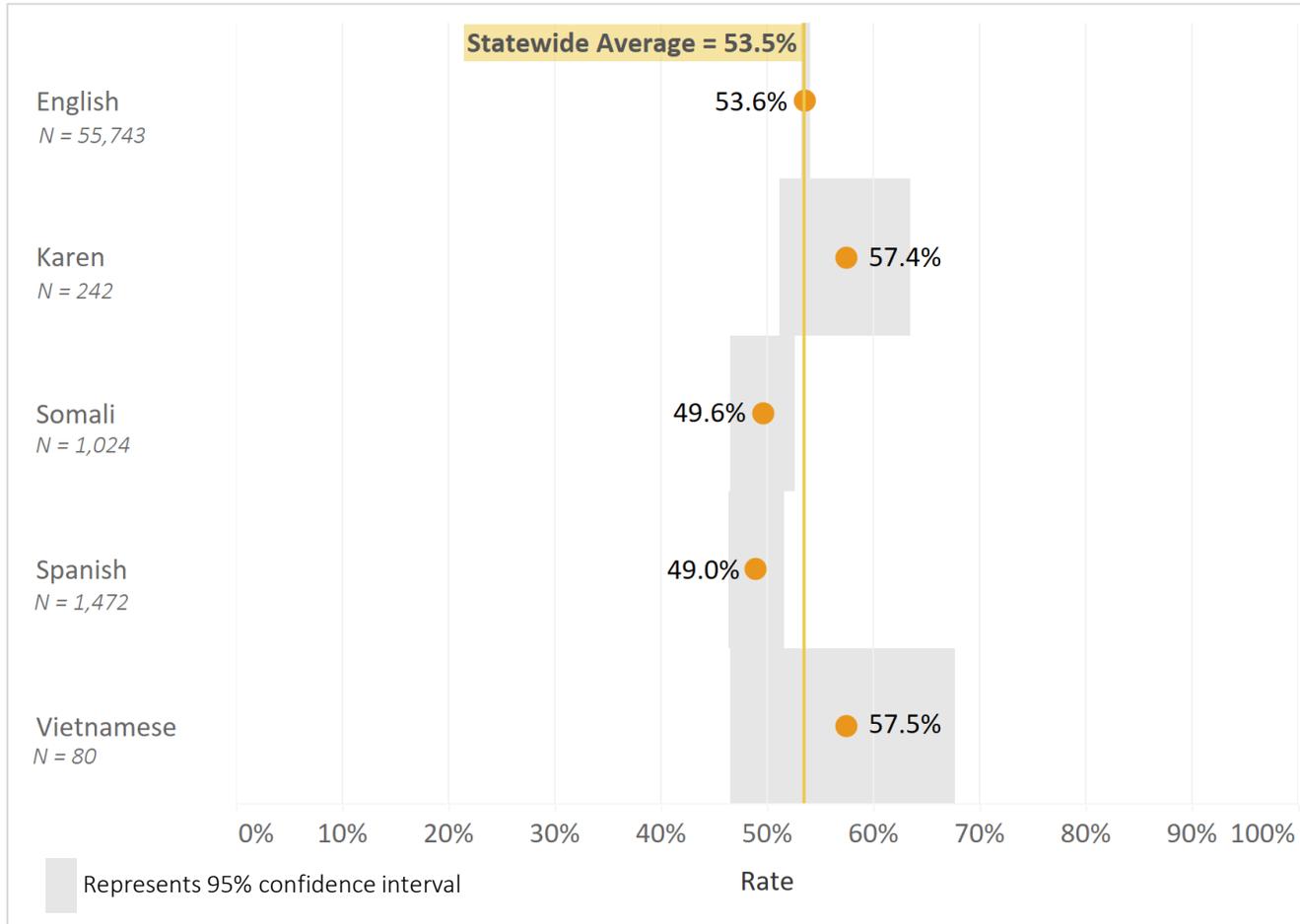↑ Asian or White have significantly higher rates of optimal control.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of optimal control.

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – CHILDREN
Preferred Language Summary

2022 measurement year

Statewide Average = 53.5%

English
N = 55,743
53.6%

Karen
N = 242
57.4%

Somali
N = 1,024
49.6%

Spanish
N = 1,472
49.0%

Vietnamese
N = 80
57.5%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Rate

Represents 95% confidence interval

Patients who prefer to speak English, Karen, Somali, Spanish, or Vietnamese make up 99% of the eligible child population for the Optimal Asthma Control measure.

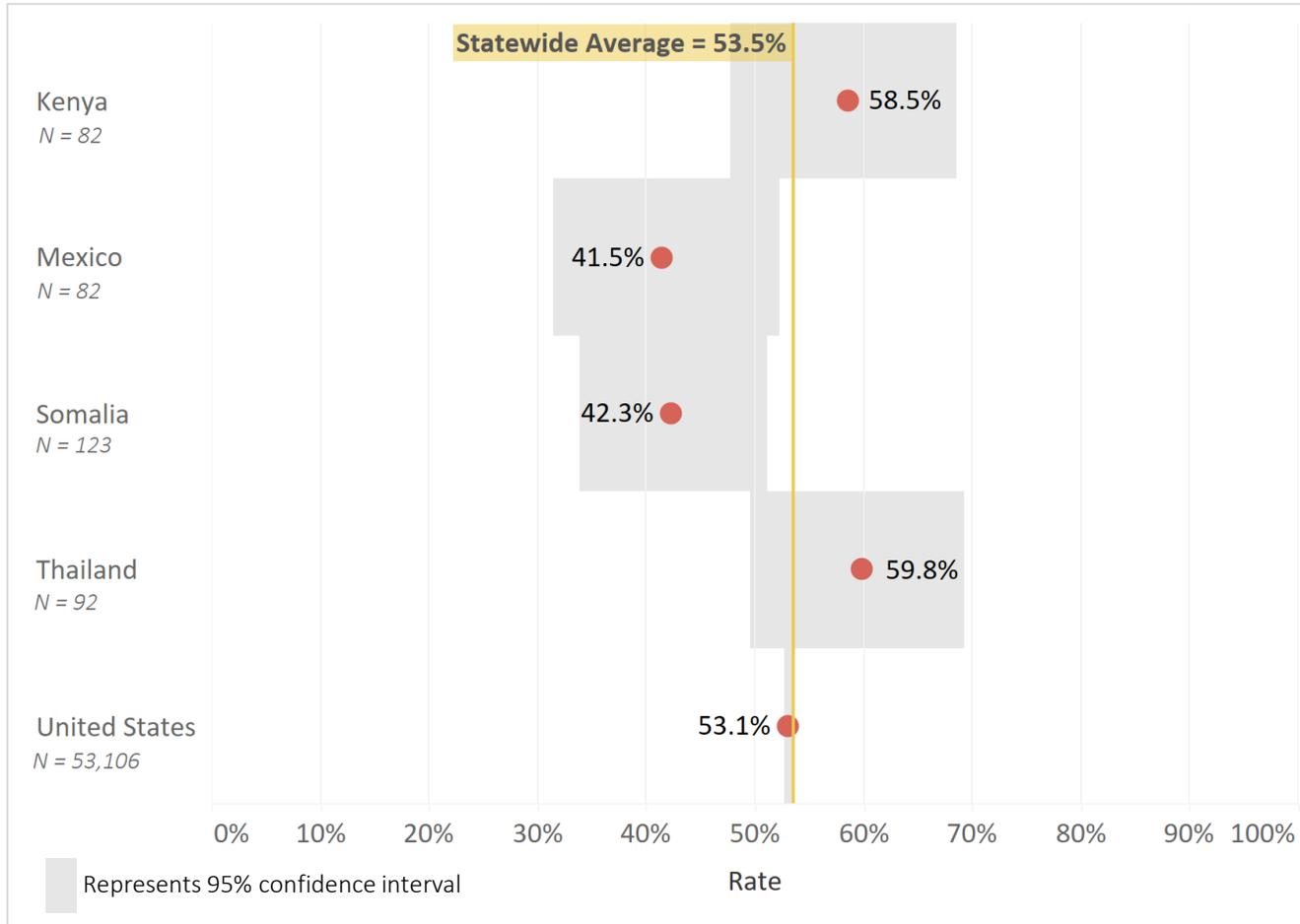Compared to the statewide average for Optimal Asthma Control, children who prefer to speak:

↓ Somali or Spanish have significantly lower rates of optimal control.

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – CHILDREN
Country of Origin Summary

2022 measurement year

Statewide Average = 53.5%

Kenya
N = 82 — 58.5%

Mexico
N = 82 — 41.5%

Somalia
N = 123 — 42.3%

Thailand
N = 92 — 59.8%

United States
N = 53,106 — 53.1%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Rate

Represents 95% confidence interval

Patients from Kenya, Mexico, Somalia, Thailand, or the United States make up 98% percent of the eligible child population for the Optimal Asthma Control measure.
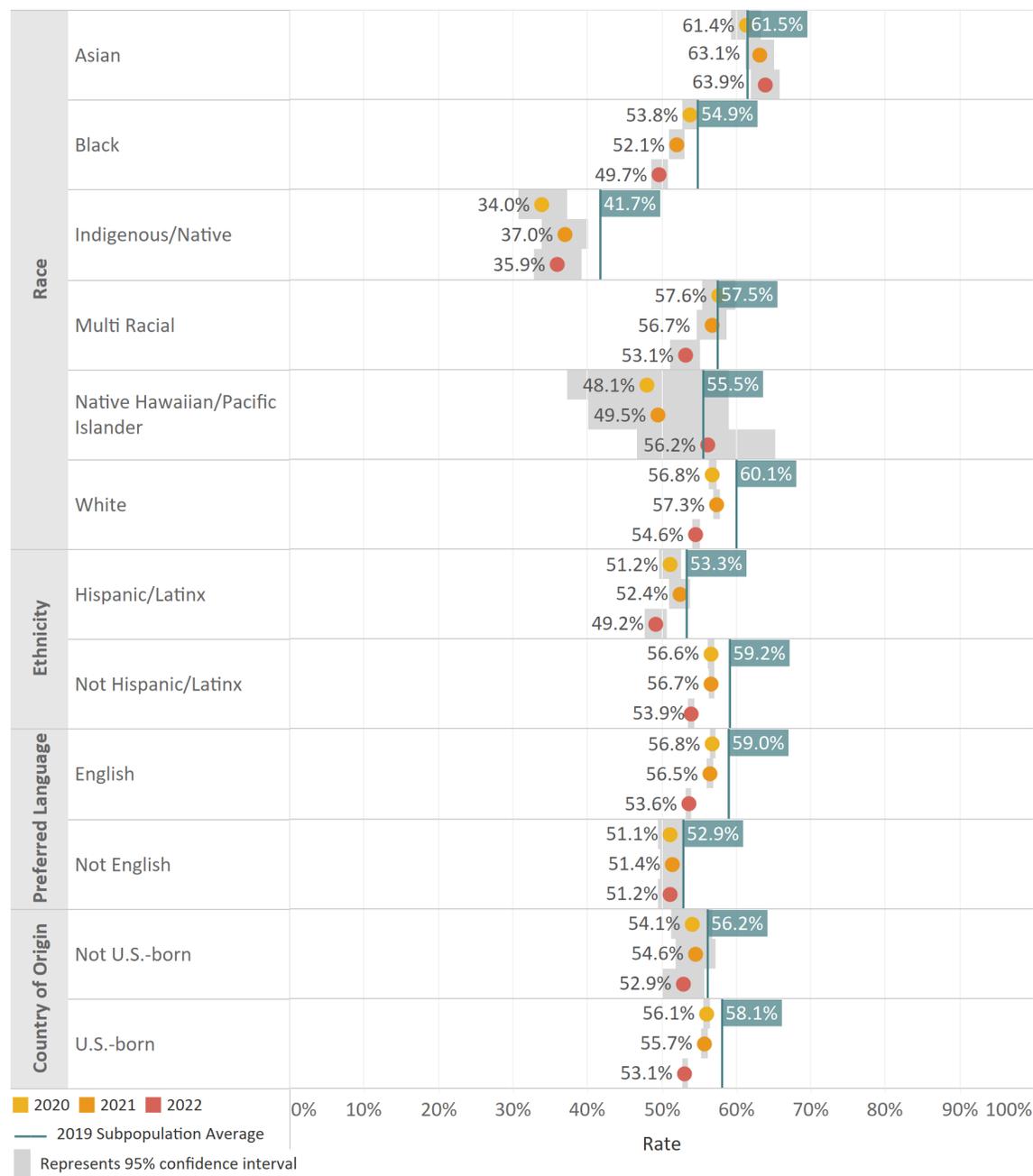
Compared to the statewide average for Optimal Asthma Control, children from:

↓ Mexico or Somalia have significantly lower rates of optimal control.

See page 53 for measure definitions.

OPTIMAL ASTHMA CONTROL – CHILDREN

Trend by RELC Subpopulations

Legend:
- ● 2020 ● 2021 ● 2022
- ── 2019 Subpopulation Average
- ▨ Represents 95% confidence interval

X-axis: Rate (0% to 100%)

Race

Asian: 61.4%, 61.5%, 63.1%, 63.9%

Black: 53.8%, 54.9%, 52.1%, 49.7%

Indigenous/Native: 34.0%, 41.7%, 37.0%, 35.9%

Multi Racial: 57.6%, 57.5%, 56.7%, 53.1%

Native Hawaiian/Pacific Islander: 48.1%, 55.5%, 49.5%, 56.2%

White: 56.8%, 60.1%, 57.3%, 54.6%

Ethnicity

Hispanic/Latinx: 51.2%, 53.3%, 52.4%, 49.2%

Not Hispanic/Latinx: 56.6%, 59.2%, 56.7%, 53.9%

Preferred Language

English: 56.8%, 59.0%, 56.5%, 53.6%

Not English: 51.1%, 52.9%, 51.4%, 51.2%

Country of Origin

Not U.S.-born: 54.1%, 56.2%, 54.6%, 52.9%

U.S.-born: 56.1%, 58.1%, 55.7%, 53.1%

Comparison to 2021

The optimal rates in 2022 significantly decreased compared to the respective 2021 rates in all subpopulations, except for the following populations:

- Asian
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Non-English speakers
- Not U.S.-born

The rates for these populations were not statistically different than their rates in 2021.

