Social Determinants of Health Data Exchange for Chronic Disease Prevention Initiative

Workgroup Kickoff

Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Office of Informatics and Information Management
Welcome

Thank you joining CDC’s Social Determinants of Health (SDOH) Public Health Use Case Workgroup for Chronic Disease Prevention kickoff!

Due to the large number of attendees, participants are muted upon entry.

- This call is being recorded; recording will be available on the Workgroup Confluence page following the meeting.

You are encouraged to actively participate in the discussion using the **Zoom chat** feature (bottom of the Zoom Meeting window). You can also use the **Reactions** feature to raise your virtual hand and ask a question live.

Please send all chats to Everyone.

We will review and address all comments submitted. If you are experiencing technical difficulties, please contact savanah.mueller@emiadvisors.net.
Workgroup Participation

● If you have not already done so, we invite you to officially join the workgroup here: https://confluence.hl7.org/display/GRAV/Public+Health+Use+Case+Workgroup+for+Chronic+Disease+Prevention+Home

● 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/display/GRAV/Join+the+CDC+Social+Determinants+of+Health+%28SDOH%29+Public+Health+Use+Case+Workgroup

● For all other Workgroup information, please contact us.
  ○ Gabriela Gonzalez at gabriela.gonzalez@emiadvisors.net
  ○ Savanah Mueller at savanah.mueller@emiadvisors.net
  ○ CDC NCCDPHP Point of Contact: Kailah Davis at lui9@cdc.gov
## Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introductions</td>
<td>5 minutes</td>
<td>Gabriela Gonzalez</td>
</tr>
<tr>
<td>Opening Remarks</td>
<td>5 minutes</td>
<td>Dr. Karen Hacker</td>
</tr>
<tr>
<td>Initiative Background</td>
<td>20 minutes</td>
<td>Timothy Carney and Kailah Davis</td>
</tr>
<tr>
<td>Workgroup Orientation and Scope Overview</td>
<td>15 minutes</td>
<td>Evelyn Gallego</td>
</tr>
<tr>
<td>Highlights from the Data Infrastructure Gap Analysis &amp; Partner Interviews</td>
<td>20 minutes</td>
<td>Kate Ricker-Keifert</td>
</tr>
<tr>
<td>Review Proposed CDC SDOH Public Health Business Case</td>
<td>15 minutes</td>
<td>Sheetal Shah</td>
</tr>
<tr>
<td>Questions and Discussion Next Steps</td>
<td>10 minutes</td>
<td>Gabriela Gonzalez Savanah Mueller</td>
</tr>
</tbody>
</table>
INTRODUCTIONS
Our mission is to help people and communities prevent chronic diseases and promote health and wellness for all.

We work to make our vision of healthy people living in healthy communities a reality.

Addressing social determinants of health to achieve health equity is a strategic priority.

URL: https://www.cdc.gov/chronicdisease/index.htm
NCCDPHP’s Core Team Members in our Efforts

- Dr. Timothy Carney
  Director, OIIRM

- Dr. Jennifer Wiltz
  Deputy Medical Director, NCCDPHP

- Dr. Pam Pagano
  Deputy Director and Operations Team Lead, OIIRM

- Dr. Kailah Davis
  Informatics Science, Research and Evaluation Team Lead

- Dr. Jina Dcruz
  Health Scientist (Informatics)

- Rasaan Jones
  Health Communications Specialist

- Dr. Pradeep Podila
  Health Scientist
About EMI Advisors

Our Vision:
To optimize the understanding and use of health policy and health information technology in support of better, safer, smarter, and affordable care.

Our Work:
EMI Advisors assists health and human services organizations and technology solution providers in aligning regulatory, technology, and business requirements for optimal health care investment execution and performance.

We provide services that help our clients develop the right strategies to facilitate development and delivery of value-driven solutions.
Evelyn Gallego
Program Director

Kate Ricker-Kiefert
Subject Matter Expert

Sheetal Shah
Subject Matter Expert

Amy Zimmerman
Subject Matter Expert

Gabriela Gonzalez
Project Manager

Savanah Mueller
Project Analyst
Where are you joining us from?

