

**Assignment 2.1: Chapter 1 Exercise 1.1**

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Overall, access to healthcare in the United States improved. Access to health insurance, prompt care access, and access to healthcare services when a need is perceived have all improved over time. Access to children's specialty care health services declined over time, and dental insurance access remained the same. Dental care access remains low without significant improvement, especially for individuals who live in rural areas or have low incomes. Since 2020, the full-time healthcare workforce has nearly doubled, but many states still have shortages that can impact healthcare access (*AHRQ*, n.d.b, p. 1, 5).

Overall, quality care in the United States improved. Person-centered care measures mostly improved while some remained the same but did not worsen. Patient safety mostly improved. Only one measure declined. The areas that improved were more important measures regarding safety and the reduction of adverse effects compared to the one that worsened, which was a review of over-the-counter medication. Care coordination measures improved overall by over half, but one-third declined. Affordable care remained stable, neither worsening nor improving. Effective treatment improved overall, with only 11% of measures declining. Healthy living dramatically improved with only three measures declining (*AHRQ*, n.d.b, p. 1-2).

Overall, disparities in healthcare in the United States remained significant. Compared to White groups, all minority groups except Asian groups had more measures resulting in worse outcomes than measures resulting in better outcomes. Individuals with low incomes received worse care than those with high incomes. These disparities reflect a lack of access to healthcare service, insurance, and timely medical care. For people under age 65, those with private insurance experienced worse care than those with public insurance, and those with no health insurance also experienced worse care. People living in nonmetropolitan areas, small and medium cities, and urban cores experienced worse care than those living in large suburbs or large cities (*AHRQ*, n.d.b, p. 3-4).

### References

*AHRQ*. (n.d.a). 2021 National Healthcare Quality and Disparities Report.

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