Comparison to Pre-Pandemic (2019)

The optimal rates in 2022 were significantly lower than the respective 2019 rates in all subpopulations, except for the following populations:

- Asian
- Indigenous/Native
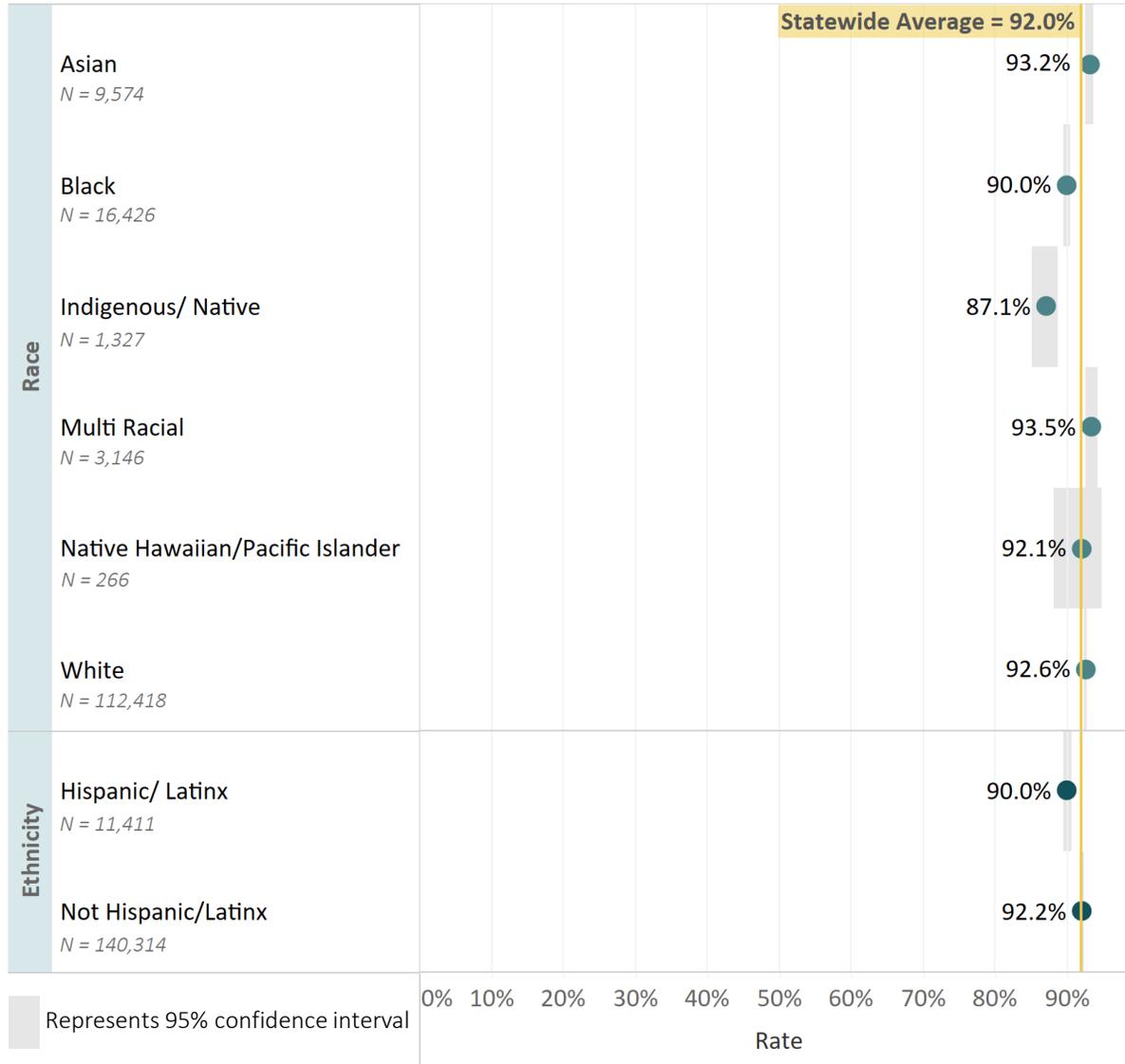- Native Hawaiian/Pacific Islander
- Non-English speakers
- Not U.S.-born

The rates for these populations were not statistically different than their rates in 2019.

See page 53 for measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING
Race/Ethnicity Summary

2022 measurement year

Statewide Average = 92.0%

Race

Asian
N = 9,574 — 93.2%

Black
N = 16,426 — 90.0%

Indigenous/ Native
N = 1,327 — 87.1%

Multi Racial
N = 3,146 — 93.5%

Native Hawaiian/Pacific Islander
N = 266 — 92.1%

White
N = 112,418 — 92.6%

Ethnicity

Hispanic/ Latinx
N = 11,411 — 90.0%

Not Hispanic/Latinx
N = 140,314 — 92.2%

☐ Represents 95% confidence interval

Rate (0% – 90%)

Compared to the statewide average for Adolescent Mental Health Screening, patients who are:

RACE

↓ Black or Indigenous/Native have significantly lower rates of screening.

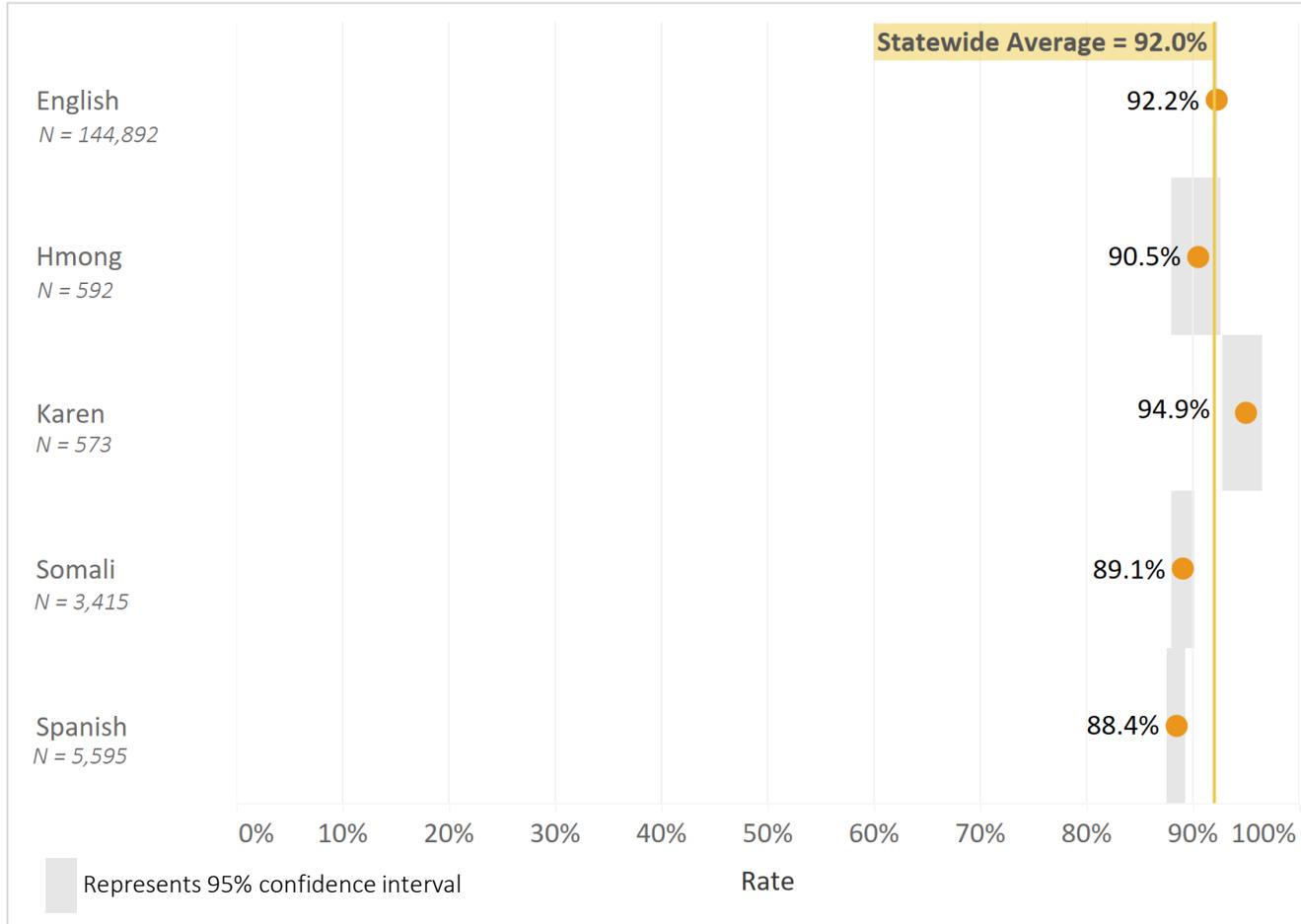↑ Asian, Multi Racial, or White have significantly higher rates of screening.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of screening.

See page 53 for measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING
Preferred Language Summary

2022 measurement year

Statewide Average = 92.0%

Language	Rate
English N = 144,892	92.2%
Hmong N = 592	90.5%
Karen N = 573	94.9%
Somali N = 3,415	89.1%
Spanish N = 5,595	88.4%

Represents 95% confidence interval

Rate

Patients who prefer to speak English, Hmong, Karen, Somali, or Spanish make up 98% of the eligible population for the Adolescent Mental Health Screening measure.

Compared to the statewide average for Adolescent Mental Health Screening, patients who prefer to speak:

↓ Somali or Spanish have significantly lower rates of screening.

↑ Karen have a significantly higher rate of screening.

See page 53 for measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING
Country of Origin Summary

2022 measurement year

Statewide Average = 92.0%

Ethiopia N = 681	92.4%
Kenya N = 696	89.5%
Somalia N = 740	90.9%
Thailand N = 423	94.8%
United States N = 135,222	92.5%

Rate

Represents 95% confidence interval

Patients from Ethiopia, Kenya, Somalia, Thailand, and the United States make up 95% of the eligible population for the Adolescent Mental Health Screening measure.

Compared to the statewide average for Adolescent Mental Health Screening, patients from:

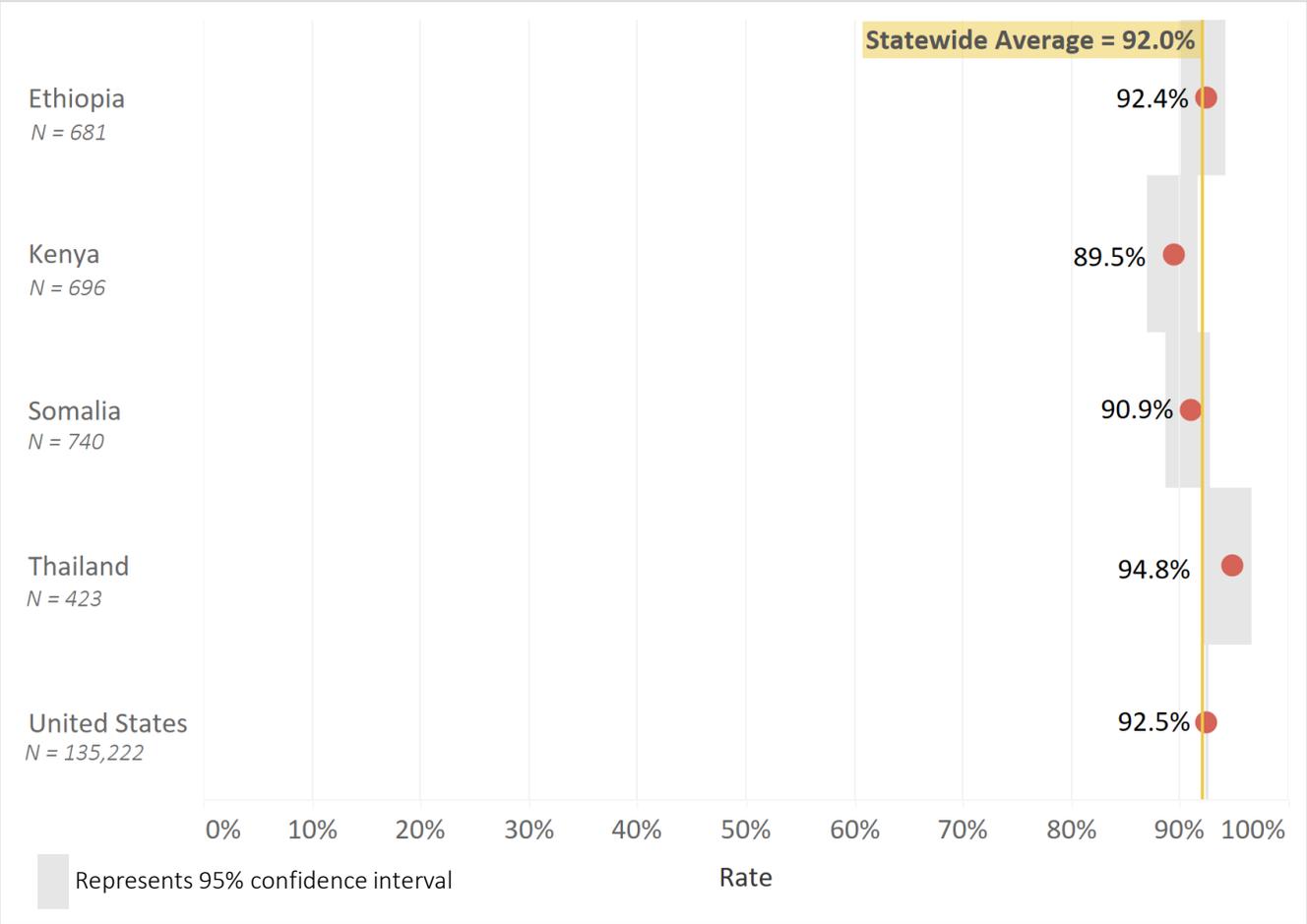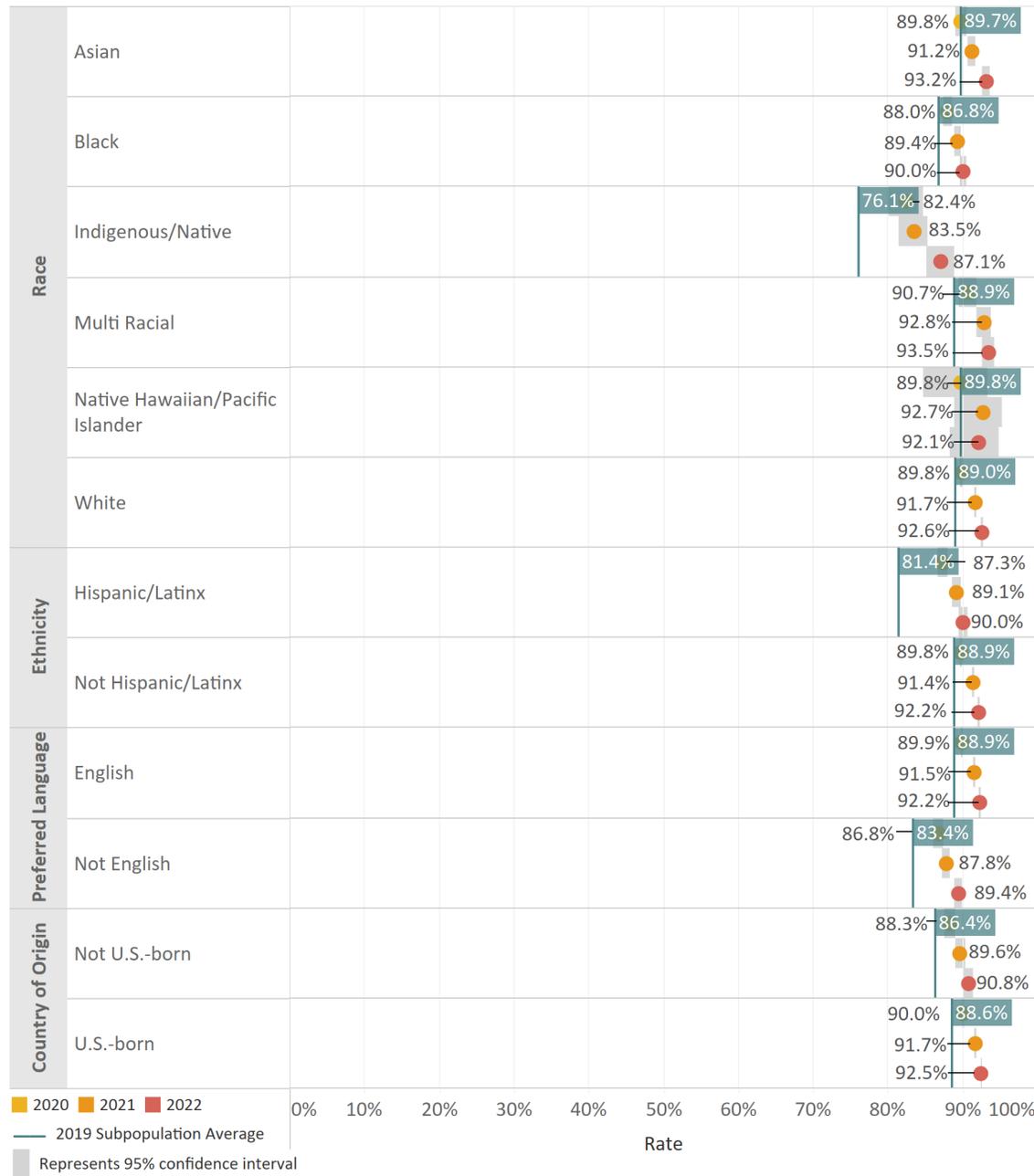↓ Kenya have a significantly lower rate of screening.