Please indicate your location via the Zoom poll.

U.S. Territories
- Puerto Rico
- U.S. Virgin Islands
- American Samoa
- Commonwealth of the Northern Mariana Islands
- Guam

Freely Associated States
- Federated States of Micronesia
- The Republic of the Marshall Islands
- The Republic of Palau
NCCDPHP OPENING REMARKS
Dr. Karen Hacker
Center Director
BACKGROUND

CDC’s NCCDPHP Office of Informatics and Information Resource Management (OIIRM)
CDC’s NCCDPHP Divisions

- Division of Cancer Prevention and Control
- Division of Diabetes Translation
- Division of Heart Disease and Stroke Prevention
- Division of Nutrition, Physical Activity, and Obesity
- Division of Oral Health
- Division of Population Health
- Division of Reproductive Health
- Office on Smoking and Health
Targeted Social Determinants Of Health (SDOH)

- Food and Nutrition Security
- Social Connectedness
- Community-Clinical Linkages
- Tobacco-Free Policy
- Built Environment

Source: [https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm](https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm)
Three Core SDOH Data Challenge(s)

1. To arrive at a common understanding of the critical data elements essential in addressing SDOH needs throughout the population/public health continuum.

2. To achieve data coordination and harmonization of efforts across multiple stakeholders, organizations, initiatives all trying to address health equity and SDOH.

3. To help inform a future state diagram of the public health response to health equity and SDOH.
High-Level SDOH Measurement Roadmap

Includes:
- Maturity
- **Knowledge and awareness of issues**
- Problem identification
- Common goals
- **Community representation**
- Leadership
- Trust

**COALITION CHARACTERISTICS**

- **Expanded networks** of leaders and organizations
- Identification of **assets** (e.g., expertise, data, $)
- Broad **community engagement champions**
- Willingness to change organizational practices and policies
- Changes in allocation of resources
- Identification of targeted strategies (policies, practices, initiatives)

**COMMUNITY CAPACITY & READINESS**

- Changes in individual, group, and organizational behaviors and norms
- **Adoption of new strategies, policies, and practices**
- Changes in availability of health care and community services
- **Changes in community conditions, infrastructure**
- Sustainable funding sources

**COMMUNITY CHARACTERISTICS**

- Changes in health care **utilization**
- Changes in community service utilization
- Changes in health **behaviors**
- Changes in health **outcomes**

**COMMUNITY OUTCOMES**

**INCREASED EQUITY**

- **Increased equity** across age, income, race, ethnicity, education, gender, and other characteristics

**PROCESS MEASURES**

**OUTCOME MEASURES**
NCCDPHP SDOH Efforts: Advancing SDOH Initiatives through Data Modernization

- Bidirectional Services e-Referral (BSeR)
- Clinical and Community Data Initiative (CODI 2.0)

- Scale relevant standards-based and SDOH data sharing initiatives for public health agency adoption
- Serve on national committees focusing on standards for capturing and sharing SDOH data
- SDOH Modules for PRAMS and BRFSS

CDC is Funding SDOH Community Pilots
- 42 Community Sites
- Initiate programs and policies within communities to address chronic disease prevention in one of five areas of SDOH

- Multi-State EHR-Based Networks for Disease Surveillance (MENDS)
- Childhood Obesity Data Initiative (CODI 1.0)
- Non-Infectious Disease Integrated Data Platforms
- IQVIA/Ambulatory EMR
- Data harmonization
- PLACES
Why Is This Work Important?

1. Builds Public Health SDOH Case
   - Articulates the ‘pain points’ and the ‘why’ for incorporating SDOH data in public health agencies’ activities.

2. Public Health Acceleration
   - Identifies glide path for accelerating public health agencies’ abilities to address SDOH using health IT.
   - Can readily incorporate in NCCDPHP SDOH Pilot Program activities.

