Consensus-driven Standards on Social Determinants of Health

Medical Cost Burden & Health Insurance Status Kickoff, Health Literacy Concepts
Mar 03, 2022
Welcome

Thank you for joining the Gravity Project Community meeting!
Due to the large number of attendees, participants are muted upon entry. Please remain muted to avoid background noise.

This call is being recorded; recording will be available on the Gravity Confluence page following

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window).

Please send chats to “Everyone.”
Gravity Project Anti-Trust Practices

• Gravity Project participants have the responsibility to comply fully with federal and state antitrust laws.

• Individuals speaking or providing written communications shall refrain from any discussion which may provide the basis for an inference that they have agreed to take any action relating to prices, services, production and allocation of markets or any other matter having a market effect.

• Participants shall not discuss their pricing or others’ pricing or any term that might affect pricing or fees, such as costs, discounts, terms of sales or profit margins.

• Adherence to these guidelines involves not only avoidance of antitrust violations, but avoidance of behavior that might be so construed.
Gravity Project Participation

• If you have not already done so, we invite you to **officially join the project here**: https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project

• If you want to **check whether you have already signed up** or if others from your organization have signed up, please review the existing membership here: https://confluence.hl7.org/pages/viewpage.action?pageId=46892669#JointheGravityProject-GravityProjectMembershipList

• For all other **Gravity Project information**, please visit: https://confluence.hl7.org/display/GRAV/The+Gravity+Project
# Project Founders, Grants, and In-Kind Support To-Date

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<td>AAFP</td>
<td>Children's HealthWatch</td>
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<td>CynHealth</td>
<td>The Office of the National Coordinator for Health Information Technology</td>
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<td>Yale School of Nursing</td>
<td>Robert Wood Johnson Foundation</td>
<td>Kaiser Permanente</td>
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<td>California Health Care Foundation</td>
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<td>AMA</td>
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[https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors](https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors)
Gravity Project Sponsorship

• The Gravity Project is currently seeking additional sponsors for our 2022 operations.
  • We are not an entity and rely on our sponsors for sustainability.
  • This is an opportunity to be a recognized contributor to our critical national work.

If you are interested in learning more about sponsoring opportunities, please send an email to GravityProject@emiadvisors.net or visit https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors
# Agenda

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<td>Project Schedule and Overview</td>
<td>Sarah</td>
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<td>Medical Cost Burden &amp; Health Insurance Status Kickoff</td>
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<td>Community Homework and Next Steps</td>
<td>Sarah</td>
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Please submit questions and comments using the Webex chat feature.
Announcements
Announcements

• JOIN US AT HIMSS22 in Orlando! Gravity Project Education Sessions March 15th & 16th, 2022

• NOW AVAILABLE: Gravity response White House Request for Information (RFI) on Strengthening Community Health Through Technology.
  • Public submissions due March 31st, 2022.

• IN PROGRESS: Gravity response to CMS CY 2023 Medicare Advantage and Part D Proposed Rule (CMS-4192-P) proposed rule.

See more details regarding Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855#TheGravityProject-Announcements
Call for EC Nominations!

• We are seeking nominations for the Gravity Executive Committee!
• Nominations are due on or before **March 4, 2022, 3:00 PM ET.**
• Please send nominations via a cover letter and a resume to GravityProject@emiadvisors.net, subject line: Gravity Executive Committee Nomination.

See more details on our announcements page here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855#TheGravityProject-Announcements
Call for Participation!

• We are currently seeking entities to participate in testing the Gravity defined coded concepts and/or the HL7 SDOH FHIR IG STU1 and/or STU2.

• We will be standing up a Pilots Affinity Group to convene participating sites via a monthly webinar.

• We are seeking entities that will serve in one or more of the following roles for testing:
  • Referral Source (system sending referral request).
  • Care Coordination Platform (system managing referrals and ensuring they are executed by appropriate service delivery organizations).
  • Referral Recipient (system receiving referral request and exposing FHIR restful services).
  • Referral Recipient Light (query for tasks on initiating Referral Source or Coordination Platform).

