



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

May 23, 2022

Version 3.0



Version Log

Date	Version Number	Author	Description of Revisions
April 4, 2022	1.0	EMI Advisors	Final draft version for CDC review
April 14, 2022	2.0	EMI Advisors	Incorporated CDC input. Published via Workgroup Confluence page.
May 23, 2022	3.0	EMI Advisors	Updated Business Needs Statement to reflect the Business Case Document



Social Determinants of Health Data (SDOH) Public Health Use Case Workgroup for Chronic Disease Prevention Project Charter

Purpose

The Project Charter formalizes the Workgroup and describes the scope and expectations for all members of the Center for Disease Control and Prevention's (CDC) SDOH Public Health Use Case Workgroup for Chronic Disease Prevention.

Background

The CDC's [National Center for Chronic Disease Prevention and Health Promotion](#) (NCCDPHP) Office of Informatics and Information Resource Management (OIIRM), with support from EMI Advisors (EMI), launched the CDC SDOH Data Exchange for Chronic Disease Prevention Initiative to inform and drive SDOH¹ data sharing and interoperability within public health agencies supporting prevention and control of chronic disease and health disparities.

As part of the Initiative, CDC and EMI will convene an open, cross-sector [SDOH Public Health Use Case Workgroup for Chronic Disease Prevention](#) to engage with 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 national public collaborative effort developing structured data standards to help reduce current barriers for documenting and exchanging social risk and protective factors² within the healthcare enterprise and other sectors. This project charter describes the project team support, management, logistics, and expectations for Workgroup participants. The Workgroup project extends [use cases](#) developed through the Gravity Project, an official Health Level Seven (HL7) [Fast Healthcare Interoperability Resource \(FHIR®\)](#) Accelerator Project.

The integration of health care, public health, and social services provides significant gains in combating upstream SDOH, the macro factors that comprise social-structural influences on health and health systems, government policies, and the social, physical, economic, and environmental factors that determine health. SDOH have a direct impact on the health of individuals and populations; they also help structure lifestyle choices and behaviors, which interact to produce health or disease. At the same time, SDOH are shaped by public policy and thus, in theory, are modifiable. To this extent, the public health approach is focused on population-level interventions, disease prevention, and health metrics that address SDOH through leadership and expertise. In practice, this often involves removing barriers to services and increasing access to successful interventions. CDC's NCCDPHP is driving progress by addressing the following five determinants³:

¹ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

² Alderwick HA, Gottlieb LM. [Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems](#). Milbank Q. In press

³ National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Social Determinants of Health Framework. Retrieved from <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>



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

Scope Statement

Using a consensus-based approach, the Workgroup will:

1. Convene and collaborate with industry experts including federal, state, and local multi-sector partners to develop a 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.

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 infectious diseases”⁴ and chronic disease prevention and health promotion.

Business Needs Statement

The CDC recognizes that conditions in which we are born, grow, live, learn, work, play, worship, and age—known as SDOH⁵, have a profound impact on health. Research indicates that as much as 80% to 90% of a person’s health is determined by health-related behaviors, socioeconomic, and physical environment factors that typically are outside of medical care.⁶ Individuals managing chronic medical conditions find it increasingly difficult to prioritize care through preventive measures such as eating well, being physically active, avoiding tobacco, and getting regular screenings if needing to manage social risks such as housing insecurity or financial instability. Equally challenging is the ability for partners such as public health agencies, providers, and policymakers to access and thereby act on data about an individual’s or community’s social determinants. These partners often work in siloed sectors, resulting in disconnected technical systems with incomplete, unstructured, and outdated data. This makes it more difficult to proactively address the health and well-being of individuals and communities, such as supporting immediate needs for interventions and services. These silos can adversely influence community priorities and capacity for addressing community gaps in care and services. The need for more robust, standardized, interoperable, and timely SDOH-related data to support 2030 Healthy People⁷ objectives, the Ten Essential Public Health Services,⁸ and current, and future public health emergencies will take a concerted effort across all partners.

⁴ CDC Foundation: Public Health Connects Us All. Retrieved from <https://www.cdcfoundation.org/what-public-health>

⁵ <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>

⁶ Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201710c>

⁷ Healthy People 2030: Social Determinants of Health.

<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

⁸ The Ten Essential Public Health Services Framework available at

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>



Out of Scope

This Workgroup will not focus on defining SDOH or Race, Ethnicity, Sex, Primary Language, Disability, and Sexual Orientation, Gender Identity (SOGI) data elements or data exchange standards, nor will it create use cases that do not directly support the public health data activities listed in the Scope Statement. This Workgroup will not provide 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 and Deliverables

The Workgroup, in alignment with the Gravity Project framework, will be facilitated as an 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.