3. CDC Partners Awareness
   - Informs CDC partners about critical milestones and synergies across federal and national SDOH and standards-based initiatives.

4. Supports CDC Priorities
   - Supports CDC commitments for the strengthening of SDOH into CDC’s 10 Essential Public Health Services and aligning with Healthy People 2030 and Public Health 3.0.

5. Supports Federal HIT Priorities
   - Supports 2020-2025 Federal Health IT Strategic Plan Goals.
CDC’s SDOH Data Exchange Initiative Approach

COLLABORATIVE PROCESS

- Environmental Scan
- Consensus-Driven

Information Gathering
Business Case Development

Use Case & Scenarios Development

SDOH Public Health Recommendations and NCCDPHP SDOH Pilot Programs

STRATEGIC ALIGNMENT

- Current State
- Alignment
- Acceleration
Timeline

KEY PARTNER INTERVIEWS & INFORMATION GATHERING

Incorporate research and partner feedback for the initial business needs statement development and invite partners to the forthcoming Workgroup.

SDOH PUBLIC HEALTH USE CASE DEVELOPMENT WORKGROUP LAUNCH

Introduce multi-partner engagement effort to build a Public Health SDOH Business Case, Use Cases, and Scenarios.

PUBLIC HEALTH SDOH BUSINESS & USE CASE

Develop a consensus-based SDOH business case, use case, and scenarios to inform the SDOH pilot programs and relevant federal standards-based initiatives.

KEY FINDINGS & SDOH ACCELERATION RECOMMENDATION REPORT

Highlight policy, technical, and operational opportunities over a five-to 10-year timeline.
Questions?

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

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

Please send all chats to Everyone. We will review and address all comments submitted.
WORKGROUP ORIENTATION AND SCOPE

Evelyn Gallego
Gravity Project Conceptual Framework

GOAL: **data-level interoperability** by enabling electronic documentation and exchange of SDOH data among all relevant users of data.
Upstream Data Use: The Public Health Parable

Past
The Gravity Project has made significant strides in establishing a foundation for representation and exchange of electronic SDOH data across and between health and community-based systems.

Present
Gravity **Use Cases** focus on data documentation during a clinical encounter for exchange with other non-clinical and administrative systems.

Future
The Gravity framework for public health will collect and use aggregated SDOH data from electronic health records (EHRs) to advance population- and community-driven interventions.
Workgroup Scope

- Develop a SDOH public health business case and high-priority use cases for chronic disease prevention and health promotion.
- Design and publish up to three high-priority public health-focused use cases that extend on those developed for clinical care by the Gravity Project.

Public health in the context of this SDOH initiative is defined as “the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing, responding to infectious diseases”¹ and chronic disease prevention and health promotion.

Key Definitions

- **Business Case**: Describes the value proposition for an initiative or investment (the ‘why’) and the initiative goals, schedule, potential benefits, assumptions, risks, and return on investment.

- **Use Case**: Describes the technical narratives of the interactions between the users or individuals and the systems they use to document, exchange, aggregate, and analyze electronic data. Plays a critical role in capacity building and standards development. It helps to specify the key list of actions or transactions between a user of a system and an electronic system to accomplish a goal.
Out of Scope

• Defining data exchange standards or data elements for:
  • Race, Ethnicity, Sex, Primary Language, Disability, Sexual Orientation, Gender Identity (SOGI), and
  • SDOH domains.
• Creating use cases that do not directly support the public health data activities listed in the Scope Statement.
• Providing incentives for implementation of the use cases or develop data-sharing agreements and policies that promote public health and health care provider data exchange.
Workgroup Approach

• Open, transparent, and virtual community that promotes broad stakeholder engagement from diverse stakeholder groups.

• Deliverables will be reviewed and finalized following nationally recognized standard development principles of openness and due process.

• All are invited to join the Workgroup either as:
  • Committed Members OR
  • Other Interested Parties
Levels of Participation

Committed Members are those who can regularly participate in biweekly meetings and actively contribute to the development and review of Workgroup deliverables. These individuals will be expected to vote on two deliverables.

