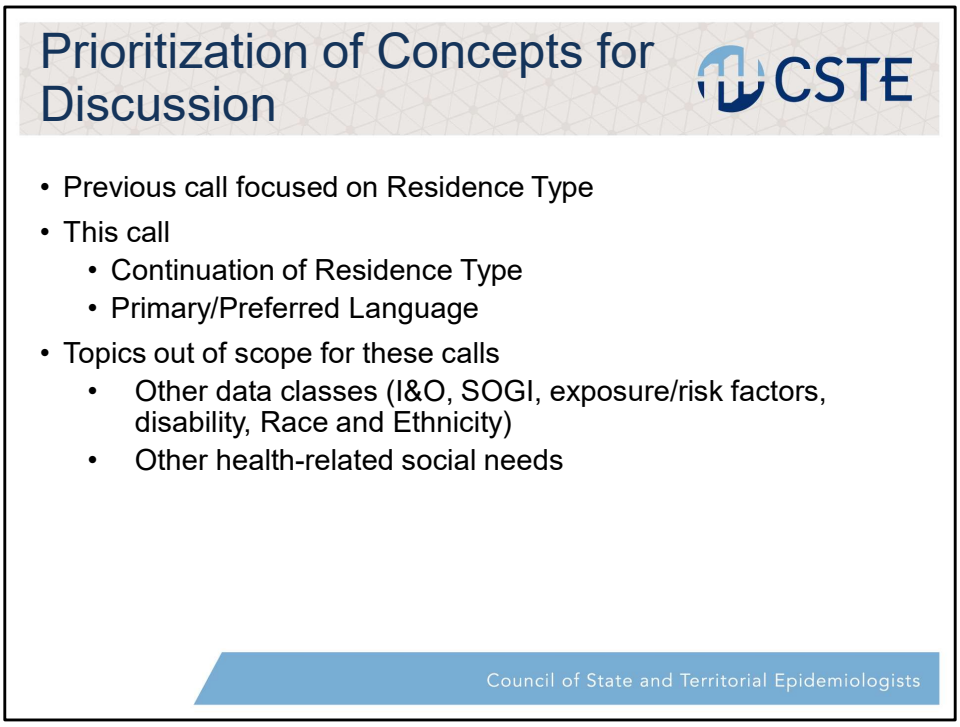
Social Determinants of Health (SDOH)

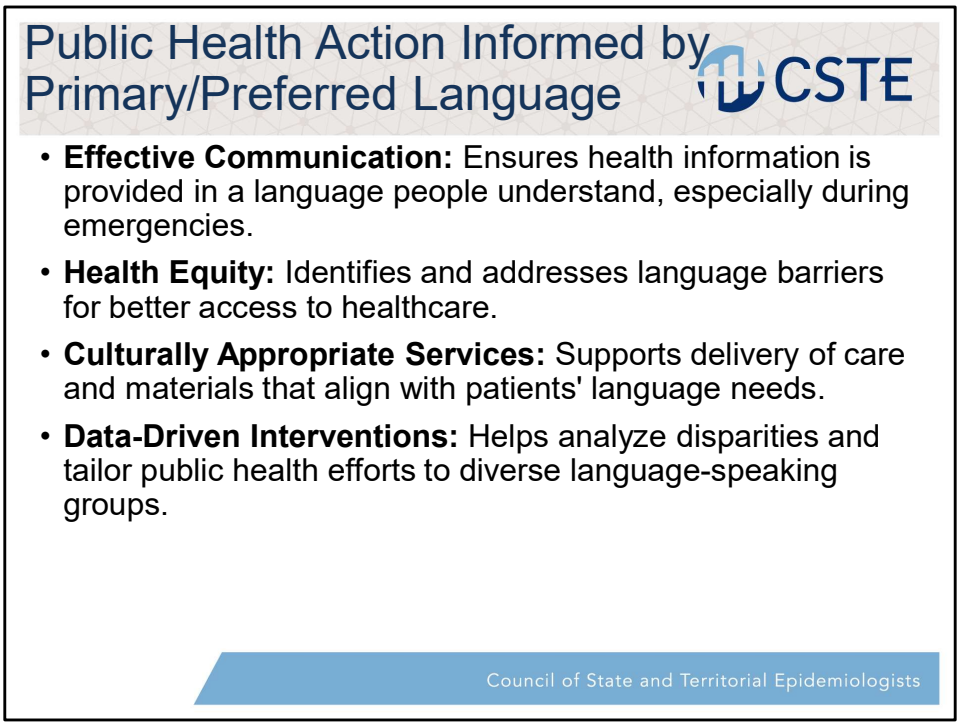
In public health frameworks, a distinction has been made between SDOH at the community level and health-related social needs at an individual level.

