Workgroup Meeting #8: Final Review & Consensus Voting Process Launch
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 sara.behal@emiadvisors.net.
## Today’s Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
<th>Presenter(s)</th>
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<tbody>
<tr>
<td>Welcome Remarks</td>
<td>15 minutes</td>
<td>Gabriela Gonzalez, Kailah Davis</td>
</tr>
<tr>
<td>USCDI+ Presentation</td>
<td>10 minutes</td>
<td>Nedra Garrett</td>
</tr>
<tr>
<td>Summary of Use Case Package Feedback Received</td>
<td>25 minutes</td>
<td>Amy Zimmerman, Sheetal Shah</td>
</tr>
<tr>
<td>Launch Consensus Voting</td>
<td>15 minutes</td>
<td>Gabriela Gonzalez</td>
</tr>
<tr>
<td>Summary of Next Steps</td>
<td>10 minutes</td>
<td>Gabriela Gonzalez</td>
</tr>
<tr>
<td>Workgroup Closing Remarks</td>
<td>15 minutes</td>
<td>Timothy Carney</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>
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</thead>
</table>
| 4/20 | CDC SDOH Public Health Workgroup Kickoff  
• Initiative Background, Orientation, and Introduction to Business Case | Join the Workgroup via Confluence  
Read: Workgroup Project Charter  
Submit: Comment on the Public Health Business Case via SurveyMonkey by Monday, May 2 by 12 noon ET |
| 5/04 | Deeper Dive Into SDOH Data Uses For Public Health  
• Presentation from Federal and State Partners  
• Review Feedback on Business Case  
• Review Consensus Voting Process for Business Case | Review: Consensus Voting Instructions  
Submit: Vote on the revised Public Health Business Case via SurveyMonkey |
| 5/18 | Story + Use Case Development Process Kickoff and Business Case Voting Results  
• Introduce Use Case Development Process  
• Review Initial Personas, Story Components, and Use Cases  
• Provide a Summary of Business Case Consensus Results | Review: Draft personas and initial story  
Submit: Additional input via email by May 25, 2022 |
| 6/01 | Review and Discuss Use Case 1  
• Provide an Overview of Use Case 1 Components  
• Deep Dive Into Use Case Narratives  
• Review Draft Actors, Transaction Diagrams And Assumptions | Review: Use Case 1 components  
Submit: Additional input via email by June 8, 2022 |
<table>
<thead>
<tr>
<th>Date</th>
<th>Workgroup Meeting</th>
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<tr>
<td>6/15</td>
<td>Review and Discuss Use Case 2&lt;br&gt;• Provide an Overview of Use Case 2 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 2 components&lt;br&gt;Submit: Additional input via email by June 22, 2022</td>
</tr>
<tr>
<td>6/29</td>
<td>Review and Discuss Use Case 3&lt;br&gt;• Provide an Overview Of Use Case 3 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 3&lt;br&gt;Submit: Additional input via email by July 6, 2022</td>
</tr>
<tr>
<td>7/13</td>
<td>End-To-End Review and Consensus Voting Process Overview&lt;br&gt;• Review Use Cases 1 through 3&lt;br&gt;• Review Use Case Package&lt;br&gt;• Review Consensus Voting Process</td>
<td>Review: Use Cases 1 through 3&lt;br&gt;Submit: Comments on proposed Use Case package via email by July 18, 2022.</td>
</tr>
<tr>
<td>7/27</td>
<td>Final Review and Consensus Voting&lt;br&gt;• Provide Summary and Synthesis of Use Case Comments/Feedback Received&lt;br&gt;• Publish Use Cases for Consensus Voting&lt;br&gt;• Summarize Next Steps</td>
<td>Submit: Vote on Use Cases by Aug 3, 2022.</td>
</tr>
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Objectives for Today

● Review feedback received on Use Case Package (Use Cases 1-3) and summary of changes incorporated.

● Launch Consensus Voting Process for Use Case Package (final workgroup deliverable).

● Consensus voting period opens today and will close on August 3, 2022.
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.
Gravity Project developed three use cases (primarily from a clinical care perspective):

1. Document SDOH Data in Conjunction with a Patient Encounter.
2. Document and Track SDOH Related Interventions to Completion.
3. Gather and Aggregate SDOH Data for Uses beyond Clinical Care.