• Please submit your Pilot interest to gravityproject@emiadvisors.net
Project Schedule and Overview
Gravity 2022 Roadmap

<table>
<thead>
<tr>
<th>JAN</th>
<th>FEB</th>
<th>MAR</th>
<th>APR</th>
<th>MAY</th>
<th>JUN</th>
<th>JUL</th>
<th>AUG</th>
<th>SEP</th>
<th>OCT</th>
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<th>DEC</th>
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**Terminology**
- Health Literacy
- Health Insurance Status
- Medical Cost Burden

**Technical**
- Gravity FHIR IG STU2 Ballot
- FHIR IG STU2 Ballot Reconciliation
- HL7 FHIR Connectathons
- FHIR IG STU2 Updates
- Reference Implementation Update
- FHIR IG STU2 Publication
- FHIR IG STU2 Updates based on Connectathon & Pilot Testing

**Pilots**
- Terminology and Technical Pilots

**Key**
- LOINC Code Release (FEB/AUG)
- SNOMED Code Release (MAR/SEP)
- ICD-10 Code Release (APR/OCT)

3/7/22
Questions?

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window). Please send all chats to Everyone.
Terminology
Terminology Build Updates and Action Steps
Terminology Build Updates

• Build Status
  • LOINC
    • Release – February 16 2022 includes the following Gravity and other submissions
      • Children’s Health Watch Housing Stability Vital Sign
      • American Academy of Family Physicians (AAFP) Social Needs Screening Tool
      • Health Leads Recommended Screening Tool
    • Submissions in process include Elder Abuse and Intimate Partner Violence screeners
  • SNOMED CT March 1st 2022 Release includes
    • Initial group of transportation interventions
    • Transportation, Social Connection, Stress, Education, IPV and Elder Abuse diagnoses
Terminology Build Updates cont.

- Build Status cont.
  - ICD10-CM Coordination & Maintenance Committee
    - Gravity will be presenting requests submitted on Wednesday March 9th at @ 11:25am ET
    - Submission includes requests for Material Hardship, Social Connection, Elder Abuse, IPV and History of Military Service
    - Final agenda has not yet been posted but Gravity will provide the meeting information as soon as it is available for those who want to listen to the presentation.
We have made a lot of hypotheses in our work to date. Now is time to test them!

We are convening a monthly task force of implementers to assist with the evaluation of Gravity terminology. If you are implementing terms, have ideas on function and purpose, please join us!

We would love to have you. gravityproject@emiadvisors.net
Terminology Identification
## Terminology Schedule and Activities

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<tr>
<th>Date</th>
<th>Gravity WG Meeting Tasks</th>
<th>WG Homework</th>
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<tbody>
<tr>
<td>02/03</td>
<td>Health Literacy Kickoff</td>
<td>Submit: Health Literacy Concepts</td>
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<tr>
<td>02/17</td>
<td>Health Literacy: Concepts</td>
<td>Submit: Health Literacy Concepts</td>
</tr>
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<td>03/03</td>
<td>Health Literacy: Concepts</td>
<td>Submit: Health Literacy, Medical Cost Burden &amp; Health Insurance Status Concepts</td>
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<td>03/17</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Status: Concepts</td>
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<td>03/31</td>
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<td>04/14</td>
<td>Health Literacy: End-to-End Review</td>
<td>Review: Health Literacy Concepts</td>
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<td></td>
<td>Medical Cost Burden and Health Insurance Status: Concepts</td>
<td>Submit: Medical Cost Burden &amp; Health Insurance Status Concepts</td>
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<td>04/28</td>
<td>Health Literacy, Medical Cost Burden &amp; Health Insurance Status: End-to-End Review</td>
<td>Review: Health Literacy, Medical Cost Burden &amp; Health Insurance Status Concepts</td>
</tr>
</tbody>
</table>
Community Terminology Development

We are here!
A Social Determinants of Health Lexicon

- **Social Determinants of Health**: “the conditions in which people are born, grow, live, work and age,” which are “shaped by the distribution of money, power and resources.” WHO (Alderwick and Gottlieb, 2019)
  - Can offer both positive and negative forces
    - Positive Forces > Protective Factors
    - Negative Forces > Social Risks
Health Insurance Status Kickoff
Health Insurance Status Definitions

Documentation of presence and type of insurance.

