The Gravity Project

Social Isolation, IPV, & Elder Abuse Concepts
May 27th, 2021
Welcome

Thank you for joining the Gravity Project Workgroup 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

Robert Wood Johnson Foundation
The University of Vermont
Yale School of Nursing
sirenUCSF
Kaiser Permanente
BlueCross BlueShield Association
eat right.
Academy of Nutrition and Dietetics
GUIDEWELL
AAFP
AMA
AHRQ
AmeriHealth Caritas
UnitedHealthcare
Arkansas
Highmark
CTCA
The Office of the National Coordinator for Health Information Technology
juxly
Humana
CHILDREN'S HealthWatch
Lyft
california
CyncHealth
California Health Care Foundation

https://confluence.hl7.org/display/GRAV/Gravity+Project+Sponsors
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Please submit questions and comments using the Webex chat feature.
Announcements
Gravity Project Sponsorship

- The Gravity Project is currently seeking additional sponsors for our 2021 operations
  - 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)
Additional Announcements

- HL7 SDOH CC FHIR IG Public Meetings, Wednesdays 3pm – 4pm EST
- HIMSS SDOH Guide Published
- ONC Webinar Series on Advancing SDOH Interoperability, June 2nd
- Code Session on Oncology Provider-Payer Data Exchange, June 3rd
- New Coalition: Connecting for Better Health

See more details about Gravity’s announcements here: https://confluence.hl7.org/pages/viewpage.action?pageId=91996855#TheGravityProject-Announcements
Project Schedule and Overview
2021 Gravity Roadmap

**Key**
- LOINC Code Submissions (MAR/OCT)
- SNOMED Code Submissions (MAY/DEC)
- ICD-10 Code Submissions (JUN/DEC)

**Terminology**
- Inadequate Housing
- Transportation Insecurity
- Financial Insecurity
- Demographics Status
- Social Isolation & Loneliness
- Stress
- Material Hardship
- Elder Abuse
- Intimate Partner Violence
- Neighborhood Safety
- Food Desert
- Intimate Partner Violence
- Social Isolation & Loneliness
- Stress
- Demographics Status

**Technical**
- IG Ballot
- IG Ballot Reconciliation
- Update User Stories
- Reference Implementation Development
- Reference Implementation Update
- HL7 FHIR Connectathons
- Final updates/IG Publication
- CMS Connectathon

**Pilots**
- Gravity Pilots Testing (6 to 12 months)

**Timeline**
- JAN
- FEB
- MAR
- APR
- MAY
- JUN
- JUL
- AUG
- SEP
- OCT
- NOV
- DEC
Gravity Project Terminology Engagement Guide: General

- The intent of our public calls is to present updates of Gravity materials and offer opportunities for the community to reflect and discuss implications.
- The community has a critical role in ensuring content is representative of needs. We welcome ideas for additional or altered content to be submitted via Gravity Process available here.
- Within the terminology end-to-end review process, one needs to offer rationale with evidence for suggested alternate approaches.
- All elements must be assessed by our subject matter experts prior to inclusion in the set.
Gravity Project Engagement Guide: Domains

- If one has questions about domains covered in previous builds, please review materials provided and reach out to gravityproject@emiadvisor.net with questions or concerns.
  - Our team will add relevant links on past domains into the chat as able.

- Of note: We gather subject matter experts by domain, if we touch upon concepts that cross domains we’ve yet to cover, we must pause on build of these concepts, however, we will ensure, to the best of our ability, that both the project plan and taxonomy structure allow for additions of these new domains in time.
  - Ex: literacy as driver of material hardship
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
Stress Consensus Voting Results

- We have reached consensus for the Stress Domain, thank you for supporting the Gravity Project!
- A few updates...
  - We are grateful for the review of our colleagues Dr Monique van Berkum from the AMA and Michelle Prosser, formerly of NACHC, who commented on better aligning our chosen diagnoses with the definition at hand.
  - Because of this we worked with the subject matter experts to refine the diagnoses in the set.
Stress Consensus Voting Updates

- Stress: occurs when a person perceives the demands of an environmental stimuli to be greater than their ability to meet, mitigate, or alter those demands.