↑ Thailand or the United States have significantly higher rates of screening.

See for measure definitions.

ADOLESCENT MENTAL HEALTH AND/OR DEPRESSION SCREENING

Trend by RELC Subpopulations

Race

Asian
89.8% / 89.7%
91.2%
93.2%

Black
88.0% / 86.8%
89.4%
90.0%

Indigenous/Native
76.1% / 82.4%
83.5%
87.1%

Multi Racial
90.7% / 88.9%
92.8%
93.5%

Native Hawaiian/Pacific Islander
89.8% / 89.8%
92.7%
92.1%

White
89.8% / 89.0%
91.7%
92.6%

Ethnicity

Hispanic/Latinx
81.4% / 87.3%
89.1%
90.0%

Not Hispanic/Latinx
89.8% / 88.9%
91.4%
92.2%

Preferred Language

English
89.9% / 88.9%
91.5%
92.2%

Not English
86.8% / 83.4%
87.8%
89.4%

Country of Origin

Not U.S.-born
88.3% / 86.4%
89.6%
90.8%

U.S.-born
90.0% / 88.6%
91.7%
92.5%

Legend:
- 2020 (yellow)
- 2021 (orange)
- 2022 (red)
- 2019 Subpopulation Average
- Represents 95% confidence interval

X-axis: Rate — 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Comparison to 2021

The screening rates in 2022 significantly increased compared to the respective 2021 rates in all subpopulations, except for the following populations:

- Black
- Indigenous/Native
- Multi Racial
- Native Hawaiian/Pacific Islander
- Hispanic/Latinx
- Not U.S.-born

The rates for these populations were not statistically different than their rates in 2021.
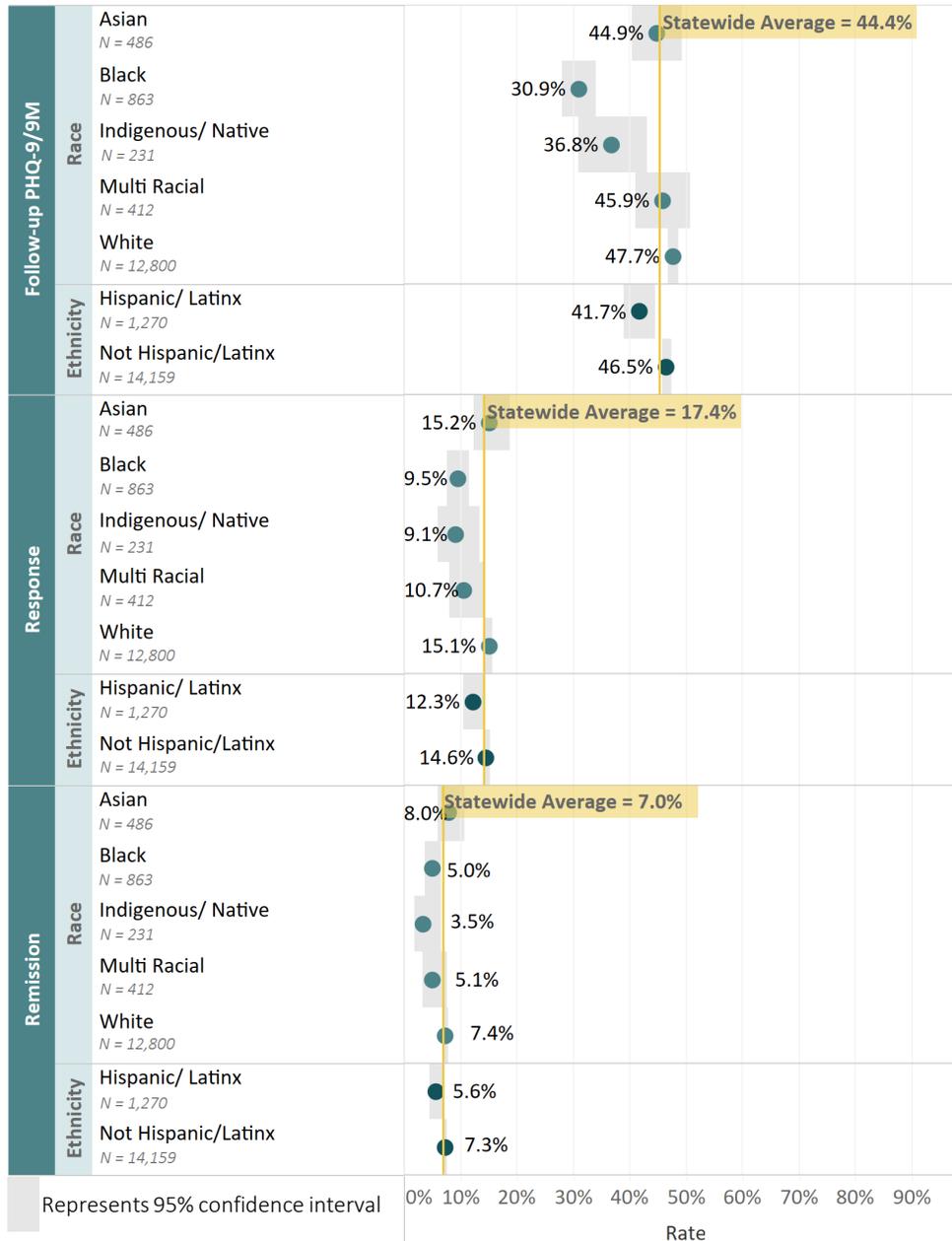
Comparison to Pre-Pandemic (2019)

The screening rates in 2022 were significantly higher than the respective 2019 rates in all subpopulations, except for the Native Hawaiian/Pacific Islander population. The 2022 rate for this population was not statistically different than its 2019 rate.

See page 53 for measure definitions.

ADOLESCENT DEPRESSION: SIX MONTH MEASURES

Race/Ethnicity Summary

2022 measurement year

Follow-up PHQ-9/9M

Race
- Asian — N = 486 — 44.9% — Statewide Average = 44.4%
- Black — N = 863 — 30.9%
- Indigenous/ Native — N = 231 — 36.8%
- Multi Racial — N = 412 — 45.9%
- White — N = 12,800 — 47.7%

Ethnicity
- Hispanic/ Latinx — N = 1,270 — 41.7%
- Not Hispanic/Latinx — N = 14,159 — 46.5%

Response

Race
- Asian — N = 486 — 15.2% — Statewide Average = 17.4%
- Black — N = 863 — 9.5%
- Indigenous/ Native — N = 231 — 9.1%
- Multi Racial — N = 412 — 10.7%
- White — N = 12,800 — 15.1%

Ethnicity
- Hispanic/ Latinx — N = 1,270 — 12.3%
- Not Hispanic/Latinx — N = 14,159 — 14.6%

Remission

Race
- Asian — N = 486 — 8.0% — Statewide Average = 7.0%
- Black — N = 863 — 5.0%
- Indigenous/ Native — N = 231 — 3.5%
- Multi Racial — N = 412 — 5.1%
- White — N = 12,800 — 7.4%

Ethnicity
- Hispanic/ Latinx — N = 1,270 — 5.6%
- Not Hispanic/Latinx — N = 14,159 — 7.3%

Represents 95% confidence interval

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Follow-up at Six Months

Compared to the statewide average for Follow-up PHQ-9/9M at Six Months, adolescents who are:

RACE

↓ Black or Indigenous/Native have significantly lower rates of follow-up.

↑ White have a significantly higher rate of follow-up.

ETHNICITY

↓ Hispanic/Latinx have significantly lower rates of follow-up.

Response at Six Months

Compared to the statewide average for Response at Six Months, adolescents who are:

RACE

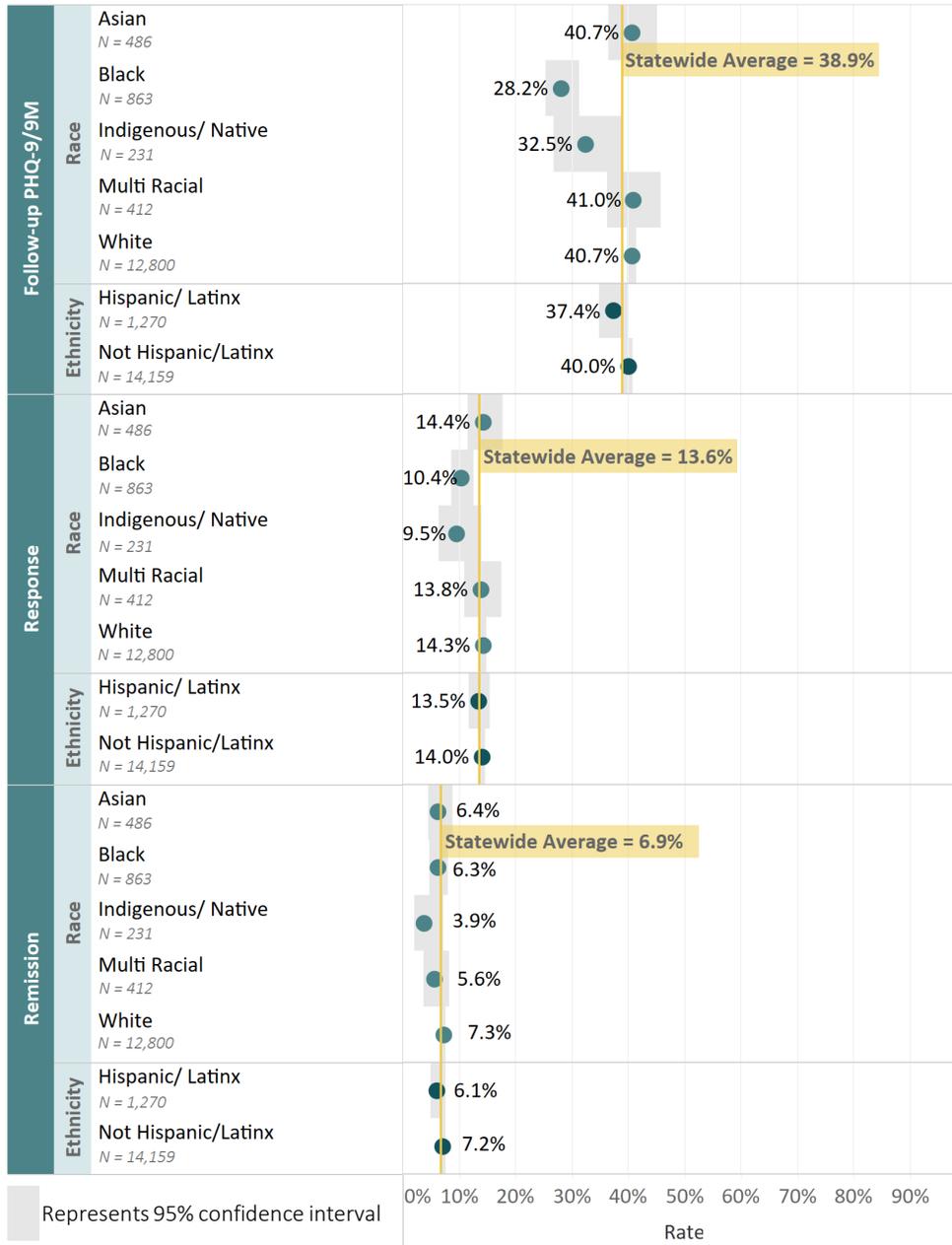↓ Black or Indigenous/Native have significantly lower rates of response.

Note: The Native Hawaiian/Pacific Islander category was removed because the number of patients did not meet the reporting threshold of at least 30 patients.

See page 53 for measure definitions.

ADOLESCENT DEPRESSION: 12 MONTH MEASURES
Race/Ethnicity Summary

2022 measurement year

Follow-up PHQ-9/9M

Race

Asian
N = 486 — 40.7%

Statewide Average = 38.9%

Black
N = 863 — 28.2%

Indigenous/ Native
N = 231 — 32.5%

Multi Racial
N = 412 — 41.0%

White
N = 12,800 — 40.7%

Ethnicity

Hispanic/ Latinx
N = 1,270 — 37.4%

Not Hispanic/Latinx
N = 14,159 — 40.0%

Response

Race

Asian
N = 486 — 14.4%

Statewide Average = 13.6%

Black
N = 863 — 10.4%

Indigenous/ Native
N = 231 — 9.5%

Multi Racial
N = 412 — 13.8%

White
N = 12,800 — 14.3%

Ethnicity

Hispanic/ Latinx
N = 1,270 — 13.5%

Not Hispanic/Latinx
N = 14,159 — 14.0%

Remission

Race

Asian
N = 486 — 6.4%

Statewide Average = 6.9%

Black
N = 863 — 6.3%

Indigenous/ Native
N = 231 — 3.9%

Multi Racial
N = 412 — 5.6%

White
N = 12,800 — 7.3%

Ethnicity

Hispanic/ Latinx
N = 1,270 — 6.1%

Not Hispanic/Latinx
N = 14,159 — 7.2%

Represents 95% confidence interval

X-axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%
Rate

Follow-up at 12 Months

Compared to the statewide average for Follow-up PHQ-9/9M at 12 Months, adolescents who are:

RACE

↓ Black have a significantly lower rate of follow-up.

↑ White have a significantly higher rate of follow-up.