The Workgroup activities and deliverables are:

1. An SDOH Public Health **Business Case** articulating a clear business need and value proposition for investing and engaging in the project. The business case incorporates the business needs statement, goals, identified benefits, significant assumptions and constraints, issues/risks, return on investment, and schedule.
2. One Public Health Story representing the Personas and Users engaging with a service, technology, or setting over a period of time to accomplish a specific goal. The Public Health Story will serve to illustrate an example of a real-world application of the use cases.
3. Up to three SDOH Public Health **Use Cases** describing key conditions and business rules to enable the data collection, aggregation, and use of SDOH data to support essential public health services.

Proposed Timeline

The SDOH Public Health Use Case Workgroup will be convened from April 20 to July 27, 2022. EMI will work in collaboration with the CDC's NCCDPHP project team to set agendas and develop meeting materials.

- April 20 to May 31, 2022
 - Project Charter introduction and Business Case and Use Case Development orientation.
- June 1 to July 12, 2022
 - Use Cases development and consensus.
- July 13 to July 27, 2022
 - Conclude development of Use Cases and publish CDC SDOH Public Health Use Cases.

Meetings

The timeline projects Workgroup members will engage and participate in eight (8) biweekly ninety-minute (90) virtual meetings facilitated using Zoom. All meetings will be recorded, and meeting materials and recordings published on the HL7 Confluence Platform. All participants



can sign up for the [Workgroup listserv](#) and see the full meeting schedule for details including the topic of each meeting.

Consensus Process

The Workgroup will follow the [consensus review process](#) established by the Gravity Project. Consensus is a core value of HL7 and other American National Standards Institute (ANSI) accredited organizations' governance processes. As part of this process, individuals are asked to join the project as either a **Committed Member** or **Other Interested Party**. Core working principles include:

- Equal opportunity for each participant to express their positions and objectives;
- Respectful and professional dialogue; and
- Honest consideration of proposals, suggestions, and positions put forward by participants.

As part of this process, individuals are asked to [join the Workgroup as](#) either a Committed Member or Other Interested Party.

- **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 (Business Case and Use Cases).
- **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.

Partners and Other Interested Parties

Partners engaged in the Workgroup include the following but are not limited to:

- Gravity Project Members and other HL7 FHIR Accelerator Members (Helios, CARIN, DaVinci, CodeX, Vulcan)
- Public Health Agencies (local, county, state, and regional)
- Tribal Entities
- Human Services Organizations
- Federal/State/Local Agencies
- Technology Solution Vendors
 - Electronic Health Record (EHRs)/ Practice Management Systems.
 - Health Information Exchange (HIE) and Community Information Exchange (CIE) Platforms.
 - Case management and Care Coordination Platforms.
 - Digital Health Technologies and Applications.
 - Data Warehouse/ Data Mart.
 - Data Aggregation and Data Analytics Platforms.
 - Social Health Access Referral Platforms (SHARP).
- Health Professionals (DO, MD, DDS, RN, Tech, etc.)
- Health care Payer/Purchasers or Payer Contractors
- Licensing/Certification Organizations



- Provider Organizations (institution/clinically based)
- Research Organizations
- Standards Organizations
- Community-Based Service Providers
- Patient, Consumer, and Beneficiary advocates (beneficiary representative and/or delegate, caregiver, family member, and other advocates).

Potential Risks and Mitigation Strategies

- Failure to achieve consensus on priority use cases that can be applied for public health purposes.
 - **Mitigation Strategy:** The CDC SDOH Public Health Use Case Workgroup for Chronic Disease Prevention technical approach builds off the Gravity Project established processes and framework to capture, review, and reconcile each collaborative participant's feedback throughout the workgroup lifecycle.
- Issues of trust between diverse partner groups, specifically for smaller entities that are often in competition for funding and other resources while working toward similar aims.
 - **Mitigation Strategy:** No intellectual property will be requested or shared as part of this Workgroup. The Workgroup is solely focused on gathering functional requirements that can be used to inform public health use cases development.
- Failure to get adequate representation from the public health community.
 - **Mitigation Strategy:** Leverage CDC's NCCDPHP connections of state and local grantees and invite them to the Workgroup. Also, engage associations and other groups that serve the public health community to increase representation. Prior to the Workgroup kickoff, invitations to key partners were disseminated through various channels including the Gravity Project listserv, federal partners including Assistant Secretary for Planning and Evaluation (ASPE) listserv, and multiple targeted outreach emails. Throughout the lifecycle of the Workgroup, EMI will monitor the member list, with the assistance of the CDC's NCCDPHP team, to ensure adequate representation from public health and end-users is achieved.

Endnotes

1. Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>
2. Alderwick HA, Gottlieb LM. [Meanings and Misunderstandings: A Social Determinants of Health Lexicon for Health Care Systems](#). Milbank Q. In press
3. National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP): Social Determinants of Health Framework. Retrieved from <https://www.cdc.gov/chronicdisease/programs-impact/sdoh.htm>
4. CDC Foundation: Public Health Connects Us All. Retrieved from <https://www.cdcfoundation.org/what-public-health>
5. Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201710c>
6. Healthy People 2030: Social Determinants of Health Objectives. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



7. The 10 Essential Public Health Services Framework. Retrieved from <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>