

The HARI *Perspective*

Gina Rocha, MPH, RN: National Heart Health and Black History Month



February, the second and shortest month of the year, brings attention to two very important national observance topics - Black History and Heart Health. The month-long recognition of both Black History and Heart Health are significant because Heart disease is responsible for one in four deaths nationally, with African Americans at a greater risk for developing heart disease or stroke. According to HARI's latest Community Health Needs Assessment, Heart Disease and Cancer are the top two causes of death for all Rhode Islanders. With changes in our demographics, nationally and locally, consumers will respond favorably to healthcare organizations who can demonstrate how they provide care on publicly available quality metrics on patient satisfaction and clinical care by race, ethnicity, and primary language.

Hospitals who stratify their data by race, ethnicity, and primary language (REAL) can better accommodate the unique needs of their diverse patient population. As a result, these hospitals will also be well-positioned for future success, especially as the U.S. population starts to shift to a minority-white population.

According to the AHA HRET, 95% of hospitals collect REAL data but only 22% use their data in their decision making to determine the effectiveness of their quality improvement efforts and where opportunities exist for improvement. The good news is, member responses from a recent AHA [Health Equity Metrics](#) survey demonstrates improvement opportunities for self-reported data collection on at least 95% of patients along with data collection validation method at multiple points of care, beyond the point of registration are key responsibilities recognized by providers that stratification of REAL data is what's needed in continuous quality improvement efforts.

REAL data can help identify areas for investment and resource allocation. For example, if blood pressure screening rates are low in a community with many African Americans, REAL data could help target patients needing screening and culturally tailored patient education materials to support. The AHA HRET HIIN has an abundance of resources on their [site](#) dedicated towards REAL data collection and eliminating healthcare disparities. The [resource guide](#) provides a comprehensive understanding on stratifying and collecting REAL data and how to get the best possible outcomes in this day and age of value-based care. Their five-step system breaks down the tasks into achievable actions and can be found on page six of the resource guide.

Additional insights on engaging patients to empowerment, measuring what works to achieve health equity, and reducing root causes of harm: social determinates of health can be found on the HERT HIIN Healthcare Disparities page [here](#).

HARI and its member hospitals have demonstrated success in working collectively to improve care and investing in our communities. Stratifying REAL data and using it in decision making is the first step to identifying "at-risk-populations" and then targeting resources to eliminate gaps in care where they exist. Let's do this together and march into 2019 with a plan to stratify and validate REAL data for accuracy and completeness to determine where opportunities exist for improvement.