Response at 12 Months

Compared to the statewide average for Response at 12 Months, adolescents who are:

RACE

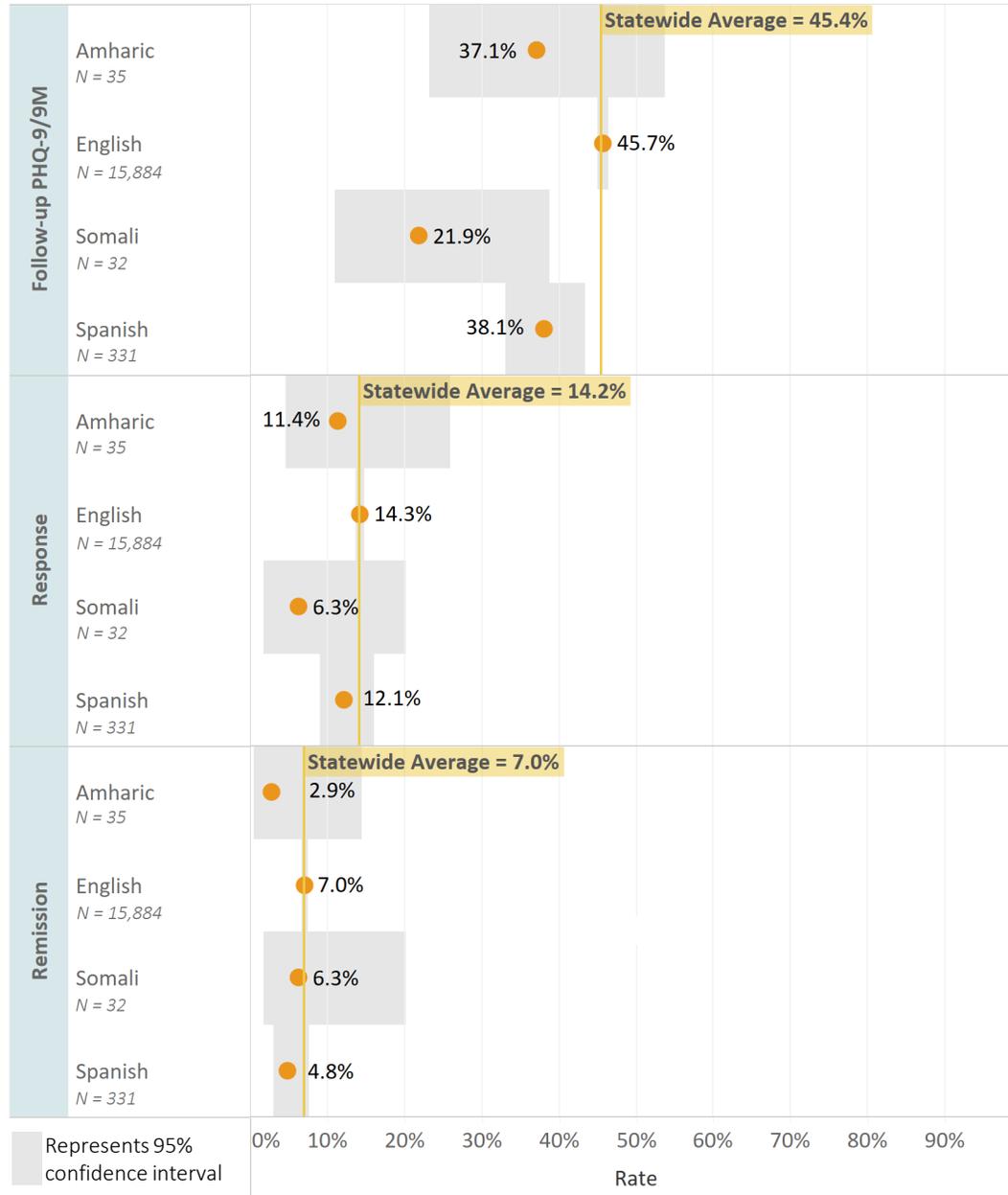↓ Black have a significantly lower rate of response.

Note: The Native Hawaiian/Pacific Islander category was removed because the number of patients did not meet the reporting threshold of at least 30 patients.

See page 53 for measure definitions.

ADOLESCENT DEPRESSION: SIX MONTH MEASURES
Preferred Language Summary

2022 measurement year

Follow-up PHQ-9/9M

Statewide Average = 45.4%

Language	Rate
Amharic N = 35	37.1%
English N = 15,884	45.7%
Somali N = 32	21.9%
Spanish N = 331	38.1%

Response

Statewide Average = 14.2%

Language	Rate
Amharic N = 35	11.4%
English N = 15,884	14.3%
Somali N = 32	6.3%
Spanish N = 331	12.1%

Remission

Statewide Average = 7.0%

Language	Rate
Amharic N = 35	2.9%
English N = 15,884	7.0%
Somali N = 32	6.3%
Spanish N = 331	4.8%

Represents 95% confidence interval

Rate axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Patients who prefer to speak Amharic, English, Somali, or Spanish make up 99% of the eligible population for the suite of Adolescent Depression measures.

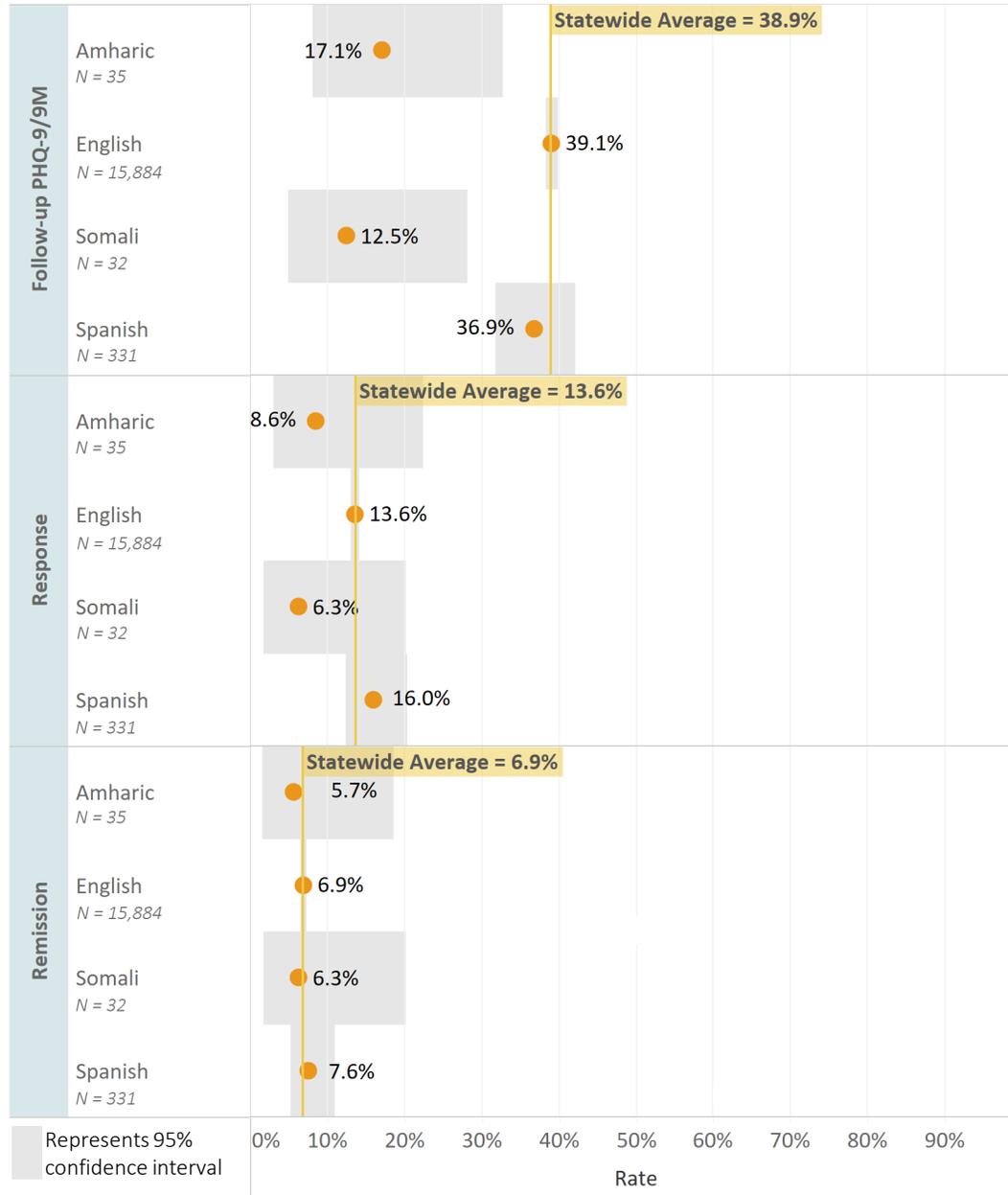Compared to the statewide average for Follow-up PHQ-9/9M at Six Months, adolescents who prefer to speak:

↓ Somali or Spanish have significantly lower rates of follow-up.

See page 53 for measure definitions.

ADOLESCENT DEPRESSION: 12 MONTH MEASURES

Preferred Language Summary

2022 measurement year

Follow-up PHQ-9/9M

Statewide Average = 38.9%

- Amharic, N = 35: 17.1%
- English, N = 15,884: 39.1%
- Somali, N = 32: 12.5%
- Spanish, N = 331: 36.9%

Response

Statewide Average = 13.6%

- Amharic, N = 35: 8.6%
- English, N = 15,884: 13.6%
- Somali, N = 32: 6.3%
- Spanish, N = 331: 16.0%

Remission

Statewide Average = 6.9%

- Amharic, N = 35: 5.7%
- English, N = 15,884: 6.9%
- Somali, N = 32: 6.3%
- Spanish, N = 331: 7.6%

Represents 95% confidence interval

Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Patients who prefer to speak Amharic, English, Somali, or Spanish make up 99% of the eligible population for the suite of Adolescent Depression measures.

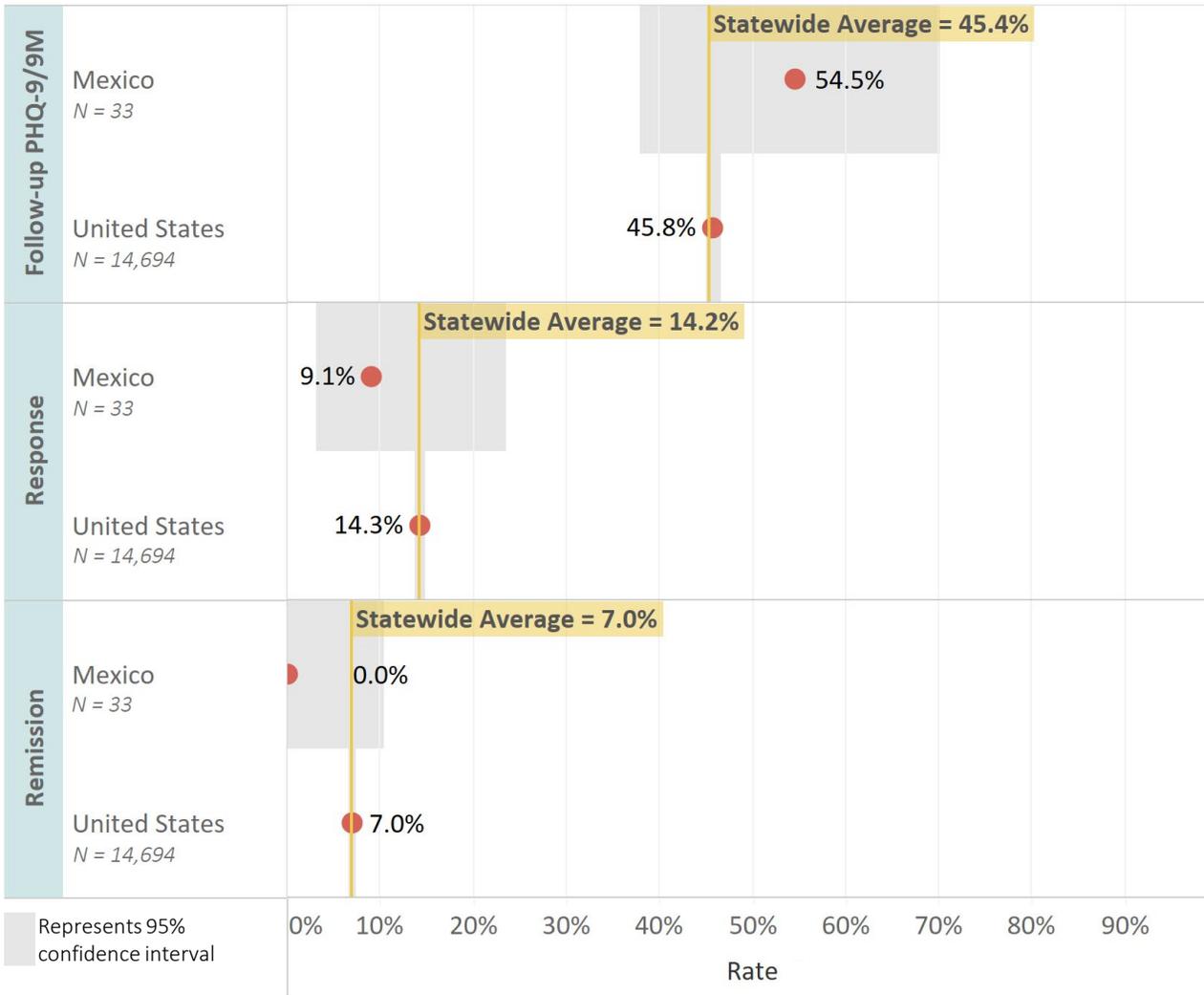Compared to the statewide average for Follow-up PHQ-9/9M at 12 Months, adolescents who prefer to speak:

↓ Amharic and Somali have a significantly lower rate of follow-up.

See page 53 for measure definitions.

ADOLESCENT DEPRESSION: SIX MONTH MEASURES
Country of Origin Summary

2022 measurement year

Patients from Mexico or the United States make up 97% of the eligible population for the suite of Adolescent Depression measures.
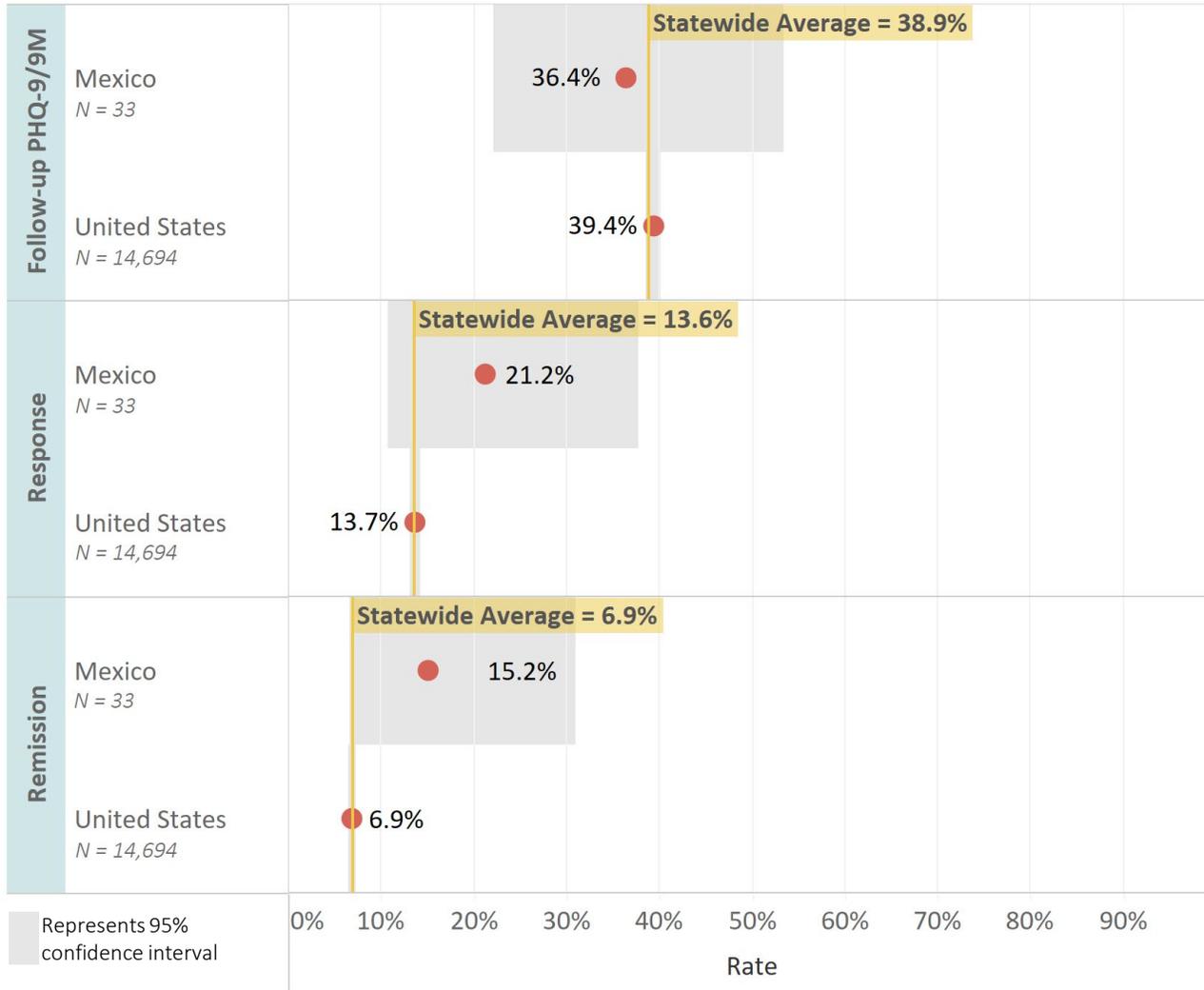
Patients from either country had average rates compared to the respective statewide averages for each measure.

