

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

AHRQ SDOH Database Overview

July 2022

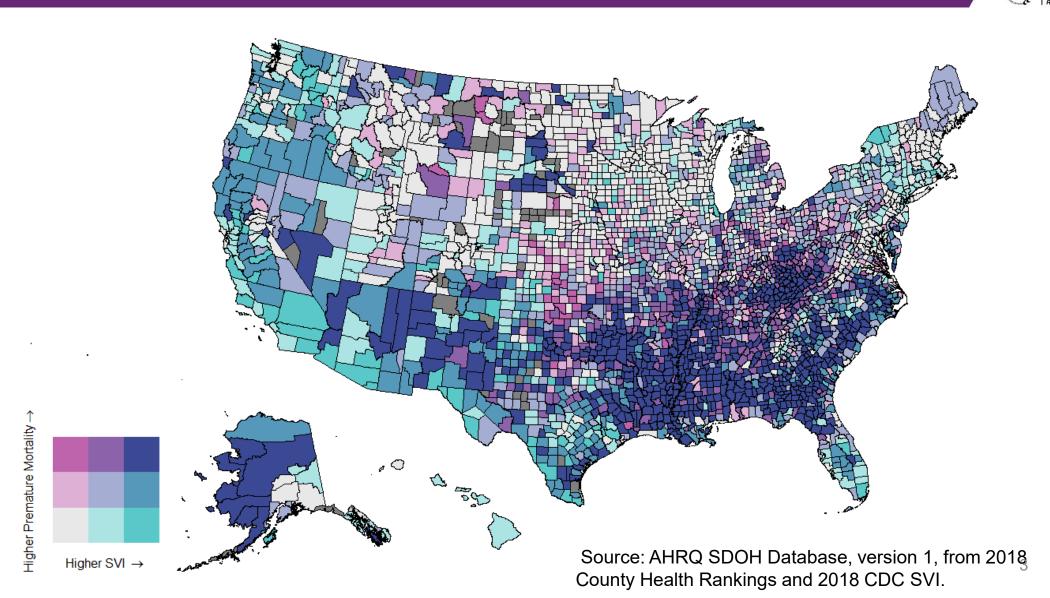
Overview



Context

- Updated Database Contents
 - ► Topics Covered in the Database
 - Geographic and Temporal Coverage
 - Documentation
 - Methodological Contributions
- Data Uses

Premature Mortality and Social Vulnerability Index Across U.S. Counties in 2018



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SDOH Database Purpose



- Make community-level SDOH data easier to use in analyses to inform decisions to improve health outcomes
- Account for health differences across areas and identify effective interventions tailored to populations served
 - Patient-centered outcomes research
 - Healthcare delivery systems
 - ► Local, state, tribal, federal programs
- Analyses: data linkages, direct analysis
- Funded by HHS OS-PCORTF, AHRQ
 - This work was supported by the Office of the Secretary Patient-Centered Outcomes Research Trust Fund Under Interagency Agreement 750119PE0K0036.

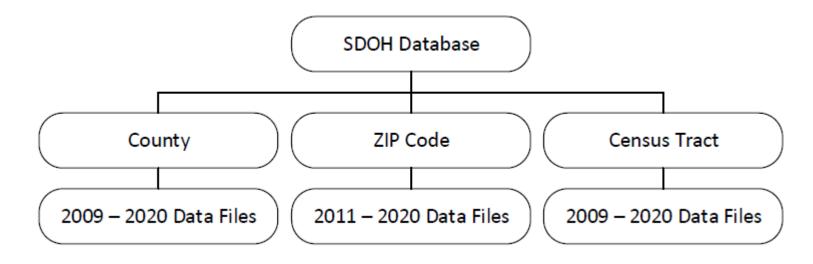
Approach



- Develop, make publicly available, and iteratively improve database
- Environmental scan of public SDOH data
 - Identifies sources of SDOH variables and compiles a comprehensive inventory
- Initial files: public use "beta" data files
 - County: 2009-2018; ZIP Code tabulation area (ZCTA): 2011-2018
 - Use external public data
 - Covers all SDOH domains
 - Designed to link to other data by geography
 - Standardized data documentation, variable names, etc.
- Revise based on database input