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Community Terminology Development
IPV Screening and Diagnosis Concepts
Intimate Partner Violence

- SMEs have the initial master in review
- Next steps, meeting weekly with our subject matter experts to gather and review screening and diagnoses concepts
  - SME: Chris Grasso - Fenway Health, Lisa James - Future w/o Violence

**Today**
- LGBTQIA perspectives on IPV
- The CUES approach
STRATEGIES TO ENHANCE DATA COLLECTION, IMPROVE QUALITY OF CARE AND PROMOTE HEALTH AND SAFETY FOR SURVIVORS
IPV Recognized in the 2020 UDS and USPSTF

- USPSTF gives IPV screening and brief intervention “B” recommendation
- IPV screens also included in many SDOH screens
- HRSA recognizes IPV as complex public health issues
- First time IPV data will be collected in UDS report
- Health centers will report on data that can identify how many patients disclosed IPV
Challenges with current screening tools

Low Disclosure Rates – Disclosure rates do not promote disclosure of IPV from research studies.

1 in 4 women and 1 in 9 men are estimated to be survivors of IPV in the general population, but disclosure rates in clinical settings range from 1%-14% with screening, typically hovering around 7%.

Among known survivors, only 21.1% of women and 5.6% of men report disclosing to a healthcare professional.

- In home visiting, the use of structured screening tools at enrollment does not promote disclosure or in-depth exploration of women’s experiences of abuse.
- Women were more likely to discuss experiences of violence when nurses initiated open-ended discussions focused on parenting, safety or healthy relationships. (Jack, 2016)
Experiences from the field…

“No one is hurting you at home, right?”
(Partner seated next to client as this is asked — consider how that felt to the patient?)

“Within the last year has he ever hurt you or hit you?”
(Nurse with back to you at her computer screen)

“I’m really sorry I have to ask you these questions, it’s a requirement of our clinic.” (Screening tool in hand -- What was the staff communicating to the patient?)
Why might a survivor choose not to disclose IPV/HT when screened or asked by a health care provider?

- Shame, judgement, stigma
- Fear, threats
- Fear of systems/policing involvement
- Afraid children can be taken away
- Not knowing what is going to happen with the information
- Lack of awareness of victim status and rights
- Lack of knowledge of U.S. laws and contractual obligations (in cases of labor trafficking)
- Language barriers and illiteracy
- Etc.
What Survivors say about limits of confidentiality

National Hotline Focus survey with survivors finds:

6 in 10 (60%) participants said that the fear of reporting changed what they decided to share.

- “I stopped going to my doctor’s office.”
- “I talk to no one, there's no one I can trust, no one I can turn to and nowhere I can go.”
- “I now just keep everything to myself.”
Mandated reporting laws can cause confusion and harm

Faced with confusion around mandatory reporting, many mandated reporters think it's best to just report anything they thinking might be violence or abuse.

Hotline Survey found:

- The majority of participants said reporting made the situation worse or had no impact.
- Half (50%) of participants who have been reported said it made the situation much worse.

“The formal report was made without my being on board. I felt helpless, and as though my situation had been labeled FOR me before I could come to any conclusion myself”

“Police and CPS did nothing and abuser went on a rampage against us”
Inequity of Invisibility: Capturing meaningful data on IPV

What does that mean for the gravity project goals?

Cues: Universal education is standardized and widely disseminated

- Implemented in community health centers across the country
- Endorsed by the DHHS family violence prevention and services program
- Endorsed by HRSA’s supported IPV toolkit ipvhealthpartners.org
- Implemented in HRSA’s home visitation Coiin learning collaborative
- RCTs evaluation demonstrates effectiveness
CUES: Evidence Based Intervention to Address IPV

1. Increase the opportunity for safety and privacy
2. Normalize conversations about anxiety, relationship stress, family stress, etc. as health issues that your patients can discuss with you
3. Ensure that the 80% of abuse survivors who say “no” to healthcare IPV screening questions and people who are not currently experiencing abuse get access to support and information
4. Use altruism to increase connection and promote healing
5. Know how to respond when someone shares experiences of abuse
Cascading Preventive screen:

Part 1: “So many patients that I see are in relationships that don’t feel safe, where there may be physical, sexual or emotional abuse and fear. Because of this, I’m offering all my patients information about relationships and how they affect our health – for yourself and for you to share with friends or a family members. If this is part of your experience – I want to make sure you have help if you or a friend or family member ever need it.

