Social Determinants of Health Data Exchange for Chronic Disease Prevention Initiative

May 4, 2022

Workgroup Meeting #2: Deeper Dive into SDOH Data Uses for Public Health
Welcome

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

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.
# Today’s Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome</td>
<td>5 minutes</td>
<td>Gabriela Gonzalez</td>
</tr>
<tr>
<td>Setting the Stage</td>
<td>5 minutes</td>
<td>Kailah Davis</td>
</tr>
<tr>
<td>Clinical and Community Data Initiative (CODI) and Colorado Health Observation Regional Data Service (CHORDS) Presentation and Discussion</td>
<td>45 minutes</td>
<td>Emily Bacon Raymond King</td>
</tr>
<tr>
<td>Review Feedback of Proposed Business Case and Consensus Voting Process Overview</td>
<td>20 minutes</td>
<td>Evelyn Gallego Kate Ricker-Keifert Sheetal Shah Amy Zimmerman</td>
</tr>
<tr>
<td>Questions and Discussion</td>
<td>10 minutes</td>
<td>All</td>
</tr>
<tr>
<td>Next Steps</td>
<td>5 minutes</td>
<td>Gabriela Gonzalez Savanah Mueller</td>
</tr>
</tbody>
</table>
SETTING THE STAGE FOR THE SOCIAL DETERMINANTS OF HEALTH DATA EXCHANGE FOR CHRONIC DISEASE PREVENTION INITIATIVE

Kailah Davis
Three Core Drivers For Our Initiative

1. Meeting and Aligning with Health and Human Services’ (HHS) Social Determinants of Health Strategic Approach

2. Understanding Core Public Health SDOH Data Challenges

3. Understanding Partners Current Infrastructure and Building Bridges between Federal and Community Data to Better Meet Equity and SDOH Challenges

Adapted from Castrucci B, Auerbach J. Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health. Health Affairs Blog. January 16, 2019

SDOH-Action-Plan-At-a-Glance.pdf (hhs.gov)
Workgroup Participation

EMI Advisors
Workgroup Participation

- Workgroup Kickoff was held on April 20; meeting slides and recording available: https://confluence.hl7.org/display/GRAV/Public+Health+Use+Case+Workgroup+for+Chronic+Disease+Prevention+Home

- If you have not already done so, we invite you to officially join the Workgroup as a member. You can check your membership status and if others from your organization have registered. 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:
  - 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
# 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&lt;br&gt;• Initiative Background, Orientation, and Introduction to Business Case</td>
<td>Join the Workgroup via Confluence Form&lt;br&gt;Read: Workgroup Project Charter&lt;br&gt;Submit: Comment on the Public Health Business Case via SurveyMonkey by Monday, May 2 by 12 noon ET.</td>
</tr>
<tr>
<td>5/04</td>
<td>Deeper Dive Into SDOH Data Uses For Public Health&lt;br&gt;• Presentation on from Federal and State Partners&lt;br&gt;• Review Feedback on Business Case And Consensus Voting Process for Business Case</td>
<td>Review: Consensus Voting Instructions&lt;br&gt;Submit: Vote on the revised Public Health Business Case via SurveyMonkey</td>
</tr>
<tr>
<td>5/18</td>
<td>Use Case Development Process Kickoff and Business Case Voting Results&lt;br&gt;• Introduce Use Case Development Process&lt;br&gt;• Review Initial Personas, Stories and Use Cases&lt;br&gt;• Provide Summary and Synthesis of Comments Received</td>
<td>Read: Published CDC SDOH Public Health Business Case Final Deliverable</td>
</tr>
<tr>
<td>6/01</td>
<td>Use Case 1 Presentation&lt;br&gt;• Provide an Overview of Use Case 1 Components&lt;br&gt;• Deep Dive Into Use Case Narratives&lt;br&gt;• Review Draft Actors, Transaction Diagrams And Assumptions</td>
<td>Review: Use Case 1</td>
</tr>
</tbody>
</table>
## Workgroup Schedule & Activities

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

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</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>
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<tr>
<td></td>
<td>- Deep Dive Into Use Case Narratives</td>
<td></td>
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<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>
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<tr>
<td></td>
<td>- Summarize Next Steps</td>
<td></td>
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</tbody>
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Objectives for Today

• Learn how public health agencies are leveraging individual-level SDOH data collected at clinical or community based settings through the example of Clinical and Community Data Initiative (CODI) in Partnership with Colorado Health Observation Regional Data Service (CHORDS).