Other Interested Parties are participants who intend to follow the progress of the Workgroup as observers and participate in discussions. These individuals will be able to submit comments on a Workgroup deliverable but not cast a vote during a deliverable consensus voting period.
Collaborative Consensus Process

• Consensus is a core value of Health Level Seven (HL7) and other American National Standards Institute (ANSI) accredited organizations governance process.
• Collaborative members will be given at least one week to vote on a Workgroup deliverable and submit their relevant comments using Survey Monkey surveys.
• All “No” votes (Formal Objections) and “Yes with Comments” votes are resolved in a timely manner.
• Only Committed Members can vote on deliverables.

To learn more about the Collaborative Consensus:
http://www.ontheagilepath.net/2015/05/efficient-group-decisions-using-the-7-levels-of-decision-making-an-agile-coach-must-have.html
Centers for Disease Control and Prevention’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Social Determinants of Health Data Exchange for Chronic Disease Prevention Initiative

Workgroup Project Charter
April 14, 2022
Version 2.0

Source: https://project-management.com/what-is-a-project-charter/
Principles of Collaborative Norms

• Pausing
• Paraphrasing
• Posing Questions
• Putting Ideas on the Table
• Providing Data
• Paying Attention to Self and Others
• Presuming Positive Intentions

Source: https://iod.unh.edu/sites/default/files/3._norms_annotated.pdf
Workgroup HL7 Confluence Platform Overview

We invite you to officially join the workgroup here:
https://confluence.hl7.org/display/GRAV/Public+Health+Use+Case+Workgroup+for+Chronic+Disease+Prevention+Home
## Workgroup Schedule & Activities

90-minute Zoom Meeting every other week for a total of 8 sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Workgroup Meeting</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/20</td>
<td>CDC SDOH Public Health Workgroup Kickoff</td>
<td>Join the Workgroup via Confluence Form</td>
</tr>
<tr>
<td></td>
<td>• Initiative Background, Orientation, and Introduction to Business Case</td>
<td>Read: Workgroup Project Charter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Submit: Comment on the Public Health Business Case via SurveyMonkey</td>
</tr>
<tr>
<td></td>
<td>Join the Workgroup via Confluence Form</td>
<td>Read: Workgroup Project Charter</td>
</tr>
<tr>
<td>5/04</td>
<td>Deeper Dive Into SDOH Data Uses For Public Health</td>
<td>Submit: Vote on the Proposed Business Case via SurveyMonkey</td>
</tr>
<tr>
<td></td>
<td>• Presentation on from Federal and State/Local Partners</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Feedback on Business Case And Consensus Voting Process for Business Case</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Read: Consensus Process and Instructions</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/18</td>
<td>Use Case Development Process Kickoff and Business Case Voting Results</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Introduce Use Case Development Process</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Initial Personas, Stories and Use Cases</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide Summary and Synthesis of Comments Received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Read: Published CDC SDOH Public Health Business Case Final Deliverable</td>
<td></td>
</tr>
<tr>
<td>6/01</td>
<td>Use Case 1 Presentation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Provide an Overview of Use Case 1 Components</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deep Dive Into Use Case Narratives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Draft Actors, Transaction Diagrams And Assumptions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review: Use Case 1</td>
<td></td>
</tr>
</tbody>
</table>
## Workgroup Schedule & Activities