- In line with the National Health Interview Survey (NHIS), American Community Survey (ACS)

NHIS

- “Are you covered by any kind of health insurance or some other kind of health care plan?”
  - Yes, No, Refused, Don’t Know
- “What kinds of health insurance or health care coverage do you have?”
  - Private health insurance, Medicare, Medicare supplement, Medicaid, Children’s Health Insurance Program or CHIP, military related health care including TRICARE, CHAMPUS, VA health care and CHAMP-VA, Indian Health Service, a state-sponsored health plan, or another government program?
Health Insurance Status – Why?

• 8.8% total population w/ no health insurance coverage (ACS)
• 5.1% children with no health insurance coverage (ACS)
• Medicaid proxy for income status in children health outcomes research (CHW)
• Increased mortality among the uninsured
• Affects access to care, preventive services (KFF)
Health Insurance Status – Why?
KFF Barriers to Care (2019)

Figure 8
Barriers to Health Care Among Nonelderly Adults by Insurance Status, 2017

- No usual source of care: 12% uninsured, 8% Medicaid/Other Public, 3% Employer/Other Private
- Postponed seeking care due to cost: 9% uninsured, 6% Medicaid/Other Public, 3% Employer/Other Private
- Went without needed care due to cost: 8% uninsured, 6% Medicaid/Other Public, 3% Employer/Other Private
- Postponed or did not get needed prescription drug due to cost: 14% uninsured, 6% Medicaid/Other Public, 3% Employer/Other Private

Figure 9
Children’s Access to Care by Health Insurance Status, 2017

- No Usual Source of Care: 27% uninsured, 4% Medicaid/Other Public, 2% Employer/Other Private
- Postponed Seeking Care Due to Cost: 15% uninsured, 2% Medicaid/Other Public, 1% Employer/Other Private
- Went Without Needed Care Due to Cost: 9% uninsured, 1% Medicaid/Other Public, 1% Employer/Other Private
- Last MD Contact >2 Years Ago: 13% uninsured, 3% Medicaid/Other Public, 2% Employer/Other Private
- Unmet Dental Need Due to Cost: 22% uninsured, 5% Medicaid/Other Public, 3% Employer/Other Private
- Last Dental Visit >2 Years Ago: 25% uninsured, 15% Medicaid/Other Public, 12% Employer/Other Private

NOTE: Includes nonelderly individuals ages 18 to 64. Includes barriers experienced in past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant (p<0.05).
SOURCE: Kaiser Family Foundation analysis of the 2017 National Health Interview Survey.

NOTE: Includes children ages 0 to 18. Includes barriers experienced in past 12 months. Respondents who said usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant (p<0.05).
SOURCE: Kaiser Family Foundation analysis of the 2017 National Health Interview Survey.
Health Insurance Status Policy

- Increasing % insured - HP 2030
- CMS initiative increasing the coverage of children, parents, and pregnant people
- Reduce the proportion of adults with disabilities who delay preventive care because of cost - HP 2030
Questions?

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window). Please send all chats to Everyone.
Medical Cost Burden Kickoff
Medical Cost Burden Definitions

• A measure of financial pressure resulting from health spending stemming from inadequate resources to meet medical cost needs

• Carabello et al
  ▪ In the past 12 months did you/anyone in your family have problems paying or were unable to pay any medical bills? Including bills for doctors, dentists, hospitals, therapists, medication, equipment, nursing home, or home care?
  ▪ Do you/anyone in your family currency have medical bills that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers? The bills can be from earlier years as well as this year?
  ▪ Do you/Does anyone in your family currently have any medical bills you are unable to pay at all?
Medical Cost Burden - Why?

- > broad financial burden
- food insecurity and other hardships
- lack of access to care
- inability to follow treatment plans
- decreased trust in provider treatment plan
  - d/t lack of understanding of burden
Medical Cost Burden- Policy

• Reduce the proportion of adults with disabilities who delay preventive care because of cost - HP 2030
Questions?

