# Advancing Health Equity for the Diverse Communities We Serve; Developing a Dashboard to Mark Progress

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## Background

- Dual crises, COVID-19 and reckoning with structural racism, have shaken healthcare.

- Health disparities are widespread and persistent.

- Healthcare leaders need tools to mark progress in addressing health inequities.

## Objectives

Develop a health equity dashboard to identify health disparities, spark ideas for interventions, and improve accountability.

## Methods

- Included dashboard development in health system fiscal year goal.

- Identified best practices from around the country and joined a Health Equity Collaborative.

- Aligned stakeholders across academic health system to assess baseline work in progress and data quality.

- Developing plan for data quality improvement and gaining consensus on key indicators for health equity.
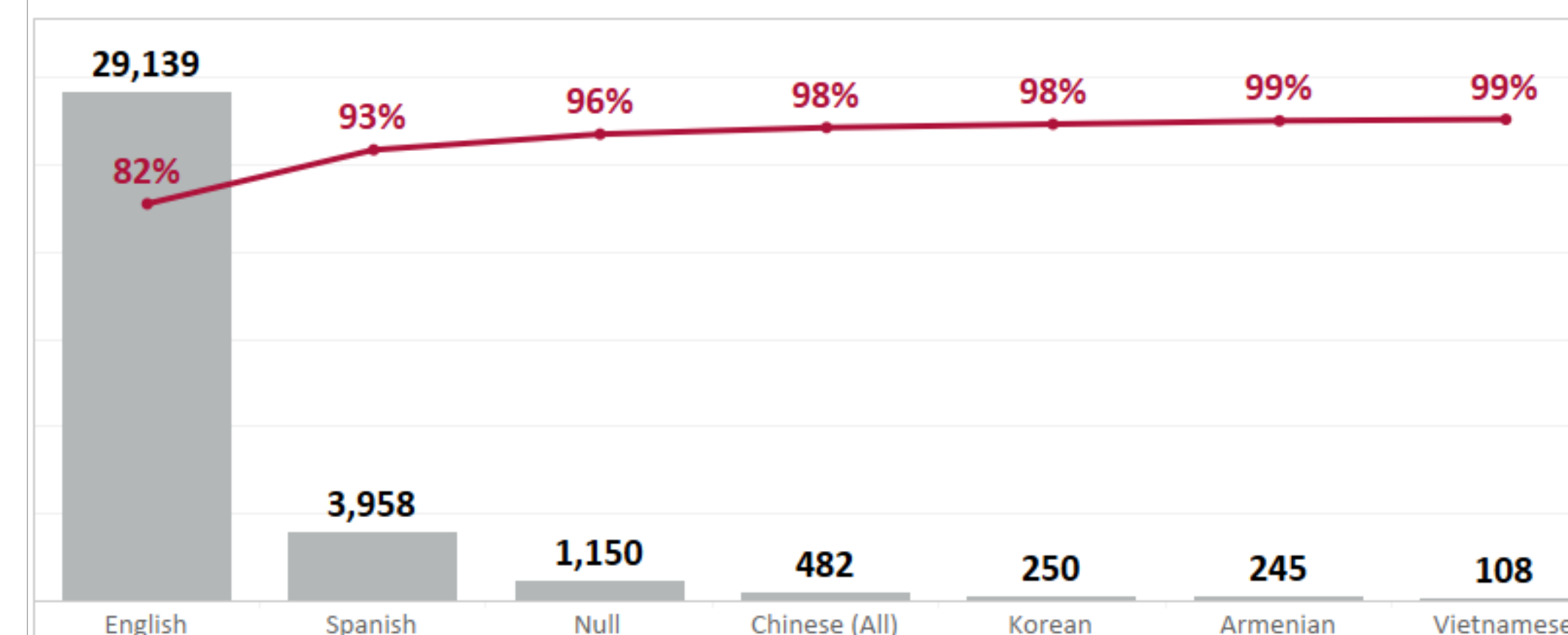
## Results (data quality)