90-minute Zoom Meeting every other week for a total of 8 sessions

<table>
<thead>
<tr>
<th>Date</th>
<th>Workgroup Meeting</th>
<th>Homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/15</td>
<td>Use Case 2 Presentation</td>
<td>Review: Use Case 2</td>
</tr>
<tr>
<td></td>
<td>• Provide an Overview of Use Case 2 Components</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deep Dive Into Use Case Narratives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Draft Actors, Transaction Diagrams And Assumptions</td>
<td></td>
</tr>
<tr>
<td>6/29</td>
<td>Use Case 3 And 4 Presentation</td>
<td>Review: Use Case 3 And 4</td>
</tr>
<tr>
<td></td>
<td>• Provide an Overview Of Use Case 3 and 4 Components</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deep Dive Into Use Case Narratives</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Review Draft Actors, Transaction Diagrams And Assumptions</td>
<td></td>
</tr>
<tr>
<td>7/13</td>
<td>End-To-End Review and Consensus Voting Process Overview</td>
<td>Review: Use Cases 1 thru 4</td>
</tr>
<tr>
<td></td>
<td>• Review Use Cases 1 thru 4</td>
<td>Submit: Comments On Use Cases</td>
</tr>
<tr>
<td></td>
<td>• Review Consensus Voting Process</td>
<td></td>
</tr>
<tr>
<td>7/27</td>
<td>Final Review and Consensus Voting</td>
<td>Submit: Vote on Use Cases</td>
</tr>
<tr>
<td></td>
<td>• Provide Summary and Synthesis of Use Case Comments/Feedback Received</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Publish Use Cases for Consensus Voting</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Summarize Next Steps</td>
<td></td>
</tr>
</tbody>
</table>
Questions?

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

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

**Please send all chats to Everyone. We will review and address all comments submitted.**
Data Infrastructure Gap Analysis & Interview Findings

Kate Ricker-Kiefert
Data Infrastructure Gap Analysis: Objectives

- To analyze priority CDC data sets, elements, and infrastructure informing the SDOH public health use case
- To document social determinants domains
- To collect and/or validate information in interviews
- To inform the Gravity Project standards development efforts
- To inform CDC and other federal agencies on alignment, gaps, and technical readiness
Data Infrastructure Gap Analysis: Approach

Process:

• Environmental Scan
  – Identified industry and CDC priority areas
• Data Scan
  – Analyzed CDC datasets identified by EMI Advisors and prioritized by NCCDPHP
• Partner Interviews
  – Conducted 23 CDC NCCDPHP division and partner agency interviews and 4 listening sessions
Data Infrastructure Gap Analysis: Approach

Purpose:
1. Identify CDC data set alignment to Gravity Project SDOH domains
2. Evaluate EHR data supplementation opportunities for CDC NCCDPHP SDOH data needs
3. Examine currently collected SDOH data for CDC use

<table>
<thead>
<tr>
<th>CDC Data Sets</th>
<th>Infrastructure</th>
<th>SDOH Domains</th>
</tr>
</thead>
</table>
| ● **Source** - EHRs, registries, surveys, non-EHR data
  ● **Level** - individual, population, census, zip code, county, state, national
  ● **Standards used**
  ● **Uses**
  ● **Users**
  ● **Frequency collected/updated** | ● **Reporting infrastructure**
  ● **Aggregation**
  ● **Integration**
  ● **Surveillance systems** - (infections and non-infectious)
  ● **Tools** - Data visualization, open data set | ● Gravity Project Domains
  ● CDC Center, Divisions, Program Data Set SDOH Domains |
<table>
<thead>
<tr>
<th>Name of CDC Data Set</th>
<th>Acronym</th>
<th>Food Insecurity</th>
<th>Housing Vacancy</th>
<th>Homelessness</th>
<th>Income Inequality</th>
<th>Mental Health</th>
<th>Education Status</th>
<th>Violence Status</th>
<th>Stress</th>
<th>Social Isolation/Connection</th>
<th>Intimate Partner Violence</th>
<th>Health Literacy</th>
<th>Health Insurance Status</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma Call-back Survey</td>
<td>ACBS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Asthma Surveillance Data</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Behavioral Risk Factor Surveillance System</td>
<td>BNFSS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>CDC Grant Funding Profiles</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Childhood Lead State Surveillance Data</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic Disease Indicators</td>
<td>CDI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic Kidney Disease Surveillance System</td>
<td>CKDS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Disability and Health Data System</td>
<td>DHDS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Health-Related QOL</td>
<td>HRQOL</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Interactive Atlas of Heart Disease and Stroke</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Adult Tobacco Survey</td>
<td>NATS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Ambulatory Medical Care Survey (NAMCS)/National Hospital Ambulatory Medical Care</td>
<td>NAMCS/NHAMCS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Center for HIV, Viral Hepatitis, STD, and TB Prevention AtlasPlus</td>
<td>NCHHSTP AtlasPlus</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Environmental Public Health Tracking Network</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Health and Nutrition Evaluation Survey</td>
<td>NHANES</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Health Interview Survey</td>
<td>NHIS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Home and Hospice Care Survey</td>
<td>NHHCSCS/NPALS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Immunization Surveys</td>
<td>NIS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Survey of Children’s Health</td>
<td>NSCH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>National Vital Statistics system</td>
<td>NVSS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>PLACES: Local Data for Better Health</td>
<td>PLACES</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Pregnancy Risk Assessment Monitoring System</td>
<td>PRAMS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Social Vulnerability Index</td>
<td>SVI</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>U.S. County Opioid Dispensing Rates</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>United States Diabetes Surveillance System</td>
<td>DDS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Vulnerable Populations Footprint Tool</td>
<td>VPF</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Youth Risk Behavior Surveillance System</td>
<td>YRBSS</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
## SDOH Data Activities and Data Use

