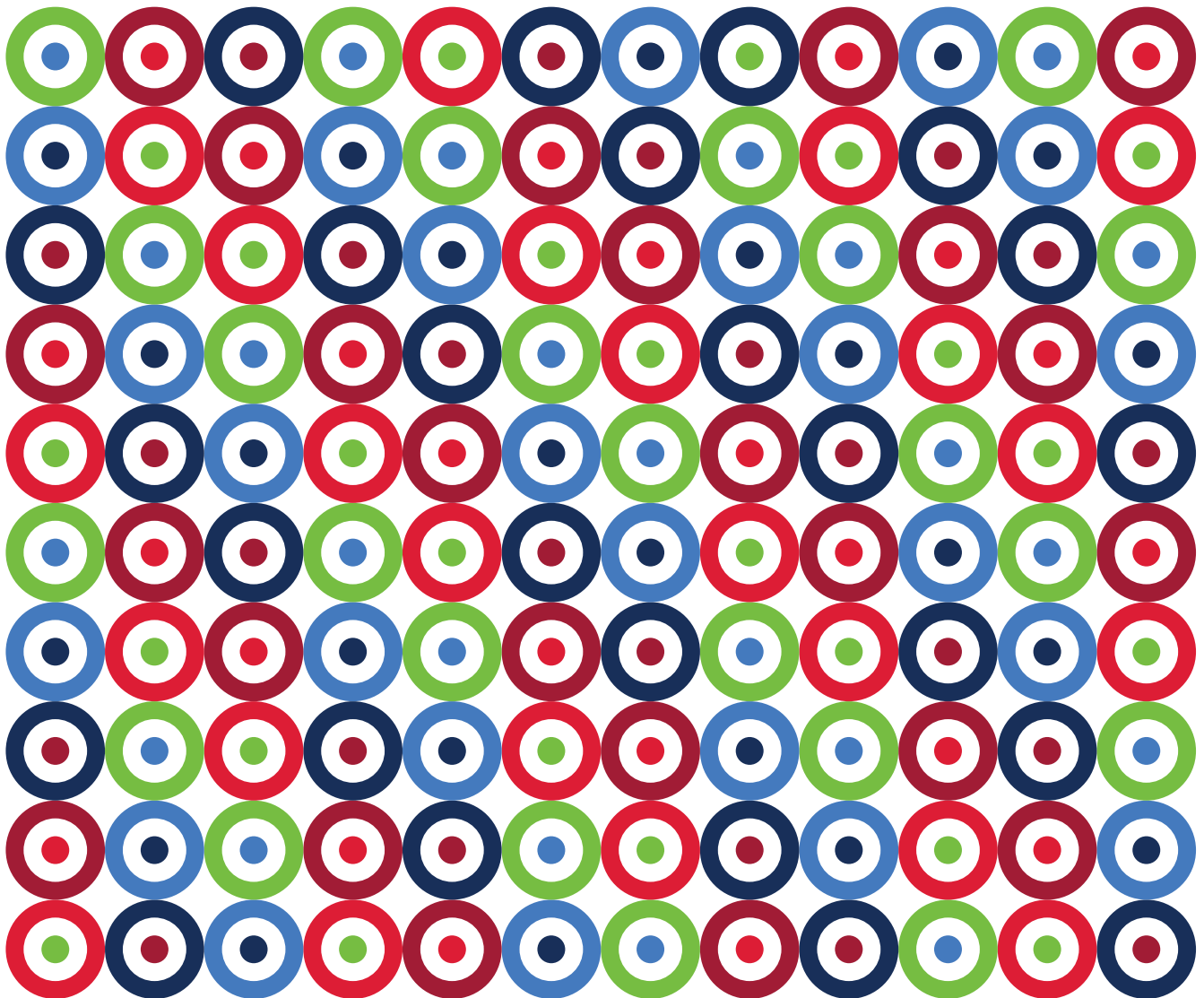


June 2024



DEI Data Insights

Data Collection



Introduction

As the leading national advocate for hospitals and health systems, the American Hospital Association (AHA) and its Institute for Diversity and Health Equity (IFDHE) support their member organizations' efforts to improve the health of the communities they serve.

