Meeting: CSTE Data Standardization –Social Determinants of Health -Data Element-Specific Team (DEST) Meeting
Date: October 18, 2024
Attendees: 83

CSTE (3)	PHAs (46)	CDC (27)
Becky Lampkins	DSWG Co-Chairs	Amanda Deering
Gillian Haney	Judie Hyun | MD	Angie Agunloye
Meredith Eddy	Laura Erhart | AZ	Ashley Meehan
		Carmen Pugh
JMC (4)	DEST Members	Chirine Chehab
Erin Kough	Airregina Clay |MA	Danielle Sharpe
Laura Lane	Ben Meana | WA	Danielle Tack
Natalie Raketich	Brianna Rossi | VA	Jennita Reefhuis
Sam Spoto	Chelsea Robinson | WI	John Gerstle
	Chris Dumas | SD	Josh Bagley | GDIT
Other/Unknown (3)	Deb Loniewski |MI	Kristie E N Clarke
Jennifer Foltz	Devann Kirkpatrick | TN	Lauren Korhonen
Sophia	Deepani Jinadasa | UT	Laurie Barker
Yenling Ho	Ed Hartwick | MI	Luis Hernandez | GDIT
	EJ Klingler | NYC	Mariel Marlow
	Elizabeth Lando-King | MN	Marion Rice
	Eman Addish | Philadelphia	Miriam Van Dyke
	Erin Doyle | NJ	Nicola Thompson
	Genie Tang | CA	Nicolette Bestul
	Hanna Chakoian | MN	Noreen Kloc
	Isaiah Francis | NM	Peter Boersma
	Jacob Chavez | LA	Rachelle Oseni
	Janet O'Connor | SC	Renee Calanan
	Jason Geslois | KS	Robert C. Orellana
	Jennifer Kwon | LA County	Robert Pratt
	John Satre | IA	Sara Johnston
	June Bancroft |OR	Shawn Arshad | GDIT
	Kacee Redden-Benz | SD	
	Karen Arrowood | CDC and TX	
	Kristin Goldesberry | IL	
	Lakin Mauch | ND	
	Li Jiao |Harris County	
	Linda Kelemen | SC	

	Maribeth Hoyle | OR Mario Beltran | MI Mario Beltran | MI Maya Scullin | OH Melissa Kealey| CA Misty Johnson | WI Orlando Velazco | CT Pyone Yadanar Paing | WA Sam Hawkins | OR Sarah Love | Chicago Saumya Rajamohan | DC Sequoia Rent | DE Stephanie Moberg |NM Suzanne Gibbons-Burgener | WI Tina Lopez | IN Tyler Riedesel | UT	

**SOME INDIVIDUALS DIALED IN; THE NAMES ARE UNKNOWN, AND THEY ARE LEFT OFF OF THE ATTENDANCE*

HIGH-LEVEL MEETING NOTES (*REFER TO MEETING SLIDES FOR MORE DETAIL AS NEEDED***):**

Social Determinants of Health (Call 2)

Meeting Ground Rules

- We welcome everyone's opinions and active participation from jurisdictions, CDC programs, CSTE membership, etc.
- As we work through data elements/classes, we strive for 80/20 consensus.
- This DSWG Post-Meeting Input Form is available at any time to provide additional input

Core Data: In-Scope for DSWG

- As a reminder of the scope of our work, we are to identify what data elements should be considered core data elements for transmission to the CDC. This is for routine, cross-condition, case-based surveillance.

Core Data: Out of Scope for DSWG

This data class has seen increased attendance from people who haven't been part of other DSWG calls before, which is great! However, this is a reminder of the things we are not doing on these calls.

- These recommendations that we are writing define what should be transmitted from a jurisdiction to the CDC.
- The wording and value set(s) we vote on here do NOT describe the best way to ask a question during a case interview or define how a data element must be worded within a jurisdictional surveillance system.

- The data elements we are discussing may come from a case interview, eCR, ELR, manual review of medical records, or a conversation with a healthcare provider.
- It's important to think about all the potential ways that case data are collected when we think about these data elements.
- The value sets we come up with on these calls also do not limit what can be collected within a jurisdiction. A jurisdiction may collect more detailed data and map those values into the value sets defined for transmission to the CDC. An easy example of this is that a jurisdiction may collect responses for various flavors of "Unknown," like "Refused to answer" or "Did not ask," but all those responses may just be sent as "Unknown" to CDC.

