

**Agency for Healthcare Research and Quality (AHRQ)**  
**CAHPS® Database**  
**Research Abstract Form**

**EXAMPLE OF A COMPLETED FORM**

This completed abstract presents an example of how to complete this form.  
Annotations and notes are shown in green text boxes.

## Instructions

Please use this form to describe the research for which you require AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data. Save this completed form with your last name in the file name (e.g., "Smith CAHPS Research Abstract.doc") and submit to [CAHPSDatabase@westat.com](mailto:CAHPSDatabase@westat.com) (Subject line: CAHPS Data Request).

**Notes:** Because participating organizations (e.g., health plans, medical groups, hospitals) voluntarily submit data to the CAHPS Databases, the data do not constitute a nationally representative sample. Replication of statistics published in the *CAHPS Health Plan Survey Chartbook*, *CAHPS Clinician & Group Survey Chartbook*, *CAHPS Child Hospital Survey Chartbook*, or *CAHPS Home & Community Based Services Chartbook* may not be possible as not all participating organizations permit inclusion of their data in the research data files.

### Date Research Abstract Form Completed

1/25/2025

Provide the date you are submitting the Research Abstract Form.

### Project Title

Relationships between CAHPS Health Plan Survey Measures and Global Ratings as well as differences by Race and Ethnicity

Provide a brief title for your research project.

### Purpose

The purpose of this study is to examine: 1) relationships between the CAHPS Health Plan Survey measure scores and global ratings, and 2) whether scores on the survey measures vary by race and ethnicity.

Provide the purpose or objectives of your research project. A detailed background or literature review is **not** needed.

### Hypotheses

H1: More positive patient experiences are associated with higher global ratings.

H2: Patient experience scores will vary based on respondent race and ethnicity.

Provide hypotheses or research questions corresponding to the purpose or objectives of your research project. Null hypotheses are **not** needed.

**Methodology** [Specify measures and proposed analyses, including level of analysis, i.e., respondent-level or organization-level]

**Measures:**

**Hypothesis 1:**

Independent variables

- All Adult CAHPS Health Plan Survey measures

Dependent variables

- Rating of Health Plan
- Rating of Personal Doctor
- Rating of Specialist
- Rating of Health Care

**Hypothesis 2:**

Race and Ethnicity scores for each CAHPS Health Plan Survey measure

- Combine the race item with the Hispanic/Latino item to create race and ethnicity categories (e.g., Hispanic (all races), Black (non-Hispanic), Asian (non-Hispanic))

**Case-Mix Variables**

Education, Health status, Age

**Level of Analysis**

Analysis will be conducted at the plan level.

**Analysis Plan**

Hypothesis 1: We will conduct linear regressions for the case-mix adjusted patient experience measures with the rating items.

Hypothesis 2: We will conduct analysis of variance (ANOVA) on each case-mix adjusted patient experience measure scores for the race and ethnicity categories.

Indicate the CAHPS measures you plan to use to test your hypotheses (e.g., composite measures, single items). Explain how these measures will operationalize the concepts in your hypotheses.

Indicate the level of analysis to be used (i.e., individual-level, organization-level).

Indicate the statistical method you will use to test your hypotheses.

**Expected Project Timeline**

Jan 2025 - June 2025

Provide an estimated start and end date for your research project.

**Expected Outcomes of the Research/How Results will be Presented**

Results will be presented at professional conferences and submitted for publication in a peer-reviewed journal.

Describe how the results of your research project will be shared or presented (e.g., conference presentation, journal article, dissertation). Indicate if you are a student and conducting this research as part of a degree program.

**Funding Sources** [Include grant or contract number.]

None.

Include the funding source. If not applicable, write "None."

**Requested Database Year(s) Needed for Analyses Outlined Above.** [Include a rationale in the Hypotheses and Methodology sections if selecting more than one dataset]

Survey Type	Survey Population and Version	Database Years Available	Survey Administration Periods	Check Year(s) Requested
HCBS	Adult 1.0/Adult 1.0 with Employment Module Supplement	2024	Jan 1, 2023 – Dec 31, 2023	<input type="checkbox"/>
		2023	Jan 1, 2022 – Dec 31, 2022	<input type="checkbox"/>
Child Hospital	Child 1.0	2024	Jan 1, 2023 – Dec 31, 2023	<input type="checkbox"/>
		2023	Jan 1, 2022 – Dec 31, 2022	<input type="checkbox"/>
Health Plan*	Adult 5.0/5.1	2024	July 1, 2023 – June 30, 2024	<input checked="" type="checkbox"/>
		2023	July 1, 2021 – June 30, 2022	<input checked="" type="checkbox"/>
		2022	July 1, 2020 – June 30, 2021	<input type="checkbox"/>
		2021	July 1, 2019 – June 30, 2020	<input type="checkbox"/>
		2020	July 1, 2018 – June 30, 2019	<input type="checkbox"/>
Health Plan*	Child 5.0/5.1	2023	July 1, 2022 – June 30, 2023	<input type="checkbox"/>
		2022	July 1, 2021 – June 30, 2022	<input type="checkbox"/>
		2021	July 1, 2020 – June 30, 2021	<input type="checkbox"/>
		2020	July 1, 2019 – June 30, 2020	<input type="checkbox"/>
		2019	July 1, 2018 – June 30, 2019	<input type="checkbox"/>
Health Plan*	CHIP 5.0/5.1	2023	July 1, 2022 – June 30, 2023	<input type="checkbox"/>
		2022	July 1, 2021 – June 30, 2022	<input type="checkbox"/>
		2021	July 1, 2020 – June 30, 2021	<input type="checkbox"/>
		2020	July 1, 2019 – June 30, 2020	<input type="checkbox"/>
		2019	July 1, 2018 – June 30, 2019	<input type="checkbox"/>
Clinician & Group**	Adult 3.0	2019	Jan 1, 2019 – June 30, 2020	<input type="checkbox"/>
Hospital*	Adult 1.0	2007	Oct 1, 2006 – Sept 30, 2007	<input type="checkbox"/>

Select the survey(s) and indicate the database year(s) for your analyses. If you select more than one dataset, your Hypotheses and/or Methodology sections must incorporate a justification for the data requested.

\*Data from years prior are available upon request. Please note the survey versions may be different.

\*\*Data from years prior are available upon request. Please note the survey versions may be different. Adult Visit and Child Versions are also available upon request.

**Contact Information**

If Data Requester is a student, please also provide your supervisor's contact information under "Other Contact/Supervisor Information" below.

**Data Requester Contact Information**

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**Other Contact/Supervisor Information**

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If there are more individuals who will be working with the data on this project, please provide their contact information as well.