

Social Determinants of Health

CSTE DSWG Data Element Specific Team

11/8/2024



Council of State and Territorial Epidemiologists

CSTE Data Standardization Workgroup Meeting



Please mute phone/ headset/ computer audio!

Agenda

- Welcome & Announcements
- Primary/Preferred Language Background
- Primary/Preferred Language Discussion
- Education Background
- Education Discussion
- Insurance Background *(if time allows)*
- Insurance Discussion *(if time allows)*
- Next Steps
- Wrap-Up & Adjourn

Meeting ground rules



- Discussion Guidelines
 - "Raise" your hand
 - Use the chat to provide feedback and ask questions
 - When called, state your name and affiliation
 - Stay on point, be brief, and within the context of the discussion in progress
 - 80/20 consensus
 - Co-Chairs/moderators' prerogative to move the discussion forward as needed
 - [Post-meeting input form](#) is always available for additional comment
 - Be courteous and be open to new ideas

Active participation encouraged for all!

- Chats, voting, comments, etc.
- Includes STLT jurisdictions + CDC Programs + CSTE, etc.

Core Data: In Scope for DSWG CSTE

- Identify core data elements for surveillance **for transmission to CDC**
 - For situational awareness or routine, cross-condition case surveillance
 - For case-based surveillance (not syndromic, not aggregate reporting)
 - Within *selected* data classes (e.g., hospitalization, travel history) that are used for multiple conditions
- Identify common definitions, value sets/code sets, structure, and interpretation notes for those core data elements
- Recommend best practices for how selected data elements are collected, structured or populated within PHA surveillance systems, if/when that will affect the interpretation of the data transmitted to CDC

Out of Scope:

- Defining how a question should be worded when conducting a case interview
 - These data may be collected during a case interview, but may also come from eCR, ELR, manual review of medical records, or relayed from a healthcare provider
- Defining how a data element must be worded within a jurisdictional surveillance system
- Limiting the value set for responses collected by a jurisdiction

Core for CDC Transmission ≠ Required

Even if a data element or class is identified as appropriate for transmission to CDC, this does *not* mean we need to fill in or send an answer for every core element for every case!

- It is okay to leave the data field as blank or Unknown if the information is not available, not a priority, or not useful for particular conditions.

Data elements and data classes should be considered for core if they are relevant for many conditions

- There is no set number that defines "many".
- Would you rather see the element in (for example) a GenV3 MMG? or in the applicable disease-specific MMGs?

In previous work, the DSWG has defined a Calculated Case Counting Date (CCCD) for use by jurisdictions.

The CCCD is defined as the earliest available of six component dates associated with a case. (All component dates may not be available, relevant, or collected for each case.)

- Symptom Onset Date
- Clinical Diagnosis Date
- Earliest Specimen Collection Date Associated with a Positive Lab Result
- Earliest Result Date of a Positive Lab Result
- Date First Received by Public Health Agency
- Date Entered/Record Initiated

Background: SDOH - Preferred/Primary Language



Primary/Preferred Language



- 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*
- Primary Language and Preferred Language are regularly used interchangeably; they aim to identify the language the patient prefers to use for healthcare interactions.
- The main focus on the language used is to reduce communication barriers and ensure equal access to care regardless of language proficiency.

Poorer health outcomes are associated with patients who speak languages other than English.

NHSN Requirements :

- Document in EHR the **primary language** which is defined as **the preferred language(s) spoken by patients.**
- Better understand the impacts and interactions of race, ethnicity, language, and interpreter data on hospital and long-term care facility (LTCF) associated infections

NHSN & Primary Language



Value Set Name	Code Count	Code System(s)	Value Set OID
NHSN Abridged Primary Language List	528	ISO Language Codes	2.16.840.1.114222.24.7.1

Note: The NHSN Common Languages value set is not meant to be exhaustive, exclusionary, or imply the importance of any groups of language speakers over others. The list provides common languages spoken in US subpopulations, and only includes languages spoken where English fluency cannot be presumed.

U.S. Core Data for Interoperability (USCDI)



Patient Demographics/Information (USCDI Version 5)

Preferred Language

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®*

ELR: *PID-15* Primary Language

- Vocabulary Standard(s): ISO 639.2

eCR: Clinical Document Architecture (CDA)

- US Realm Header (V3): Preferred Language
recordTarget/patientRole/patient/languageCommunication/languageCode
- Value Set: *ISO 639 language code set*

eCR: FHIR®

- US Public Health Patient: Patient.communication.language
- Definition:** The language which can be used to communicate with the patient about his or her health.
- Value Set: *ISO 639 language code set*

Case Notifications to CDC Message Mapping Guides (MMGs)



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

Discussion: Language



Discussion – Preferred Language



- **Definition:**

The language a person is most comfortable using for communication.

OR

The language a person is most comfortable using for communication about their health.

- **Code System**

- ISO 639-3

- **Minimum Value Set**

- NHSN Abridged Primary Language List

Polling process



- Poll questions will be shown first on a slide before the poll opens
 - Opportunity for clarifications & questions
- There will be an opportunity for limited discussion on questions with a big split, as time allows
- Participant voting

DSWG membership has grown to include many experts and interested participants. The following guidance is requested for participating in polling:

 - Only STLTs (State, Territorial, Local, and Tribal) and Federal authorities should vote.
 - Contractors and individuals from other organizations are requested to abstain from voting unless they have specific and relevant expertise in the topic.
 - Comments and discussion are welcomed by all, but voting remains with the STLTs and federal authorities.