We want to acknowledge this distinction and clarify that we are focusing on person-level data, because case data are collected at the individual level. While we refer to this data class as SDOH, what we are really focusing on is the collection of data elements that help define health-related social needs.

These data points not only help public health officials identify individuals who may be at higher risk of adverse health outcomes due to their social conditions but also highlight factors that may increase the risk of acquiring and spreading disease, particularly in congregate living settings. This information is critical for effective surveillance, prevention, and control measures.



Our first call focused on residence type, and we will continue that discussion on the second call. With any remaining time on the call we will begin to talk about primary/preferred language.

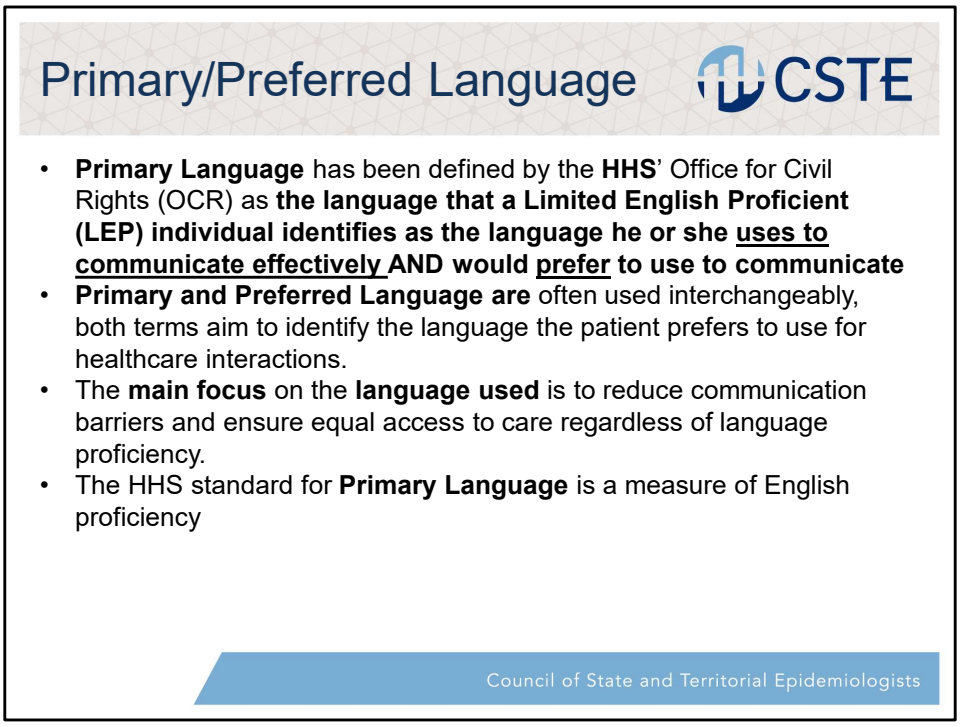


Data collection on language is needed to enhance public health response, communication, and health equity efforts. There are several key reasons for collecting this information:

- **Effective Communication:** Collecting primary/preferred language allows health authorities to communicate crucial health information (e.g., disease prevention, treatment, vaccination campaigns) in a language that individuals can understand, which is critical during public health emergencies like the COVID-19 pandemic.
- **Health Equity:** Primary/Preferred language data helps identify language barriers that might affect access to healthcare services. By addressing these barriers, public health agencies can ensure that all populations, including those with limited English proficiency, receive equitable access to health services and information.
    - For example, non-English speakers might face challenges accessing healthcare or emergency services, leading to delays in seeking treatment.
- **Culturally Appropriate Services:** Knowing the primary/preferred language helps public health agencies to offer services and materials that are culturally and linguistically appropriate, improving the quality of care and patient outcomes.
- **Data-Driven Interventions:** Preferred language data can be used to analyze disparities in healthcare access and outcomes across different language-speaking groups. This enables

CDC and public health agencies to tailor interventions and outreach efforts to meet the specific needs of diverse communities.

