

Accomplishments Report

The DASH National Program Office is a trusted **steward**, **network leader**, and **expert** in the field of multi-sector data sharing for community health

Organizations in sectors like public health, community development, and human services have become increasingly interested in using data to address root causes of health inequity, support systems change, and improve community health overall. This was first signaled when DASH received over 400 applications for the initial call for proposals. To meet the need, the DASH National Program Office (NPO) has worked to:

1. **Build Local Capacity** with funding programs and a national peer learning collaborative
2. **Build the Evidence Base** by cultivating and disseminating knowledge through a robust communications portfolio
3. **Build the Movement** by strategically engaging national partners in productive work

DASH Funding Programs Build Community Capacity for Multi-sector Data Sharing

DASH Funding Programs have supported 88 community-based collaborations to pursue systematic multi-sector data sharing. DASH NPO prioritizes projects that are likely to generate shareable lessons, with activities that contribute to a sustainable increase in local capacity for multi-sector data sharing work. Activities build capacity in two ways:

1. **Support Shared Data.** For example, implementing new system functions or signing legal agreements are capacity-building activities because they improve a community's tactical ability to share data.
2. **Support Community Alignment.** These are activities that strengthen cross-sector collaboration, like expanding a data sharing effort to include new sectors or creating common systems of measurement.

Table 1. Overview of DASH Funding Programs: 2016-2020

| Program | Grantees | Awarded | Rounds | Time | Purpose, Inclusion Criteria & Program Outcomes |
|-------------|-----------|---------|---|--------------|---|
| DASH 1.0 | 10 | \$200k | R1: 2016 | 18-24 months | <ul style="list-style-type: none"> • High capacity collaborations launch and demonstrate impact of cross-sector data sharing efforts • Big impact, big lessons, small sample |
| CIC-START | 40 | \$25k | P: 2017-18 R2: 2018 R3: 2019 R4: 2019-20 | 6 months | <ul style="list-style-type: none"> • <i>Strategic, Timely, Actionable, Relevant, Targeted</i> • Support smaller elements of larger collaborative projects: wider program reach, more examples, more lessons |
| DASH Mentor | 6 mentors | \$25k | R1: 2018-19 | 10 months | <ul style="list-style-type: none"> • Connect early-stage communities to leader organizations in building multi-sector partnerships, community engagement and systematic data sharing • Mentors provide coaching, tools, strategies, resources |

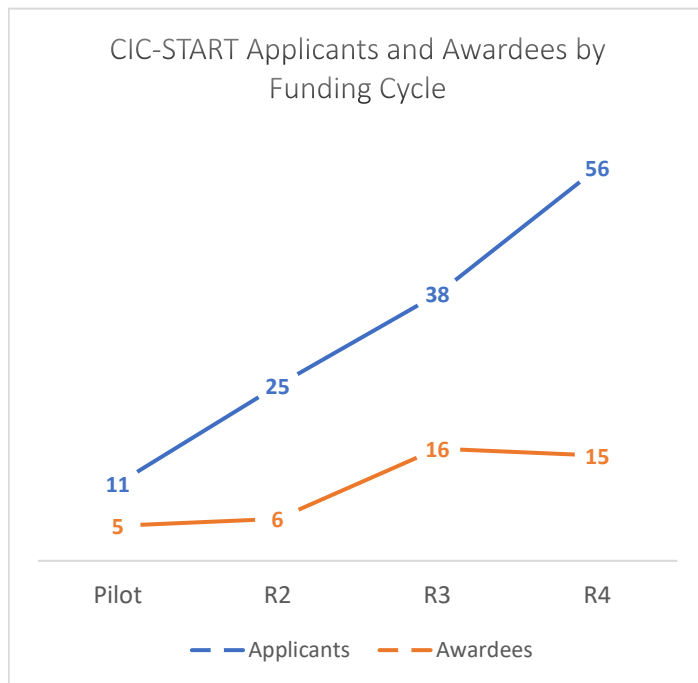
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DASH 1.0

The **first phase** of DASH focused on learning from **bright spots**. The initiative identified, supported, and learned from 10 exemplar grantee sites. Grantees were selected from across the country with five led by public health departments and five focused on whole person care (led by a long term care supports and services collaborative, a behavioral health provider, an HIE, a Native American tribal social services collaborative, and a health system). These grantees were exemplars in many ways: shaping how DASH thought about the field, offering numerous webinars and presentations over the years, contributing to products, and two provided leadership as mentors.

CIC-START: Interest and Growth

Applications to CIC-START increased by 124% between the first open RFP and this year's cycle. The pilot was invite-only. 2019 (R4) saw the largest number of applications. DASH tripled the original CIC-START cohort in R3, funding 16 communities.