• Capture new and review prior feedback on the proposed Business Case.

• Review the consensus voting process with Workgroup members.
Guest Introduction

Kailah Davis
Guest Speaker

Emily Bacon, PhD
CHORDS | Colorado Health Institute
Denver Health | Bacon Analytics LLC
Clinical and Community Data Initiative (CODI) and Colorado Health Observation Regional Data Service (CHORDS)

Presentation & Discussion
Incorporating Social Determinants of Health Data from Health Care Partners and Community-Based Organizations into a Common Data Architecture

Emily Bacon, PhD
Health Research and Analytics Consultant
Bacon Analytics & Denver Health and Hospital Authority

May 4, 2022
Overview

• Introduction to clinical-community partnerships
• Local implementation: the CHORDS Network and CODI Project
• Experiences and challenges standardizing and sharing SDOH data between health care systems and community-based organizations
• Opportunities and future directions for integrating SDOH data into clinical-community partnerships
Clinical-Community Partnerships

- Clinical Organizations
- Community Based Organizations
- SDOH
- Individual
- Family
- Population
- Goal setting
- Diagnosis
- Intervention
- Screening
- Food Assistance
- Financial Assistance
- Housing Stability
- Recreation Center

Screening

SDOH

Individual

Family

Population

Intervention

Screening

Goal setting

Diagnosis

CLINICAL AND COMMUNITY DATA INITIATIVE

CLINICAL AND COMMUNITY DATA INITIATIVE
Health Systems

• Approach
  • Collect, track, and evaluate SDOH data to address social needs of patients

• Opportunities
  • Build on standard metrics within electronic health records (EHRs)
  • Address social needs directly or through partnerships and referrals

• Challenges
  • Adoption of standard metrics; SDOH language can vary
  • Universal screening
  • Public health integration
SDOH Data Collection & Integration

Community-Based Organizations

• Approach
  • Facilitate delivery of services to meet social needs
  • Provide data about households, communities

• Opportunities
  • Client-level longitudinal participation
  • Program-level impacts
  • Community-level information on social needs and disparities

• Challenges
  • Limited primary data collection
  • Data extraction for analytics and integration
  • Ongoing technical assistance
  • Limited uniformity
Challenge: Clinical-Community Interoperability

• Data problems to address
  • Disparate data & systems
  • Infrastructure for linked longitudinal data across programs, settings & systems
  • Privacy & security
The CODI Solution

- Individual- & household-level linked longitudinal records
  - Healthcare – e.g., height, weight, blood pressure
  - Intervention – clinical & community weight management programs
  - Social determinants of health – individual & community
    - Community based organization – e.g., program participation
    - Administrative – e.g., payer reimbursement

CODI SUPPORTS
- Public health surveillance
- Health services research
- Comparative effectiveness research
CODI: A National Collaborative with Local Implementation
Data Partners:
14 health providers and 2 community-based organizations contribute data

Data Users:
Public health agencies serving Colorado’s Front Range and researchers

Goal:
Expanded use of electronic health record (EHR) data to support timely public health evaluation, monitoring and research efforts
<table>
<thead>
<tr>
<th>Type of SDOH Data</th>
<th>Table Name</th>
<th>Description</th>
<th>Example Fields</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screening Data</td>
<td>PRO_SURVEYS</td>
<td>Static table providing details about each screening survey</td>
<td>Survey description, type, LOINC code</td>
</tr>
<tr>
<td></td>
<td>PROQUESTIONS</td>
<td>Static table providing details about each screening question in each screening survey</td>
<td>Question text, wording, LOINC code</td>
</tr>
<tr>
<td></td>
<td>PRO_RESPONSES</td>
<td>Contains details about responses to each screening question for each survey</td>
<td>Response value, date/time, source</td>
</tr>
<tr>
<td>Direct Service and Asset Delivery Data</td>
<td>PROGRAM</td>
<td>Contains one record for each type of program offered by a data partner</td>
<td>Program description, setting, frequency, duration, location</td>
</tr>
<tr>
<td></td>
<td>SESSION</td>
<td>Contains one record for each interaction between a patient and a program</td>
<td>Session date, mode, type of intervention, dose</td>
</tr>
<tr>
<td></td>
<td>ASSET_DELIVERY</td>
<td>Contains one record for each contiguous period of time during which a person consistently receives assets</td>
<td>Asset type, purpose, date, frequency</td>
</tr>
<tr>
<td>Referral Data</td>
<td>REFERRAL</td>
<td>Contains one record for each outgoing or incoming referral to internal or external programs or resources</td>
<td>Referral date, organization initiating referral, organization receiving referral</td>
</tr>
</tbody>
</table>
**PATIENT REPORTED OUTCOMES**
Flowsheet Questions from Health Systems
Social Condition Questions from Anyone
(e.g., PRAPARE, HUNGER VITAL SIGNS)