<table>
<thead>
<tr>
<th>CDC NCCDPHP Domain</th>
<th>Definition</th>
<th>Gravity Project Domains</th>
<th>Not assigned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Built Environment</td>
<td>Built environment is human-made surroundings that influence overall community health and individual behaviors that drive health.</td>
<td>Housing instability</td>
<td>Financial Insecurity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homelessness</td>
<td>Material Hardship</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inadequate housing</td>
<td>Employment Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transportation insecurity</td>
<td>Education Attainment</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>For discussion</strong></td>
<td>Veteran Status</td>
</tr>
<tr>
<td>Community and Clinical Linkages</td>
<td>Community-clinical linkages are connections made among health care systems and services, public health agencies, and community-based organizations to improve population health.</td>
<td><strong>For discussion</strong></td>
<td>Stress</td>
</tr>
<tr>
<td>Food and Nutrition Security</td>
<td>Food and nutrition security exists when all people, at all times, have physical, social and economic access to food which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life.</td>
<td>Food Insecurity</td>
<td>Intimate Partner Violence</td>
</tr>
<tr>
<td>Social Connectedness</td>
<td>Social connectedness is the degree to which individuals or groups of individuals have and perceive a desired number, quality, and diversity of relationships that create a sense of belonging and being cared for, valued, and supported.</td>
<td>Social Isolation/Connection</td>
<td>Elder Abuse</td>
</tr>
<tr>
<td>Tobacco-Free Policies</td>
<td>Tobacco-free policies are population-based preventive measures to reduce tobacco use and tobacco-related morbidity and mortality.</td>
<td>If questions asked about tobacco use, then can guide measures, surveillance, informing policies.</td>
<td>Health Literacy</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Health Insurance Status</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Medical Cost Burden</td>
</tr>
</tbody>
</table>
## Data Infrastructure Gap Analysis Summary

<table>
<thead>
<tr>
<th>Findings</th>
<th>Summary</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple data capture methods</td>
<td>Data is captured through numerous mechanisms with little standardization of data type or data formats.</td>
<td>Identify where EHR structured data can be captured and shared with public health for NCCDPHP main data uses.</td>
</tr>
<tr>
<td>Multiple systems reused key data sets</td>
<td>Survey data combined with other data sets creates additional databases for specific program needs.</td>
<td>Maintain a list of data sets, domains, questions, and purposes of data sets for reuse and integrated data.</td>
</tr>
<tr>
<td>Data Source Inconsistency</td>
<td>EHR data is not a typical data source for national level population health indicators. Gravity Project coded data sets are not widely adopted with public health data sets.</td>
<td>Identify reuse of Gravity Project codes and terminology to support NCCDPHP’s data uses.</td>
</tr>
<tr>
<td>Survey Question Alignment</td>
<td>Survey questions are not always aligned when asking about same SDOH domain.</td>
<td>Current efforts are underway to including SDOH question in modules.</td>
</tr>
</tbody>
</table>
## Data Infrastructure Gap Analysis: Related Interview Findings