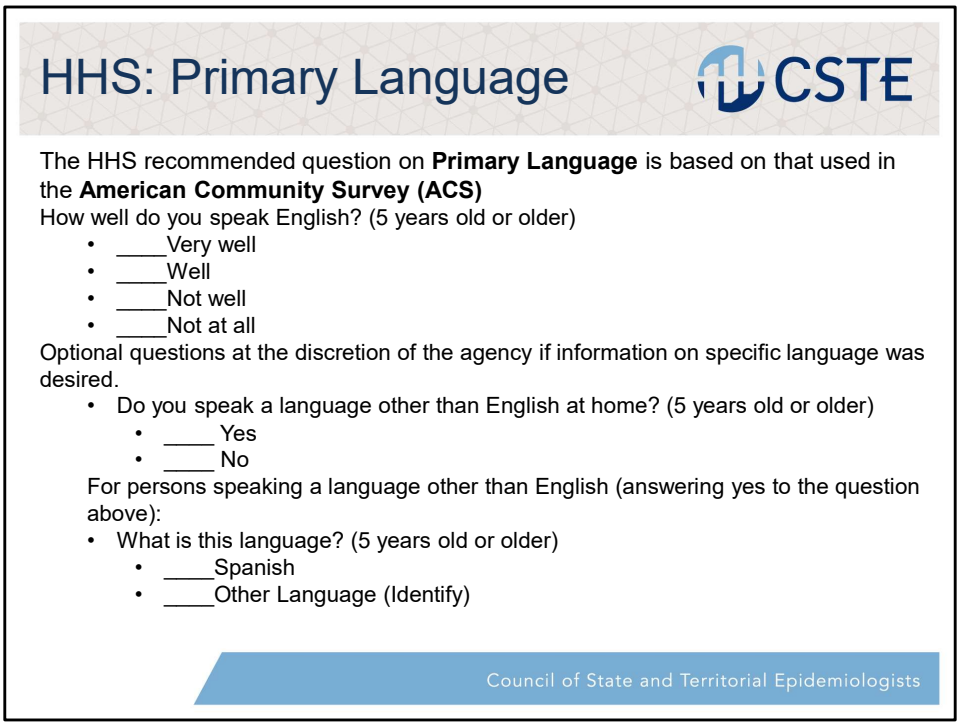
By collecting preferred language data, CDC supports its mission to protect public health and promote health equity, ensuring that public health messages, safety warnings, and educational materials reach diverse populations effectively.



- **Primary Language** has been defined by the HHS' Office for Civil Rights (OCR) as the language that a Limited English Proficient (LEP) individual identifies as the language he or she uses to communicate effectively and would prefer to use to communicate. HHS is "committed to enhancing access to HHS services by LEP persons and closing the health care gap". Language assistance is to be made available at all points of contact with federally funded programs—enrollment, registration, and direct medical services.
- **Primary and Preferred Language are** often used interchangeably, and both terms aim to identify the language the patient prefers for healthcare interactions. The main focus is on documenting the language patients wish to use during healthcare interactions. This isn't necessarily their native language, but the language in which they feel most comfortable communicating about their health.
- **The ultimate goal** is to reduce communication barriers and ensure equal access to care for all patients, regardless of their language proficiency.

References:

[Hawaii Department of Human Services Resolution Agreement | HHS.gov]
[Limited English Proficiency (LEP) | HHS.gov]
[HHS Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status | ASPE]



- In August 2024, HHS published an Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status
    - The HHS standard for **Primary Language** is a measure of English proficiency
    - The recommended question is based on that used on the American Community Survey (ACS) conducted by the U.S. Census Bureau.

The question applies to respondents aged five years and above.

How well do you speak English? (5 years old or older)

- ____Very well
- ____Well
- ____Not well
- ____Not at all

Collecting additional information would be optional and at the discretion of the agency if information on specific language is desired.