See page 53 for measure definitions.

ADOLESCENT DEPRESSION: 12 MONTH MEASURES
Country of Origin Summary

2022 measurement year

Follow-up PHQ-9/9M

Statewide Average = 38.9%

Mexico
N = 33
36.4%

United States
N = 14,694
39.4%

Response

Statewide Average = 13.6%

Mexico
N = 33
21.2%

United States
N = 14,694
13.7%

Remission

Statewide Average = 6.9%

Mexico
N = 33
15.2%

United States
N = 14,694
6.9%

Represents 95% confidence interval

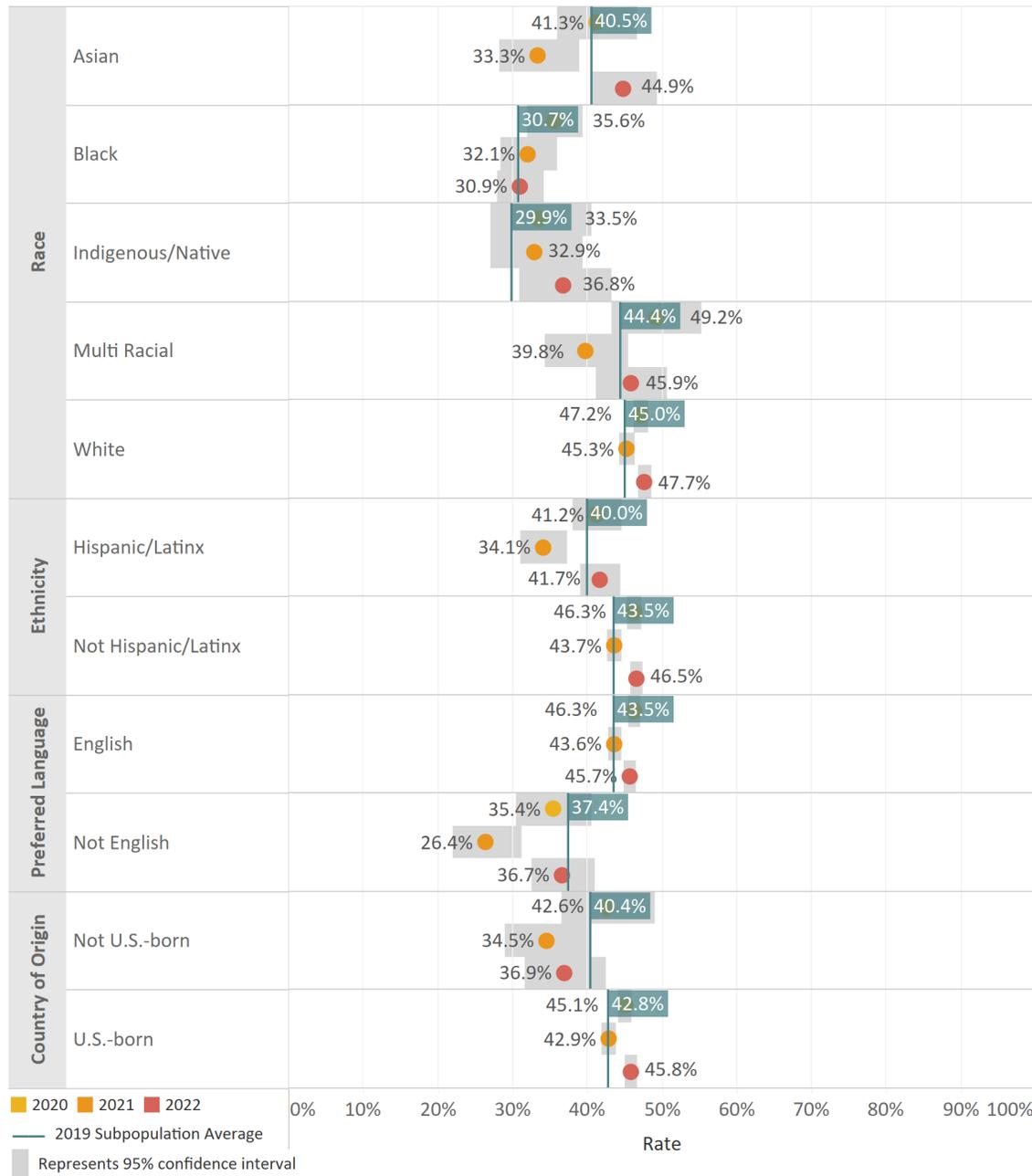Rate: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Patients from Mexico or the United States make up 97% of the eligible population for the suite of Adolescent Depression measures.

Patients from either country had average rates compared to the respective statewide averages for each measure.

See for measure definitions.

ADOLESCENT DEPRESSION: FOLLOW-UP PHQ-9/9M AT SIX MONTHS

Trend by RELC Subpopulations

Race

Asian
- 41.3% | 40.5%
- 33.3%
- 44.9%

Black
- 30.7% | 35.6%
- 32.1%
- 30.9%

Indigenous/Native
- 29.9% | 33.5%
- 32.9%
- 36.8%

Multi Racial
- 44.4% | 49.2%
- 39.8%
- 45.9%

White
- 47.2% | 45.0%
- 45.3%
- 47.7%

Ethnicity

Hispanic/Latinx
- 41.2% | 40.0%
- 34.1%
- 41.7%

Not Hispanic/Latinx
- 46.3% | 43.5%
- 43.7%
- 46.5%

Preferred Language

English
- 46.3% | 43.5%
- 43.6%
- 45.7%

Not English
- 35.4% | 37.4%
- 26.4%
- 36.7%

Country of Origin

Not U.S.-born
- 42.6% | 40.4%
- 34.5%
- 36.9%

U.S.-born
- 45.1% | 42.8%
- 42.9%
- 45.8%

Legend:
- 2020
- 2021
- 2022
- 2019 Subpopulation Average
- Represents 95% confidence interval

Rate (X-axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%)

Comparison to 2021

The follow-up rates in 2022 significantly increased compared to the respective 2021 rates in all subpopulations, except for the following populations:

- Black
- Indigenous/Native
- Multi Racial
- Not U.S.-born

The rates for these populations were not statistically different than their rates in 2021.

Comparison to Pre-Pandemic (2019)

The follow-up rates in 2022 were not statistically different than the respective 2019 rates in all subpopulations, except for the following populations:

- White
- Not Hispanic/Latinx
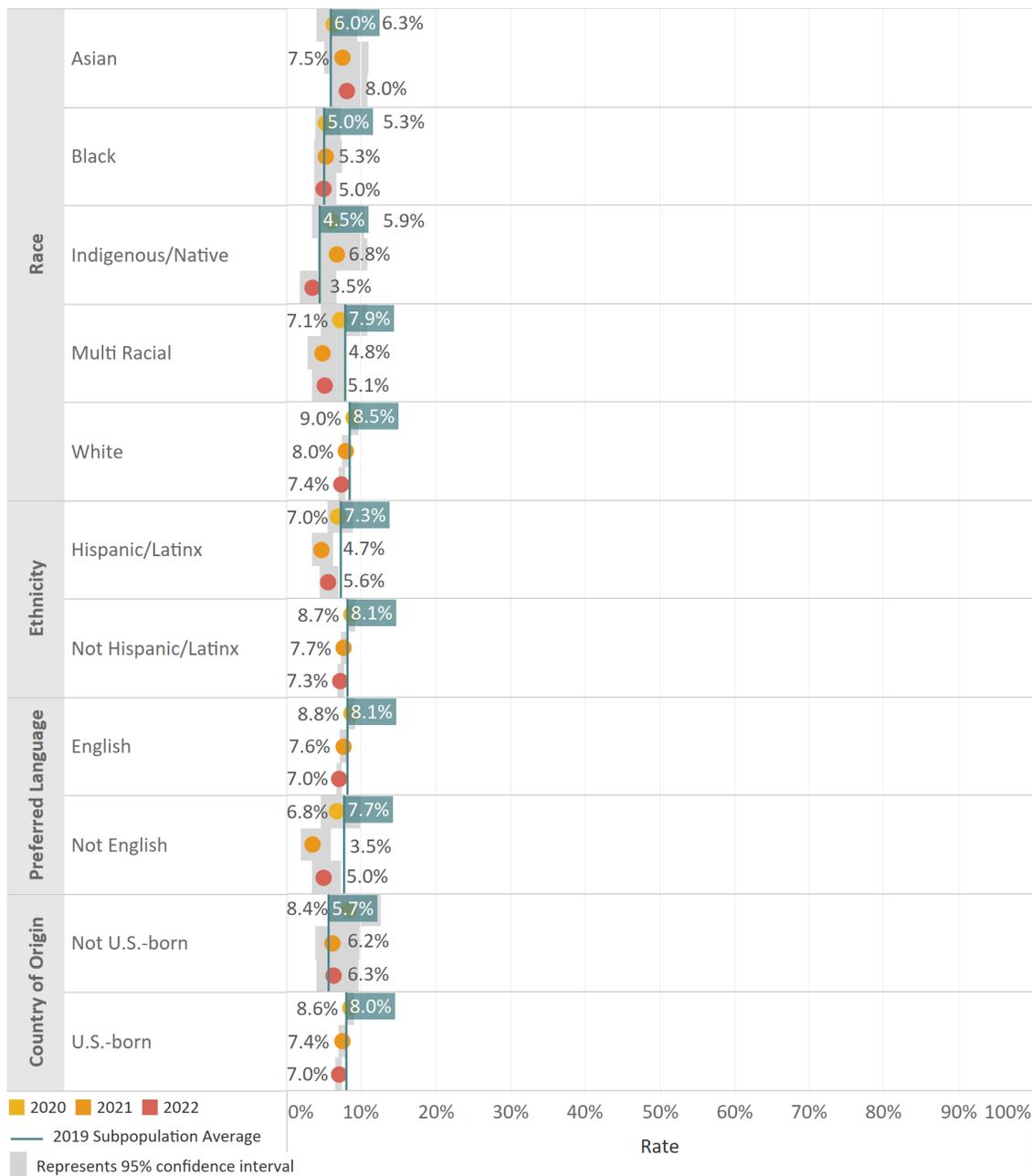- English speakers
- Not U.S.-born

The 2022 rates for these populations were significantly higher than their rates in 2019.

Note: The Native Hawaiian/Pacific Islander category was removed because the number of patients did not meet the reporting threshold of at least 30 patients.

See [page 53](#) for measure definitions.

ADOLESCENT DEPRESSION: REMISSION AT SIX MONTHS
Trend by RELC Subpopulations

Legend:
- 2020
- 2021
- 2022
- 2019 Subpopulation Average
- Represents 95% confidence interval

Race
- Asian: 6.0% / 6.3%, 7.5%, 8.0%
- Black: 5.0% / 5.3%, 5.3%, 5.0%
- Indigenous/Native: 4.5% / 5.9%, 6.8%, 3.5%
- Multi Racial: 7.1% / 7.9%, 4.8%, 5.1%
- White: 9.0% / 8.5%, 8.0%, 7.4%

Ethnicity
- Hispanic/Latinx: 7.0% / 7.3%, 4.7%, 5.6%
- Not Hispanic/Latinx: 8.7% / 8.1%, 7.7%, 7.3%

Preferred Language
- English: 8.8% / 8.1%, 7.6%, 7.0%
- Not English: 6.8% / 7.7%, 3.5%, 5.0%

Country of Origin
- Not U.S.-born: 8.4% / 5.7%, 6.2%, 6.3%
- U.S.-born: 8.6% / 8.0%, 7.4%, 7.0%

Rate

Comparison to 2021
The follow-up rates in 2022 were not statistically different compared to the respective 2021 rates in all subpopulations.

Comparison to Pre-Pandemic (2019)
The follow-up rates in 2022 were not statistically different than the respective 2019 rates in all subpopulations, except for the following populations:
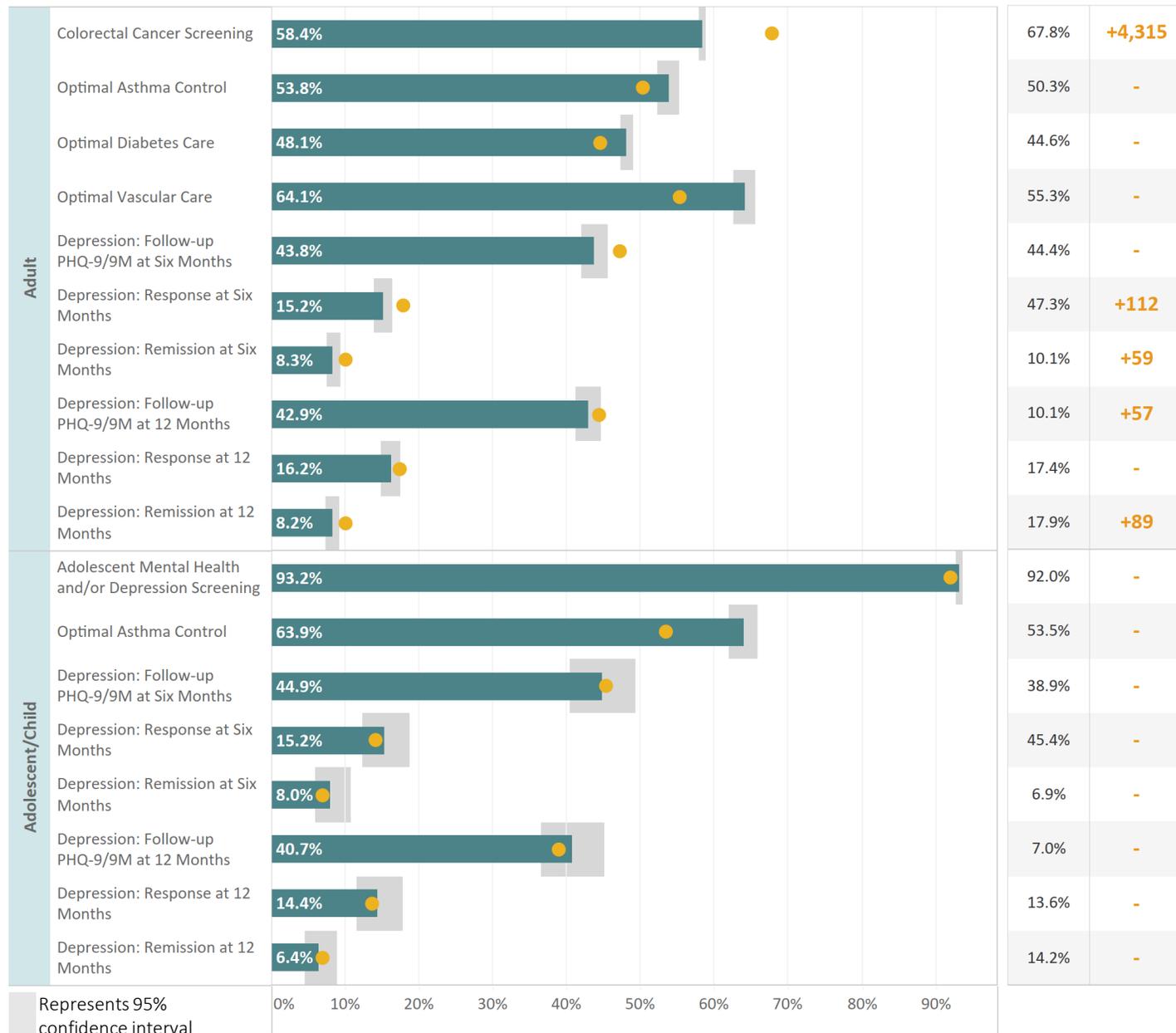
- White
- English speakers
- U.S.-born

The rates for these populations were significantly lower than their rates in 2019.

