



# Health Care Improvement Foundation's Health Equity Data Strategy Collaborative Baseline Survey Report

The Health Care Improvement Foundation (HCIF) launched the Health Equity Data Strategy (HEDS) Collaborative in 2021, bringing together Partnership for Patient Care (PPC) contributing organizations with the common goal of decreasing disparities in health outcomes in our communities across the Southeast Pennsylvania region. The focus of the program's first year has been on the collection, stratification, and utilization of race, ethnicity, and language (REaL) data in order to identify and address inequities in care and outcomes. Through the implementation of a "health equity data strategy," organizations are better positioned to identify disparities and implement strategies for creating equitable care. The purpose of the baseline survey was to assess how organizations collect and utilize REaL data and allow organizations to benchmark their equity data strategy journey.

## Survey Administration



**8** regional hospitals and healthsystems participated in survey



All questions reviewed by **advisory group** of leaders and experts in health equity, diversity, and community engagement



Launched in September 2021 with **6 weeks** for respondents to complete



Approximately **34 questions** categorized into **8 core sections**:  
Background, Data Collection, Technological Questions, Data Accuracy & Completeness, Workforce Training, Data Stratification & Usage, Communicating Findings, and Infrastructure & Culture

## Survey Findings

The next page features a summary of nine key findings from the survey. This highlights both strengths and opportunities for improvement identified through survey analysis and advisory group discussion. Please note that findings represent a sample of survey responses.



### Significance of Self-Reporting and Self-Identification by Patients

Organizations have developed processes to facilitate self-reporting and self-identification for patients; however, there is opportunity to develop this process for caregivers.

**100%**  
of organizations collect self-reported race data



### Focusing on the Granularity of Patient's Identity

There is opportunity for organizations to collect granular ethnicity (or country of origin) of patients and facilitate this data collection through documentation platforms.



### Standardization across Health System

The majority of organizations reported having a standardized process to evaluate their own accuracy and completeness of REaL data. Among respondents, there is opportunity for patients to validate REaL data beyond initial registration. Additionally, there is opportunity to validate REaL data against local demographic data.



### Collection of Language Data

A majority of organizations collect preferred language of care (the language in which patients wish to communicate with care providers), but there is opportunity for organizations to collect preferred written language (the language in which patients wish to receive written materials, such as discharge instructions) as well.



### Workforce Education and Training

The majority of organizations reported training staff for demographic data collection on an annual basis. There is opportunity to offer a variety of training methods (such as online modules, scripting, manuals, didactic presentations, and role playing) to address the discomfort often reported by staff in having these conversations.



### Involving Patients and Families in Data Efforts

An opportunity exists for organizations to more intentionally and routinely engage patients, families, and community members in their REaL data collection and use efforts. This allows for diverse perspectives of individuals with lived experience to provide feedback on processes and foster trust between patients and organizations.

**13%**  
engage patients and families in REaL data collection



### Stratifying REaL Data and Using Data to Drive Improvement Efforts

Although a minority of organizations reported that they stratify metrics such as admissions, mortality, patient satisfaction, and readmissions by REaL data, those that do also reported that findings were used to design and implement interventions to address any identified disparities.



### Necessity of Leadership Support

All organizations shared that they have a named individual who has leadership responsibility for health equity efforts. Organizations have also made equity commitments through written policies, pledges, protocols, and strategic planning documents.



### Beyond REaL

While the focus on REaL data is instrumental in building a foundational equity data strategy, opportunity persists in expanding to additional demographic data to better meet patient care needs. More than half of organizations reported also collecting social determinants data including disability status, employment status, and food security. An opportunity exists for more organizations to collect sexual orientation and gender identity (SOGI) data from patients.

**40%**  
collect SOGI data from patients