- Do you speak a language other than English at home? (5 years old or older)
    - ____ Yes
    - ____ No

For persons speaking a language other than English (answering yes to the question above):

- What is this language? (5 years old or older)

- ____Spanish
- ____Other Language (Identify)

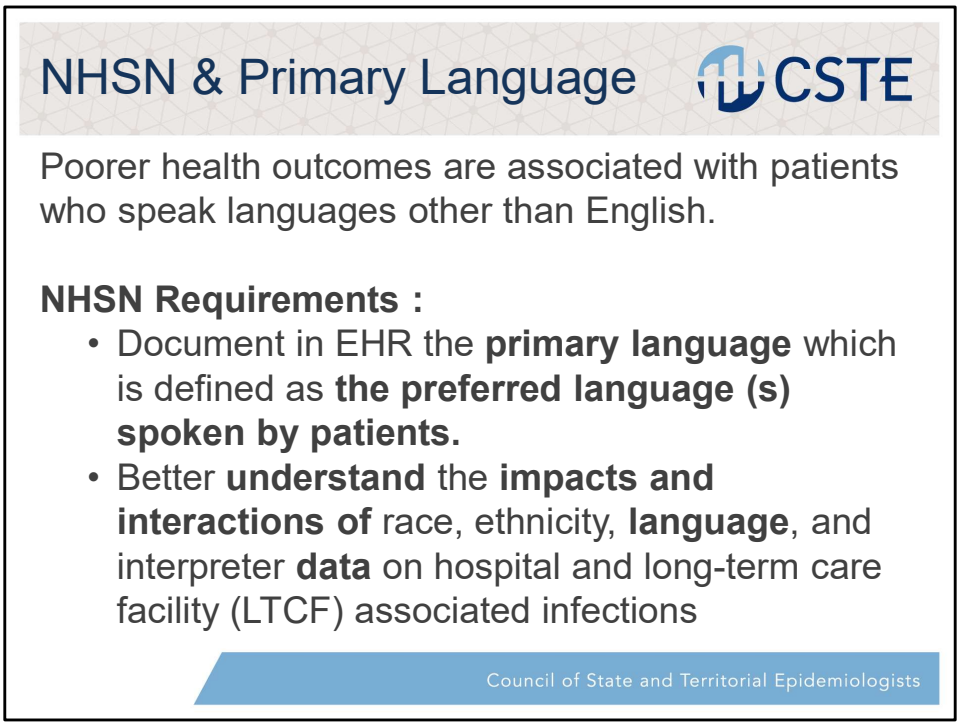
An independent, not-for-profit organization, The Joint Commission (TJC) is the nation's oldest and largest standards-setting and accrediting body in health care. The Joint Commission accredits and certifies more than 22,000 health care organizations and programs in the United States, including hospitals and health care organizations that provide ambulatory and office-based surgery, behavioral health, home health care, laboratory and nursing care center services.

The intent of the Joint Commission requirement to collect and document the patient's preferred language is to record the language the patient would like to use when discussing health care, ensuring access for Limited English Proficiency (LEP) patients.

- **Purpose**: The aim is to promote effective, clear communication between patients and healthcare providers.
- **Compliance**: This aligns with federal standards such as the Centers for Medicare & Medicaid Services (CMS) Promoting Interoperability Program criteria, the Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services (CLAS), and the Institute of Medicine's Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement report, which support equitable care through proper language documentation.

References:

Medical Record - Preferred Language | Hospital and Hospital Clinics | Record of Care Treatment and Services RC | The Joint Commission
r3-report-issue-1-20111.pdf (jointcommission.org)