Note: The Native Hawaiian/Pacific Islander category was removed because the number of patients did not meet the reporting threshold of at least 30 patients.

See page 53 for measure definitions.

ASIAN PATIENTS

2022 Measure Results Snapshot

	Measure	Rate	Statewide Average	# of Patients Needed to Close Gap
Adult	Colorectal Cancer Screening	58.4%	67.8%	+4,315
	Optimal Asthma Control	53.8%	50.3%	-
	Optimal Diabetes Care	48.1%	44.6%	-
	Optimal Vascular Care	64.1%	55.3%	-
	Depression: Follow-up PHQ-9/9M at Six Months	43.8%	44.4%	-
	Depression: Response at Six Months	15.2%	47.3%	+112
	Depression: Remission at Six Months	8.3%	10.1%	+59
	Depression: Follow-up PHQ-9/9M at 12 Months	42.9%	10.1%	+57
	Depression: Response at 12 Months	16.2%	17.4%	-
	Depression: Remission at 12 Months	8.2%	17.9%	+89
Adolescent/Child	Adolescent Mental Health and/or Depression Screening	93.2%	92.0%	-
	Optimal Asthma Control	63.9%	53.5%	-
	Depression: Follow-up PHQ-9/9M at Six Months	44.9%	38.9%	-
	Depression: Response at Six Months	15.2%	45.4%	-
	Depression: Remission at Six Months	8.0%	6.9%	-
	Depression: Follow-up PHQ-9/9M at 12 Months	40.7%	7.0%	-
	Depression: Response at 12 Months	14.4%	13.6%	-
	Depression: Remission at 12 Months	6.4%	14.2%	-

Represents 95% confidence interval

Axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

ELIMINATING DISPARITIES

The "# of Patients Needed to Close Gap" in the chart provided represents the number of additional Asian patients receiving optimal care needed to eliminate the disparity in outcomes.
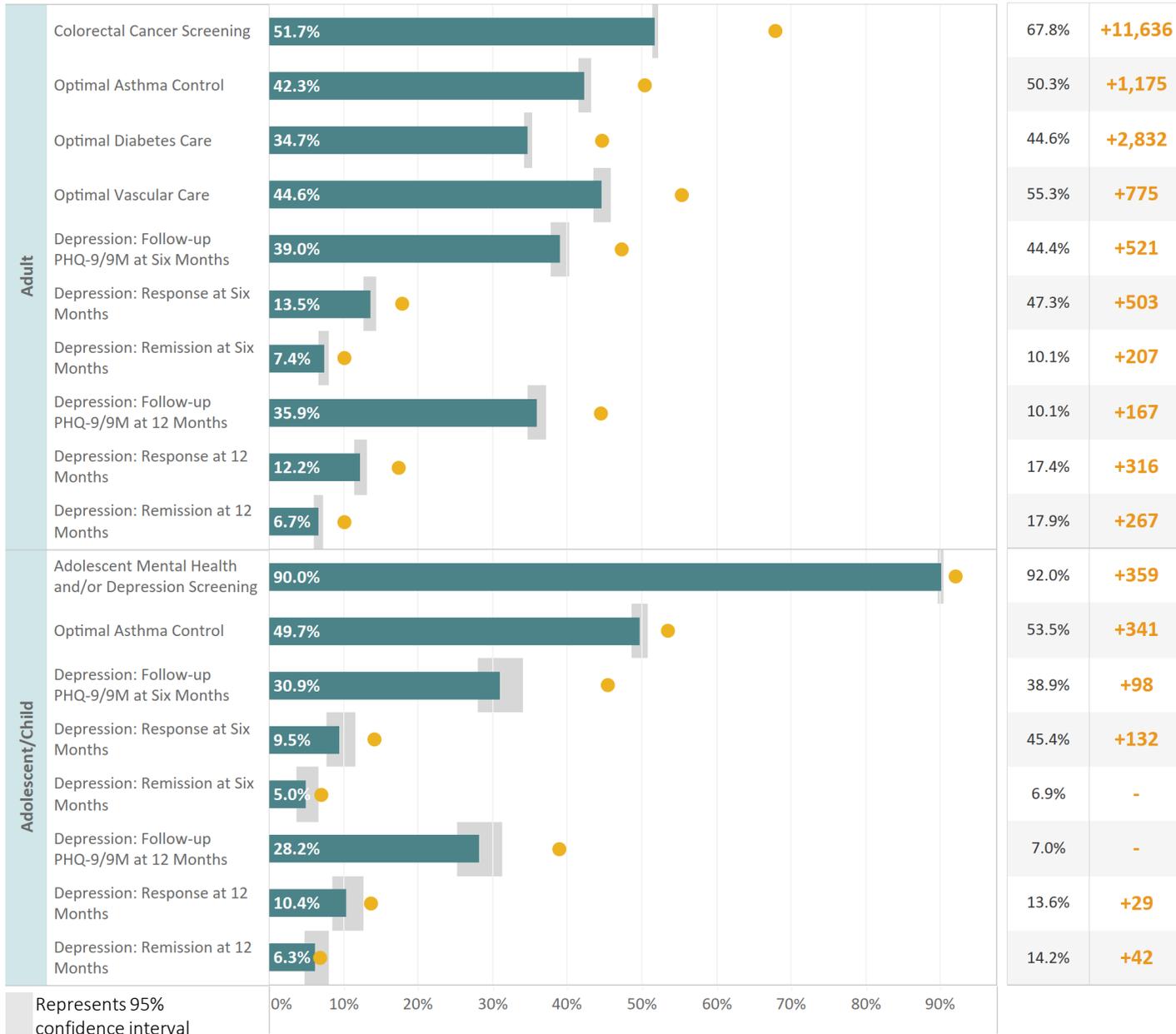
For example, 4,315 additional Asian patients from the Colorectal Cancer Screening measure denominator would need to have an up-to-date screening to close the gap between the screening rate for Asian patients and the statewide average.

Asian patients have significant disparities in performance rates on five out of the 18 measures included in this report compared to the statewide average.

See page 53 for measure definitions.

BLACK PATIENTS

2022 Measure Results Snapshot

	Measure	Black Patient Rate	Statewide Average	# of Patients Needed to Close Gap
Adult	Colorectal Cancer Screening	51.7%	67.8%	+11,636
	Optimal Asthma Control	42.3%	50.3%	+1,175
	Optimal Diabetes Care	34.7%	44.6%	+2,832
	Optimal Vascular Care	44.6%	55.3%	+775
	Depression: Follow-up PHQ-9/9M at Six Months	39.0%	44.4%	+521
	Depression: Response at Six Months	13.5%	47.3%	+503
	Depression: Remission at Six Months	7.4%	10.1%	+207
	Depression: Follow-up PHQ-9/9M at 12 Months	35.9%	10.1%	+167
	Depression: Response at 12 Months	12.2%	17.4%	+316
	Depression: Remission at 12 Months	6.7%	17.9%	+267
Adolescent/Child	Adolescent Mental Health and/or Depression Screening	90.0%	92.0%	+359
	Optimal Asthma Control	49.7%	53.5%	+341
	Depression: Follow-up PHQ-9/9M at Six Months	30.9%	38.9%	+98
	Depression: Response at Six Months	9.5%	45.4%	+132
	Depression: Remission at Six Months	5.0%	6.9%	-
	Depression: Follow-up PHQ-9/9M at 12 Months	28.2%	7.0%	-
	Depression: Response at 12 Months	10.4%	13.6%	+29
	Depression: Remission at 12 Months	6.3%	14.2%	+42

Represents 95% confidence interval

ELIMINATING DISPARITIES

The "# of Patients Needed to Close Gap" in the chart provided represents the number of additional Black patients receiving optimal care needed to eliminate the disparity in outcomes.
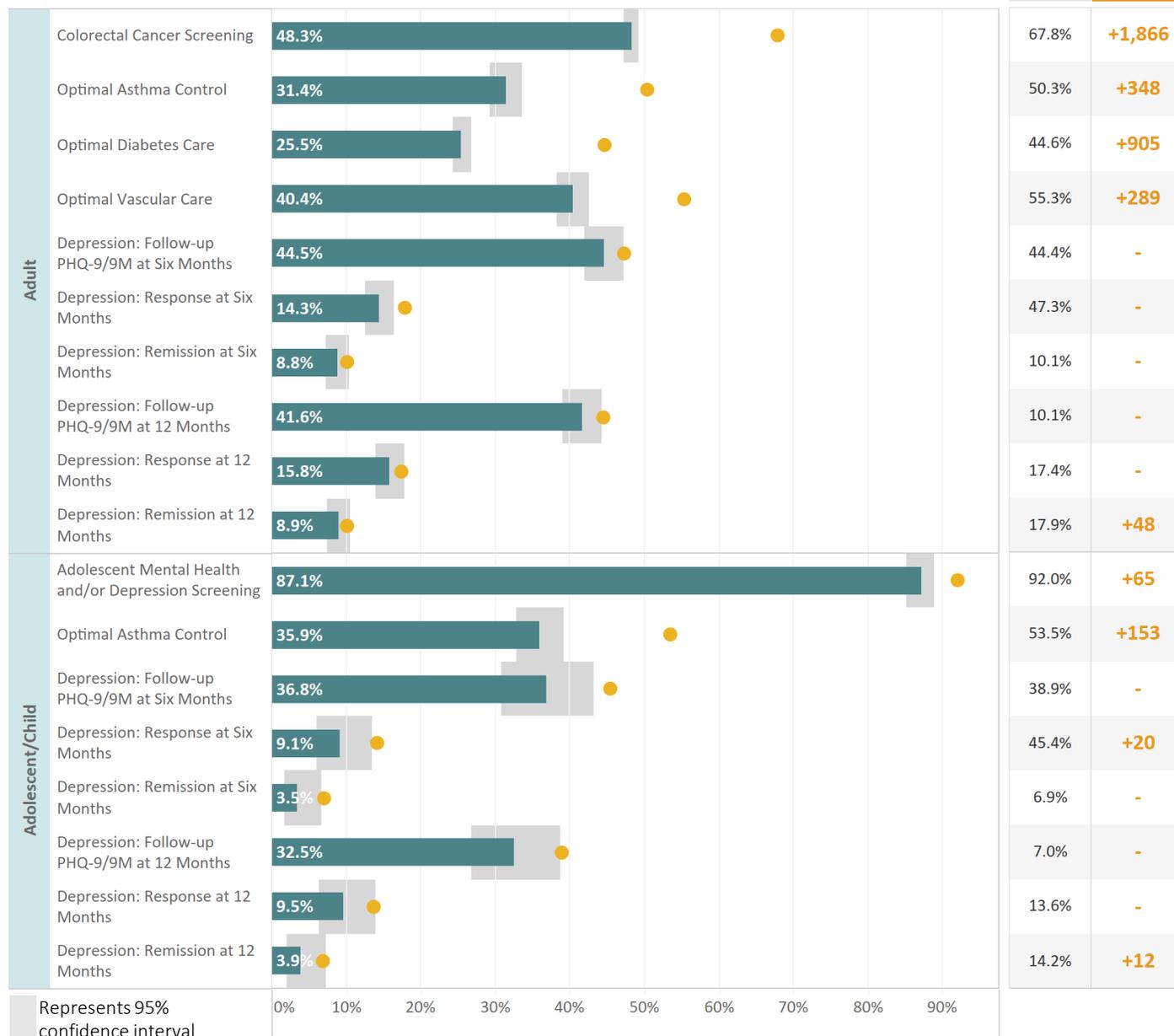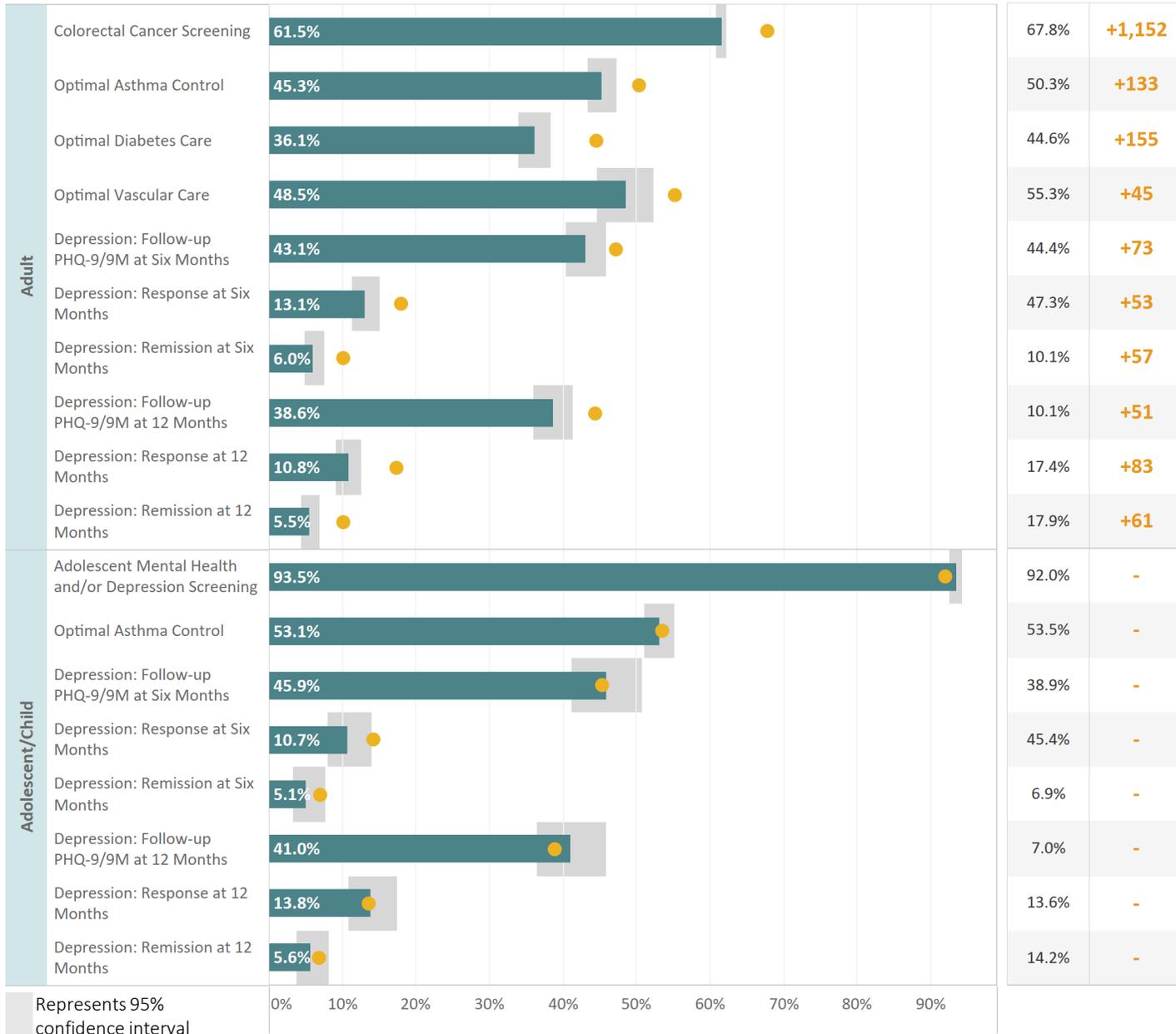
For example, 11,363 additional Black patients from the Colorectal Cancer Screening measure denominator would need to have an up-to-date screening to close the gap between the screening rate for Black patients and the statewide average.