Overview of Updated Database

- Spans multiple years and three geographic levels
- County
- ZIP Code instead of ZCTA
- Tract new
- Draws from 44 different data sources, including over 17,000 variables across all geographic levels and years



Examples of Data Sources



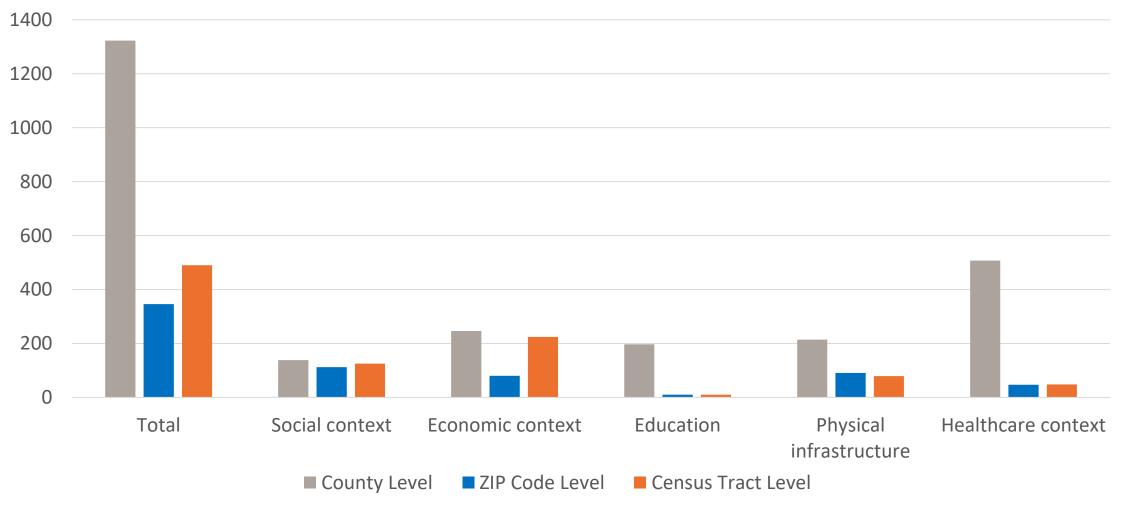
Community-Level SDOH Variables Organized by Domains and Topics



Social Context	Economic Context	Education	Physical Infrastructure	Healthcare Context
 Demographics Disability Immigration Living conditions Segregation Socioeconomic disadvantage indices 	 Employment Income Poverty 	 Attainment Education funding Literacy Numeracy School system 	 Access to exercise Crime Environment Food access Housing Industry composition Internet connectivity Migration Social services Transportation 	 Characteristics of healthcare Facilities Providers Distance to providers Health behaviors Healthcare quality Health insurance status Utilization and cost Health outcomes

Variables in the SDOH Database by Domain and Geographic Level





Source: AHRQ SDOH Database, version 1.

Examples of Variables Added from New Data Sources



Торіс	Data Source	Variables	Level
Socioeconomic Disadvantage Indices	 Census CRE HHS OMH, CDC 	 Community Resilience Estimates Minority Health SVI 	 County, Census tract County
Income	Opportunity Atlas	 Incarceration rates by race/ethnicity Income mobility by race/ethnicity 	County, Census tract
Housing	• ACS	 High-cost rentals, # people in unit Units without fuel or plumbing 	 County, ZIP, Census tract County, ZIP, Census tract
Environment	 EPA NOAA WUSTL Atmospheric Composition Analysis Group 	 Climate and air quality Storms, floods, wildfires, tornadoes Particulate matter concentration 	 County County County, Census tract
Food Access	 USDA Food Access Research Atlas Food Environment Atlas 	 Low income and low access Distance from grocery by race/ethnicity Food banks, stores w/ WIC, farmers markets w/ SNAP 	 County, Census tract County, Census tract County
Transportation	• EPA	National Walkability Index	Census tract