We have developed three public health use cases:

a. Community Health Needs Assessment (CHNA) Leveraging Aggregated SDOH Data;
b. Assessment of STLT Health Department Diabetes Programs; and
Gravity Project + Public Health Use Cases

1. Leveraging SDOH data for CHNA.
2. Assessment of STLT Health Department Diabetes Programs.

Gather and aggregate SDOH data for uses beyond point of care

Document and track SDOH related interventions to completion

Gather SDOH data in conjunction with the patient encounter.
High-Level Initiative Timeline

January 2021
- KEY PARTNER INTERVIEWS & INFORMATION GATHERING

April 2022
- SDOH PUBLIC HEALTH USE CASE DEVELOPMENT WORKGROUP LAUNCH

May 2022
- PUBLIC HEALTH SDOH BUSINESS CASE

July 2022
- PUBLIC HEALTH SDOH USE CASE PACKAGE

August 2022
- DELIVER CLOSE OUT REPORT TO CDC NCCDPHP

Timeline:
- January 2021: Key Partner Interviews & Information Gathering
- April 2022: SDOH Public Health Use Case Development Workgroup Launch
- May 2022: Public Health SDOH Business Case
- July 2022: Public Health SDOH Use Case Package
- August 2022: Deliver Close Out Report to CDC NCCDPHP
Guest Speaker Introduction

Kailah Davis
Guest Speaker

Nedra Garrett
Senior Informatics Health Scientist
Center for Surveillance, Epidemiology and Laboratory Services
Office of Public Health Scientific Services
Centers for Disease Control and Prevention
USCDI+ Update

CDC SDOH Public Health Workgroup Meeting

Nedra Garrett and Akaki Lekiachvili

July 27, 2022
US Core Data for Interoperability (USCDI)

Create a Core Set of Standardized Data Elements for Health

Common core of standardized data to support treatment, payment, healthcare operations, requests from patients, post-market surveillance, research, public health, and other authorized uses.

https://www.healthit.gov/topic/interoperability/uscdi-plus
USCDI+ for Public Health: Current State Problem

• Public health, and other program/agency, needs and requirements not fully met by USCDI

• Agencies/coordinating bodies thus pursuing ad hoc approaches to additional data needs

• Creates increasing drift from USCDI, which presents lifecycle maintenance issues, industry resistance, and diminishing ability for partners/agencies to leverage ONC support
1. Identified data elements currently available in USCDI v3, v2, v1 that map to priority use cases
2. Identified data elements submitted but not published in final versions (e.g., classified at level 1, 2, Comment)
3. Identified data elements beyond USCDI submissions
   - available in systems, IGs, MMGs, etc.
4. Compiled data elements
5. Determined priority data elements for USCDI+
6. Documented supporting evidence for data elements using template
7. Consolidated and shared with partners for review and comment
8. Submitted via USCDI+ ONDEC system
<table>
<thead>
<tr>
<th>Title</th>
<th>Description</th>
<th>Coordinator(s)</th>
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<tbody>
<tr>
<td>Case-based Surveillance</td>
<td>Crucial data elements received by public health from clinical providers in order to conduct a case investigation and follow-up with a patient.</td>
<td>Maria Michaels</td>
</tr>
<tr>
<td>Lab Data Exchange</td>
<td>The exchange of reportable laboratory order and result data necessary for the investigation and treatment of reportable diseases. Includes electronic ordering and reporting of suspect cases, reporting point of care and at-home testing results to public health, and other more traditional lab data exchange with immunization &amp; vital records systems.</td>
<td>Manjula Gama Ralalage</td>
</tr>
<tr>
<td>Resource reporting / Situational Awareness</td>
<td>Data exchanged between public health and hospital/health systems to track resources available across a region to inform public health guidance and decision making. Examples may include tracking hospital bed capacity, supply of PPE, and availability of staff to understand where additional resources are necessary during emergency response.</td>
<td>Abigail Viall Nikolay Lipskiy</td>
</tr>
<tr>
<td>Maternal and Child Health</td>
<td>Ability for public health receive all data elements needed to fully understand how maternal health may impact outcomes in both mother and child.</td>
<td>Kate Miele Lisa Romero Shin Kim</td>
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<tr>
<td>Multi-Directional Exchange with Healthcare and Other Partners</td>
<td>Facilitate automated, bi-directional information flows between healthcare, public health, and other authorized users for core surveillance areas such as lab and case data, immunizations, and vital records.</td>
<td>Kailah Davis Christine Miner</td>
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<tr>
<td>Risk Behaviors and Drivers of Inequity</td>
<td>Crucial data elements on risks and drivers of inequity for leading health conditions, such as physical activity as a vital sign, vulnerability indices and systematic race and ethnicity reporting, and medical outcomes of consequence.</td>
<td>Jennifer Wiltz Kailah Davis Nikolay Lipskiy</td>
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## USCDI+ Submissions

