

Social Determinants of Health Data: Survey Results on the Collection, Integration, and Use

Social determinants of health (SDOH) are the “conditions in the environments where people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.”¹ These include education, safe housing, access to nutritious foods, transportation, and good air and water quality. A growing body of evidence suggests that these factors have a critical role in determining health outcomes. One study estimates that only 20 percent of our health is determined by our access to quality healthcare, the remaining 80 percent is tied to socioeconomic factors, physical environment, and health behaviors.²

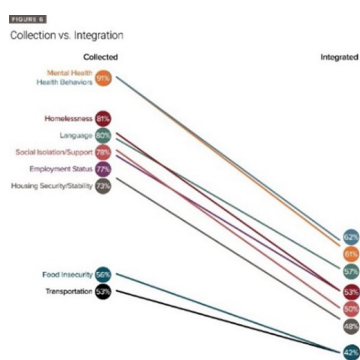
Last month [AHIMA® released a study](#), conducted by NORC at the University of Chicago to better understand the operational realities of how SDOH data is collected, coded, and used in real-world healthcare scenarios. NORC surveyed 2,600 AHIMA members and nonmembers in the early fall of 2022.

While nearly eight in 10 survey respondents indicated that their organization was collecting SDOH data, subsequent responses in the survey indicate that there are challenges to collecting complete and accurate data. Some of the challenges are outlined below.

FIGURE 1
Prevalence of SDOH Collection



NOTE: Totals may not equal 100 percent due to rounding. QUESTION: Does your organization collect SDOH data? (N=2,637). SOURCE: The 2022 AHIMA SDOH survey fielded by NORC and completed by 2,637 AHIMA members and non-members, Aug. 24–Sept. 9, 2022.



NOTE: Totals may not equal 100 percent due to rounding. QUESTION: In terms of SDOH data, which specific individual-level SDOH data elements in your health system or organization collect? (N=2,637). SOURCE: The 2022 AHIMA SDOH survey fielded by NORC and completed by 2,637 AHIMA members and non-members, Aug. 24–Sept. 9, 2022.

Lack of standardization and integration of the data into an individual’s medical record.

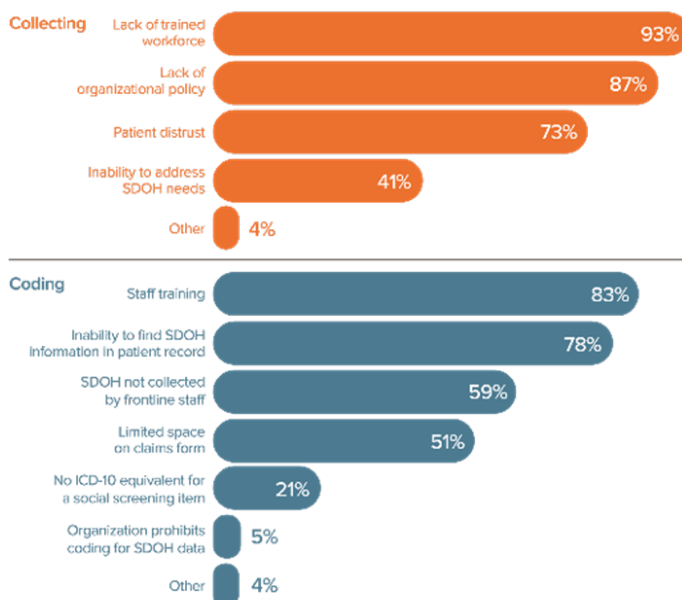
While many health systems and organizations are collecting individual SDOH elements, those data are not necessarily being integrated into electronic health records (EHRs). For instance, roughly eight in 10 respondents collect SDOH on homelessness, language, and isolation, yet less than half said that their organization tries to integrate these data into EHRs.

¹ODPHP. “Social Determinants of Health.” Social Determinants of Health - Healthy People 2030, health.gov/healthypeople/priority-areas/social-determinants-health.

²The University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps, 2022. www.countyhealthrankings.org

FIGURE 8

Challenges Experienced in Collecting & Coding SDOH Data Among Survey Respondents



NOTE: Totals may not equal 100 percent due to rounding. QUESTIONS: Please rank the most pressing challenges when collecting SDOH data. Assign a rank to each item. (N = 2,242). Please rank the most pressing challenges when coding SDOH data. Assign a rank to each item. (N = 2,393). SOURCE: The 2022 AHIMA SDOH survey fielded by NORC and completed by 2,637 AHIMA members and non-members, Aug. 24–Sept. 9, 2022.

Insufficient training and education on how to capture, collect, code, and use the data.

A vast majority of respondents reported that workforce-related challenges were a major barrier to collecting and coding SDOH data. Ninety three percent ranked the lack of a trained workforce as the top collection challenge, and 83 percent listed staff training and education as a top three challenge when coding SDOH data.

Limited use of the data to communicate between healthcare providers and community-based referral organizations.

A majority of respondents (82 percent) said that their organization made electronic referrals to community-based organizations (CBOs). However, when asked whether their organization had a closed-loop referral process, fewer (64 percent) said yes.

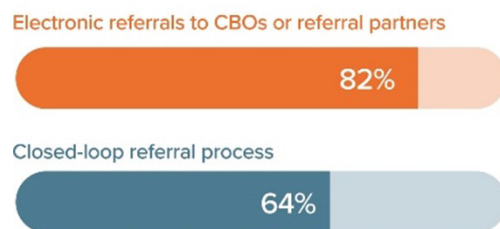
The lack of interoperability or communication across organizations that identify needs (e.g. hospitals, health systems, and physician offices) and those most likely to have the expertise and resources to address these needs (e.g. CBOs) may limit the ability to measure the impact of the intervention.

AHIMA Policy Recommendation: Federal support is needed to train providers and operations staff on how best to collect, code and use social needs information. This should include a focus on cultural competency coupled with the recognition that different care settings may require different approaches. It should also include continued and expanded research on how best to collect and code SDOH data, and the workforce skills needed to do so.

FIGURE 11

Organizations' Referral Processes

Organizations were **more likely** to make electronic referrals to CBOs or referral partners than to have a closed-loop referral process.



NOTE: Totals may not equal 100 percent due to rounding. QUESTIONS: Does your organization make electronic referrals to community-based organizations (CBOs) or referral partners? (N=1,131); Does your organization have a closed-loop referral process? (N=532). SOURCE: The 2022 AHIMA SDOH survey fielded by NORC and completed by 2,637 AHIMA members and non-members, Aug. 24–Sept. 9, 2022.

AHIMA Ask: AHIMA is looking for congressional champions to introduce legislation that would provide federal funding to support training for provider and operations staff on the collection, coding, and use of SDOH data. Accurate, timely, and complete SDOH data is critical if we are to improve health outcomes at the individual and population level.

If your office is interested in introducing this legislation, please contact Kate McFadyen, AHIMA Director of Government Affairs, at kate.mcfadyen@ahima.org.