Examples of New Variables and Data Sources on Healthcare Context



Subtopic	Data Source	Variables	Level
Distance to providers	 CMS Provider of Services Homeland Infrastructure Foundation- Level Data 	 Distance to nearest clinic, ED, ICU, trauma center, obstetrics department Distance to nearest urgent care center 	ZIP Code, Census tractZIP Code, Census tract
Provider competition	American Hospital Association	Herfindahl-Hirschman Index for short- term acute care hospitals	County
Health behaviors and outcomes	CDC Places	 Age-adjusted preventive services use Age-adjusted chronic conditions 	 County, ZIP Code, Census tract
Utilization and costs	 Medicare Geographic Variation PUF LTC Focus 	 Per capita Medicare spending Nursing home residents by race/ethnicity 	CountyCounty
Disparities in healthcare quality	Mapping Medicare Disparities Tool	 Rates of avoidable hospitalizations, readmissions, ED visits by race/ethnicity 	County
Disparities in health outcomes	CDC Atlas	 Avoidable heart disease and stroke deaths, by race/ethnicity 	County

Documentation

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- Data source documentation
 - Overview of SDOH files and specifics by data source
 - Tables with data sources and variables by year
 - ► Variable information such as source table, original variable name, numerator/denominator
 - Information on
 - Geography variables (e.g., rural-urban)
 - Indices (e.g., Social Vulnerability Index)
 - Data notes
- Codebook
 - Excel files for each year
 - Can filter by domain, domain subtopics, data source

User Notes



How do I find...?

- For each data source, the years and geographic levels available?
 - Documentation file, Table 3.1
- Variables available on a specific topic, and years and geographic levels?
 - Every codebook file, "All SDOH variable" tab, filter by domain and topic. Scroll right for geography and years available.
- A crosswalk of variable names from the beta to the updated database?
 - Documentation file, Appendix A
- Information on a specific variable?
 - Search the variable name in the documentation (variable construction, notes) and codebook (descriptive statistics in the county, ZIP, tract summary tabs)

Documentation File Excerpts, American Community Survey



Reason for Missing Data

Internet and computer variables are provided in

the ACS 5-year estimates for all geographies in

Health insurance status and health insurance

The first 5-year estimates on the disability status

of individuals were produced for all geographies in

related federal poverty variables were first

produced in the 5-year estimates for all

2017 and onwards.

geographies in 2013.

2012.

Table 4.4Categories of ACS available for a limited time range

Years

Available

2017-2020

2013-2020

2012-2020

Number of Variables

in SDOH files

19

28

5

and ZIP Code SDOH files because they are not included in the ACS 5-year estimate access nativity and citizenship data for Puerto Rico through the Puerto Rico Comn The ACS does not contain 5-year estimates for other U.S. territories such as Ameri Commonwealth of the Northern Mariana Islands, Guam, and the U.S. Virgin Islands ZIP Code, or census tract files. Decennial census data are available for these territo https://www.census.gov/data/datasets.html.

Suppression Rules

To be reported in ACS 5-year data, estimates must represent a geographic area wi size of at least 7,000 people. The Census Bureau Disclosure Review Board also set rules to ensure confidentiality and protect respondent privacy. These rules pertain

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Variable Category

Health insurance

Disability Status

Internet Connectivity

Documentation File Excerpt, Census County Business Patterns



Data Set Notes

Reliability

CCBP does not include margins of error.

More generally, CCBP covers most of the country's economic activity. The series excludes data on self-employed individuals, employees of private households, railroad employees, agricultural production employees, and most government employees. Businesses operating without an EIN, and businesses with an EIN but without employees, are excluded from the County Business Patterns universe.