<table>
<thead>
<tr>
<th>Subdomains</th>
<th>Use cases</th>
<th># Data Elements</th>
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<tbody>
<tr>
<td><strong>Multi-Directional Exchange with Healthcare and Other Partners</strong></td>
<td>Bi-Directional Referrals</td>
<td>50</td>
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<tr>
<td></td>
<td>EHR-Based Chronic Surveillance</td>
<td>15</td>
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<tr>
<td></td>
<td>Community and Clinical Linkages</td>
<td>36</td>
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<tr>
<td></td>
<td>Data Exchange between IIS and Disease Surveillance Programs</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>Data Exchange between IIS and Systems that Define Coverage Population (Vital Records, Refugee, etc.)</td>
<td>19</td>
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<td></td>
<td>Consumer Access to Immunization Information Systems</td>
<td>12</td>
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<tr>
<td><strong>Case-Based Surveillance</strong></td>
<td>Case reporting (general)</td>
<td>100</td>
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<tr>
<td></td>
<td>Reporting to CDC (NNDSS)</td>
<td>62</td>
</tr>
<tr>
<td><strong>Laboratory Data Exchange</strong></td>
<td>Laboratory Data Exchange (General)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Maternal and Child Health (General)</strong></td>
<td>Maternal and Child Health (General)</td>
<td>2</td>
</tr>
<tr>
<td><strong>Resource Reporting &amp; Situational Awareness</strong></td>
<td>Hospital Aggregate Patient Demographics Reporting</td>
<td>7</td>
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<td>Hospital Aggregate Morbidity Reporting</td>
<td>9</td>
</tr>
<tr>
<td></td>
<td>Event-Associated Flows of Hospitalized Patients</td>
<td>13</td>
</tr>
<tr>
<td></td>
<td>Hospital Bed Capacity and Availability</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>Hospital Identifiers and Hospital Type</td>
<td>4</td>
</tr>
<tr>
<td><strong>Risk Behaviors and Drivers of Inequity</strong></td>
<td>Package SDH Data for Uses Beyond the Point of Care</td>
<td>62</td>
</tr>
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## TENTATIVE Milestones and Timeline – FOR DISCUSSION PURPOSES ONLY

<table>
<thead>
<tr>
<th>Milestone</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>ONC Release of Preliminary Data Sets to Submitters (CDC, CSTE, STLTs)</td>
<td>Early July</td>
</tr>
<tr>
<td>Feedback from Submitters on Preliminary Data Set</td>
<td>July 1- July 31</td>
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<tr>
<td>ONC Submission Review and Harmonization</td>
<td>Now – August 15</td>
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<tr>
<td>Final Review and Approval of Datasets with CDC</td>
<td>August 1 – August 15</td>
</tr>
<tr>
<td>Publish initial USCDI+ Datasets</td>
<td>Fall 2022</td>
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</tbody>
</table>
Questions & Feedback

Contact Info:
Nedra Garrett ndg3@cdc.gov
Akaki Lekiachvili anl5@cdc.gov
Thank You!
Summary of Use Case Package Feedback Received