Black patients have significant disparities in performance rates on 16 out of the 18 measures included in this report compared to the statewide average.

See page 53 for measure definitions.

INDIGENOUS/NATIVE PATIENTS

2022 Measure Results Snapshot

	Measure	Result	Statewide Average	# of Patients Needed to Close Gap
Adult	Colorectal Cancer Screening	48.3%	67.8%	+1,866
	Optimal Asthma Control	31.4%	50.3%	+348
	Optimal Diabetes Care	25.5%	44.6%	+905
	Optimal Vascular Care	40.4%	55.3%	+289
	Depression: Follow-up PHQ-9/9M at Six Months	44.5%	44.4%	-
	Depression: Response at Six Months	14.3%	47.3%	-
	Depression: Remission at Six Months	8.8%	10.1%	-
	Depression: Follow-up PHQ-9/9M at 12 Months	41.6%	10.1%	-
	Depression: Response at 12 Months	15.8%	17.4%	-
	Depression: Remission at 12 Months	8.9%	17.9%	+48
Adolescent/Child	Adolescent Mental Health and/or Depression Screening	87.1%	92.0%	+65
	Optimal Asthma Control	35.9%	53.5%	+153
	Depression: Follow-up PHQ-9/9M at Six Months	36.8%	38.9%	-
	Depression: Response at Six Months	9.1%	45.4%	+20
	Depression: Remission at Six Months	3.5%	6.9%	-
	Depression: Follow-up PHQ-9/9M at 12 Months	32.5%	7.0%	-
	Depression: Response at 12 Months	9.5%	13.6%	-
	Depression: Remission at 12 Months	3.9%	14.2%	+12

Represents 95% confidence interval

ELIMINATING DISPARITIES

The "# of Patients Needed to Close Gap" in the chart provided represents the number of additional Indigenous/Native patients receiving optimal care needed to eliminate the disparity in outcomes.
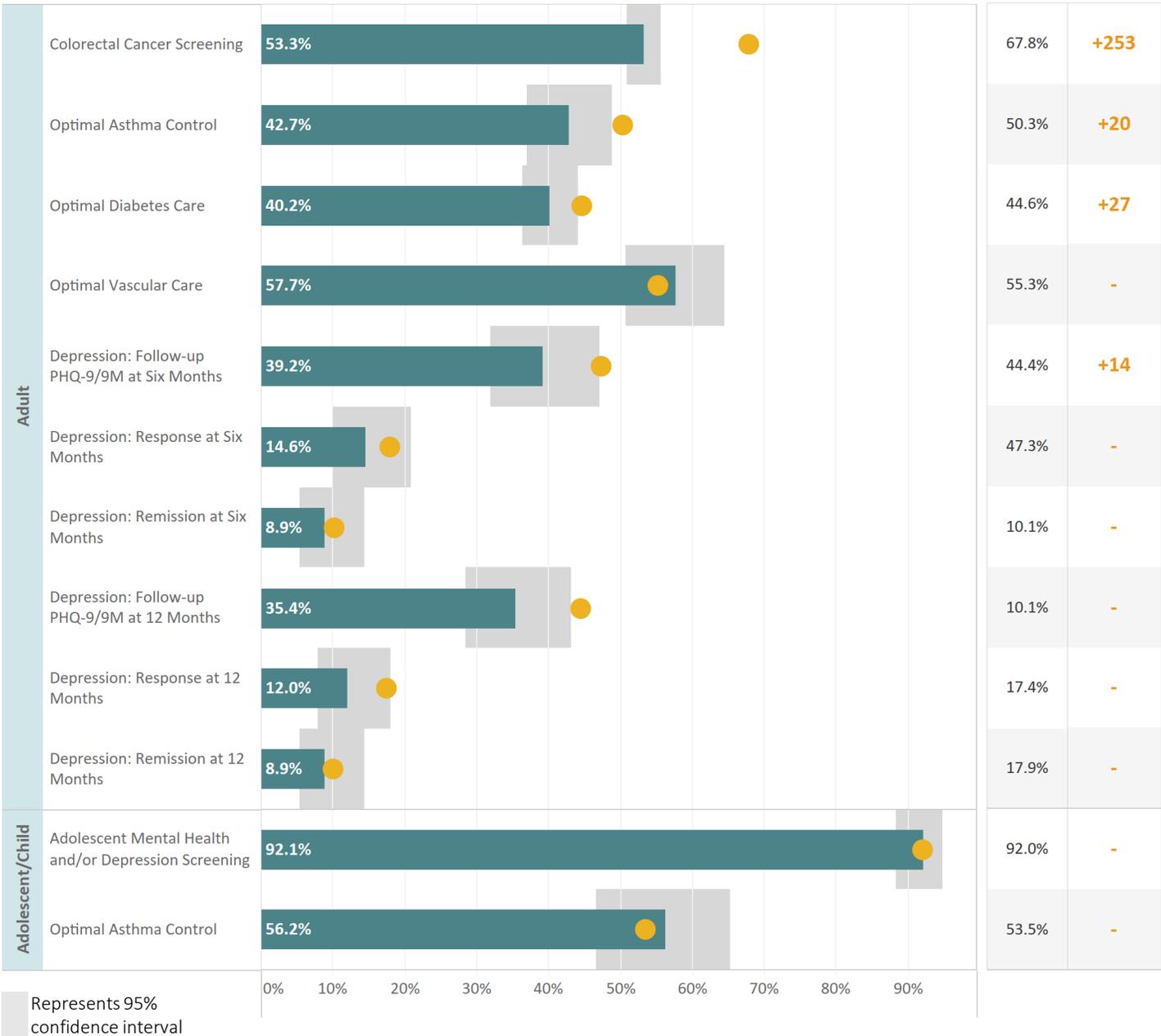
For example, 1,866 additional Indigenous/Native patients from the Colorectal Cancer Screening measure denominator would need to have an up-to-date screening to close the gap between the screening rate for Indigenous/Native patients and the statewide average.

Indigenous/Native patients have significant disparities in performance rates on nine out of the 18 measures included in this report compared to the statewide average.

See page 53 for measure definitions.

MULTI RACIAL PATIENTS

2022 Measure Results Snapshot

		Statewide Average	# of Patients Needed to Close Gap
Adult	Colorectal Cancer Screening	67.8%	+1,152
	Optimal Asthma Control	50.3%	+133
	Optimal Diabetes Care	44.6%	+155
	Optimal Vascular Care	55.3%	+45
	Depression: Follow-up PHQ-9/9M at Six Months	44.4%	+73
	Depression: Response at Six Months	47.3%	+53
	Depression: Remission at Six Months	10.1%	+57
	Depression: Follow-up PHQ-9/9M at 12 Months	10.1%	+51
	Depression: Response at 12 Months	17.4%	+83
	Depression: Remission at 12 Months	17.9%	+61
Adolescent/Child	Adolescent Mental Health and/or Depression Screening	92.0%	-
	Optimal Asthma Control	53.5%	-
	Depression: Follow-up PHQ-9/9M at Six Months	38.9%	-
	Depression: Response at Six Months	45.4%	-
	Depression: Remission at Six Months	6.9%	-
	Depression: Follow-up PHQ-9/9M at 12 Months	7.0%	-
	Depression: Response at 12 Months	13.6%	-
	Depression: Remission at 12 Months	14.2%	-

Bar values (teal bars):
- Colorectal Cancer Screening: 61.5%
- Optimal Asthma Control (Adult): 45.3%
- Optimal Diabetes Care: 36.1%
- Optimal Vascular Care: 48.5%
- Depression: Follow-up PHQ-9/9M at Six Months (Adult): 43.1%
- Depression: Response at Six Months (Adult): 13.1%
- Depression: Remission at Six Months (Adult): 6.0%
- Depression: Follow-up PHQ-9/9M at 12 Months (Adult): 38.6%
- Depression: Response at 12 Months (Adult): 10.8%
- Depression: Remission at 12 Months (Adult): 5.5%
- Adolescent Mental Health and/or Depression Screening: 93.5%
- Optimal Asthma Control (Adolescent/Child): 53.1%
- Depression: Follow-up PHQ-9/9M at Six Months (Adolescent/Child): 45.9%
- Depression: Response at Six Months (Adolescent/Child): 10.7%
- Depression: Remission at Six Months (Adolescent/Child): 5.1%
- Depression: Follow-up PHQ-9/9M at 12 Months (Adolescent/Child): 41.0%
- Depression: Response at 12 Months (Adolescent/Child): 13.8%
- Depression: Remission at 12 Months (Adolescent/Child): 5.6%

Represents 95% confidence interval

ELIMINATING DISPARITIES

The "# of Patients Needed to Close Gap" in the chart provided represents the number of additional Indigenous/Native patients receiving optimal care needed to eliminate the disparity in outcomes.

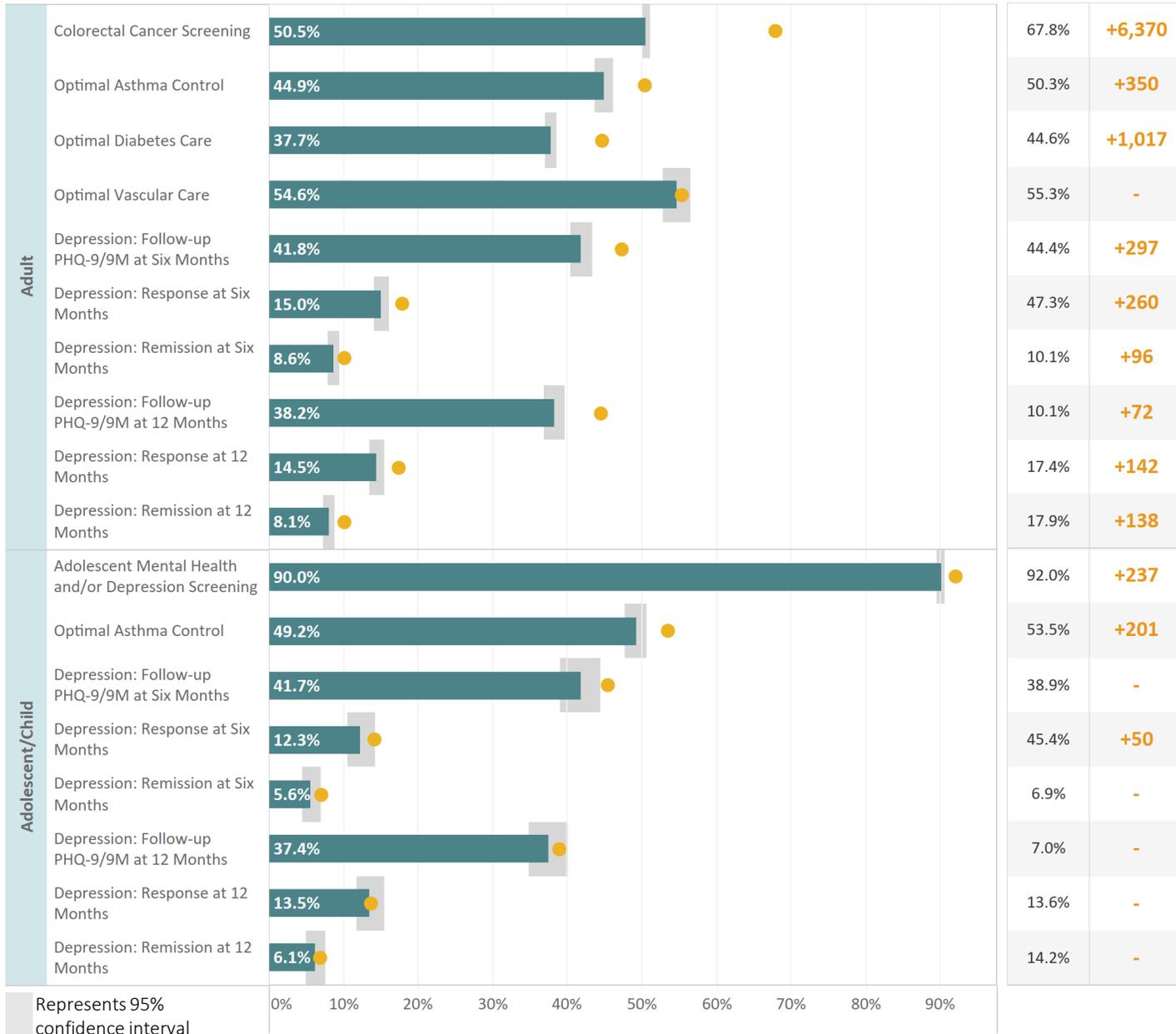For example, 1,152 additional Multi Racial patients from the Colorectal Cancer Screening measure denominator would need to have an up-to-date screening to close the gap between the screening rate for Multi Racial patients and the statewide average.

Multi Racial patients have significant disparities in performance rates on ten out of the 18 measures included in this report compared to the statewide average.

See page 53 for measure definitions.

NATIVE HAWAIIAN/PACIFIC ISLANDER PATIENTS

2022 Measure Results Snapshot

	Statewide Average ●	# of Patients Needed to Close Gap
Adult		
Colorectal Cancer Screening — 53.3%	67.8%	**+253**
Optimal Asthma Control — 42.7%	50.3%	**+20**
Optimal Diabetes Care — 40.2%	44.6%	**+27**
Optimal Vascular Care — 57.7%	55.3%	**-**
Depression: Follow-up PHQ-9/9M at Six Months — 39.2%	44.4%	**+14**
Depression: Response at Six Months — 14.6%	47.3%	**-**
Depression: Remission at Six Months — 8.9%	10.1%	**-**
Depression: Follow-up PHQ-9/9M at 12 Months — 35.4%	10.1%	**-**
Depression: Response at 12 Months — 12.0%	17.4%	**-**
Depression: Remission at 12 Months — 8.9%	17.9%	**-**
Adolescent/Child		
Adolescent Mental Health and/or Depression Screening — 92.1%	92.0%	**-**
Optimal Asthma Control — 56.2%	53.5%	**-**

X-axis: 0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Represents 95% confidence interval

ELIMINATING DISPARITIES

The "# of Patients Needed to Close Gap" in the chart provided represents the number of additional Native Hawaiian/Pacific Islander patients receiving optimal care needed to eliminate the disparity in outcomes.