The comparability of data over time may be affected by changes in industry classifications, definitions of establishments, establishment active status, and/or changes to geographic boundaries (actual or statistically defined areas).

Geographic Levels

CCBP data include the numbers of establishments for each industry operating in a geographic area. Statistics are available on establishments at the U.S. level and by state, county, Metropolitan/Micropolitan Statistical Area, Combined Statistical Area (CSA), ZIP Code, and congressional district levels. If a county or ZIP Code does not have any establishments reported for a given NAICS code, there is no record for that geography-NAICS combination in the data file.

Suppression Rules

In 2017, Census began suppressing data for cases that had fewer than three establishments in a geographic area. For comparison, in 2012, 59 percent of ZIP Codes with any grocery stores had two or fewer establishments. These ZIP Codes would be excluded from the 2017 – 2019 data files. CCBP does not include a suppression flag that would allow users to distinguish between fewer than three and zero, and therefore these observations are represented as missing in the SDOH.

Methodological Notes



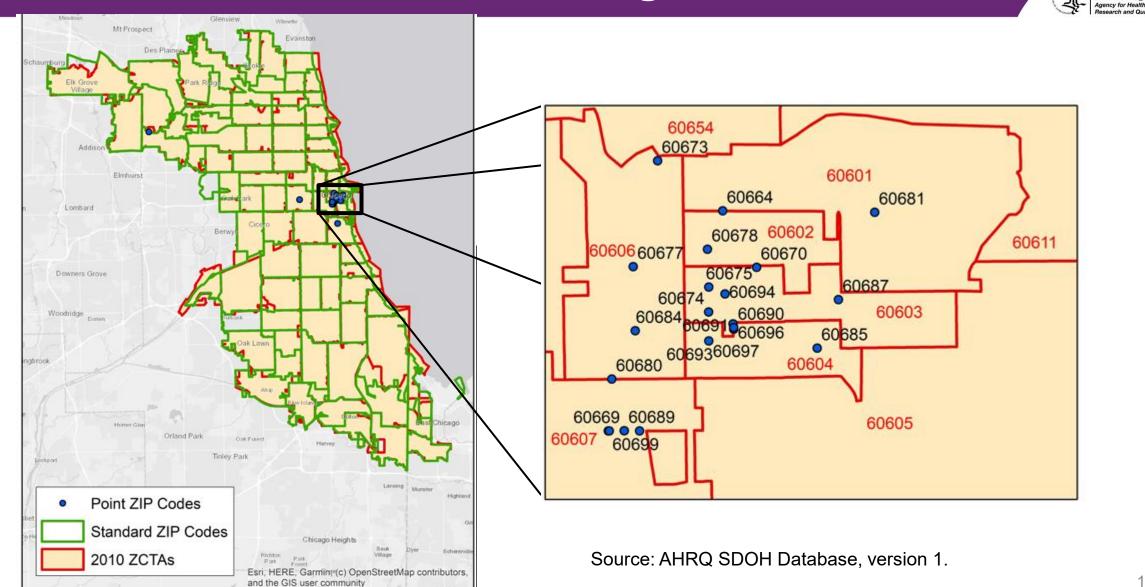
- Naming conventions standardized between the datasets
 - All naming conventions include standardized abbreviations for the source data set
 - Names of variables and concepts are standardized across sources (e.g., similar abbreviations and names for racial/ethnic subgroups)
- In addition, variables were standardized to consistent geographic levels to facilitate ease of use
 - Included the creation of a ZIP Code-level file
 - Some source data elements needed transformation to align with traditional geographic concepts

Creating a ZIP Code File



- Two specific issues:
 - Different geographic boundaries for ZIP Codes and ZCTAs
 - Point ZIP Codes": special ZIP Codes representing mail delivery points
- For the SDOH database, we link ZIP Codes to ZCTAs using a 1:1 match when available, and when not relying on a spatial join
- Overall, roughly 76.4% of ZIP Codes match directly to a ZCTA, and 23.4% were matched using a spatial join