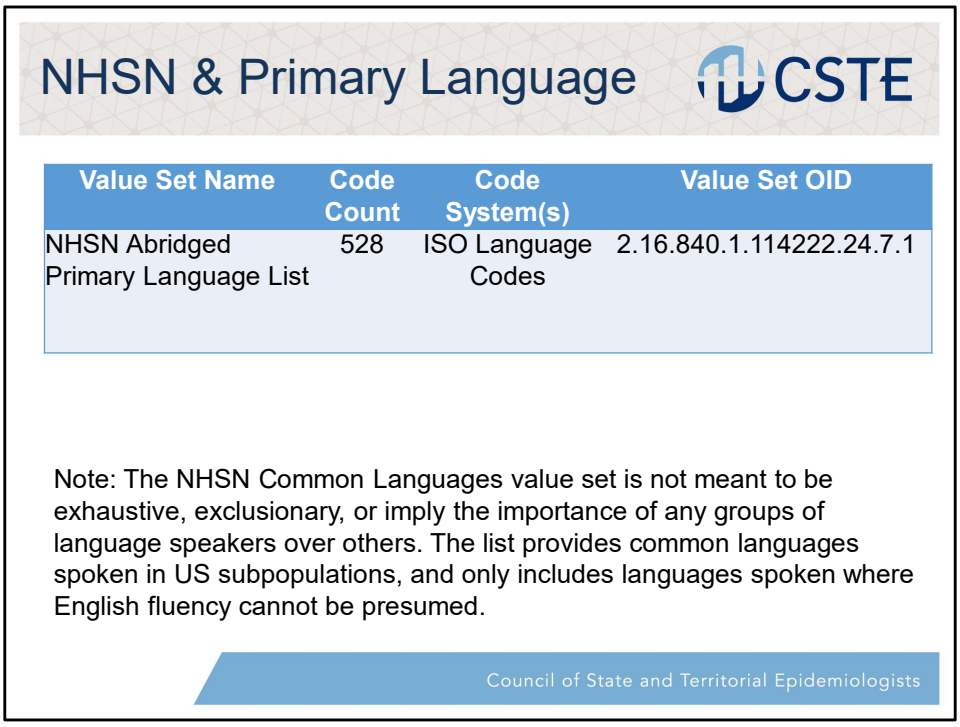
A few studies have addressed these factors and their impact on COVID-19, influenza, and respiratory syncytial virus (RSV) vaccination uptake by healthcare workers and LTCF residents. They reported ***poorer health outcomes*** are associated with ***patients who speak languages other than English:***

- Less access to timely COVID-19 vaccinations
- Increased morbidity and mortality associated with COVID-19 infection
- Increased risks for central line-associated blood stream infections

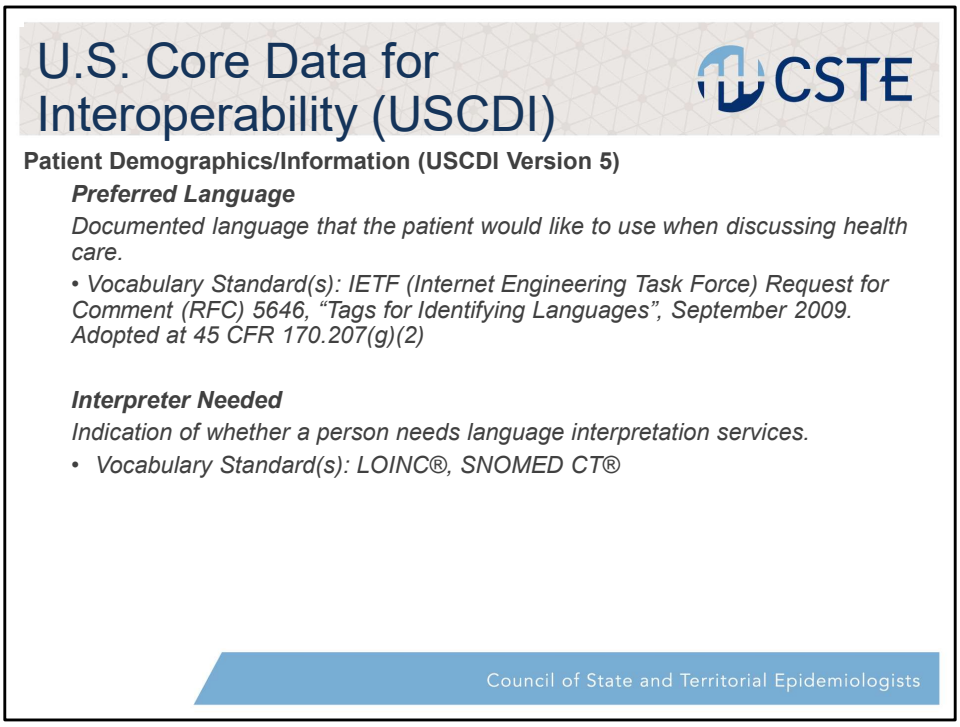
Based on these facts, **NHSN** required the submission of race, ethnicity, language, and interpreter use data in a systematic and standardized way to include specific sub-population outreach, including other language speakers within communities. In

addition, **NHSN** has prioritized the requirement for systematic EHR documentation of **preferred language(s) spoken by patients**, and the need for medical interpretation services. These new requirements will enable health systems to better understand the link between language barriers, infection risks, and vaccination rates, ultimately improving healthcare access and outcomes for diverse populations.