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Health Literacy Concepts
Health Literacy Definitions

**Personal Health Literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

**Equivalent to**

**Functional Health Literacy** is an individual's capacity to obtain, process, and understand basic health information and services sufficiently to make appropriate health decisions.

Source: U.S. Department of Health and Human Services. Healthy People 2030 Health Literacy Definitions. 2020; Institute of Medicine, 2014
Health Literacy Definitions

**Organizational Health Literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

Health Literacy Definitions, Cont.

- **Digital health literacy**, as defined by the World Health Organization, is the ability to seek, find, understand, and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem. Examples of digital health literacy include accessing your electronic health record, communicating electronically with your health care team, ability to discern reliable online health information, and using health and wellness apps.

- **Numeracy**, also known as quantitative literacy, refers to a set of mathematical and advanced problem-solving skills that are necessary to succeed in a society increasingly driven by data, as defined by the National Association of Secondary School Principals. Examples of Numeracy include understanding nutrition information, interpreting blood sugar readings, taking correct dosage of medication (ex. take one capsule twice a day), evaluating treatment benefits and risks, and understanding insurance costs and coverage.

Source: NLM, What is Health Literacy https://nnlm.gov/guides/intro-health-literacy
# Health Literacy Domains, Applied

## Table 1

**Linkage Between the Nutbeam’s Schema of Health Literacy and the Health Literacy Questionnaire**

<table>
<thead>
<tr>
<th>Nutbeam’s schema</th>
<th>Broad matching Health Literacy Questionnaire domains&lt;sup&gt;a&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic/functional health literacy: sufficient basic skills in reading and writing to be able function effectively in everyday situations</td>
<td>2. Having sufficient information to manage my health</td>
</tr>
<tr>
<td></td>
<td>8. Ability to find good-quality health information</td>
</tr>
<tr>
<td></td>
<td>9. Understanding health information well enough to know what to do</td>
</tr>
<tr>
<td>Communicative/interactive health literacy: more advanced cognitive and literacy skills that, together with social skills, can be used to actively participate in everyday activities, to extract information and derive meaning from different forms of communication, and to apply new information to changing circumstances</td>
<td>1. Feeling understood and supported by health care providers</td>
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<td></td>
<td>3. Actively managing my health</td>
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<td></td>
<td>4. Social support for health</td>
</tr>
<tr>
<td></td>
<td>6. Ability to actively engage with health care providers</td>
</tr>
<tr>
<td></td>
<td>7. Navigating the health system</td>
</tr>
<tr>
<td></td>
<td>8. Ability to find good quality-health information</td>
</tr>
<tr>
<td>Critical literacy: more advanced cognitive skills, that together with social skills, can be applied to critically analyze information and to use this information to exert greater control over life events and situations</td>
<td>3. Actively managing my health</td>
</tr>
<tr>
<td></td>
<td>4. Social support for health</td>
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<td></td>
<td>5. Appraisal of health information</td>
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</tbody>
</table>

Note. *Within each Health Literacy Questionnaire scale there are some elements of the three levels of Nutbeam’s schema, so overlap is expected. Reprinted (permission is not required) under the Creative Commons Attribution License (CC BY) from Osborne et al., 2013.*
## Health Literacy Screening Tools

### REALM (Rapid Assessment of Adult Literacy in Medicine)
Measures ability to read common medical words.

### BRIEF (Brief Health Literacy Screening Tool)
3 item tool to detect inadequate and inadequate/marginal health literacy

### STOFHLA (Short Test of Functional Health Literacy in Adults)
Shortened seven-minute s-TOFHLA version that measures reading and numeracy using common medical scenarios and materials. Assigns inadequate, marginal, or adequate health literacy scores to users. Also available in a (original version is 22 minutes long).