DASH Mentor Program

DASH's Mentor Program launched in October 2018 with six Mentor organizations and 33 mentees participating. Mentors share frameworks, strategies, approaches and resources with Mentees through 1-on-1 coaching, technical assistance and peer cohort learning.

As of the midpoint evaluation survey, with help from mentors, mentees have taken actions to advance their multi-sector collaboration and data sharing efforts, including:

- Engaged in ecosystem mapping; created a community asset gap analysis
- Developed collaborations among community partners, created deeper; developed a value proposition; established workgroups; reorganized governance
- Held conversations and built trust at community events and coalition meetings
- Developed, implemented, and utilized plans, tools, and metrics; created workflows
- Developed an RFA to build a technical solution; worked on a procurement process that would avoid conflicts between partners
- Facilitated the exchange of SDOH information
- Shared resources and experiences amongst each other

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Spotlight on Grantee and Awardee Capacity Building

While participating in a DASH program, 18 of the 20 collaborations funded through the end of 2018 connected data that lived elsewhere before. 100% of projects made progress on at least 2 success factors for building shared data or community alignment capacity.

This section summarizes the DASH 1.0 and first two CIC-START cohorts, all of whom had completed their grants at the time of writing.

Analysis of DASH 1.0 and first two CIC-START cohorts reveals: 90% of communities developed shared data capacity in at least one area:

- 60% (12 of 20) implemented new **workflow redesign or training**
- 80% (16 of 20) made progress in **technical function**
- 65% (13 of 20) signed legal agreements or successfully navigated consent and privacy issues
- 30% (6 of 20) saw changes in **data governance**

100% built Community Alignment in at least one area:

- 75% (15 of 20) improved **existing data systems**
- 40% (8 of 20) described **building trust that didn't exist before**
- 55% (11 of 20) added to their **collaboration** through new partners or governance
- 55% (11 of 20) made progress in establishing a **community-wide shared vision and/or language**
- 55% (11 of 20) **engaged the community** in new ways

Select Community Impact Stories

The following stories provide examples of how grantees have improved their data sharing capacity and made a difference in their communities.

Increasing Public Health Capacity

- **DASH 1.0 awardee Baltimore City Health Department, MD:** CRISP (the regional HIE), the public health department, and community-based organizations develop a near real-time and auto-updating data system for falls surveillance. The project provides a model for how an HIE can collaborate with local public health, and how local public health can convene people with lived experience and community-based organizations who – with actionable data – learned about hyperlocal health hazards and implemented targeted programming.
- **DASH 1.0 awardee Chicago Department of Public Health:** Developed algorithmic approach to target high-risk homes *before* children encountered the health system with lead poisoning and supported the Chicago Public Schools.
- **DASH 1.0 awardee NYC Department of Health and Mental Health:** Pioneered collection of aggregate yet granular multi-sector data at the neighborhood level for community planning, research and distribution of funding. A novel geocoding approach allowed them to create over a hundred indicators at the neighborhood level, revealing pockets of disparities that were previously masked.

Increasing CBO Capacity

- **DASH 1.0 grantee, PCCI:** Determined the right amount of data (and no more) to make accessible to partners at Community Based Organizations (food banks), in order to empower CBOs to partner with the Parkland Hospital health system and engage their clients around meeting their nutritional needs and utilizing primary care.
- **CIC-START R3 Trenton Health Team, NJ:** Trenton Health Team onboarded 20 CBO partners to the NowPow platform, enabling health care providers to send referrals to CBOs and track SDOH data in the Trenton HIE. These CBOs offering a variety of services - shelter/housing, food access, legal, transportation – are now active partners, involved in the review and analysis of SDOH data and taking action to improve referral efficiency and effectiveness for patients and providers, thereby establishing a framework for ongoing coordination and quality improvement.

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Community Participation: Models of success and impact for data sharing

- **CIC-START 2 awardee, *The Civic Canopy, East Denver, CO***: Created an asset-driven framework for Shared Measures of Community Success. This project excelled in engaging community members from neighborhoods experiencing inequity in collecting and using data, as well as framing the stories behind the data. By bringing academic and community partners together, the former advanced their thinking how the data they gather, use and share can include the context that surrounds data.
- **CIC-START 2 awardee *Montgomery County, Department of Health and Human Services, MD***: Using an asset-based approach, MC engaged stakeholders and residents in open data workshops to integrate multi-sector indicators into ongoing health improvement efforts. DHHS took community feedback to develop and propose 1) requirements for a data sharing hub for service agencies, policymakers, community clinics, health plans and volunteer organizations, 2) a set of health and human development indicators, and 3) a logic model for cross-sector data sharing. Community members used data resources shared by DHHS in these open workshops to inform local advocacy efforts.