Reference: NHSN and Social Determinants of Health | NHSN | CDC

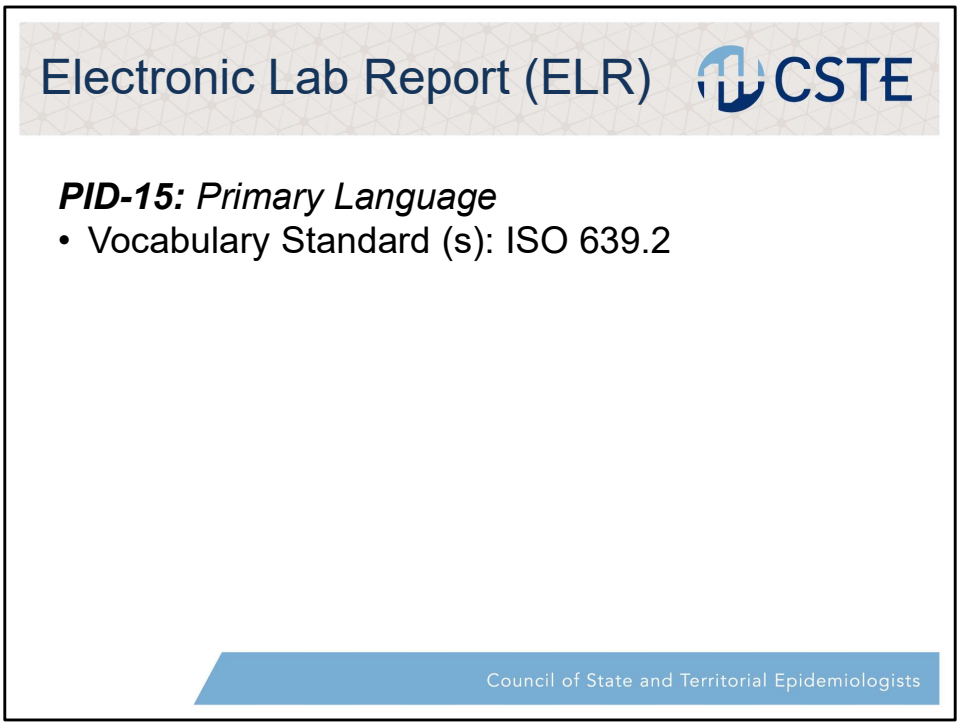


NHSN has asked all EHR vendors to use the standard accepted ISO 639 codes for living languages and, at minimum, provide the NHSN Abridged Primary Language List [XLS – 46 KB] of over 500 languages that includes more common languages spoken in the US. NHSN recommends that hospital systems add other languages to this list based on local geographic language needs, using the ISO 639 master list.