<table>
<thead>
<tr>
<th>Findings</th>
<th>Summary</th>
<th>Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data Timeliness and Age</td>
<td>Data sources are often 2+ years old.</td>
<td>Identify additional community and program partners’ data sources with more timely data available for public health SDOH data needs.</td>
</tr>
<tr>
<td>Data and Coordination Needs</td>
<td>Need for coordination across CDC regarding collection and use of data with measure identification and alignment.</td>
<td>Align internal and external SDOH Measures (SDOH Measures Work Group).</td>
</tr>
<tr>
<td>Data Capture and Availability</td>
<td>Methods for capture of SDOH data in clinical workflow limits availability for data extraction and public health use.</td>
<td>Identify where structured, coded data can be extracted for public health uses. Leverage and align survey data with social risk, needs, and services questions to CDC data sets.</td>
</tr>
</tbody>
</table>
Overarching Key Themes

SDOH language can vary

- Gravity Project Definitions | CDC Definitions
- Financial Security | Under the Federal Poverty Level

Individual Interventions vs Community Interventions

- More education and technical assistance is needed to support STLT health department knowledge, capture, and access of SDOH data

Data Reciprocity

- Understanding the value, capacity, and authority to share data among public health, health, and social sector partners is required.

Data Needs and Use

- There are divergent uses of data at the local, state, and national levels and with a need for individual, timelier, relevant SDOH data support public purposes.
Questions?

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

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

Please send all chats to Everyone. We will review and address all comments submitted.
SDOH Public Health Business Case Overview

Sheetal Shah
Public Health Business Case Sections

- Introduction
- Initiative Overview
- Public Health Business Need
- Background
- Initiative Goal
- Identified Benefits
- Significant Assumptions & Constraints
- Anticipated Return on Investment or Cost Benefit Analysis
- Initiative Risks and Mitigation Strategies
- Timeline
- Conclusion

URL: https://confluence.hl7.org/x/5JiBQ
SurveyMonkey Instructions

1. Review the proposed CDC SDOH Public Health Business Case document.

2. Provide comments per section via SurveyMonkey. The survey will be open starting on April 20 until May 2 at 12 pm ET.
   a. Link: https://www.surveymonkey.com/r/L8RDBB9

3. We will present the feedback received during our next meeting on Wednesday, May 4.
Questions?

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

You can also use the **Reactions** feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

Please send all chats to Everyone. We will review and address all comments submitted.
Next Steps
Homework

1. Sign up as member via Confluence at your early convenience.
2. Familiarize yourself with the Workgroup Project Charter by **Wednesday, April 27**.
3. Read and provide comments on the Public Health Business Case via SurveyMonkey:
   a. **Submit input by Monday, May 2 at 12pm ET. Link:**
      https://www.surveymonkey.com/r/L8RDBB9
   b. You can comment by section and/or as a group.
Closing Remarks

• Visit our workgroup page here:
  
  https://confluence.hl7.org/display/GRAV/Public+Health+Use+Case+Workgroup+for+Chronic+Disease+Prevention+Home

• For all other Workgroup information, please contact us.
  
  • Gabriela Gonzalez at gabriela.gonzalez@emiadvisors.net
  
  • Savanah Mueller at savanah.mueller@emiadvisors.net

• CDC NCCDPHP Point of Contact:
  
  • Kailah Davis at lui9@cdc.gov
Questions?

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

You can also use the Reactions feature to raise your virtual hand and ask a question live. Please be mindful of your background noise.

Please send all chats to Everyone. We will review and address all comments submitted.
Thank you for participating in this national consensus-building process.