Core Data: FAQ

- When voting for core data, consider that naming something as core does NOT mean that it will be required to be populated for every case to CDC. It is okay to leave a field blank or unknown if the information is not available or not applicable to certain conditions. A data element should be considered core if it's relevant across many conditions, although there is no set number for "many."

Social Determinants of Health

Previous Call: SDOH – Residence Type

- To begin, we'll cover topics from the previous meeting on the concept of Residence Type.

Concepts Related to Residence

- The two concepts that are in scope for transmission by that data element for Residence Type include:
  - Homelessness
  - Residence in a Congregate Setting
- There are some concepts related to residence that are out of scope for the data element we're defining today, and these include:
  - Housing Stability/Instability
  - Housing Quality/Conditions
  - Crowding
- By narrowing the focus, we aim to collect a standard data element across cases to better understand how particular residence types, like homelessness and congregate settings, impact reportable diseases.

CDC-Validated Question Set

- Though this was discussed in the last call, we want to share this as a reminder. The CDC and Fulton County, Georgia, have worked together to develop and validate a question set for accurate capture of housing status (whether someone is housed, experiencing sheltered homelessness, or experiencing unsheltered homelessness) or living in a congregate setting.
- An idea of the flow of questions and responses is shown on the slide. The person should be asked to provide information about where they are living in their own words, and the investigator then would select the appropriate options from an extensive list. Depending on those selections, additional follow-up questions may be required, such as whether the location is made for a human to live in or paid for by a charity.

CDC-Validated Question Set (continued)

- The responses from the previous questions can be rolled up into the 17 options shown on this slide.
- The Gravity Project is working to develop standards and terminology for future inclusion within USCDI and electronic health records.

Value Set Mapping

- The values displayed in the previous slide convey information about whether a person lives in a congregate setting and their housing status.
    - The first three responses would indicate someone is housed, the second group of three would indicate they are experiencing sheltered homelessness, and the third group of four would indicate unsheltered homelessness.
    - The final three responses on this slide don't clearly map to a single housing status since it's possible for those residence types to be short-term, like a correctional facility or medical treatment facility.
    - This will be discussed in more detail later today.

Discussion

- Kristie Clarke emphasized that the listed categories are not the only ones that can be collected; they represent the broadest, least granular categories compatible with the validated question set. The tool allows for much more granularity, and it's entirely possible to create more detailed categories, such as splitting broader ones like correctional facilities. The validated question set can capture over 100 different elements, but that would not be practical as a value set for cases. She wanted to clarify this point and is open to answering any questions during or after the call.
- Sam Spoto noted appreciation for this comment and said that this would be open for a larger discussion later in the call.

Current Case Notifications to CDC (MMGs)

- This slide shows a summary of questions about homelessness, residence type, and incarceration from current condition-specific MMGs.
- The first set of bullets on this screen shows data elements that might be able to be standardized into the data element to be discussed on this call. These elements all ask about homelessness, residence, or incarceration as related to the incidence of the case being reported, using words like at illness onset or at the time of initial culture.
- Previous DSWG work defined core data classes as exposures and risk factors. These data classes will capture condition-specific information on the exposures someone had as related to acquiring the condition or risk factors present related to the condition.
- The second set of data elements on the bottom part of this slide are elements in current MMGs that would be better collected as part of the exposures repeating group (like "For 6 weeks to 6 months before onset was the patient incarcerated for more than 24 hours?") or the risk factors repeating group (like "Was the patient ever incarcerated for longer than 6 months during his or her lifetime?"). We are not attempting to create a data element that captures all relevant living conditions for someone's entire incubation period.

CCCD

- Some of the discussion today will involve the CCCD. The Calculated Case Counting Date was defined by the DSWG in previous work.
- It is defined as the earliest available of six component dates associated with a case. These dates are listed on the right side of the slide and encompass a range of dates between symptom onset through the date the case is entered or recorded by the public health agency.

- The important feature of CCCD is that it is possible to calculate a value for it for all cases, even if all components aren't available for each case. Essentially, it is the earliest available epidemiologically relevant date for a case, which will often be the symptom onset date if that is something that exists or is known.

Starting Definition from Sept.