Part 2: “Has anything like this happened to you”
  Yes
  No
Embed scripts and offer information via computer or text even if patient responds with a NO:

“I am glad to hear that, if anything should change, I will always have the numbers handy if you know someone who needs them.” Offer information for friends and family.

“Thanks so much, If something like this were ever an issue for you, we can help.”
The Science of Helping Out

During a crisis, the people who cope best are those who help others.

Universal Education + altruism = survivor strength
Disclosures happen

Even with universal education patients may disclose abuse. If a patient says yes:

- Offer supportive messages
- I’m sorry this is/has happened to you and I really appreciate you telling me. I’m going to ask a few other follow up questions just so I can understand your situation better and provide better care.
- Transition to additional assessments and care planning

Things to say to people who have experienced harm:

- I believe you.
- I am so sorry this is happening to you.
- Thank you for sharing this.
- I don’t even know what to say right now, but I am so glad you told me.
- You don’t deserve this.
- Thank you for telling me.
- It’s not your fault.
- You are not alone.
- You get to choose what you do next.
Universal Education = increased disclosure

For adolescents seeking care in school health centers (clinics located in high schools providing medical and behavioral health services), in the clinics implementing the CUES approach, there was a 2.8 fold increase in disclosure of an unhealthy relationship or being hurt by a sexual partner (36% intervention vs. 22% of control).\(^9\)

When universal education was delivered as intended (meaning that participants reported receiving information and provider discussion during the visit about healthy relationships), the CUES approach was associated with a 9-fold increase in disclosure compared to participants in clinics receiving usual care.\(^9\)
S: Embed visit specific prompts to further health promotion and/or identify partner/trafficker interference.

**Primary Care:** “Is there anything or anyone preventing you from getting your medication, getting exercise or otherwise taking care of yourself?”

**Reproductive:** *(Negative pregnancy test—no desire to be pregnant)* “Is anyone preventing you from using birth control or wanting you to get pregnant when you don’t want to be?”

**Behavioral Health:** “Anytime someone is smoking or drinking/using I always want to know how their relationship is going because when relationships are hard it can affect use.”

**Adolescent:** “Tell me about what’s happening with you and social media—how often have you been put down or harassed by anyone, or pressured to do something that made you feel uncomfortable? I’m asking because sometimes those things can affect how you feel, and your health.”
Guidance on:

- Enhancing patient privacy
- Disclosing limits of confidentiality
- Universal education scripts
- Reaching friends and family
- Disclosures + supportive messages
- Warm referrals to local DV programs
- Safely sharing resources
- Tech privacy tips

www.IPVHealthPartners.org online toolkit + CUES

Developed by and for community health centers in partnership with domestic violence programs

+ New guidance on COVID-19 and telehealth support
Thank You!

- Thank You
- Daisies
- Stay Safe
- Let's All Stay Safe
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.
Social Isolation and Loneliness Screening and Diagnosis Concepts
Social Isolation

- SMEs refining the master
- Next steps, meeting every other week with our subject matter experts to review screening and diagnoses concepts
  - SMEs: Edward Garcia- Foundation for Social Connection; Dr Julianne Holt-Lunstad, Dr Matt Pantell
Social Isolation, Loneliness, Lack of Social Support

- As we have been progressing through the adjudication of diagnoses we have noticed a few things
  - Principally, that screening tools that purport to screen for social isolation, in fact are sometimes screens for loneliness. (more on that soon)
  - And thus, the need to sort by subtype to enable semantic consistency
What are Social Isolation, Loneliness, and Social Support?