For example, 253 additional Native Hawaiian/Pacific Islander patients from the Colorectal Cancer Screening measure denominator would need to have an up-to-date screening to close the gap between the screening rate for Native Hawaiian/Pacific Islander patients and the statewide average.

Native Hawaiian/Pacific Islander patients have significant disparities in performance rates on four out of the 18 measures included in this report compared to the statewide average.

See page 53 for measure definitions.

HISPANIC/LATINX PATIENTS

2022 Measure Results Snapshot

		Statewide Average ●	# of Patients Needed to Close Gap
Adult			
Colorectal Cancer Screening	50.5%	67.8%	+6,370
Optimal Asthma Control	44.9%	50.3%	+350
Optimal Diabetes Care	37.7%	44.6%	+1,017
Optimal Vascular Care	54.6%	55.3%	-
Depression: Follow-up PHQ-9/9M at Six Months	41.8%	44.4%	+297
Depression: Response at Six Months	15.0%	47.3%	+260
Depression: Remission at Six Months	8.6%	10.1%	+96
Depression: Follow-up PHQ-9/9M at 12 Months	38.2%	10.1%	+72
Depression: Response at 12 Months	14.5%	17.4%	+142
Depression: Remission at 12 Months	8.1%	17.9%	+138
Adolescent/Child			
Adolescent Mental Health and/or Depression Screening	90.0%	92.0%	+237
Optimal Asthma Control	49.2%	53.5%	+201
Depression: Follow-up PHQ-9/9M at Six Months	41.7%	38.9%	-
Depression: Response at Six Months	12.3%	45.4%	+50
Depression: Remission at Six Months	5.6%	6.9%	-
Depression: Follow-up PHQ-9/9M at 12 Months	37.4%	7.0%	-
Depression: Response at 12 Months	13.5%	13.6%	-
Depression: Remission at 12 Months	6.1%	14.2%	-

☐ Represents 95% confidence interval

ELIMINATING DISPARITIES

The "# of Patients Needed to Close Gap" in the chart provided represents the number of additional Hispanic/Latinx patients receiving optimal care needed to eliminate the disparity in outcomes.

For example, 6,370 additional Hispanic/Latinx patients from the Colorectal Cancer Screening measure denominator would need to have an up-to-date screening to close the gap between the screening rate for Hispanic/Latinx patients and the statewide average.

Hispanic/Latinx patients have significant disparities in performance rates on 12 out of the 18 measures included in this report compared to the statewide average.

See page 53 for measure definitions.

STATEWIDE SUMMARY BY RACE/ETHNICITY

Adult Population

2022 Measurement Year

MEASURE	STATEWIDE RATE	RACE						ETHNICITY	
		Asian	Black	Indigenous	Multi Racial	Native Hawaiian	White	Hispanic/ Latinx	Not Hispanic/ Latinx
Colorectal Cancer Screening	**67.8%**	58.4% ▼	51.7% ▼	48.3% ▼	61.5% ▼	53.3% ▼	70.0% ▲	50.5% ▼	68.5% ▲
Optimal Asthma Control	**50.3%**	53.8% ▲	42.3% ▼	31.4% ▼	45.3% ▼	42.7% ▼	52.0% ▲	44.9% ▼	50.5% ●
Optimal Diabetes Care	**44.6%**	48.1% ▲	34.7% ▼	25.5% ▼	36.1% ▼	40.2% ▼	46.4% ▲	37.7% ▼	45.2% ▲
Optimal Vascular Care	**55.3%**	64.1% ▲	44.6% ▼	40.4% ▼	48.5% ▼	57.7% ●	55.8% ▲	54.6% ●	55.3% ●
Depression Care — **Follow-up at Six Months**	**47.3%**	43.8% ▼	39.0% ▼	44.5% ●	43.1% ▼	39.2% ●	48.6% ▲	41.8% ▼	48.3% ▲
Response at Six Months	**17.9%**	15.2% ▼	13.5% ▼	14.3% ▼	13.1% ▼	14.6% ●	18.8% ▲	15.0% ▼	18.5% ▲
Remission at Six Months	**10.1%**	8.3% ▼	7.4% ▼	8.8% ●	6.0% ▼	8.9% ●	10.6% ▲	8.6% ▼	10.4% ●
Follow-up at 12 Months	**44.4%**	42.9% ●	35.9% ▼	41.6% ●	38.6% ▼	35.4% ▼	46.2% ▲	38.2% ▼	45.7% ▲
Response at 12 Months	**17.4%**	16.2% ●	12.2% ▼	15.8% ●	10.8% ▼	12.0% ●	18.4% ▲	14.5% ▼	18.0% ▲
Remission at 12 Months	**10.1%**	8.2% ▼	6.7% ▼	8.9% ●	5.5% ▼	8.9% ●	10.7% ▲	8.1% ▼	10.4% ●

▼ Below statewide rate   ● Not statistically different from statewide rate   ▲ Above statewide rate

See page 53 for measure definitions.

STATEWIDE SUMMARY BY RACE/ETHNICITY

Adolescent/Child Population

2022 Measurement Year

MEASURE	STATEWIDE RATE	RACE						ETHNICITY	
		Asian	Black	Indigenous	Multi Racial	Native Hawaiian	White	Hispanic/ Latinx	Not Hispanic/ Latinx
Optimal Asthma Control	**53.5%**	63.9% ▲	49.7% ▼	35.9% ▼	53.1% ●	56.2% ●	54.6% ▲	49.2% ▼	53.9% ●
Adolescent Mental Health and/or Depression Screening	**92.0%**	93.2% ▲	90.0% ▼	87.1% ▼	93.5% ▲	92.1% ●	92.6% ▲	90.0% ▼	92.2% ●
Depression Care — **Follow-up at Six Months**	**45.4%**	40.5% ●	27.9% ▼	30.8% ▼	41.1% ●	NR	46.8% ▲	39.0% ▼	45.7% ●
Response at Six Months	**14.2%**	15.2% ●	9.5% ▼	9.1% ▼	10.7% ●	NR	15.1% ●	12.3% ●	14.6% ●
Remission at Six Months	**7.0%**	8.0% ●	5.0% ●	3.5% ●	5.1% ●	NR	7.4% ●	5.6% ●	7.3% ●
Follow-up at 12 Months	**38.9%**	40.7% ●	28.2% ▼	32.5% ●	41.0% ●	NR	40.7% ▲	37.4% ●	40.0% ●
Response at 12 Months	**13.6%**	14.4% ●	10.4% ▼	9.5% ●	13.8% ●	NR	14.3% ●	13.5% ●	14.0% ●
Remission at 12 Months	**6.9%**	6.4% ●	6.3% ●	3.9% ●	5.6% ●	NR	7.3% ●	6.1% ●	7.2% ●

▼ Below statewide rate   ● Not statistically different from statewide rate   ▲ Above statewide rate

DEFINITIONS

GENERAL DEFINITIONS

Established patient criteria: Several measures use an established patient criteria, which requires that the patient have at least one established patient office or telehealth visit during the measurement period in order to be included in the measure. Measures that utilize this criteria include Optimal Asthma Control; Optimal Diabetes Care; and Optimal Vascular Care.

Measurement year: The period being assessed and the year in which care was delivered.

MEASURE DEFINITIONS

Adolescent Mental Health and/or Depression Screening: The percentage of patients ages 12-17 who were screened for mental health and/or depression at a well-child visit using a specified tool. *Note: Adolescents diagnosed with depression are <u>excluded</u> from this measure.*

Colorectal Cancer Screening: The percentage of adults ages 45-75 who are up-to-date with the appropriate screening for colorectal cancer. Appropriate screenings include one of the following:
- Colonoscopy during the measurement period or the nine years prior; OR
- Flexible sigmoidoscopy during the measurement year or the four years prior; OR
- CT colonography during the measurement year or the four years prior; OR
- Fecal immunochemical test (FIT)-DNA during the measurement year or the two years prior; OR
- Guaiac-based fecal occult blood test (gFOBT) or FIT during the measurement year

Depression Measures (Adults & Adolescents)
- **PHQ-9/9M Utilization:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with a diagnosis of Major Depression or Dysthymia who also have a completed PHQ-9/9M tool during the measurement period.

- **Follow-up PHQ-9/9M at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who have a completed PHQ-9/9M tool within six or 12 months after the index event (+/- 60 days).

- **Response at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who demonstrated a response to treatment (at least 50 percent improvement) six or 12 months after the index event (+/- 60 days).

- **Remission at 6/12 Months:** The percentage of adults (18 years of age and older) and adolescents (12-17 years of age) with depression who reached remission (PHQ-9/9M score less than five) six months after the index event (+/- 60 days).

DEFINITIONS CONTINUED

Optimal Asthma Control (Adults & Children): The percentage of adults (18-50 years of age) and children (5-17 years of age) who had a diagnosis of asthma and whose asthma was optimally controlled during the measurement period as defined by achieving both of the following:
1. Asthma well-controlled as defined by the most recent asthma control tool result available during the measurement period
2. Patient not at elevated risk of exacerbation as defined by less than two emergency department visits and/or hospitalizations due to asthma in the last 12 months

Optimal Diabetes Care: The percentage of patients 18-75 years of age who had a diagnosis of type 1 or type 2 diabetes and whose diabetes was optimally managed during the measurement period as defined by achieving all of the following:
1. HbA1c less than 8.0 mg/dL
2. Blood pressure less than 140/90 mm Hg
3. On a statin medication, unless allowed contraindications or exceptions are present
4. Non-tobacco user
5. Patient with ischemic vascular disease on daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

Optimal Vascular Care: The percentage of patients 18-75 years of age who had a diagnosis of ischemic vascular disease (IVD) and whose IVD was optimally managed during the measurement period as defined by achieving all of the following:
1. Blood pressure less than 140/90 mm Hg
2. On a statin medication, unless allowed contraindications or exceptions are present
3. Non-tobacco user
4. On daily aspirin or anti-platelets, unless allowed contraindications or exceptions are present

METHODS

The measures in this report are collected from medical groups that submit data directly to MN Community Measurement. These clinical quality measures enable reporting of results by clinic location as well as by medical group.

DATA COLLECTION

MNCM is in the midst of transitioning its data collection for the clinical quality measures reported by medical groups to a modernized system known as PIPE that reduce quality measurement burden on health care providers and enables more timely feedback on performance. The previous data collection system, known as Direct Data Submission or DDS, required providers to separately identify the relevant population for each measure. The new PIPE system identifies the numerators, denominators, and performance rates for each measure centrally. About 53 percent of the data reported to MNCM for the clinical quality measures for 2022 measurement year was submitted via PIPE, and the transition to the new system is expected to be complete by the end of 2024.

CONFIDENCE INTERVALS

Due to the dynamic nature of patient populations, rates and 95 percent confidence intervals are calculated for each measure for each medical group/clinic regardless of whether the full population or a sample is submitted. The statewide rate is displayed when comparing a single medical group/clinic to the performance of all medical groups/clinics to provide context. The statewide rate is calculated using all data submitted to MNCM which may include some data from clinics located in neighboring states.

MEDICAL GROUP RESULTS

Medical group results and ratings for the 2022 measurement year can be found via the appendix tables, which can be accessed [here](#).

THRESHOLD FOR PUBLIC REPORTING

MNCM has established minimum thresholds for public reporting of clinical quality measures reported by medical groups to ensure statistically reliable rates. Only medical groups and clinics that meet the threshold of 30 patients in the denominator of a measure are publicly reported.

OVERVIEW OF DEPRESSION MEASURES

The depression measures are unique in that the time period for identifying eligible patients for the denominators does not follow the typical measurement period of a calendar year that the other quality measures do. The depression measures are longitudinal in design, meaning patients are followed through a period of time and assessed for the desired outcome. A patient is first identified for the denominator during the denominator identification period (shown below), which primarily occurs two years prior to when the data are submitted. The assessment period (shown below) is the time in which those patients identified in the denominator identification period are assessed for the desired outcome and primarily occurs in the year prior to data submission.
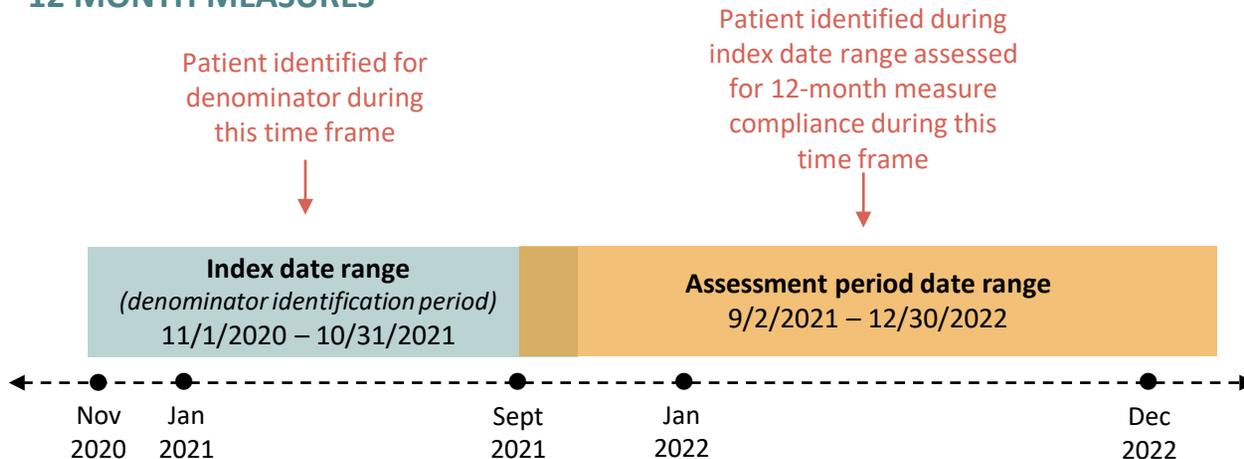
RACE, HISPANIC ETHNICITY, LANGUAGE, AND COUNTRY OF ORIGIN ANALYSES

For the quality measures, the RELC data is submitted by medical groups through MNCM's clinical data submission process. Please refer to the *MNCM Handbook on Collection of RELC Data in Medical Groups* for more information about this data: https://tinyurl.com/43byhcbk.

BEST PRACTICES FOR CLINICAL QUALITY MEASURES

Race, Hispanic ethnicity, preferred language, and country of origin data collection undergoes a unique validation process to ensure that medical groups collect these data elements from patients using best practices. Best practices are defined as:

1. Patients self-report their race and Hispanic ethnicity.
2. Patients have the option to select one or more categories for race (i.e., medical groups/clinics do not collect data using a multi-racial category).
3. Medical groups/clinics have the ability to capture and report more than one race as reported by the patient.

A medical group/clinic must meet all the criteria for each data element to achieve best practice status and to have their data included in the rate calculation. Only validated data collected using best practices are used to calculate rates by race, Hispanic ethnicity, preferred language, and country of origin.

LABELING CHANGES

Certain race/ethnicity categories have undergone labeling changes for this report to be consistent with more updated and appropriate terminology. Below is a table describing how the category was submitted to MNCM and its corresponding label change:

Submitted Label	Updated Label
American Indian or Alaska Native	Indigenous/Native
Black or African American	Black
Hispanic or Latino	Hispanic/Latinx
Not Hispanic or Latino	Not Hispanic/Latinx