Amy Zimmerman and Sheetal Shah
Recap: Personas and Roles

Kevin
Care Coordinator at Sunville Community Health Center

Jessica
Case Manager at Lakeview Social Services Organization

Claudia
Public Health Analyst at Forest County Department of Health

Victor
Public Health Program Director at State Department of Health

Makayla
Project Officer at CDC NCCDPHP Division of Diabetes Translation
Overview Personas and Story

● **Personas/Roles:**
  ○ Kevin, Care Coordinator, FQHC
  ○ Jessica, Case Manager, CBO
  ○ Claudia, Public Health Analyst, County Department of Health
  ○ Victor, Public Health Program Director, State Department of Health
  ○ Makayla, Project Officer, CDC

● **Story:**
  ○ **Part 1:** Community Health Needs Assessment Leveraging Aggregated SDOH Data
  ○ **Part 2:** Assessment of State, Tribal, Local, and Territorial (STLT) Health Department Diabetes Programs
  ○ **Part 3:** Monitoring Federal Program Successes for Individual, Program, and Population Health Advancement
## Feedback Received

<table>
<thead>
<tr>
<th>Theme</th>
<th>EMI Response</th>
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<tbody>
<tr>
<td>Expand story assumption to consider technical standards workflow be</td>
<td>EMI added an assumption to the story that indicates that “Information Sources and Information Recipients will work together to identify mutually agreed upon technical standards to support data exchange.”</td>
</tr>
<tr>
<td>used as the data exchange standardized format.</td>
<td></td>
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<tr>
<td>Request for more specificity throughout the story on what data is</td>
<td>While it is likely that data needed for the CHNA would be aggregated, de-identified data, EMI chose to avoid specifying the data specifications sent to the Regional HIE to allow for flexibility. In the context of this story, use cases and transactions, the term “aggregated” refers to multiple lines of individual level data.</td>
</tr>
<tr>
<td>being sent from the HIE to the County Department of Health, for</td>
<td></td>
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<tr>
<td>example:</td>
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<tr>
<td>● Is it line level, fully aggregated or partially aggregated by</td>
<td></td>
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<tr>
<td>certain demographic parameters (race, age, gender).</td>
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<tr>
<td>● Is it only on patients that had an SDOH screening vs every</td>
<td></td>
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<tr>
<td>individual.</td>
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<tr>
<td>● How will diabetes and at risk for diabetes diagnosis data be</td>
<td></td>
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<td>shared from the HIE, and if in CCDs, then does the County</td>
<td></td>
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<td>Department of Health have to abstract that information which is a</td>
<td></td>
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<tr>
<td>large task.</td>
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<td>Request to define the term “burden” as it related to “areas of</td>
<td>Based on the workgroup feedback, the term burden was preferred as opposed to prevalence. In the context of the story and use cases, the term burden is used as a concept and can be defined as: The burden of disease generally describes the total, cumulative consequences of a defined disease or a range of harmful diseases with respect to disabilities in a community. These consequences include health, social aspects, and costs to society. The gap between an ideal situation, where everyone lives free of disease and disability, and the cumulated current health status, is defined as the burden of disease. The definition will be included as a footnote in the use case package.</td>
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<td>highest burden of diabetes.”</td>
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## Feedback Received