- Last month, we used this as our starting point for discussion.
- The goal was to capture someone's current residence type, not what their residence type has been historically or what it might have been for an entire incubation period.
- The goal is for it to transmit information on someone's housing status (whether or not they are homeless) as well as identify potential congregate living situations.

Previous Call

- There was consensus on the last call that Residence Type should be a core data element for transmission to the CDC.
- However, our conversation about definition and value set was very split.
    - The things we talked about for definition included whether we should use a definition of "current" residence type versus "residence type at the CCCD" or other specific date.
    - There was some concern that an investigator might not know what the CCCD is, although our definitions on this call DO NOT reflect how a data element is worded within a system or during a case interview. We are simply describing what information jurisdictions should collect and send to the CDC.
    - Some people also weighed in that describing it as "housing status or living situation" was redundant and "living situation" would suffice in the description.
- For the value set, we talked about the CDC-validated value (reviewed earlier in this presentation), as well as a slightly different value set that captured slightly more granularity for some congregate settings.
    - Some feedback received on these value sets is a need to split out types of correctional facilities to align counts with available denominator data, to address congregate military housing, and be able to capture if someone is both homeless and living in a congregate setting.

Between Meeting Poll

- We gained some feedback on these points in a poll between meetings where everyone could look at the value sets more deeply on their own time.
    - Thank you to the 25 people who took the time to review the poll and respond.
    - The one question where we did have some agreement was on the question about the best way to describe the timing of the data element. 14/25 people prefer a timeframe of "at first epidemiologically relevant date associated with the case (i.e., CCCD)," and the runner-up to that only had 6 votes, which was just to say it is the "current living situation" without tying it to a date.
    - The other point is that the people who responded to the poll were basically exactly half and half on. Some of the conversation last month with the DSWG value set was around "what if more than one of these responses is true, like homeless and congregate setting", which brought up an idea of perhaps splitting out these two data elements.

Between Meeting Poll (continued)

- For value sets we talked about last month, about half preferred each value set.
- Some takeaways from the comments were the need to specify correctional facility types, the need for incorporation of military housing, that a response of "doesn't know" may not be necessary in this situation, and that the CDC-validated value set could use additional instructions or context for where situations might go (like migrant housing or LTCFs).
- In particular, the need to separate out correctional facilities was brought up by multiple programs at CDC. The National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention (NCHHSTP) is working to draft a commentary on public health data collection on justice system involvement. The updates we will talk about for correctional facilities in a little bit are to align with the work these programs are doing.

Discussion: SDOH- Residence Type

CDC-Validated Question Set

- The first discussion is focused on this value set. We will discuss where more granularity in some of these responses is important.
- The overarching value set in their collection tool had 124 values for very specific residence types, and a few of these areas have been selected where we can dig into potentially expanding these options.

Discussion: Residence Type Granularity

- We will work through each of the three options where it has been raised that more granularity would help. We will review all the options and then we will discuss them one by one on the polling slides.
- The first place we've heard that needs more granularity is with correctional facilities. We have two options here for how to expand this –
    - The first is divided into five different options: federal prison, state prison, juvenile detention facility, jail, and other correctional or detention facility.
    - Another suggested way to expand this but keep it to only three options is to simply have prison, jail, and other correctional or detention facilities.
- The second value for expansion is "residential facility for workers or students." This could be expanded into four values: migrant worker camp, military barracks, school/university dormitory, and other congregate housing for workers or students.

Discussion: Residence Type Granularity (continued)

- The final value for expansion is a "facility that provides medical/behavioral health treatment."
    - This one is a little more complex because the CDC granular value set has 16 values that fit into this category.
    - There is an option for this in the poll. However, there is uncertainty if the most desirable action will be to split one value into 16 options for this value set. Therefore, there is also a more condensed version that groups these 16 values into four categories. These would be Inpatient Hospital or Acute Care Facility, Mental or Behavioral Health or Substance Use Treatment Facility, Long Term Care Facility, and Medical Respite or Recuperative Care Facility.