Communities Developing Basic Readiness for Data Sharing

- **CORE Mentee *Flathead City-County Health Department, MT***: Flathead City started the mentorship with a plan to build capacity in the community by developing a data sharing framework to engage with community partners and enhance coordination efforts. Through the Mentorship, they realized: 1) they did not have enough capacity and adjusted staffing to support data sharing efforts; 2) then implemented an idea suggested by another Mentee in the cohort to conduct key stakeholder interviews with their housing partners; and 3) built relationships with housing partners which are advancing housing priorities in the 2020 CHIP.
- **HealthInfoNet Mentee *Healthier Here, WA***: Healthier Here, a regional partnership to improve health and well-being in Seattle-King County, learned the importance of gaining full stakeholder buy-in for community-based organizations to adopt a CIE model. Through the Mentorship, they were provided coaching and sample frameworks that illuminated a key next step: to build trust among the CBOs and health care partners before any technology solution or vendor platform can be successfully implemented.
- **CIC-START 3 awardee *DataShare Santa Cruz, CA***: DataShare is working with a health system partnership, community-based organizations, and United Way to align community outcomes and funding. The stakeholders united around a plan to identify key indicators of disparity and utilizing a shared measurement platform energized these partners to align three separate initiatives into a single collective impact system in order to ensure that efforts focus on the most vulnerable residents.

Providing the Right Information at the Right Time Enables Systems to Respond to People

- **CIC-START Pilot awardee *North Coast Health Improvement and Information Network***: Developed an efficient way to deliver alerts to busy emergency department providers. The utility of the enhanced data sharing system was demonstrated when a patient arrived at a hospital with all of her belongings in tow. The ED nursing staff received a copy of the ED summary report indicating that the patient was working with a permanent supportive housing case manager. patient had been “lost” to care, but with the IT connection facilitated by NCHIIN, the case manager was able to catch the patient at the hospital and help address her housing needs.
- **CIC-START 2 awardee *Reliance Health, Hood River County, OR***: Designed and implemented a proof of concept for sharing of person-level information between health and social service providers which will allow health and social service providers to communicate electronically in ways they couldn’t before, without a disruption in workflow.

Screening and Assessment Tools Enabling Referrals across Sectors

- **DASH 1.0 grantee, *Altair***: This CBO-led ACO partnered with an HIE to deploy a behavioral health assessment for their population of adults with disabilities. Results revealed the extent to which mental health issues were much more prevalent in – and important to – their population, leading to electronic referrals for services. The project also implemented a person-centered approach to defining the care team according to the person’s wishes (which could include supportive housing staff, supportive employment staff, even neighbors) and design an electronic alert system to transmit just the right amount of actionable data depending on the person’s role.

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- **DASH 1.0 grantee, WeCare:** This Native American collaboration reports that there were multiple examples of individuals who, regardless of the door through which they entered, were identified as having crisis-level or urgent needs based on a Universal Assessment. The staff from relevant agencies came together with the individual and their family, developed a case plan to first meet the immediate needs and then tackle the longer-term needs.
- **CIC-Start 2.0 grantee, Linn County Public Health:** Community Connectors in this whole person care referral system validated, tested, and report effectiveness of a universal assessment tool as they work with families to prioritize and address needs. They are also using it to assess improvement over time.

DASH catalyzes learning and connection through the *All In: Data for Community Health* Learning Collaborative.

DASH awardees share practical advice, contribute lessons and develop resources.

CIC-START projects yield tools, resources, and artifacts that can be shared through *All In* with other communities looking to act on data sharing.

Network wide engagement and opportunities through All In

Practitioners involved in community data sharing, including public health, health systems, community-based organizations, and other providers join All In individually or as a collaboration. Members receive monthly newsletters, subscribe to the online community, have opportunities to apply for DASH funding, and receive scholarship funds to attend national conferences, in-person meetings and peer-to-peer site visits.

The Online Community: The [All In online platform](#) is an open space to share resources, make connections, and find support. At the launch in 2017, the site had 250 registered users.

- As of now, **All In has over 1,500 users**. Some of the most active pages include the archived webinar event bundle pages.
- In 2018, an average of 5.4 new posts and 16 replies were posted on a monthly basis.
- In 2019, three communities managed online groups embedded in the larger platform.

Communications: DASH launched the collaborative **All In Newsletter** in May 2016 with ~ 800 subscribers.

- Since then, the audience has grown to **nearly 6,000**.
- **Open and click rates are above industry average:** open rate 27% (average is 22%); click rate 24% (average is 8%).
- Twitter presence grows: **@DASHconnect had 1,307 Twitter followers** and 175,600 impressions through July 2019.
- **Notable resources and publications:** an environmental scan (2015), health care data 101 (2018), unlocking the value data proposition series (2018-2019), care coordination issue brief (2017), and grantee bright spots (2018).