To fulfill this mission, AHA periodically surveys the field's efforts, successes and challenges in diversity, equity and inclusion (DEI). IFDHE's biennial DEI Benchmark Survey provides a snapshot of member and non-member hospitals' attitudes and practices regarding diversity in the workforce; leadership and governance; equity; and inclusive policies and behavior. The survey provides insights into hospitals' progress and highlights opportunities for improvement.

This is the fourth installment in a series of Insight Reports that highlight results from the 2022 DEI Benchmark Survey. In these reports, we will discuss the survey data and share case studies and resources that can aid hospitals in taking actions to accelerate their health equity, diversity and inclusion journey.

This set of data insights addresses **Data Collection**.

The other four topics in this series include:

- [DEI Strategy](#)
- [Workforce Diversity](#)
- [DEI Leadership and Governance](#)
- [Social Drivers of Health](#)

Key Terms

Diversity, Equity and Inclusion (DEI):

the values, practices and policies that support the representation of individuals from all backgrounds

Health Equity:

different from DEI, the fair and just opportunity for all individuals to achieve their highest level of health

Diversity:

the presence of individual differences that may include race, gender, sexual orientation, religion, gender identity, age, disability, etc.

Equity:

promoting fair, just and unbiased treatment for all people, regardless of background or social status

Inclusion:

ensuring that all populations feel safe, respected, heard and valued

About the Survey

The survey was administered from Jan. 19 – June 3, 2022, to 6,234 AHA member and non-member hospitals in the U.S. and its territories. Of these, 1,356 completed the survey, a 22% response rate. While the sample offers valuable insights, there were statistical differences in characteristics between respondents and nonrespondents. Survey responses were not necessarily reflective of the entire hospital field. The data establishes a baseline for future surveys.

The next administration of the survey took place January to May 2024.

About this Topic

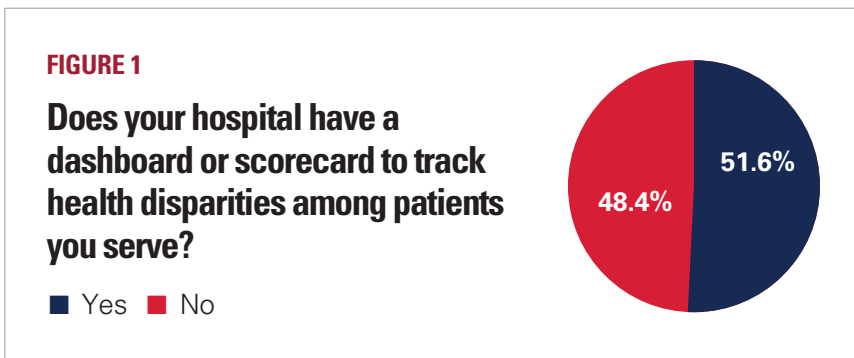
Collecting data is essential for understanding disparities in health care access, quality, patient safety, and outcomes among different demographic groups. Hospitals and health systems should have a streamlined, standard approach to collecting and analyzing data to identify opportunities for improving the health of their communities. As a starting point, hospitals and health systems should consider the following to effectively collect data in health outcomes:

- **Define Objectives:** Clearly define the objectives of your DEI initiatives and health care outcomes. Identify specific health disparities or inequities you want to address, such as disparities in disease prevalence, treatment outcomes, access to care or patient satisfaction.
- **Select Relevant Metrics:** Choose metrics that align with your objectives and the specific health outcomes you are examining. This could include demographic factors (e.g., race, ethnicity, gender identity and sexual orientation, age, socioeconomic status, disability), health indicators (e.g., prevalence of chronic diseases, mortality rates), health care utilization (e.g., access to preventive care, utilization of emergency department services), and patient-reported outcomes (e.g., satisfaction with care, perceived discrimination).
- **Use Multiple Data Sources:** Gather data from multiple sources for a comprehensive understanding of health disparities. This may include administrative health records, electronic health records (EHRs), health surveys, community health assessments, and qualitative research methods such as interviews and focus groups.