Polling

Poll 1 (n= 45) – Correctional Facility

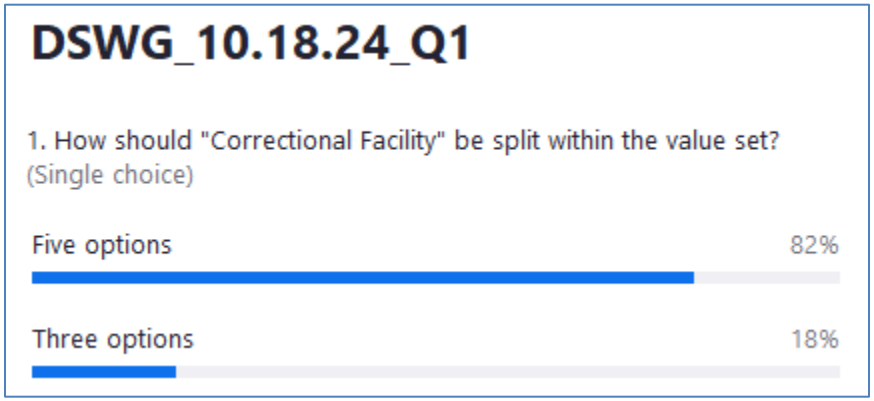
- First, we will discuss the correctional facility expansion. Combining all correctional facilities into one option does not allow for the use of denominator data available for prisons and jails. In addition, prison is inherently different from a jail or detention center in that it implies the living situation is more long-term.
- We heard from CDC programs that there are two options for splitting out types of correctional facilities. The first one here is to split it into five values, and the second choice on the screen is to split it into three options. Does anyone here have anything they'd like to say for or against either of these choices and splitting this into five different options versus three options?

Discussion

- Orlando Velasco noted that they prefer the 5-option choice for its granularity but suggested using "correctional facility" instead of "prison" for clarity. They noted that terms like "penitentiary" might not be universally understood as a prison, and using "correctional facility" (e.g., federal or state correctional facility) would cover various types of incarceration. They also pointed out that "jail" tends to be more local in nature. Overall, they favor the granularity of the 5-option choice.
  - Chris Dumas agreed with the idea of using "correctional facility" to avoid debates over terms like "prison" or "jail." They acknowledge this approach as a continuation of their previous thinking on the alternative option.
- Ashley Meehan emphasized the importance of distinguishing between prisons and jails due to differences in turnover, which affects disease spread and exposure. From a public health perspective, this distinction is critical. She suggested a compromise with four options—prison, jail, juvenile detention facility, and "other" (which could include border detention facilities)—to balance between the 3- and 5-option models.
  - Mariel Marlow agreed with Ashley Meehan, acknowledging the significant differences between jails and prisons, including the partners involved, such as the Federal Bureau of Prisons, State Departments of Corrections, or local sheriffs. She noted that these distinctions align with definitions used by the Bureau of Justice Statistics, which categorize state and federal prisons separately from local jails. This is important for calculating population rates and disparities. Mariel also recognized the challenges in terminology, such as detention centers being labeled as jails, and suggested including definitions in the value sets for clarification.
- Sam Spoto reiterated the focus on distinguishing between prisons and jails in the current options, regardless of whether terms like "prison," "penitentiary," or "correctional facility" are used in the value set. Sam emphasized that states could use their own terminology in their surveillance systems and simply map it to the correct value for CDC reporting. The main question they posed was whether the value set needs to split out Federal prison, State prison, and juvenile detention facilities, or if it is sufficient to categorize them as prison, jail, or other facility. She highlighted the need to determine the necessary level of granularity.
- Orlando Velazco clarified that while they agreed with distinguishing between federal and state facilities, they preferred using "correctional facility" instead of "prison." They emphasized that their original suggestion was to modify "prison" but not to change "jail." They supported the use of "local jail" to reflect how jails are typically described. He reiterated their preference for a five-option

model, which would include a federal correctional facility, state correctional facility, juvenile detention facility, local jail, and other correctional or detention facility. They believed this approach captured the geographical variation and levels of incarceration, which is important from a public health perspective. Orlando highlighted that people might be more aware of whether a facility is local, state, or federal rather than knowing the specific type of facility. They used the term "correctional facility" because it is broad and applicable to various types of incarceration.

- Kristie Clarke commented that some people might only be listening to the discussion and unable to view the chat. They mentioned that subject matter experts (SMEs) who frequently use the data emphasized the importance of distinguishing between federal and state prisons due to working with different partners and using different denominators. Additionally, the juvenile detention center designation is particularly relevant in STD public health practice. She wanted to ensure that those listening were aware of these key points.
- Sam Spoto shifted the conversation to launch the poll to gain insight from the participants.



