



Addressing Global Health Inequities: Improving Data for Social Determinants of Health

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Introduction

According to the World Health Organization, a staggering 30-55% of health outcomes are attributed to SDoH. Contributing to this crisis are broken documentation practices, under-coding, and disparate classification systems across regions that are trying to support those in need. Analysing and improving these factors may not only allow for patient-centered care that meets an individual's social needs but may also inform population-wide approaches to address social needs and reduce the burden of disparities within our patient population. We will differentiate how 12 countries on various continents and with varied complexity of healthcare environments describe the components of health inequities with some historical issues leading to the current landscape, capture the socio-economic issues in documentation, code using different patient classification systems, guidelines, and regulations, and how the data flows downstream to other systems for reporting systems such as patient quality measures and regulatory bodies.

Methods

Using general scientific methods of analysis, synthesis, induction, deduction, comparing, specifying and analogy along with internet research and stakeholder engagement, we looked at how different areas of the globe describe, document, code, assess, and classify the components of health inequities, and some historical issues leading to the current landscape.

Results

We identified significant disparities in health outcomes and access to healthcare across different populations and regions. By focusing on, synthesizing and improving data collection on socio-economic factors, we can progress in addressing global health inequities. The classification and coding of SDoH data helps to quantify community, regional, national, and global needs and drives downstream use for healthcare quality, safety, research, statistical analysis, and decision support systems. Policy updates, synthesization of disparate measurement systems, and a global framework are recommended to solve these global issues.

Discussion/Conclusions

While there are barriers to overcome, similarities in global coding standards can help us measure and monitor health equity outcomes and positive change for the future. This requires leadership from governments, regulators, hospital administration, insurance companies, and medical schools.

Collaboration and learning can create a healthcare paradigm that is equitable and accessible for all. It emphasizes the need to improve clinical documentation, data classification, and collection to address healthcare inequities.

Acting to prevent and alleviate healthcare inequities before they become complex clinical conditions can help everyone.

Key Words: SDOH, population, health, quality, international, policy, inequity, coding, classification, outcomes, patients

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