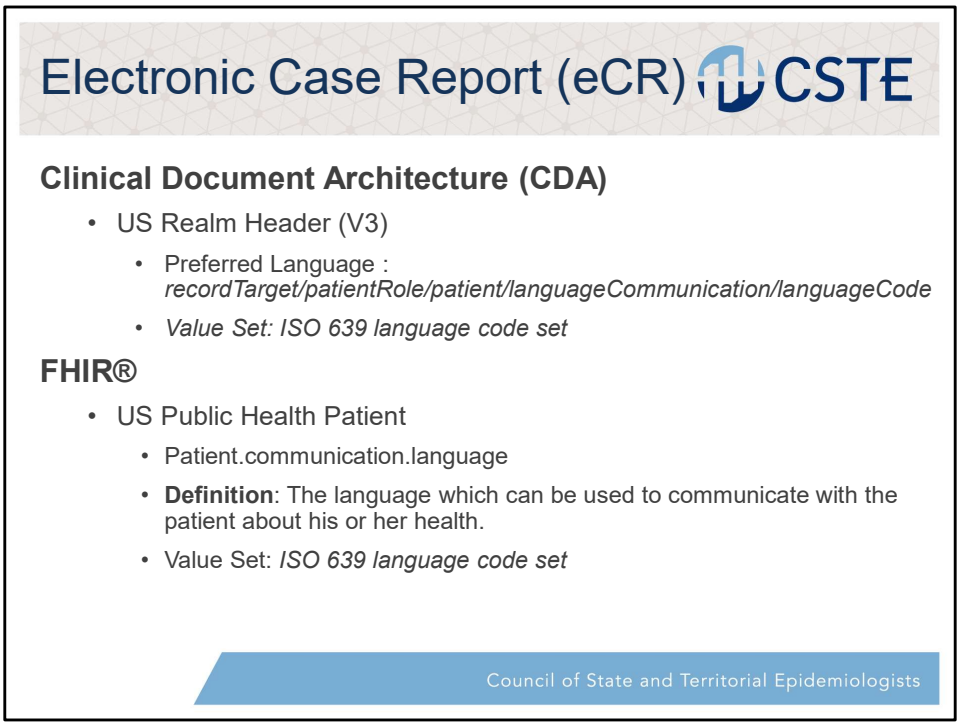


Among the relevant data standards, USCDI provides a standardized set of health data classes and constituent data elements for nationwide, interoperable health information exchange. Some of the data elements related to preferred language include:

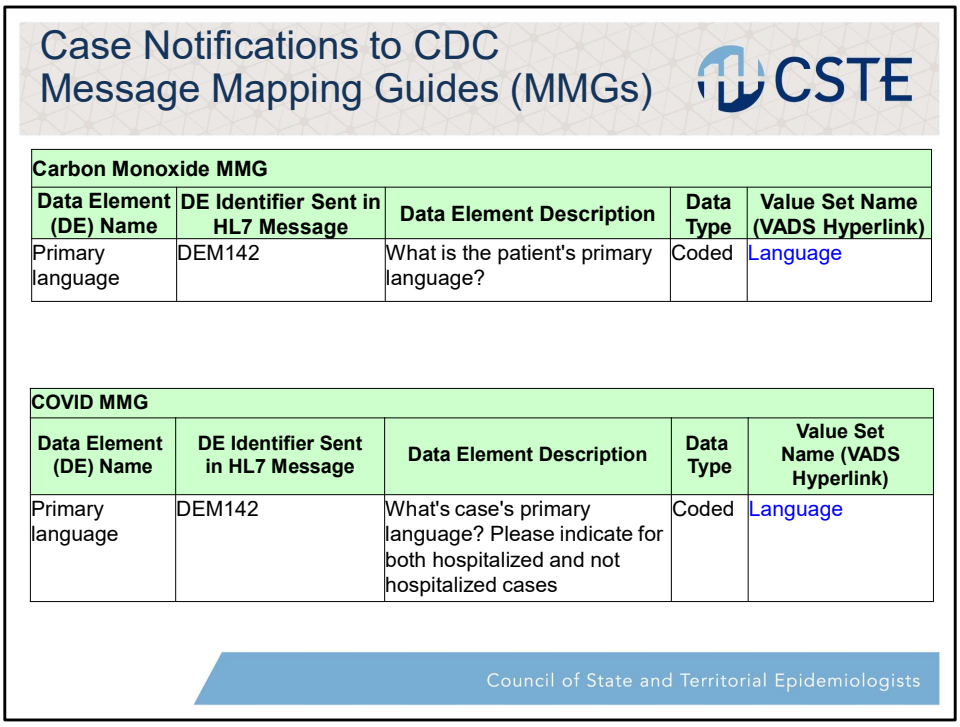
- ***Preferred Language*** *as the documented language that the patient would like to use when discussing health care.*
  - *Vocabulary Standard(s): IETF (Internet Engineering Task Force) Request for Comment (RFC) 5646, "Tags for Identifying Languages", September 2009. Adopted at 45 CFR 170.207(g)(2)*
- ***Interpreter Needed:*** *Indication of whether a person needs language interpretation services.*
  - *Vocabulary Standard(s): LOINC®, SNOMED CT®*



In Electronic Laboratory Reporting, PID-15 is the field used to document the patient's primary language. While PID-15 is primarily designed to record the primary language, it can also serve as an indicator for language-related communication needs, such as the requirement for an interpreter. HL7 recommends using ISO table 639 as the suggested values in User-defined Table 0296 - Primary Language. While this field is defined for ELR, this does not mean that the information will often be available at the laboratory for transmission in electronic lab reports.