**Social isolation**
• occurs when an individual does not have adequate opportunities to interact with others. It is an objective measure.
• occurs when an individual infrequently interacts with others. It is an objective measure.

**Loneliness** is a subjective experience stemming from the perception of not having enough social relationships or contact with other people.

**Social Support** - the actual or perceived availability of resources (e.g., informational, tangible, emotional) from others.”
• Four Types of Supportive Behaviors: Emotional: Instrumental: Informational: Appraisal (source)
Questions?

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Community Terminology Development
Questions?

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Elder Abuse Screening and Diagnosis Concepts

Identify
Elder Abuse Kick-Off (a first look)

- Much of the work of the next months builds off two significant national efforts
- Anchored by the ACL National Center on Elder Abuse
  - Adult Maltreatment Screening and Assessment Tools Inventory
    - ...identify and describe tested screening and assessment tools related directly to adult maltreatment
    - 46 tools with the following information is provided for each tool: maltreatment type, intended audience, number of items, format, how administered, amount of training required, copyright status, and contact information for the tool developer. There is also an overall rating of the tool’s evidence
- Anchored by the CDC
  - Elder Abuse Surveillance: Uniform Definitions and Recommended Core Data Elements
Elder Abuse Kickoff

- Prevalence-
  - At least one in 10 community-dwelling older adults experienced some form of abuse in the prior year.
  - Relying on self-reports of abuse, assigned the following percentages by type of abuse: psychological (11.6%), physical (2.6%), financial (6.8%), neglect (4.2%), and sexual (0.9%) abuse. Another recent study found the following: emotional (4.6%), physical (1.6%), financial (family:5.2%), financial (stranger:6.5%), neglect (5.1%), and sexual (.6%).
Elder Abuse

- Next steps, meeting weekly with our subject matter experts to gather and review screening and diagnoses concepts
  - SMEs: Dr Ron Acierno, Dr Jason Burnett, Dr Zach Gassoumis, Dr Karl Pillamer
Elder Abuse - Types of Abuse

- **Physical Abuse**—inflicting physical pain or injury on a senior, e.g. slapping, bruising, or restraining by physical or chemical means.

- **Sexual Abuse**—non-consensual sexual contact of any kind.

- **Neglect**—the failure by those responsible to provide food, shelter, health care, or protection for a vulnerable elder.

- **Exploitation**—the illegal taking, misuse, or concealment of funds, property, or assets of a senior for someone else's benefit.

- **Emotional Abuse**—inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts, e.g. humiliating, intimidating, or threatening.

- **Abandonment**—desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.
Elder Abuse- Themes

- As with IPV what has become clear are the limitations of classic screening methods and an evolution that better meets patients where they are and within the trust they need.
- For the SME review, all of the standard Elder Abuse screening tools will be getting assessed and only included if there is sufficient validity to support them.
- The anchor of the screening section will be an approach called “Behaviorally Specific Ways of Asking About Elder Mistreatment”.
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Policy Update
Policy Updates: USCDI version 2

- On April 15, 2021, the HIT Advisory Committee unanimously approved a recommendation to add the Gravity Project’s SDOH data class to USCDI version 2.

- The SDOH data class was one of the lead recommendations in HITAC’s letter to National Coordinator Micky Tripathi, May 24th.

- Final USCDI v2 expected in July 2021.

Recommendations

INTRODUCTION

The focus of the 2021 USCDI TF in Phase 1 was to address changes 1a, 1b and 1c, to make specific recommendations based on ONC’s Draft v2 to include, omit, revise or add specific data classes and elements in USCDI v2.

Unless otherwise indicated, all of the recommendations apply to USCDI v2.

High level recommendations include:

1. Add selected data classes and elements to v2 to support CMS’s quality improvement and management efforts.
2. Add the Social Determinants of Health data elements which were determined by ONC to be Level 2, but which were not included in Draft v2.
3. Where standards exist, but final implementation guides are not in place, ONC should work explicitly with HL7 to prioritize completion of implementation guides to accommodate HITAC data element and data class recommendations.
4. Where congruence of standards exists between C-CDA and FHIR US Core, accelerate alignment and adoption through all regulatory efforts including USCDI.
In 2015, ONC’s 10-year Interoperability Roadmap telegraphed that SDOH data elements must be integrated, too, over time.