Poll #1 – Preferred Language



What definition should be used for transmission within MMGs for preferred language?

- The language a person is most comfortable using for communication.
- The language a person is most comfortable using for communication **about their health.**
- Something else entirely.

Poll #2 – Value Set



Do you support the use of this code system and minimum value set?

- Yes
- No

Code System

- ISO 639-3

Minimum Value Set

- NHSN Abridged Primary Language List

Minimum value set = must use these, can add on from code system if needed for locally relevant languages

Poll #3 – Preferred Language Core?



Should Preferred Language be considered a core data element for transmission to CDC?

- Yes
- No

Reminder:

Core data for surveillance = Data classes or elements used for situational awareness or routine, cross-condition case surveillance for transmission to CDC. These elements may remain empty for cases/conditions where not applicable or unavailable.

Background: SDOH - Education



As defined by the U.S. Census Bureau, Educational Attainment refers to the highest level of education **that an individual has completed.**

This is distinct from the level of schooling that an individual is currently attending.

- The **ACS** and **CPS** asks respondents to report the **highest level of education they have completed**.

ACS & CPS Survey Question: *"What is the highest degree or level of school you have completed?"*

- **NHIS** is the principal source of information on the health of the civilian noninstitutionalized population of the United States, that include data on educational attainment and its correlation with health.

NHIS Survey Question: *What is the highest grade of school...has completed, or the highest degree...has received?*

Education: ACS, CPS, & NHIS Value Sets



ACS & CPS	NHIS
No schooling completed	Never attended/kindergarten only
Nursery school	
Grades 1 through 11	Grade 1-11
12th grade—no diploma	12th grade, no diploma
Regular high school diploma	High School Graduate
GED or alternative credential	GED or equivalent
Some college credit, but less than 1 year of college	Some college, no degree
1 or more years of college credit, no degree	
Associates degree (for example: AA, AS)	Associate degree: occupational, technical, or vocational program
	Associate degree: academic program
Bachelor's degree (for example: BA, BS)	Bachelor's degree (Example: BA, AB, BS, BBA)
Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)	Master's degree (Example: MA, MS, MEng, MEd, MBA)
Professional degree beyond bachelor's degree (for example: MD, DDS, DVM, LLB, JD)	Professional School degree (Example: MD, DDS, DVM, JD)
Doctorate degree (for example, PhD, EdD)	Doctoral degree (Example: PhD, EdD)
	Refused
	Don't Know

Case Notifications to CDC Message Mapping Guides (MMGs)



Carbon Monoxide MMG

Data Element Name	Data Element Description	Data Type	Value Set Name
Education	Indicate the highest degree or level of school completed at the time of the event.	Coded	Education (CO)

Preferred Concept Name

Eighth grade or less

Ninth to twelfth grade but no diploma

High school graduate or GED completed

Associate degree (e.g., AA, AS)

Bachelor's degree (e.g., BA, AB, BS)

Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)

Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Other

Some college credit but no degree

Case Notifications to CDC Message Mapping Guides (MMGs)



Respiratory & Invasive Bacterial Diseases (RIBD) MMG			
Data Element Name	Data Element Description	Data Type	Value Set Name (VADS Hyperlink)
Attending Higher Education College	Is patient (15-24 years only) currently attending college?	Coded	Yes No Unknown (YNU)
Grade in School	Year of college	Coded	School Year (RIBD)
Name of College / University	Name of College / University	Text	N/A

School Year (RIBD): Freshman, Sophomore, Junior, Senior, Graduate Student, Other, Unknown

Discussion: Education



Proposed DE: Highest Level of Education



Definition

- Highest degree or level of school completed by the person at the first epidemiologically relevant date associated with the case (i.e., CCCD).

Value Set:

- No schooling
- Less than 1st grade
- Grades 1-11
- Grade 12, no diploma
- High school graduate (includes equivalency - i.e., GED)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Graduate or Professional degree
- Unknown

Poll #4 – Education



Is this definition appropriate for Highest Level of Education?

Highest degree or level of school completed by the person at the first epidemiologically relevant date associated with the case (i.e., CCCD).

- I can live with it
- No

Poll #6 – Education Core?



Should Highest Level of Education be considered a core data element for transmission to CDC?

- Yes
- No

Reminder:

Core data for surveillance = Data classes or elements used for situational awareness or routine, cross-condition case surveillance for transmission to CDC. These elements may remain empty for cases/conditions where not applicable or unavailable.

Next Steps



- Upcoming team meetings:
 - 11/15 1-2 pm ET – SDOH Call #4
 - Highest Level of Education?
 - Insurance, Income?
 - [Link to Sign Up](#)
- The next large DSWG call will be on December 13.

NOTE:

All drafts released for DEST/DSWG review are drafts and the resulting recommendations passed to CSTE for final steps have not been made available. Please do not pass on draft documents as final products.