All In National Meetings: DASH NPO hosts yearly national convenings, attended by All In Partner awardees, subject matter experts, and many communities unaffiliated with DASH funding programs.

- National Meeting 1, 2017 - 259 attendees
- National Meeting 2, 2018 - 242 attendees ([recap](#))
- National Meeting 3, 2019 – scheduled for October 15-17 in Baltimore, MD – **at capacity with 360 registrants**

In 2018, meeting attendees shared positive feedback, noting that the meeting was relevant, practical and informative.

“The meeting was fantastic! Some of the best speakers and content experts of any meeting of this type.”

“The sessions were great and practical and in the weeds (in a good way) on data sharing. I found it refreshing as a person who’s a data person in a social service agency to be among ‘my people.’”

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All In Webinars: Public-facing webinars showcase community collaborations and are an opportunity for the wider All In network to glean insights and concrete guidance to inform their own local efforts.

- From July 2017 - 2019, All In hosted 25 webinars with an average of 164 participants each, ranging from 52 – 428.
- 98% participants who responded to evaluations for 16 webinars reported having found the webinar content useful.
- During this time, over 200 people attended 3 unique webinars and 32 people emerge as super-engaged, having attended 5 or more webinars.

“This is my first exposure to All In. I appreciated the breadth of the discussion of what’s possible with data sharing across communities. We are working on developing our own integrated data system in our county and I expect I will be reaching out to learn more from others.”

Topics have included: Improving precision in public health through innovative data sharing approaches, using electronic health data for community health (part 1&2), employing HIEs to address social determinants of health, effectively stewarding multi-sector partners for health systems transformation, and measuring social needs and outcomes.

Feedback received from webinar participants has been overwhelmingly positive.

DASH NPO cultivates knowledge to promote alignment and guide the field.

DASH implements systematic data collection and evaluation strategies to monitor the field of multi-sector data sharing at the community level and nationally. Then DASH turns that data into shareable knowledge.

Mechanisms for capturing progress include:

- **Standardized tools to measure community capacity for multi-sector data sharing**, capturing:
 - **Community Enabling Factors:** Key community attributes related to the ability to collaborate across sectors, including collaborative relationships, data infrastructure, and resources.
 - **Data System Features:** Characteristics of an effective data system.
 - **Data Sharing Stage of Development:** How collaborations are sharing and using data in an ongoing, systematic way.
- **Ongoing, hand-curated qualitative documentation** of grantee progress
- **Online surveys to gather feedback** on All In activities, including the National Meetings and Webinars
- **Ongoing environmental sensing** and curation of community data sharing collaborations and resources

Resources to promote alignment and support communities at every stage of the work.

DASH turns data into standardized field knowledge, including:

- **A theory of change** for improving community health outcomes through collaborative multi-sector data sharing:



- **A DASH Framework** serves as a conceptual map of factors related to effectiveness of multi-sector data sharing to promote community health.
- **A Common Data Model** to support a common language for describing the field; includes standardized set of terms and definitions for categories including sectors, data types, data system functions, and use cases.
- **Original resources like a Policy Roadmap** to support communities engaging with state decision-makers.

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DASH maintains productive strategic relationships with national partners.

All In Leadership. DASH is a founding member of the *All In* Network. Current leadership includes:

- BUILD Health Challenge
- PHNCI - Public Health Center for Innovation
- PHI - Public Health Institute - Public Health Innovation Lab
- NJHI - New Jersey Health Initiative
- NPHL - Network for Public Health Law

Convenings. DASH collaborates with *All In* partners and other national stakeholders to co-host and sponsor in person convenings and supports content development and curation of speakers for national events. In addition to the All In national meetings, notable events include:

- **CIE Summit (2018, 2019, 2020)**
- **Network for Public Health Law Preconference (2018), and Data Sharing Summit (2019)**
- **National State Policy Workshop** in 2019 with 25 attendees
- **Health + Housing Meetings:** one in 2017 with 35 attendees, and one in 2019 with 48 attendees

An attendee from the 2019 HH meeting shared that since the meeting, “[Our city] is already knee deep in conversation with [another participant] about sharing best practices around common and similar agendas that emerged including planning a face-to-face meeting.”

Alignment to fill gaps in the field. DASH works continually with national partners beyond All In. Projects include:

- Publication of online [Legal Bibliography](#) for quality-rated resources on legal issues related to multi-sector data sharing, built in collaboration with the Network for Public Health Law.
- Engagement with McKinsey Consulting, Association of State and Territorial Health Officials, Center for Health Care Strategies, State Health and Value Strategies, National Governor’s Association, the National League of Cities, and others, to **explore opportunities for supporting communities in identifying state and federal policy levers** to advance multi-sector community data sharing.

Appendix A: DASH Framework



Community Health, Well-being, and Equity