- Race, Ethnicity, and Language (REAL) data quality is a significant concern.
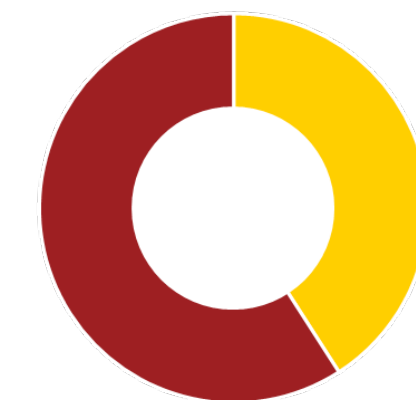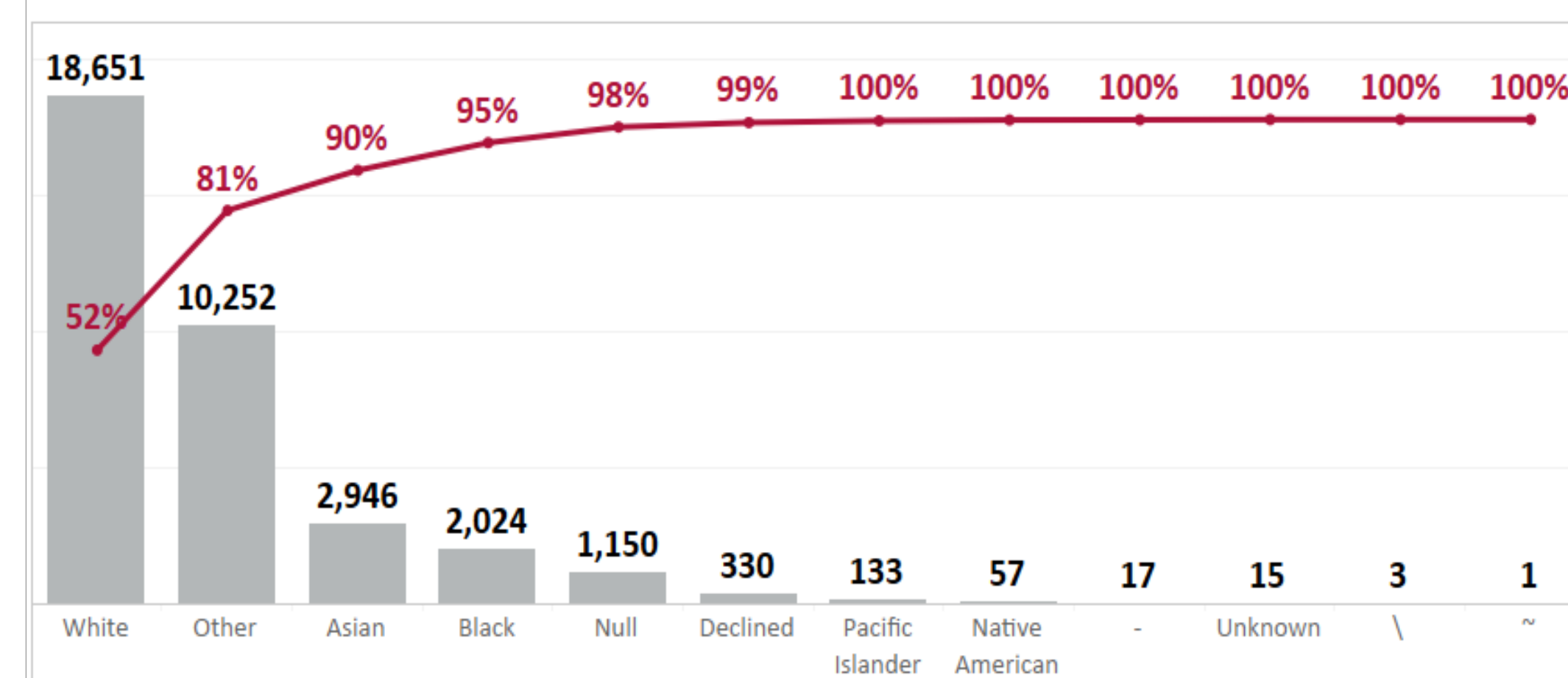
  - **59.1%** of Los Angeles, CA citizens are speakers of a non-English language, **42%** of which speak Spanish.[1]