Relationship Between ZIP Codes and ZCTAs in Chicago, IL



AHRQ

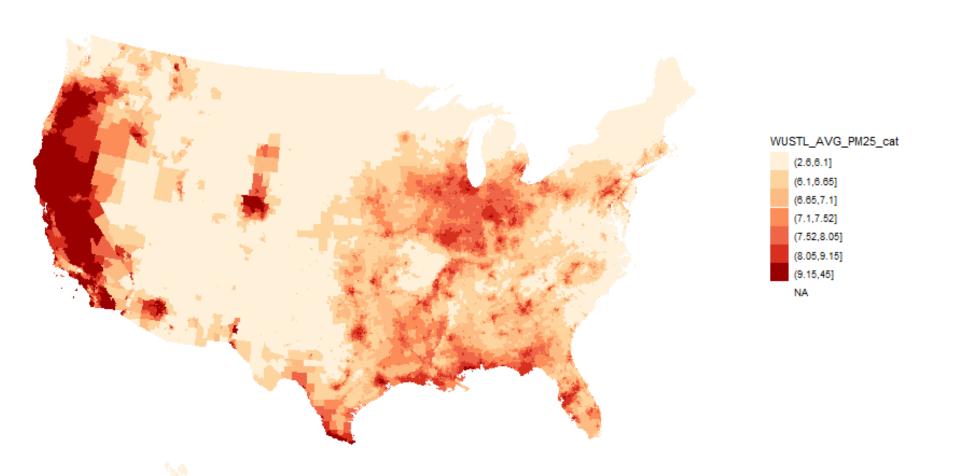
Examples of Data Use



- The AHRQ SDOH Database provides a one-stop source for data to analyze characteristics of communities across the United States across multiple domains
- Can be linked with other data sources to conduct more detailed analyses
- Resource for patient-centered outcomes research

Annual Tract-Level Mean of Air Particulate Matter Concentration, 2020

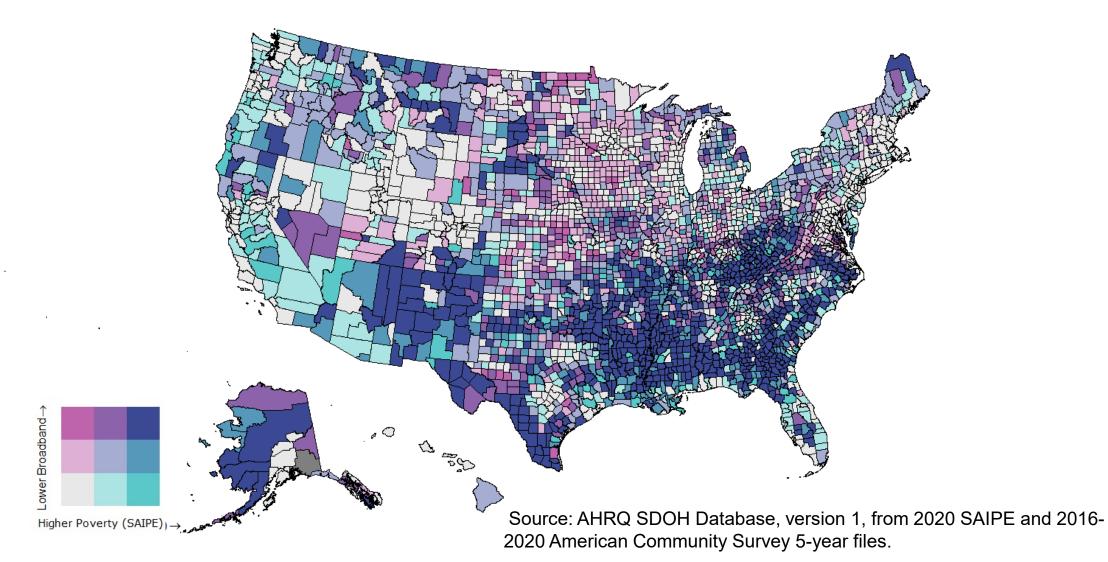




Source: AHRQ SDOH Database, version 1, from 2020 Washington University Saint Louis - Atmospheric Composition Analysis Group.

