

# Formatting the Diabetic Patient: People reduced to numbers



Marley Evans, Rhys Kleier, Mathew Marsh, Felipe Rivera

# What Is Our Data About?

Created to see impact of HbA1c measurements on hospital readmission

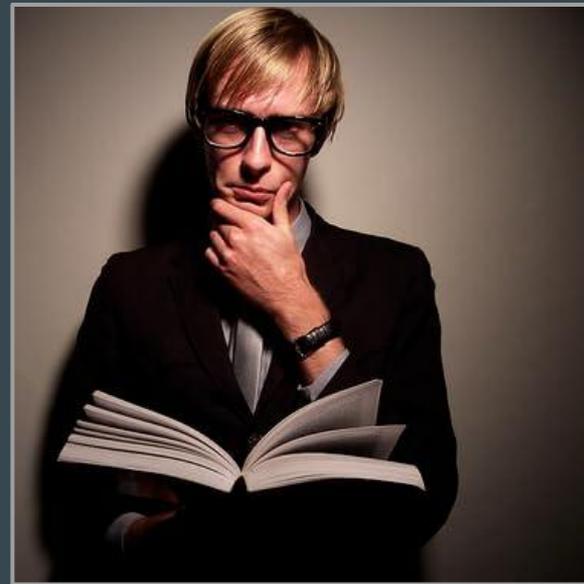
100,000+ hospital patient records

130 U.S. Hospitals (1999-2008)

Tracks 30 Day Readmission

Includes: race, age bracket, gender, medications, diagnoses

Not Included: detailed socioeconomic status, precise age, precise weight, detailed HbA1c history



# Our Question

Although this dataset was designed to predict readmission, it selectively records some aspects of diabetic patients while omitting other important aspects.

## **Question:**

How do the visible and invisible formatting choices in this dataset create a specific idea of the “diabetic patient”?

What identity is being constructed through this data structure?

Main focus: Implications of the Data for Selfhood & Equality



# Poriers Reading Datasets Method

We apply two elements of Porier's method:

## 1. Connotative Reading

What do the categories imply?

## 2. Deconstructive Reading

What is missing?

What cannot be stored?

What assumptions are intrinsic to what data is collected?





# Deconstructive Reading: What Is Missing?

What is Absent?

- Precise age
- Weight (in table as “?”)
- Type of diabetes
- Socioeconomic status
- Food access (food deserts)
- Mental health
- Long-term glucose trends

What does it mean that race is recorded consistently but weight and HbA1c are frequently missing?

Absence is not neutral.

It reflects what the system does not prioritize.



# How Format Shapes Ontology

In This Data Set:

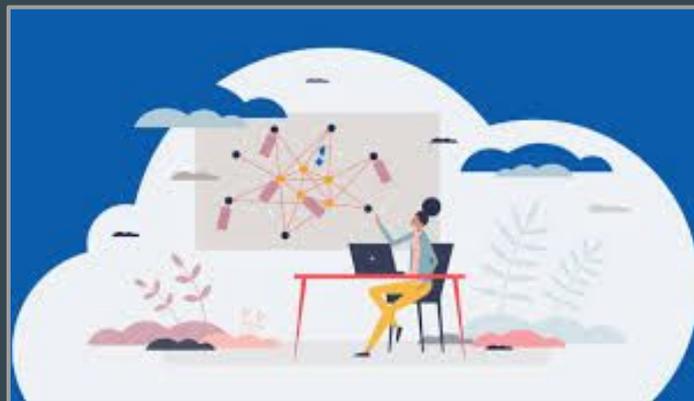
- The patient becomes an encounter
- The body becomes coded fields
- Chronic illness becomes episodic readmission risk

Diabetes is formatted as:

- A hospital problem
- A compliance problem
- A cost-management problem

Not:

- A structural inequality issue
- A long-term lived condition
- A social or environmental condition



# Equality & Identity Implications

Because:

- Race is recorded
- Socioeconomic context is not
- Readmission is central
- Structural determinants are absent

The dataset may reinforce a narrative that:

Diabetes outcomes are individual rather than systemic.

When social determinants are unrecorded, inequality becomes invisible.



# Final Claim

This dataset does not simply measure diabetes.

It formats a specific version of the diabetic subject:

- Institutional
- Episodic
- Demographically classified
- Behaviorally trackable

By examining both what is present and absent, we see how data structures construct identity — and potentially obscure inequality.



# Closing Question

If datasets shape how institutions understand patients,

What responsibilities do designers have  
when deciding what can — and cannot — be recorded?