**ASSET DELIVERY**
One record for each time period a person receives an asset (e.g., food, money).

**CONDITION**
SDOH codes from Health Systems (e.g., ICD-CM Z, SNOMED CT)
Disability Codes defined by HUD (NCCEH)

**DIAGNOSIS**
SDOH codes from Health Systems (e.g., ICD-CM Z, SNOMED CT)

**REFERRAL**
Indication of referral to program, intervention, community organization

**SESSION**
Participation in WIC, HFC, or NCCEH implies need

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**SDOH Evidence Indicator**
Flag for SDOH evidence in any SDOH category for an individual

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* CODI SDOH Categories correspond to The Gravity Project SDOH domains. See The Gravity Project domains at https://confluence.hl7.org/display/GRAV/Terminology+Workstream+Dashboard
Privacy Preserving Record Linkage (PPRL)

Data Hashing

Personally Identifiable Information (PII)

Data Partner

Name
Birthday Address

Data Hashing

571e5 0fb23 5c098 61a80

a2ecc f0830 3ee4f 2c8cb

571e5 0fb23 5c098 61a80

4276a 29735 dc3d5 61c80

4276a 29735 dc3d5 61c80

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Linkage Agent

Data Partner

Name
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CODI Pilot includes 3 healthcare partners and 2 CBOs

Health systems
- Surveyed partners about existing SDOH data
  - Initial focus on food and housing
- Adapted the data model to different SDOH screeners across different partners and populations
- Incorporating health system interventions

Community-based organizations
- Technical environmental scan
- Enthusiasm to participate and generating trust
- Established a technical partnership

Comprehensive Governance
Standardizing and Sharing Data: Challenges

- QA on health system SDOH data
  - Adjusting to system-specific screening tools

- Capturing populations with adequate data over time

- Addressing technological limitations
  - Generating unique identifiers
  - Standardizing location data
  - Missing data across key variables
Standardizing and Sharing Data: Opportunities

• Automating processes
• Sharing technology
• Taking advantage of a flexible data model
• Collaborating with new partners
  • Health Information Exchanges (HIE)
  • Other distributed data networks and social services
• Building out diverse public health use cases
• Finding common ground and symbiotic benefits of data sharing
Number of Girls On The Run Registrants by Denver Census Tract, N=5,807
"We were initially intrigued when we were approached to participate in CODI, but we didn’t quite know where it would lead. Since we joined the project, we’ve received some preliminary **insights from our data**. We’ve **strengthened connections** to clinical partners in our state. And the CODI team has made participating with the **technology turnkey, supporting and guiding us throughout the process**. We look forward to continuing to participate as the project continues to evolve here in Colorado."

Lisa Johnson, Executive Director
Girls on the Run of the Rockies
Conclusions and Next Steps

• CHORDS has piloted the clinical-community partnership across three health care organizations and two community partners

• Next steps:
  • Refine the record linkage process
  • Onboard new community and health care partners and expand to adults
  • Add asset delivery and referral tables to the data model
  • Develop reports for community partners
  • Continue to develop data tools for public health monitoring and research
Links to Resources

• SDOH Data Report: Incorporating Social Determinants of Health Data from Health Care Partners and Community-Based Organizations into a Common Data Architecture
• CHORDS Website
• CHORDS Infrastructure (manuscript)
• CODI Website
• CODI Case Study (manuscript)
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.
Public Health Business Case Feedback
Kate Ricker-Keifert
Public Health Business Case Comments Received

Thank you for your valuable feedback!