Setting the Stage for Data Collection in Hospitals and Health Systems

Use of tools to track health disparities among patients served

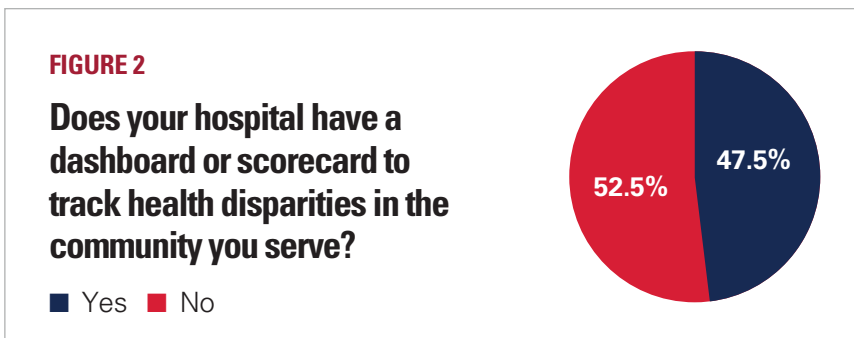
The survey revealed a near-even split among hospitals regarding their use of dashboards or scorecards to track health disparities within their patient populations (*Figure 1*). Slightly more than half (52%) of the respondents reported having a dashboard or scorecard to monitor health disparities among their patients, while just under half (48%) indicated the absence of such tools.



As the focus on social drivers of health increases, the importance of developing robust systems to collect and analyze data on patients' non-medical needs becomes increasingly crucial. Currently, regulatory focus is primarily on data collection. However, we anticipate a shift towards more comprehensive requirements for utilizing these data to actively address and eliminate health disparities. This will likely drive greater adoption of tracking technologies as hospitals respond to demands from regulators and potentially from payors seeking insights into the impact of social drivers on health outcomes.

Use of tools to track health disparities in the community served

There was a similar split when it comes to having a dashboard or scorecard for tracking health disparities at the community level (*Figure 2*). Notably, however, fewer respondents reported having these tools for community disparities tracking (47.5%) compared to patient-level tracking (51.6%), highlighting a potential gap in the scope of health disparity monitoring efforts.



To effectively address health disparities in the community, hospitals should consider fostering partnerships with experts from diverse fields such as geography, urban planning, and economics. Unlike the traditional view of patients as isolated individuals, recognizing them as part of a broader ecosystem can provide crucial insights into their priorities and needs. For instance, while rural areas might have accessible food sources, transportation barriers to health care facilities can significantly impact health outcomes. By understanding these nuances, hospitals can better tailor their efforts to address the unique needs of each community.

As the focus on social drivers of health increases, it is anticipated that more hospitals will develop the necessary infrastructure to track and address community-level assets and challenges. This proactive approach is essential not only for addressing immediate health disparities but also for building healthier communities in the long term.