- Yet, **82%** of Keck hospitalized patients have English as their preferred language for care and 3% had no data.
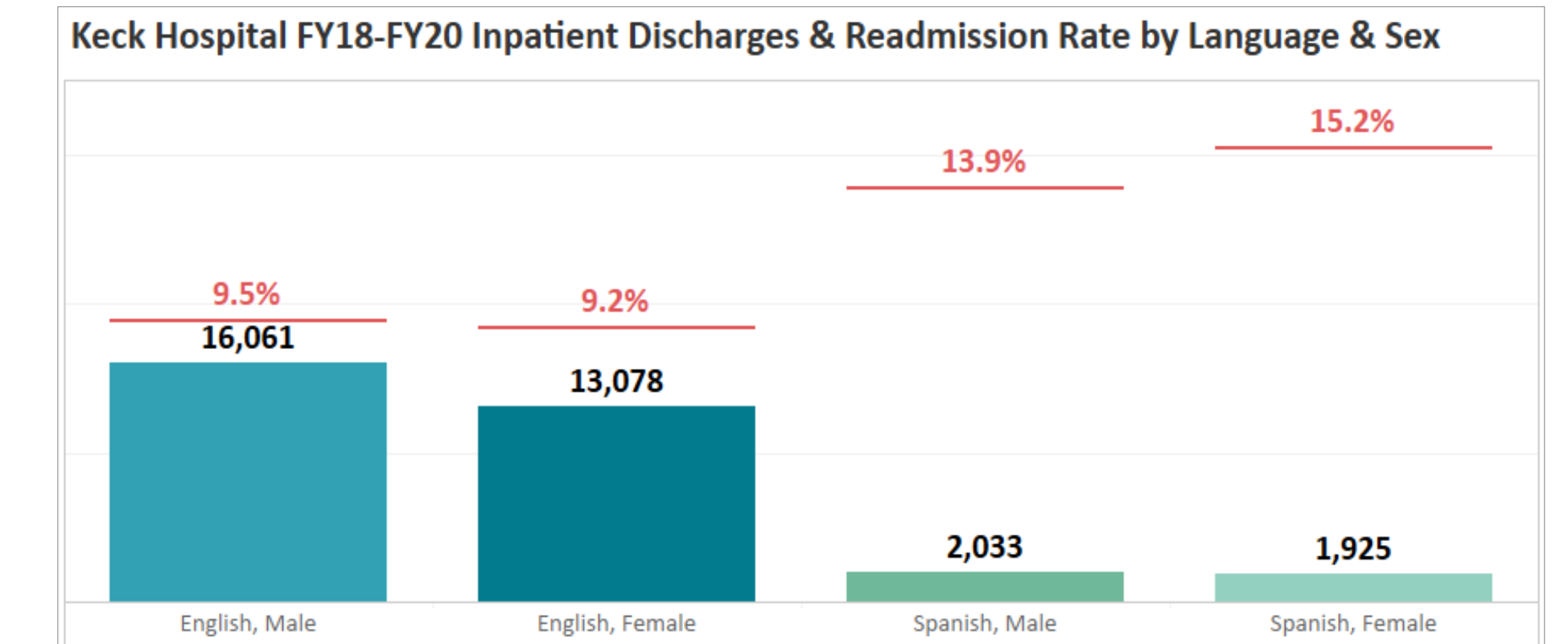
**Keck Hospital FY18-FY20 Inpatient Discharges by Language**

| English | Spanish | Null | Chinese (All) | Korean | Armenian | Vietnamese |
|---------|---------|------|---------------|--------|----------|------------|
| 29,139 | 3,958 | 1,150 | 482 | 250 | 245 | 108 |
| 82% | 93% | 96% | 98% | 98% | 99% | 99% |

**Keck Hospital FY18-FY20 Inpatient Discharges by Race**

| White | Other | Asian | Black | Null | Declined | Pacific Islander | Native American | - | Unknown | \ | ~ |
|-------|-------|-------|-------|------|----------|------------------|-----------------|---|---------|---|---|
| 18,651 | 10,252 | 2,946 | 2,024 | 1,150 | 330 | 133 | 57 | 17 | 15 | 3 | 1 |
| 52% | 81% | 90% | 95% | 98% | 99% | 100% | 100% | 100% | 100% | 100% | 100% |

- **29%** of patients had race listed as Other. Maybe due to limited response options.
- Adopt best practice of reporting all Hispanic patients as Hispanic and all non-Hispanic patients by race.