Total number of comments received per section:

- Introduction: 9
- Initiative Overview: 8
- Public Health Business Need: 12
- Background: 10
- Initiative Goal: 10
- Identified Benefits: 9
- Significant Assumptions & Constraints: 8
- Anticipated Return on Investment or Cost Benefit Analysis: 7
- Initiative Risks and Mitigation Strategies: 7
- Timeline: 8
- Conclusion: 4
- Other: 8

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

Proposed Public Health Business Case

April 19, 2022
Version 2.0

URL: https://confluence.hl7.org/display/GRAV/Documents
General Reminder: Out of Scope Elements

• 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 section of the Workgroup Project Charter.
• 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.
• Developing Fast Healthcare Interoperability Resources (FHIR) Implementation Guides.
## Feedback Received to Date

<table>
<thead>
<tr>
<th>Theme</th>
<th>Initial EMI Response</th>
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</thead>
<tbody>
<tr>
<td>Reference tribal nations more explicitly and ensure tribal leadership participates in Workgroup (WG)</td>
<td>Will incorporate in Business Case CDC project team is leading outreach</td>
</tr>
<tr>
<td>Ensure participation of local public health agencies, epidemiologists, and subject matter experts in geocoding, electronic surveillance, 211 taxonomy</td>
<td>Outreach by project team and WG members</td>
</tr>
<tr>
<td>Further clarify impact of data silos to public health professionals, addressing community priorities, population health, measurement</td>
<td>Discuss during future WG meeting and include in use case development</td>
</tr>
<tr>
<td>More specificity regarding data details, such as data type collected, data level (individual-level or population-level), excluding survey/sample/representative data</td>
<td>Discuss during future WG meeting and include in use case development</td>
</tr>
<tr>
<td>Further define chronic disease and scope (i.e., chronic physical disease vs schizophrenia/mental health)</td>
<td>Will incorporate</td>
</tr>
<tr>
<td>Add downstream impact of COVID-19 and current economic crisis</td>
<td>Will incorporate additional language in Business Case</td>
</tr>
<tr>
<td>Clarify alignment with other CDC and HHS data initiatives</td>
<td>Will discuss during WG meeting</td>
</tr>
</tbody>
</table>
## Related Initiatives Summary

<table>
<thead>
<tr>
<th>Initiative Name</th>
<th>Summary Description</th>
<th>Focus Areas</th>
<th>Alignment to CDC Public Health Use Case</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Helios</strong></td>
<td>New initiative launched by HL7, CDC, and ONC to use widely recognized data exchange standards to help advance public health. The effort, called Helios, intends to strengthen the capacity and streamline data sharing across all levels of public health using the HL7 Fast Healthcare Interoperability (FHIR®) standard.</td>
<td>Data exchange standards, FHIR Implementation Guides and building blocks for public health</td>
<td>Use cases developed by this Workgroup can be further refined and implemented through the Helios Initiative.</td>
</tr>
<tr>
<td><strong>mCODE</strong></td>
<td>mCODE is a core set of non-proprietary, open-source structured data elements for oncology that establishes minimum recommended standards for the structure and content of health record information across use cases and users.</td>
<td>Data classes, elements and data model for oncology</td>
<td>mCODE can utilize the use cases this project will develop, related to social determinants of health data aggregation, to support cancer prevention and care.</td>
</tr>
<tr>
<td><strong>USCDI+</strong></td>
<td>ONC has launched a new initiative called USCDI+ to support the identification and establishment of domain or program-specific datasets that will operate as extensions to the existing United States Core Data for Interoperability (USCDI). In particular, USCDI+ is a service that ONC will provide to federal partners who have a need to establish, harmonize and advance the use of interoperable datasets that extend beyond the core data in the USCDI to meet agency-specific programmatic requirements.</td>
<td>Data classes and elements; data models</td>
<td>Inform what additional relevant SDOH data elements and classes could be included in EHR data to support CDC and other federal agencies.</td>
</tr>
<tr>
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<td>Summary Description</td>
<td>Focus Areas</td>
<td>Alignment to CDC Public Health Use Case</td>
</tr>
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| MENDS           | MENDS is a distributed surveillance system leveraging EHR data to generate timely prevalence estimates of chronic disease risk measures at national and local levels. MENDS can be accessed by health departments and other authorized users for monitoring trends, informing policies, planning programs, and evaluating outcomes to improve the health of the population. | Decentralized data architecture  
Data extraction, normalization, and aggregation  
Data queries  
Data visualization and analytics | MENDS can utilize relevant workflows and SDOH related data elements developed by this project to support MENDS initiative goals. |
| CODI            | CODI links data across clinical and community sectors to understand health risk factors, interventions & outcomes. CODI brings together data stored across different sectors and organizations to create individual-level, linked longitudinal records that include SDOH, clinical and community interventions, and health outcomes. | Distributed Health Data Network (DHDN)  
Data extraction  
Data model  
Longitudinal Record | CODI uses of data can inform the development of use cases for this project. Our use cases could align to the common data models developed via CODI. |
| MedMorph        | The goal of MedMorph is to create a reliable, scalable and interoperable method to gather electronic health record data for multiple public health and research scenarios (use cases). The development of a reference architecture and demonstrated implementation will reduce the burden on health care providers and help provide the standards and methods to receive and send data from EHRs for a variety of public health and research purposes. | Data Exchange Architecture FHIR | MedMorph can utilize relevant workflows and SDOH related data elements developed by this project to support MedMorph initiative goals. |
Live Feedback