On May 4, ONC announced that the Interoperability Roadmap will sunset now, 2½ years early.

On May 11, however, ONC invited public submission of succinct, aspirational health interoperability outcome statements achievable by 2030. Submissions are due July 30. ONC will consider them and publish a prioritized set of interoperability outcomes.

https://www.healthit.gov/topic/interoperability/health-interoperability-outcomes-2030
Questions?

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Technology Update
Results from the January SDOH Clinical Care IG Ballot

Results of ballot voting
- Affirmative 63
- Negative 30
- Abstain 56
- No Vote 43
- Total 192

The ballot met the 60% threshold required to publish as an STU

Ballot comments submitted
- Total ballot comments 227
- Total negative comments 72
- Total affirmative comments 155

Note: Affirmative comments include typos, questions, suggestions, comments

Ballot Reconciliation Status
- As of 4/30/2021 198 of the 227 ballot comments have dispositions -- 29 to go (all are focused on the patient story)

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TECHNICAL

PILOTS

WE ARE HERE

HL7 FHIR Connectathsons
Connectathon 27 Recap

Summary

- Provided an overview of Gravity Project, use cases, and "multi-domain" approach to SDOH
- Introduce and demonstrate Gravity project reference implementation. RI can be found here.
- Test use of Gravity IG to support exchange of SDOH data between providers, coordination platforms (CP), payers, community-based organizations (CBO), and patients.
- The LHC tool was able to successfully transform Hunger Vital Signs (HVS) and PRAPARE questionnaire responses, using StructureMap, to Gravity Observations and Conditions.
- Significant development work has been done on the Gravity RI since the January 2021 Connectathon. UI demonstrates the process of:
  - a provider screening a patient for SDOH risk
  - promoting an SDOH health concern to the problem list,
  - creating related service requests, tasks, procedures, and goals.
  - creating and posting tasks to CBOs and CPs
  - task polling by the ordering entity and retrieval of completed tasks and associated references

Participants

- Approximately 30 participants including:
  - Zeomega, Washington Association for community Health, Academy of Nutrition and Dietetics, Epic, Washington State Dept. of Health
CMS FHIR Connectathon

- CMS will host a virtual Connectathon on July 20-22, 2021.
- The connectathon will include a Social Determinants of Health (SDOH) track.
- The SDOH track will be on only one day (either July 21 or July 22).
- There is no fee to participate in the CMS Connecathon.
- Signup for the connectathon is on the HL7 website and will be available until July 1.
  - [http://www.hl7.org/events/cms/](http://www.hl7.org/events/cms/)
- We will be posting a track signup on the Gravity Confluence site by the end of the first week of June where each participant can declare their planned role(s).
Questions?

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Community Homework and Next Steps
Homework

- **General**
  - Catch up as needed on materials and recordings on Gravity Project Materials Confluence page
    

- **Social Isolation**
  - Submit Social Isolation screening and diagnosis
    
    [https://confluence.hl7.org/display/GRAV/Social+Isolation](https://confluence.hl7.org/display/GRAV/Social+Isolation)

- **IPV**
  - Submit IPV screening and diagnosis
    
    [https://confluence.hl7.org/display/GRAV/Intimate+Partner+Violence](https://confluence.hl7.org/display/GRAV/Intimate+Partner+Violence)

- **Elder Abuse**
  - Submit Elder Abuse screening and diagnosis
    
    [https://confluence.hl7.org/display/GRAV/Elder+Abuse](https://confluence.hl7.org/display/GRAV/Elder+Abuse)
Next Steps

- Join the Gravity Project as a Committed Member or Other Interested Party
  - [https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project](https://confluence.hl7.org/display/GRAV/Join+the+Gravity+Project)
Thank you for participating in this national consensus-building process.

Additional questions? Contact: gravityproject@emiadvisors.net

LinkedIn: Gravity Project
Twitter: @thegavityproj