Welcome to the Gravity SDOH COVID-19 response page. This page is intended to be a space for the Gravity Project Collaborative to discuss the COVID-19 Pandemic in relation to SDOH. Please share comments and relevant links below in the blog section below.

The Gravity Project is a national collective charged with building the data standards for social determinants of health (SDOH). From both a medical and economic perspective, COVID-19 has made documenting and sharing data on social risks ever more pressing. In the presence of the crisis, we have fast tracked our data standards work. We have also broadly engaged our community to leverage connections and existing technology to brainstorm current solutions. In addition, as part of our current housing domain work, we are mapping the U.S. Department of Housing and Urban Development (HUD) Homeless Management Information System (HMIS) data to clinical activities, and working with HMIS vendors to leverage mature data standards like the HL7 Consolidated Clinical Document Architecture (C-CDA) Document Templates, to allow seamless data transfer through Health Information Exchange (HIE) platforms.

Gravity Project SDOH COVID-19 Response Blog

FYI participants will need a HL7 login to create a blog post and view comments. To request a login follow the instructions here. If you experience difficulties developing a login please contact webmaster@hl7.org

How to create a blog post (Requires being logged-in):

(1) Select the Blue ellipsis at the top center.

(2) Select “Blog Post”

(3) Please use one or more of the following labels by selecting the tag at the top center of your blog post draft. (covid-19-standards, covid-19-sdoh, covid-19-sdoh-food-insecurity, and covid-19-sdoh-housing)

(4) Don’t forget to publish when complete.
**Articles, questions, and comments related to the COVID-19 pandemic and standards development**

Marissa Rice posted on Apr 07, 2020

**Matthew Bishop:**"Regarding COVID-19, I am deeply concerned that a lack of standardized housing data in the EMR to identify patients that are homeless is preventing: (a) early detection of symptoms before diagnosis, which could lead to quarantine (b) care transitions for patients returning to shelter who may need to be quarantined in some type of facility outside of the shelter, (c) trends in COVID-19 transmission that could influence broader public health policies (e.g. shutdown of public transit), (d) clear communication on how homeless people are supposed to "shelter in place" when they don't have shelter. Are there efforts underway nationally to more systematically use existing HUD/HIMS data and linking it to EMR data to inform COVID-19 response?"

- covid-19-standards

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**Articles questions and comments related to COVID-19 pandemic and Social Determinants of Health**

Marissa Rice posted on Apr 07, 2020

**Martina Ahadzi:** “Public Health crises tend to show the gaps and inequalities in our society; COVID-19 has been no different. The social needs of our community’s most vulnerable populations have been magnified and our focus on addressing them should also be intensified to meet that need. We know populations with a history of food insecurity; housing instability; or lack access to healthcare, will most likely be hit the hardest and experience more long-lasting effects on their health.

This pandemic has also shed light on the need for screening and robust systems to support/ coordinate community social service providers whose resources will be stretched during this time. Such systems not only support community providers but also the vulnerable populations in the state.”

L. Johns "See this for use of SDOH data: can pt say home if food and pet food can be delivered?"


SDOH data re-housing density, pop density is the background for projecting capability for social distancing. Gov in NY might have resisted for days because he didn't think it could possibly work. Whether it will now TBD.

Those numbers could vary by ethnicity too, cultural norms about keeping apart. No such data now in SDOH data. ;-) Another factor for the parking lot.”

**Matthew Bishop:** “Are any Gravity project members epidemiologists by training who could speak to the specific social determinants related data associated with the transmissibility (R0) of infectious diseases like COVID-19?”


**Jennie Harvell:** 1. Summary of telehealth flexibilities that pertain/could pertain to exchange of social service providers and SDOH data

2. Examples of how telehealth is being used to support these types of exchange”

1 Comment  ·

- covid-19-sdoh
Articles, resources, question, and comments related to the COVID-19 pandemic and Gravity’s domain work (housing and food insecurity)

Marissa Rice posted on Apr 07, 2020

L. Johns: "Eviction...is this a customary statistic to collect for SDOH health assessment? Corona crisis reveals that prohibiting eviction is perceived as critical government intervention based on protecting health. Trying to connect this policy to what we're talking about."

Jim Meyers DR, PH: "At LA DHS, we have discussed the value of both our knowledge of where active housing connections are and OneDegree's knowledge as the County/State reaches out to house people as quickly as possible to limit COVID exposure."

Anupm: "Is there a need to separate past housing stability vs future stability in housing situation? This is especially relevant in the current crisis, where people may not be feeling confident in having stable housing in the next 6 months and it's interrelationship with behavioral health."

Priyanka Surio, MPH, PMP, CHES: "Hi Gravity Project Leads, I think it's really great that you all are collecting thoughts/feedback around pandemics. Outlined below are a few items on my radar, but I would be happy to tease these out further with you all. Also – thanks again to your team at EMI for demoing the tool to my colleague Ellen and I from ASTHO.

Ideas

- Vulnerable populations – assessing their relative risk and available resources to include those beyond healthcare (to some extent food insecurity has increased or worsened in light of COVID-19)
  - Tribal populations (improved data collection and connection with resources/healthcare)
  - Rural populations – access to healthcare and resources
  - Elderly populations, including how we are able to provide care for them in this time for other comorbidities or disabilities
  - Homeless population
- Housing availability (working with housing authorities to provide housing for first responders and also vulnerable populations, and those on quarantine)"

1 Comment

- covid-19-sdoh-housing
- covid-19-sdoh-food-insecurity

This tables highlights some of the connections between the Gravity Project and COVID-19.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Link</th>
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</thead>
<tbody>
<tr>
<td>National Call on Coronavirus and Homelessness/Housing:</td>
<td><a href="http://reports.opendataenterprise.org/Leveraging-Data-on-SDOH-Summary-Report-FINAL.pdf">http://reports.opendataenterprise.org/Leveraging-Data-on-SDOH-Summary-Report-FINAL.pdf</a></td>
</tr>
<tr>
<td>HL7 COVID-19 Response Page &amp; Zulip Chat</td>
<td>COVID-19 Response Home</td>
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<tr>
<td>Health IT Interoperability Proving Ground</td>
<td><a href="https://www.healthit.gov/techlab/pg/?tag=COVID-19">https://www.healthit.gov/techlab/pg/?tag=COVID-19</a></td>
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