- In electronic case reporting (eCR) using CDA, the **US Realm Header (v3),** which is a standardized template that represents common administrative and demographic information in clinical documents, is used to capture the preferred language for communicating with the patient. This data element uses the ISO 639 Language Code Set
- The eCR FHIR specification uses the **US Public Health Patient Resource** which contains the Patient communication language. The definition of this element is the language which is used to communicate with the patient about his or her health**.** The value set includes codes from ISO 639-1 and 639-2.



Case Notifications to CDC Message Mapping Guides (MMGs)

CSTE

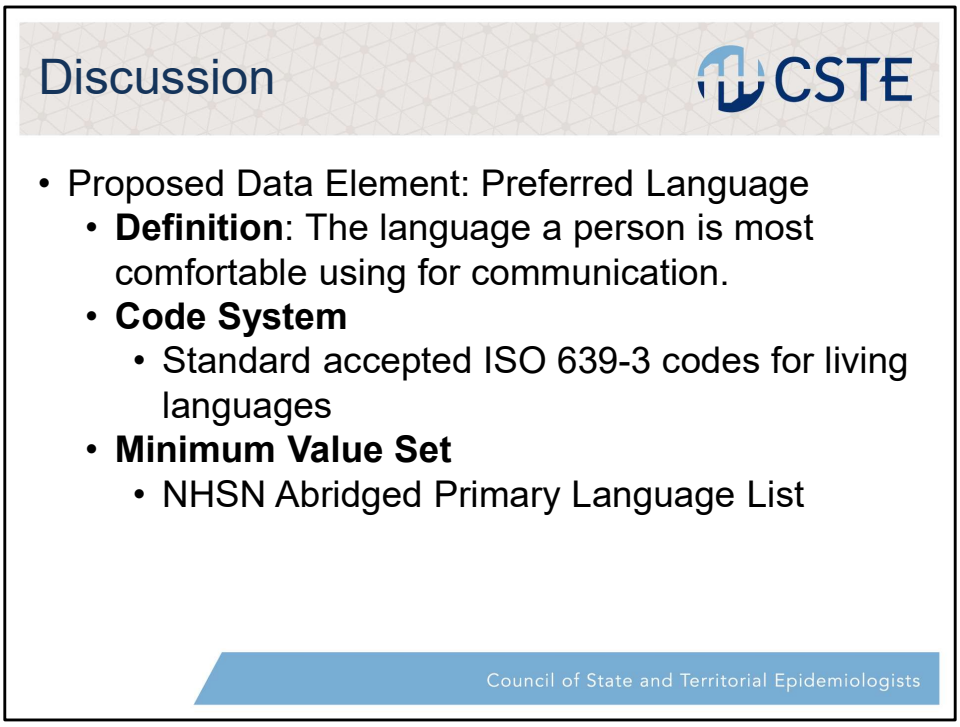
Carbon Monoxide MMG				
Data Element (DE) Name	**DE Identifier Sent in HL7 Message**	**Data Element Description**	**Data Type**	**Value Set Name (VADS Hyperlink)**
Primary language	DEM142	What is the patient's primary language?	Coded	Language

COVID MMG				
Data Element (DE) Name	**DE Identifier Sent in HL7 Message**	**Data Element Description**	**Data Type**	**Value Set Name (VADS Hyperlink)**
Primary language	DEM142	What's case's primary language? Please indicate for both hospitalized and not hospitalized cases	Coded	Language

Council of State and Territorial Epidemiologists

The Carbon Monoxide and COVID MMGs include a data element for primary language.

In both programs, collecting primary language data is essential for promoting health equity, improving public health communication, and ensuring that vulnerable populations receive life-saving information and services in a language they understand. For example, in the case of CO, non-English speakers may struggle to access or comprehend safety guidelines and warnings about CO risks. By gathering more information on primary language, we can better tailor safety instructions, educational materials, and emergency responses to ensure that all individuals, regardless of language proficiency, receive the necessary guidance to prevent CO poisoning.



Our DSWG call will focus on defining a data element for preferred language with a goal of to reducing communication barriers and ensuring equal access to care regardless of language proficiency.