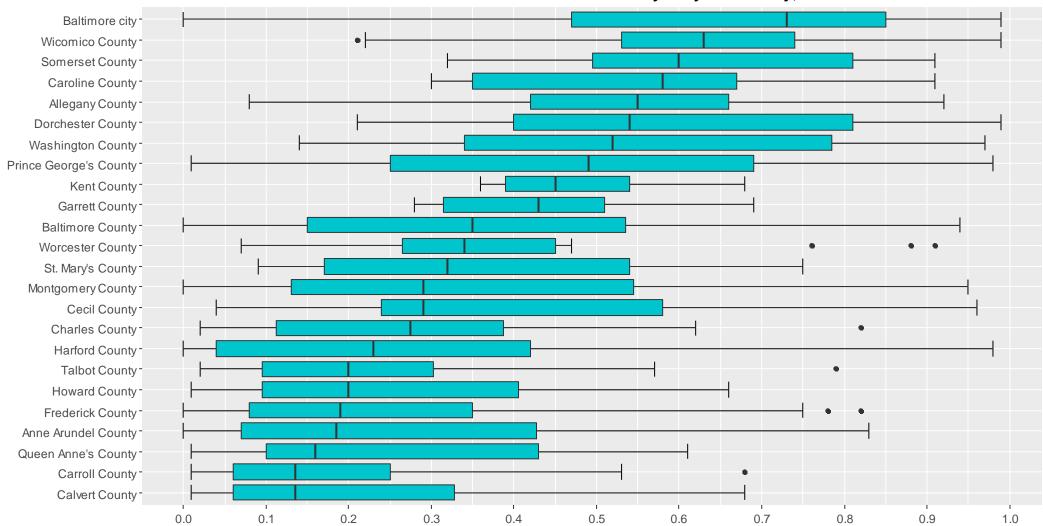
SAIPE Poverty Rate and Broadband Use Across U.S. Counties in 2020





Variation in Social Vulnerability Index Across and Within Maryland Counties, 2018





Distributions of tract-level Overall SVIs by Maryland county, 2018

Percentile ranking for Overall Social Vulnerability Index

Linking AHRQ SDOH Database With Other Data Sources



Data Type	Examples of Data Sources	Potential Linking Variables
Claims/Billing Data	 Research Identifiable Files Medicare, Medicaid Limited Data Sets All-Payer Claims Databases, Commercial (e.g., Blue Health Intelligence, MarketScan, Optum) AHRQ's HCUP 	ZIP Code of patient or provider County of patient or provider
Administrative Data	 MDS for Nursing Home and Swing Bed Providers OASIS for Home Health Providers 	ZIP Code of provider County of provider
Survey Data	 AHRQ's MEPS-Household Component Person-level Restricted Data Health Retirement Study Restricted Data National Health Interview Survey Restricted Data 	Census tract ZIP Code County
Aggregated Data	 Publicly Available Data CDC: Compressed Mortality File County-level data from registries/administrative data 	County
Practice or Health System Data	 EHR data Population health management data 	Census tract ZIP Code County

SDOH Database: Examples of Linked Data Questions



- Claims data (Medicare claims)
 - To what extent do changes in healthcare utilization for chronic illnesses during the COVID-19 pandemic differ by SDOH characteristics of patients' county/ ZIP Code of residence?
- Hospital billing data (HCUP)
 - Are differences in county and/or ZIP Code characteristics associated with differences in COVID-19 hospitalizations and outcomes?
- Individual-level survey data (MEPS-HC)
 - Do individuals living in areas with a shortage of primary care providers have difficulty finding a usual source of care?
- Healthcare system/EHR data (individual practices or systems)
 - Does knowing information on the community in which a patient lives help providers improve care? If so, how?





Feedback is welcome!

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