Poll #2 (n= 41) – Student/Worker Housing

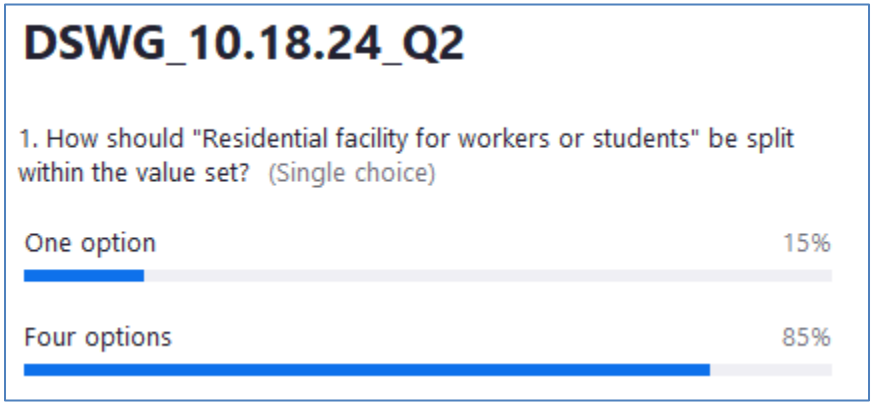
- The next poll was about a “Residential facility for workers or students.” We can keep this as one option, or we could split it into the four options shown here. Would anyone like to advocate for one or the other option here?
- Does anyone have any questions before we launch this poll?

Discussion

- Sam Spoto referenced a previous comment from Suzanne, who expressed dislike for the terms "camp" and "migrant camp," as they suggest a temporary outdoor living situation. Sam acknowledged the possibility of refining the wording for specific variables, such as using "Federal correctional facility" instead of "Federal prison." She then raised a question about whether to have a single option for

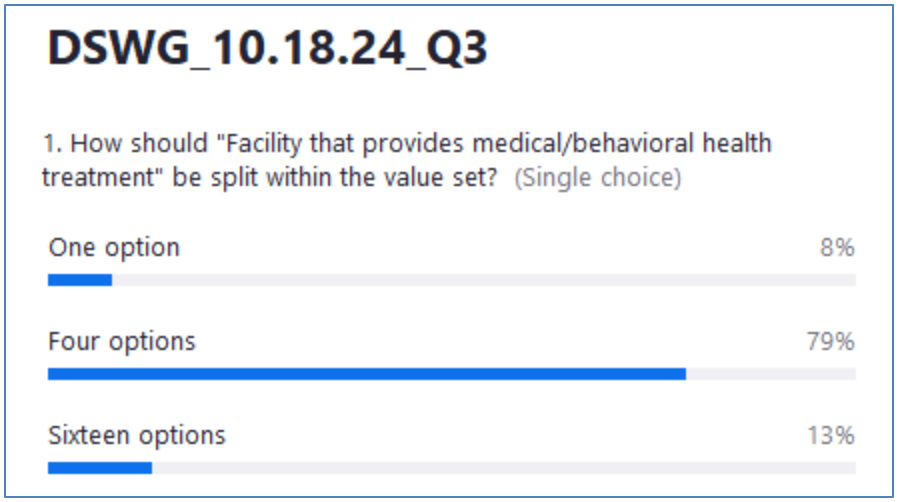
any residential facility or to split it into four categories: migrant facility, military barracks, school or university dorm, and other congregate housing for workers and students.

- Suzanne Gibbons-Burgener expressed her preference for splitting the categories into four or more options to allow for the separation of military facilities. She noted the challenges public health officials face, as individuals often provide their permanent address, which complicates determining their actual living situation at the time of illness. This can make it difficult to ascertain if they were in a congregate setting. She emphasized the need to be cautious about how granular the categories become, given the potential complexities in identifying whether individuals were at their permanent residence or another location within the jurisdiction.
  - Sam Spoto acknowledged that there isn't a single electronic health record (EHR) field that would effectively map to this data element. She noted that much of the relevant information would not be automatically or electronically available and would likely come from medical record reviews or case interviews. As a result, in many instances, this information might remain unknown.
- Sam Spoto to the second poll to gauge participant's thoughts.



