Centers for Disease Control and Prevention's (CDC) Social Determinants of Health (SDOH) Public Health Use Case Workgroup for Chronic Disease Prevention

Note: Revisions are highlighted in yellow.

**Use Case 3: Federal Monitoring Program Successes for Individual, Program, and Population Health Advancement**

<table>
<thead>
<tr>
<th>Human Actor</th>
<th>Business Actor</th>
<th>System/Technical Actor</th>
<th>Technical Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Health Program Director</td>
<td>Program Awardee: State, Tribal, Local and Territorial (STLT) Health Department</td>
<td>Data Repository</td>
<td>Information Source/Data Aggregator/Data Sender</td>
</tr>
<tr>
<td>Senior Director</td>
<td>Program Awardee: National Association</td>
<td>Data Repository</td>
<td>Information Source/Data Aggregator/Data Sender</td>
</tr>
<tr>
<td>Project Officer</td>
<td>CDC’s National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) Division of Diabetes Translation</td>
<td>Data Repository</td>
<td>Data Aggregator/Information Recipient</td>
</tr>
</tbody>
</table>

**Use Case Assumptions:**

- CDC’s Division of Diabetes Translation (DDT) awards funding to state and local health departments, national organizations, tribes and tribal-serving organizations, US territories and freely associated states in the Caribbean and the Pacific.
- Program Awardees can be funded under different funding opportunities which include scaling and sustaining the National Diabetes Prevention Program (DPP), supporting programs and activities to help prevent or delay the onset of diabetes and improve health outcomes for individuals diagnosed with diabetes, as well as support prevention activities related to diabetes, obesity, heart disease and stroke.
- **CDC will leverage individual line-level data from program awardees related to recommended SDOH performance**
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| **measures to inform overall program efforts and help improve program practices.**  
  ● All Program Awardees capture SDOH screening, assessment/diagnosis, goals, interventions collected in EHRs are coded using nationally recognized terminologies defined under the U.S. Core for Data Interoperability (USCDI), the Gravity Project, and USCDI+.  
  ● Program Awardees that distribute funding to other organizations will aggregate SDOH-related data in alignment with program reporting requirements.  

<table>
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<th>Preconditions:</th>
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| ● The Information Source (Program Awardees) has a data repository that can capture, aggregate and send SDOH data for program monitoring and evaluation purposes.  
● The Information Recipient (CDC) has a data repository that can accept standardized SDOH data from its program awardees.  
● Both Information Sources (Program Awardees) and Information Recipients (CDC) will share data in a secure manner using appropriate methodologies that support identity management, identity resolution including deduplication, and record linkages.  
● Information Recipient (CDC) has the necessary analytic capabilities to better understand food insecurity in areas where there are high rates of individuals at risk for, or diagnosed with diabetes (e.g., GIS, mapping tools, and other methods of analyses).  

| Transaction: | Send aggregated SDOH data in standard format.  
Information Sources (Program Awardees) push aggregated data to the Information Recipient (CDC).  

| Message content: | Encrypted SDOH coded data identified for CDC tracking and monitoring of funded programs towards program goals and objectives. This will include but is not limited to aggregated data on screening questions and responses, interventions, and diagnoses.  

| Post Conditions: | Information Recipient (CDC) accepts, analyzes, and acts on encrypted data.  

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1 SDOH data classes included in USCDI are developed and submitted by the Gravity Project.  
2 [https://confluence.hl7.org/display/GRAV/Social+Risk+Data+Elements+And+Status](https://confluence.hl7.org/display/GRAV/Social+Risk+Data+Elements+And+Status).  
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| Use Case          | Since each program awardee may also be working with affiliate sites that are capturing and aggregating information related to social risk factors, needs, and interventions, there are alternate flows to consider. This can include, but is not limited to, data captured and aggregated directly from health payers, community information exchanges, community-based resource platform technology vendors, care coordination platform vendors, and other providers’ IT systems. Some of these system actors could play dual roles of information sources and/or data intermediaries. |

Transaction Diagram
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