Use of data to identify or address disparities

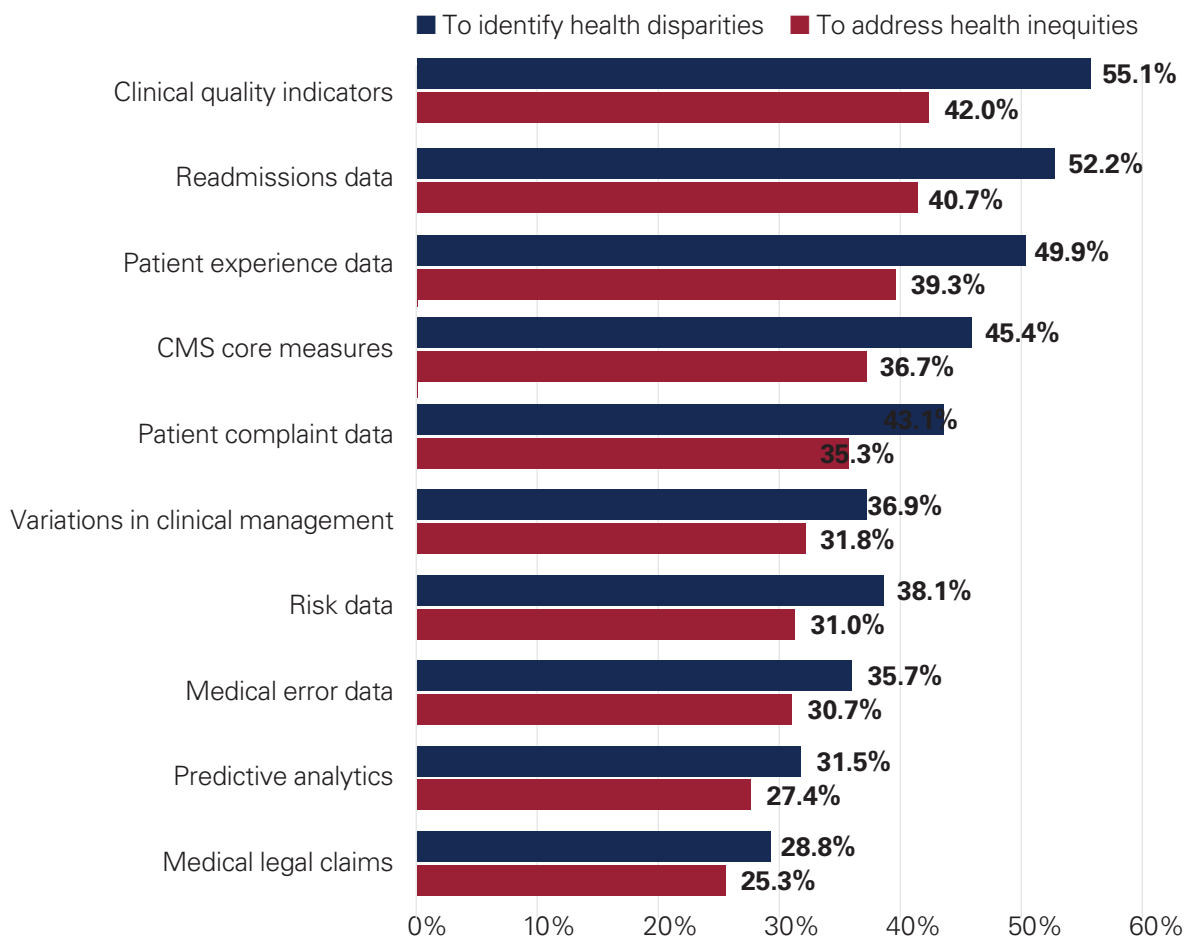
On the question of whether respondents' organizations use specific types of data to identify or to address health disparities, two interesting but perhaps expected patterns emerged given that identifying disparities often precedes efforts to address them (*Figure 3*). First, consistently greater proportions of respondents reported using each data type to identify (29% to 55% across data types) than to address (25% to 42%) health disparities.

Second, the order of data types, ranked by usage frequency from most to least common, remains consistent whether the goal is to identify or address disparities. For example, the top three data types are clinical quality indicators, readmissions data, and patient experience data. These are primarily associated with the CMS Care Compare program, which evaluates hospital performance based on clinical outcomes. Specifically, clinical quality indicators are the most utilized for both identifying (55%) and addressing (42%) disparities, followed by readmissions data (52% and 40%), and patient experience data (50% and 39%).

Conversely, the least frequently used data types for both identifying and addressing disparities are medical error data (36% and 31%), predictive analytics (32% and 27%), and medical legal claims (29% and 25%). It is worth noting that predictive analytics — a more sophisticated way of using data to identify and anticipate care gaps and opportunities to address disparities — was reported by less than a third of the respondents, underscoring a potential area for increased adoption and effectiveness in tackling health disparities.

FIGURE 3

In what ways does your organization use the following data to identify or address health disparities? (Check all that apply)



Overall, effective data collection is a necessary ingredient for hospitals striving to enhance patient care, ensure safety, meet regulatory standards and promote population health. By strategically leveraging data, hospitals can foster continuous improvement and better health outcomes for both patients and the broader community.

Resources/Case Studies

- [Beyond the Four Walls: Sentara Health’s Commitment to Bringing Care to Communities](#)
- [2022 Carolyn Boone Lewis Equity of Care Award Winner: Mount Sinai Health System](#)
- [2023 Carolyn Boone Lewis Equity of Care Award Winner Meritus Health: Influencing Equity in the Community](#)
- [2023 Equity of Care Award Winner Robert Wood Johnson University Hospital: Pathways to Health Equity](#)