Poll #3 (n=39) – Medical Facility

- Finally, we have a "Facility that provides medical/behavioral health treatment." We could keep this as one option, split it into the four values shown in the second bullet point, or split it into all 16 values from CDC's granular value set. Does anyone have any thoughts to share here or any questions before we launch this poll?



Discussion

- Sam Spoto discussed the complexity of a particular data element, noting that it included 16 granular values that mapped to one category from the CDC. She indicated that all 16 options could be used but had condensed them into four main categories for clarity: inpatient hospital or acute care facility, mental/behavioral health or substance use treatment facility, long-term care facility, and medical respite or recuperative care facility. Sam also acknowledged a comment in the chat about the 16-option list missing "Health Department," clarifying that the focus is on where someone resides rather than where they receive care. Sam emphasized that while individuals might live in facilities that provide medical or behavioral health treatment, the aim was not to summarize every possible treatment location but rather to identify facilities where individuals typically stay for an extended period.
- Chris Dumas highlighted a challenge in determining residency, particularly in the context of short-term residential treatment programs, such as those for alcoholism or drug abuse, which typically last 30 days. They noted that it would be difficult to identify an individual's residence during such a program.
    - Sam Spoto acknowledged that the biggest challenge with this data element is determining residency. She noted that people generally preferred the four options based on the polling results and suggested that this could be discussed further on the next slide.

Discussion: Residence Type

- Now we will move on to a different topic. As we discussed with the mapping table at the beginning of the call, some of these options don't allow for the assessment of housing status using just this variable alone. Knowing we just expanded some of these, this same principle still applies.

- For a short-term situation like when someone is in jail or in a hospital for a week or two, can/should we capture they are otherwise housed versus homeless? Could breaking this up into two data elements help here?

Residence Type: one or Two Data Elements?

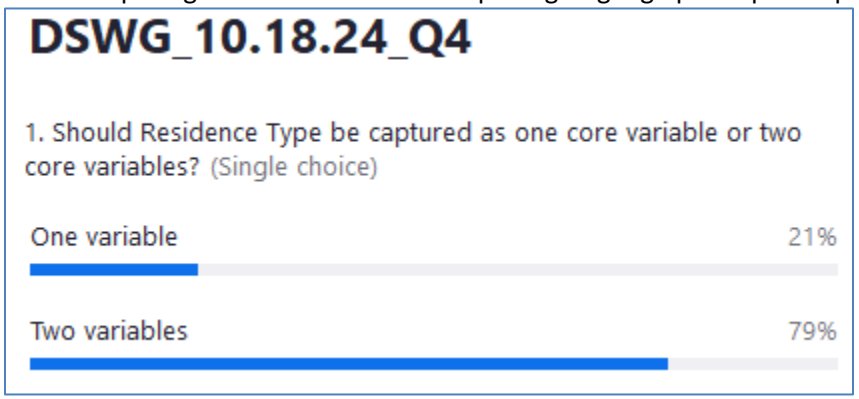
- Here is an idea of what the value sets could be for two data elements. There could be a data element for housing status that simply provides if someone is housed, homeless, or unknown.
- The second data element for the living situation, the value set, would generally be what we've been working with already on this call. There are a few values in it that might no longer be necessary with this approach – currently private residence or hotel/motel are separated by whether it's a long term or short-term arrangement. Those are the words that allow for mapping between housed and sheltered homelessness. If there are two data elements, it might be sufficient to be able to select housed or homeless in one and just a single response for private residence or hotel/motel in the other.
- Another piece of this puzzle is that if keeping this as one data element, it may be beneficial to add a response option that captures "homeless with an unknown living situation" to our long value set. Sometimes when reviewing a medical record that might be all the information you have, and as this population is one of the hardest to track down for a case interview it might be more common than the general population that we can't get more information than what's in that medical record.