## Results (health disparities)

- Spanish-speaking patients, especially female patients, had a significantly higher readmission rate compared to their English-speaking peers.

**Keck Hospital FY18-FY20 Inpatient Discharges & Readmission Rate by Language & Sex**

| English, Male | English, Female | Spanish, Male | Spanish, Female |
|---------------|-----------------|---------------|-----------------|
| 16,061 | 13,078 | 2,033 | 1,925 |
| 9.5% | 9.2% | 13.9% | 15.2% |

- More African-American patients have Medicaid than other race groups (24.6% vs 13-19%).
- Medicaid readmissions rates twice that of other payors and longer length of stay.

## Progress

- ✓ Completed Lean improvement project on confirming patient language preferences.
- ✓ Self-reported REAL data identified as gold standard.
- ✓ Granted permission to collect self- reported employee patient REAL data from Workday.
- ✓ Launched Health Equity Dashboard Team to identify key metrics, improve quality of data collection and complete dashboard design by June 30, 2022.

## Next Steps

- ☐ Seek dedicated resources to support health equity work.
- ☐ Institute best practice for race, ethnicity and language collection in all future analyses.
- ☐ Consider analysis by payor class given disparities by race.
- ☐ Use dashboard to drive discussion and engage patients, clinicians and staff in improvement.
- ☐ Develop a collaborative to train and support health equity teams.

[1] The Census Bureau ACS 1-year Estimate, https://datausa.io/profile/geo/los-angeles-ca

**Title: Advancing health equity for the diverse communities we serve; Developing a dashboard to mark progress.**

**Background:**

Two interrelated crises have shaken healthcare.  Covid-19 combined with the national reckoning with entrenched structural racism focused attention on widespread health disparities.  Higher death rates from COVID-19 in African-American and Latinx communities follow a history of pervasive health inequities from cardiovascular disease to cancer to infant mortality. Healthcare leaders need tools to mark progress in addressing health inequities.

**Objective:**

Development of a health equity dashboard to identify health disparities, target interventions and improve accountability.

**Methods:**

- Included the development of a health equity dashboard as a health system goal for FY 2022.
- Identified best practices from around the country and joined a Health Equity Collaborative.
- Met with stakeholders to understand who was engaged in this work, what work was already underway, and the quality of baseline data on race, ethnicity, and language.
- Sought input on how to improve the data and on which indicators to track.

**Results:**

Data quality is a significant concern**.** 80% of patients have English as preferred language in our EMR and yet 59% of patients in Los Angeles speak another language at home. 30-40% of patients have race listed as other. Race categories are incomplete and analysis without using ethnicity left Latinx patients out.

USC Care Medical Group began stratifying quality data by race, ethnicity, and language.  Keck Medicine Hospital examined inequities between Spanish-speaking patients and English-speaking patients and formed a workgroup to develop solutions. Our employee health insurance program discovered a strategy, using self-reported data from Workday, to improve accuracy of race, ethnicity, and language data.

A Health Equity Dashboard Team is meeting regularly to design a dashboard and develop standards to improve data quality.

We are on track to meet our goal of developing a system wide dashboard by June 30, 2022.

**Discussion:**

Addressing pervasive health inequities requires widespread input and action across our health system. Accurate data and stakeholder engagement are essential first steps to understanding our

current performance and developing plans to make meaningful improvements over time. Creating an infrastructure to collect and report accurate and relevant data will require sustained commitment and culture change. This work requires dedicated staffing to support its value and sustained progress forward. We are developing a culture of inquiry while acknowledging we are at the beginning of this journey and have much work to do. Humility is important and leadership support is essential.

**Next Steps:**

Seek resources for a Keck Health Equity Team, part of our Value Improvement Office to support ongoing development of the health equity dashboard and to promote strategies to make change.

Use dashboard to drive discussion and engage patients, clinicians, and staff in health equity quality improvement initiatives across health system. Further engagement of students, research teams and community groups needed.

Develop a collaborative to train and support health equity teams to discover and share best practices to make measurable improvements in health equity sustainable over time and part of our continuous improvement culture.