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<tr>
<td>Request to relate CDC’s five priority SDOH to the appropriate categories from the Gravity Project.</td>
<td>It is important to clarify that CDC’s 5 priority SDOH areas to address health equity are purposefully broad in nature. While there are many areas of overlap and alignment with the Gravity Project SDOH Domain Areas (for example with food insecurity, housing instability, and social connectedness), there is not a complete 1:1 alignment. Additionally, different organizations and initiatives define SDOH domain areas inconsistently. Given this is a known issue in the field, EMI will address the need for better alignment and consistency across all organizations in the final recommendations report. EMI has also included a table in Appendix D to show the current Gravity Project SDOH Domains.</td>
</tr>
<tr>
<td>Request to add a general assumption that states that “Patient information on SDOH is collected in a systematic manner for those visiting clinical or community-based settings.”</td>
<td>EMI added the following story assumption: “Clinical and community based settings routinely collect SDOH information on the individuals they serve, have quality assurance and feedback processes to assure data collection is occurring and data is being used.”</td>
</tr>
<tr>
<td>Request to clarify that data repositories exist at health care institutions and not just at public health authorities.</td>
<td>EMI aligned with the existing definitions of system actors from the MedMorph project. The definition states the data repositories could be operated by public health authorities or research organizations but it does not exclude them from being operated by others.</td>
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<tr>
<td>Theme</td>
<td>EMI Response</td>
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<tr>
<td>Request to include APHL’s AIMS platform as an example of a Trusted Intermediary in the definition.</td>
<td>EMI added the AIMS platform as an example of a Trusted Intermediary; the definition aligns with MedMorph.</td>
</tr>
<tr>
<td>Under Use Case 1: Concerns related to difficulty of adjusting for bias based on gaps in data collection.</td>
<td>Previous workgroup feedback indicated that a Community Health Needs Assessment (CHNA) may have biases based on gaps in data collection and could end up reducing the inclusion of specific groups. To address this issue, EMI included an assumption and an activity in the story.</td>
</tr>
<tr>
<td>Under Use Case 1: Request to clarify that the data being sent from FQHCs and CBOs to the HIE is identifiable and to include in assumptions that there is a BAA in place between FQHCs and HIE as well as the CBOs and HIE.</td>
<td>EMI included that the data being shared from the FQHCs and CBOs to the HIE is identifiable since this typically happens in current state and this is specified through Gravity Project use cases.</td>
</tr>
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</table>
# Feedback Received

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</table>
| ● Under Use Case 1: Clarify what is meant by the term aggregated. If aggregated data is being shared, not sure if it needs to be encrypted. Clarify whether the HIE can summarize data and share as aggregated.  
● Under Use Case 3: Clarify overall whether CDC is receiving aggregated data or individual line level because there are references to both throughout the use case components (assumptions, preconditions and message content) and it is confusing.  
● Clarify the meaning of “aggregated” under Appendix E: Available Document and FHIR Resource Standards for Message Content under Gravity Project Use Case Package. | EMI has clarified this in context of this story and these use cases, the definition of “aggregated” most often refers to multiple lines of individual data. |
| Under Use Case 2 transaction diagram: Clarify in the diagram that the data from the Health System goes into the HIE. | The transaction diagram shows the data sources sending data to the State Department of Health. Since the HIE is regional, it does not contain data for all health systems and providers in the state. In this use case, the State Department of Health receives some provider data from the Regional HIE, some directly from providers, and some from Medicaid. |
Additional Personas Candidates Received

- Otto, FQHC Director
- Julie, FQHC Clinic Staff
- Terry, Patient
- Theo, Business Owner: Durable Medical Equipment (DME)
- Maria, Public Health Informatician

Thank you for your submissions.

Find a compiled list of submissions on Confluence at https://confluence.hl7.org/display/GRAV/Documents
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.**
Launch Consensus Voting Process

Gabriela Gonzalez
Consensus Voting Process Overview

- 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.**
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 Use Case Package)* 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 Use Case Package

**Jul. 13, 2022**

*Workgroup Meeting #7*
Proposed Public Health Use Case Package is introduced and feedback is requested.

**Jul. 18, 2022**

*Workgroup Meeting #8*
All comments received will be analyzed and shared with workgroup participants.

**Jul. 27, 2022**

*Use Case Package ready for Consensus Vote.*

**Aug. 3, 2022**

*Deadline for Committed Members to Vote*
The voting period will end on Wednesday, Aug. 3, 2022. Voting results will be shared by Aug. 5, 2022.