- What other feedback or comments would you like to include?
Questions?

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Please send all chats to Everyone. We will review and address all comments submitted.
Consensus Voting Process Overview

Evelyn Gallego
Levels of Participation Recap

**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
Why is Consensus Voting Important?

• Consensus relies on **due process** to allow equity and fairness.
• The consensus process supports open participation, a balance of interests, and an equal opportunity for all participants without any dominant positions.
• Consensus voting provides the opportunity to address all views and resolve any objections so an agreement can be reached.

Image source: http://www.ontheagilepath.net/2015/05/efficient-group-decisions-using-the-7-levels-of-decision-making-an-agile-coach-must-have.html
During any consensus voting period, **Committed Members** will be asked to vote on Workgroup documentation and deliverables that have been developed as part of the community meeting activities.

- Only Committed Members may vote on Workgroup documentation and deliverables.
- Individuals who signed up as **Other Interested Party** may only submit comments.
- Workgroup members will be asked to submit their votes via a SurveyMonkey link provided to them during the consensus voting period. **To reach a consensus, at least 60% of Committed Members must vote.**
Consensus Voting Instructions

All **Committed Members** will be given at least **one week** to submit relevant comments on documentation or deliverables.

- **Yes**: A Yes vote does not necessarily mean that the deliverable (Public Health Business Case) is the ideal one from the perspective of the Committed Member, but that it is better to move forward than to block the deliverable.

- **Yes, with Comment**: If a consensus process attracts significant comments through Yes, With Comment votes, it is expected that the comments will be addressed in a future revision of the deliverable which will be posted via the Workgroup Confluence page.

- **Formal Objection**: This vote must include comments indicating a path to address the objection in a way that meets the known concerns of other members of the project. A Formal Objection vote without such comments will be considered an Abstain vote.

- **Abstain**: A member declines to vote.
Consensus Process Timeline for Business Case

**April 20, 2022**
- Workgroup Kickoff
  Proposed Public Health Business Case was introduced during meeting #1.

**May 2, 2022**
- Deadline to submit comments on the proposed Business Case
  Workgroup members were asked to review and provide feedback via SurveyMonkey.

**May 4, 2022**
- Feedback on Proposed Business Case
  All comments received were analyzed. Opportunity for Workgroup member to provide live input during meeting #2.

**May 6 or 9, 2022**
- Business Case ready for Consensus Vote
  The voting period will end on Monday, May 16, 2022.

**May 18, 2022**
- Publish Public Health Business Case
  Provide a summary and synthesis of comments received. Voting results will be shared during meeting #3.
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. Read the revised Public Health Business Case.

2. **Committed Members** must complete a form via SurveyMonkey by 12 pm ET on Monday, May 16, 2021.
   a. Link: [https://www.surveymonkey.com/r/CDCSDOHBusinessCase](https://www.surveymonkey.com/r/CDCSDOHBusinessCase)

3. Provide a **vote** and press **done** for your vote to be recorded.

If voting ‘Yes, with Comment’ or ‘Formal Objection’: Please email comments to gabriela.gonzalez@emiadvisors.net by May 16, 2022.
Closing Remarks

- Please join the Workgroup either as a **Committed Member** or **Other Interested Party**.
  
  [https://confluence.hl7.org/display/GRAV/Public+Health+Use+Case+Workgroup+for+Chronic+Disease+Prevention+Home](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](mailto:gabriela.gonzalez@emiadvisors.net)
  - Savanah Mueller at [savanah.mueller@emiadvisors.net](mailto:savanah.mueller@emiadvisors.net)

- CDC NCCDPHP Point of Contact:
  
  - Kailah Davis at [lui9@cdc.gov](mailto:lui9@cdc.gov)
Questions?

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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.
Meet The Team
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