Poll #4 (n=33) – One or Two Variables

Discussion

- Sam Spoto opened the discussion for collecting this as one data element or two data elements and the best approach for this.
- Orlando Velazco expressed concern about grouping individuals who are incarcerated in jails with a broader category, emphasizing that this categorization fails to reflect the complexities of their situations. They noted that, anecdotally, jails are often used for arraignments but that people can remain incarcerated for extended periods, sometimes over two years. The speaker highlighted that the duration of stay in jail can vary significantly depending on local mechanisms and circumstances, indicating that jail is not always a short-term situation for everyone. They wanted to underscore that individuals can become lost in the system due to factors like bail and other legal terms.
    - Sam Spoto agreed that the points raised were valid, noting that the classification is part of the living situation list and ultimately reflects an individual's living situation or residence.
- Ashley Meehan noted appreciation for Orlando's point and asked a clarifying question about the data element. They wanted to know whether it would consist of a long list or if it would include just the categories of homeless, housed, and unknown. Ashely sought to ensure she understood what the single-element option would include.
    - Sam Spoto clarified that the one-element option would consist of the value set they had been discussing, which included a long list without the cross-outs. She explained that if there were two data elements, the longer list would still be applicable, possibly with edits to remove distinctions between long-term and short-term arrangements. Additionally, the categories of homeless, housed, and unknown would be captured separately. This approach would allow for a more accurate assessment of whether individuals in shorter-term situations were considered homeless or housed.

- Tyler Riedesel directly stated their preference for voting on two data elements, believing it to be a better approach. They also raised a point regarding the earlier slides, which mentioned a 90-day limit for certain facilities concerning housing status. They suggested that it might be worthwhile to discuss removing this 90-day limit, regardless of whether individuals were institutionalized.
    - Sam Spoto noted that the 90-day limit was part of the CDC-validated tool but hadn't been integrated into the current definitions. She suggested that it would be beneficial to discuss when to classify someone's residence type versus a temporary living situation during the implementation phase. However, Sam emphasized that the focus at this stage should be on accurately defining the value set and questions.
- Sam Spoto guided the discussion to polling to gauge participant input.



Discussion: Residence Type Definition

- Finally, we want to hear from people on either side of this one if there are additional considerations not covered in this summary.
- There are two options people liked the most for capturing data on residence type.
    - One is to capture the living situation at the first epidemiologically relevant date associated with the case (which is the CCCD) - this definition is tied to the timeframe of the case and aligns with how our pregnancy status data element was worded in previous DSWG work (it's tied to CCCD)
    - The second way is to define it as the "Current" living situation – this definition is more of a demographic variable that potentially could be more accurately mapped from electronic data sources maybe (although these data are not standardly available electronically at this time) and this language aligns with the language used in our DSWG recommendations on industry and occupation.
- For pregnancy status and industry and occupation, something that came up when discussing this in each call was to consider how stable or unstable the situation might be.
    - For pregnancy, we know that in every case, someone will change from no to yes to no within 10 or so months.
    - For industry and occupation, people do not, on average, change jobs every 10 months; it's a longer timeframe than that for many people. The distinction between "current" and "at the CCCD" is really the distinction between (usually at the earliest) an onset date and

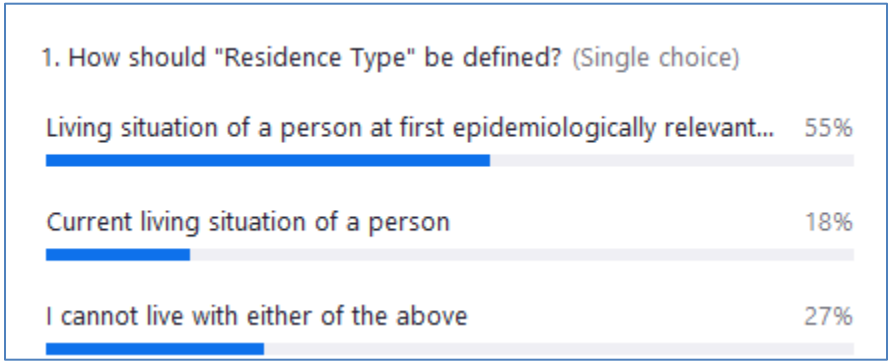
when someone is investigating the case. If we think about all the conditions reported to NNDSS, in many cases, this will be a matter of days or weeks rather than months. We do need to pick a way to define this, but overall, it might not have a huge effect on the answers received.