**Aug. 8, 2022**

*Publish Public Health Use Case Package*
EMI will respond to all comments received via the voting process. Final Use Case Package will be posted via Confluence and Gravity Project media channels.
Vote via Survey Monkey

1. Read the CDC SDOH Use Case Package For Consensus Vote.

2. **Committed Members** must complete a form via SurveyMonkey by **12 pm ET on Wednesday, August 3, 2022.**
   - Link: [https://www.surveymonkey.com/r/CDCSDOHUseCasePackage](https://www.surveymonkey.com/r/CDCSDOHUseCasePackage)

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

If voting ‘Yes, with Comment’ or ‘Formal Objection’: Please submit your comments via Survey Monkey.
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

Gabriela Gonzalez
Summary of Next Steps

- Committee Members please cast your vote by Wednesday, August 3.
  - Link: https://www.surveymonkey.com/r/CDCSDOHUseCasePackage
- Voting results will be shared via email by August 5.
- Use Case Package will be published via Confluence and shared via email by August 8.
Public Health Use Case Workgroup for Chronic Disease Prevention Home

Created by Savannah Mueller, last modified by Sara Gehl 49 minutes ago

Social Determinants of Health Public Health Business Case is now available!
Click here

Background

The Center for Disease Control and Prevention's (CDC) National Center for Chronic Disease Prevention and Health Promotion Office of Informatics and Information Resources Management (OIRIM), with support from Emi Advisors, is pleased to launch the Social Determinants of Health (SDOH) Data Exchange for Chronic Disease Prevention Initiative to inform and drive SDOH data sharing and interoperability within public health agencies supporting prevention and control of chronic disease and health disparities.

The CDC is establishing a cross-sector SDOH Public Health Use Case Workgroup to engage public and private sector partners to advance SDOH data exchange for chronic disease prevention and health promotion. This Workgroup follows the Gravity Project framework, a Health Level Seven (HL7) Fast Healthcare Interoperability Resource (FHIR) Accelerator Project.

Scope

1. Establish and convene multi-sector partners to inform the development of a consensus-based SDOH public health business case and high-priority use cases for chronic disease prevention and health promotion.
2. 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.

Workgroup Information

All members of the SDOH Workgroup should sign up for the listserv here. If you would like to change the status of your membership, please contact Gabriela Gonzalez at gabriela.gonzalez@emiadvisors.net. You do not need to complete another form.

Project Charter

The project charter provides an overview of the initiative's needs statement and describes the scope, objectives, and expected outcomes of the Workgroup.

To review the project charter, please go here.

Workgroup Meeting Agenda and Materials

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

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<thead>
<tr>
<th>#</th>
<th>Date/Time</th>
<th>Topic/Agenda</th>
<th>Webinar Information</th>
<th>Homework Documents &amp; Links</th>
<th>Materials</th>
</tr>
</thead>
</table>
Contact Information

● For any workgroup information, please contact us.
  ○ Gabriela Gonzalez at gabriela.gonzalez@emiadvisors.net
  ○ Sara Behal at sara.behal@emiadvisors.net

● CDC NCCDPHP Point of Contact:
  ○ Kailah Davis at lui9@cdc.gov
Workgroup Accomplishments - Thank You!

- Developed a SDOH public health business case and high-priority use cases for chronic disease prevention and health promotion.
- Designed and published 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, and responding to both infectious and non-infectious disease prevention and health promotion.”\(^1\)

Alignment to HHS Strategic Approach to Addressing SDOH to Advance Health Equity

Data standards to support health and human services integration

HHS Strategic Approach to Addressing SDOH to Advance Health Equity

Goals

The HHS strategic approach to address SDOH will drive progress through coordinated strategies and activities to better integrate health and human services and to advance public health initiatives involving cross-sector partnerships and community engagement to address specific SDOH drivers.

Goal 1: Build a robust and interconnected data infrastructure to support care coordination and evidence-based policymaking

Goal 2: Improve access to and affordability of equitably delivered health care services, and support partnerships between health care and human services providers, as well as build connections with community partners to address social needs

Goal 3: Adopt whole-of-government approaches, support public-private partnerships, and leverage community engagement to address SDOH and enhance population health and well-being

Post Workgroup

• Continue to support infrastructure advancements at the state and federal level.
• Harmonizing across ongoing CDC and external efforts.
• Exploring opportunities to fund the next phase of SDOH Data Exchange for Chronic Disease Prevention Initiative (to support advances data capture and capabilities).
• Inclusion of SDOH use cases for United States Core Data for Interoperability (USCDI)+.
• Ongoing collaboration with CDC’s Data Modernization Initiative.
NCCDPHP’s Core Team Members in our Efforts

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Thank you for participating in this national consensus-building process.