### HLSI (Health Literacy Skills Instrument)
Assesses comprehension, numeracy, information seeking, interactive media navigation

### METER (Medical Term Recognition Test)
Measures ability to read common words.

### SILS (Single Item Literacy Screener)
Designed to identify adults in need of help with written or printed health material regardless of the etiology (limited education, language barrier, physical impairment, etc.)
# Health Literacy Diagnosis Codes

## SNOMED-CT

<table>
<thead>
<tr>
<th>Condition</th>
<th>ICD-10 (ICD-11)</th>
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<tbody>
<tr>
<td>Unable to demonstrate health literacy</td>
<td>Other problems related to education and literacy</td>
</tr>
<tr>
<td>Difficulty demonstrating health literacy</td>
<td>Problem with health literacy (ICD-11)</td>
</tr>
<tr>
<td>Inadequate functional health literacy</td>
<td>Problem with health literacy (ICD-10)</td>
</tr>
<tr>
<td>Inadequate digital literacy</td>
<td>Problem with digital literacy (ICD-10)</td>
</tr>
<tr>
<td>Inadequate health literacy</td>
<td></td>
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</tbody>
</table>

 Bold = existing term
Health Literacy Goal

• Able to demonstrate health literacy (finding).
Health Literacy Interventions

Adult Learning Center
Basic Skills Training Program
Digital Literacy Program
English as a Second Language Program (ESL)
Peer Support Program
Peer Support Specialist
Library Educational Services
Tutoring Programs
Area Agency on Aging
Community Action Agency program
Gravity Data Decisions

• As we are guided by standardized questions and definitions, health literacy and the intersection of misinformation is at present out of scope.
Gravity Data Decisions

- How do we account for screeners that do not account for those who are not fluent English fluent speakers? - Bias
- Do we include measures for all subdomains of health literacy?
- Do we address digital health literacy independently?
- Do we craft diagnoses/problem subtypes for each of the subdomains? Or, simply a general “Problem with health literacy?” concept?
  - What would be the use case for these expanded terms?
  - How do we address organizational literacy assessments and interventions in our model
Gravity Interventions Council

• We will convene a taskforce/council to assist with discerning necessary interventions.
• Looking for community experts in connecting individuals with necessary resources.
  • It is possible many of the programs will be shared with our previous domains (education and social connection).
• Please send an email to gravityproject@emiadvisors.net
Questions?

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window).
Please send all chats to Everyone.
FHIR IG Workgroup Meetings

- HL7 SDOH CC FHIR IG Public Meetings are scheduled Wednesdays from 3:00pm to 4:00pm ET
- View agenda and past meeting materials here.
- View HL7 calendar information here.
Technology Update

• Continued the work to resolve the remaining ballot comments
  • Overall, we have resolved 28 tickets from the last block vote.
  • Eight tickets are awaiting the next block vote.
  • 58 tickets remain to be addressed.
  • In this week’s FHIR IG call we addressed 10 and the call two weeks earlier 11.
Questions?

You are encouraged to actively participate in the discussion using the Webex chat feature (bottom right of the Webex Meeting window). Please send all chats to Everyone.
Community Homework & Next Steps
Homework

• General
  • Catch up as needed on materials and recordings on Gravity Project Materials Confluence page
    https://confluence.hl7.org/display/GRAV/The+Gravity+Project+Materials

• Health Literacy
  • Submit concepts
    https://confluence.hl7.org/display/GRAV/Health+Literacy

• Medical Cost Burden
  • Submit concepts
    https://confluence.hl7.org/display/GRAV/Medical+Cost+Burden

• Health Insurance Status
  • Submit concepts
    https://confluence.hl7.org/display/GRAV/Health+Insurance+Status
Join the Gravity Project!

https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project

Learn More

• Public Collaborative meets bi-weekly on Thursdays 4:00 to 5:30pm ET. View meeting details here: https://confluence.hl7.org/display/GRAV/Gravity+Project+Meetings

• SDOH FHIR IG Workgroup meets weekly Wednesdays 3:00 to 4:00pm ET. View meeting details here: https://confluence.hl7.org/display/GRAV/FHIR+IG+Work+Group+Meetings

• Submit SDOH domain data elements: https://confluence.hl7.org/display/GRAV/Data+Element+Submission

Help us with Gravity Education & Outreach

Use Social Media handles to share or tag us to relevant information

@thegravityproj

https://www.linkedin.com/company/gravity-project

Help us find new sponsors and partners

Partner with us on development of blogs, manuscripts, dissemination materials

3/7/22
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Additional questions? Contact: gravityproject@emiadvisors.net or visit https://thegravityproject.net