Poll #6 (n=unknown)– Residence Type Timeframe

Discussion

- Sam Spoto began the discussion by asking if anyone wanted to advocate on behalf of either of these definitions.
- Kristie Clarke expressed interest in the different utilities of information, particularly regarding current conditions and communicable disease control. She noted that understanding both current situations and disease control could be important for investigations, community support, and determining appropriate precautions for individuals. Kristie inquired about the extent to which these concepts might overlap, specifically whether both time points could be considered under a single concept or if they were distinct.
  - Sam Spoto noted the importance of defining core data elements for transmission to the CDC that are necessary for all conditions. She agreed there are potential complications and confusion during implementation if two very similar data elements were required for every case. While acknowledging that both data elements could be collected at the jurisdictional level for specific cases where necessary, Sam noted that having two similar definitions could lead to complications, particularly when implementing a new GenV3 MMG. She indicated that in most instances, the answers would likely be the same, which could create further confusion.
  - Chris Dumas commented that there are two distinct differences in the data captured in an eCR. Initially, the data collected reflects what the hospital recorded, which could default to the current information. However, during the investigation, additional data may provide further insights. Chris pointed out that these two data points hold valid but different information and should not be treated as equal. Although they generally prefer not to have many extra data elements, they noted that the significance of both values justifies their inclusion due to their distinct meanings.
    - Sam Spoto acknowledged that the meanings of the variables are indeed different.
- Sam Spoto shifted the discussion to the poll to gauge participants' thoughts.

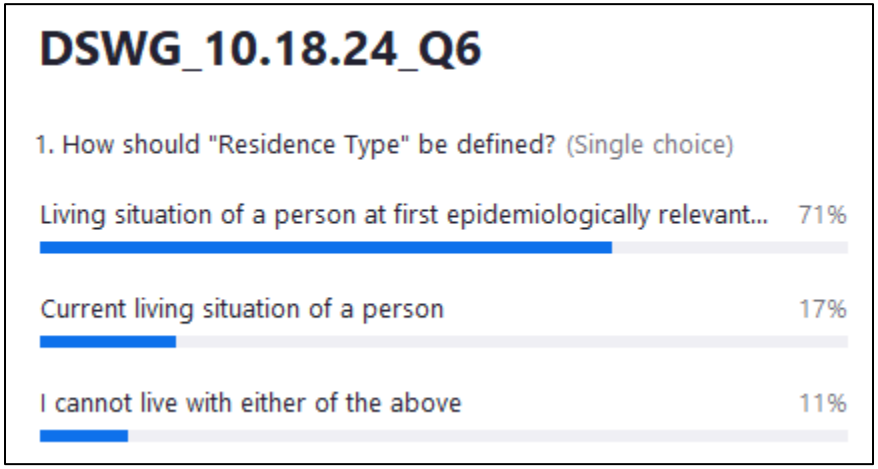
- *Note that verbally in the call, it was noted that the third option would be "I like both of the above."*



Additional Discussion

- The group was asked which variable CDC programs would prefer to use if only one was sent:
- Ashley Meehan identified herself as a CDC SME for homelessness and highlighted the importance of understanding the context of illness and exposure. She noted that if an individual experienced homelessness while sleeping outside, it would differ significantly from the implications if they later moved into a congregate shelter regarding the prevention of further spread of disease. Ashely expressed their belief that both data points are valuable for understanding the trajectory of infections or outbreaks and for preventing future disease transmission, indicating their support for option C.
- Danielle Tack noted concern about the approach to case counting dates and the concept of exposure, suggesting that the focus should be on the individual's living situation during a specific timeframe. She commented on the importance of distinguishing between current living situations and exposure history, suggesting that current data could reveal patterns related to residence type across different pathogens. Danielle indicated that her perspective centers on understanding the individual's current circumstances and how to maintain follow-up, while exposure data should be considered in relation to the timeline of illness.
- Sam Spoto acknowledged Mariel's comment in the chat, noting that Mariel could work with both options but would likely prefer the CCCD for correctional health surveillance. In the chat, Christy mentioned a sentiment similar to Ashley's, stating that she could be convinced either way. Sam noted that this discussion highlighted that while CCCD might be closer to identifying where someone was exposed, the data element is not designed to capture exposure events definitively. Instead, it aims to understand the current risk of exposure.
- Sam Spoto requested the poll be relaunched to gauge any changes in opinions.

REPOLL 6 (n 35) – Repoll of Question 6



Next Steps

- The third and fourth Social Determinants of Health calls will be held on November 8th and 15th. These will cover primary language, education, insurance, and income.
- Upcoming team meetings and additional information can be found here
    - Link to DSWG: Data-element Specific Team Interest Sign-Up
- The next large DSWG call will be on December 13, 2024.