

Insights

September 17, 2019

This document highlights key insights and learnings of the Data Across Sectors for Health (DASH) National Program Office (NPO) during its first five years of funding (2015-2019). Learnings come in the categories of 1) developing the All In learning network, 2) lessons and examples from our awardees and partners about the field and how to have impact, 3) ongoing barriers, and 4) the need for policy and systems change.

Building Capacity and Fostering a Learning Community

Small awards, technical assistance, and peer learning drive data-sharing capacity increases, combine to create a vibrant national learning community

DASH is kicking off its fourth cohort of CIC-START grants, making a total of 42 \$25,000 six-month awards since 2017. Although the awards are small, DASH CIC-START awards increase community capacity for data sharing and accelerate progress towards community health improvement, and leverages the All In network to reinforce and spread learning to more and more communities:

- **DASH funds leverage local capacity to accelerate progress.** Awardees match funding with in-kind resources, including leadership, technical staff, data infrastructure, governance committees, and administrative support. *Grantees share that affiliation with RWJF inspires contributions, legitimizes efforts, attracts the attention of community leaders and partners, and provides accountability for action.*
- **Communities highly value technical assistance and All In connections.** This is demonstrated through increased engagement in All In, as well as testimonials and in-person meetings and on grantee final reports.
- **Peer networking and small grants are mutually re-enforcing.** Communities funded by DASH tend to stay connected in the All In network, offering resources and support to other communities via webinars, at Network convenings, through site visits, and through the DASH Mentorship program.
- DASH funding drives participation in All In, while All In connects community practitioners. The growth of All In provides a **'biome' of diverse instances of community data sharing innovations** and enables DASH to continuously monitor the development of the field.

DASH is concluding its first round of mentor/mentee grants in which leaders of effective data-sharing collaborations received \$25,000 to provide cohort and individual assistance to mentee communities receiving \$5,000.

- **The mentorship program directly reached 33 communities, many in the early stages of starting or expanding their collaborative and data-sharing capacity,** and more communities that access the lessons through the All In network.
- In their respective cohorts, mentees learned and practiced new skills including conducting assessments of their partners' data assets, identifying and incorporating data assets, creating new partnerships, and **evolving their vision and plans.**
- The mentorship program responds to the expressed needs of communities by providing **hands-on, targeted assistance** from mentors— whose practical expertise comes from building data-sharing systems responsive to their own local experience — and from peers testing new approaches in real-time.

DASH will continue to nurture the All In Learning Community, through peer learning, small grants, technical assistance and mentorship, which supports community capacity building and, learning for the field and builds the cohort for policy engagement and system change advocacy.

Policy, Investment, and Systems Change for Greater Impact

Well-resourced communities meet basic requirements to engage in data sharing through a DASH grant

Large cities are more likely to have institutions with high capacity for data sharing and are thus disproportionately represented among DASH grantees, including New York City, Seattle King County, Chicago, Pittsburgh, Seattle, Dallas, San Antonio, Denver.

All grantee categories require that communities bring resources to the table:

- The DASH 1.0 grants (\$200,000) reached 10 communities who rose to the top out of 400+ applications.
- CIC-START grants leverage significant community resources.
- Mentees may only involve a single organization (often working on building partnerships); however, the onus is on them to do the hard work, bring their questions, drive the conversation, and have local resources and staffing in place.

State and Federal policy and investment in health care infrastructure contribute to readiness

There is a direct tie to State or Federal investment or policy for about a third of DASH grantees:

- State Innovation Model (SIM) funded or Accountable Communities for Health Initiatives are common **underlying drivers of alignment** for DASH grantees working on whole-person care initiatives.
- Some of the most successful community initiatives are built on State or regional **Health Information Exchanges (HIE)**; however, many others are not – revealing variable HIE capacity across the country and limits to this model.

Electronic Health Records – available in part because of the massive investment spurred by the HITECH Act of 2009 – are a main source of data being exchanged according to the DASH National Inventory; no such concerted effort has been directed to human or social services data infrastructure.

Communities succeed or founder due to resource availability, partner commitment, and a variety of technical and legal factors

- **Sustained commitment from partners and availability of resources** are reported as the main determinants of whether communities sustain or expand data sharing after DASH funding.
- Over the years, communities report that **signing data sharing and data use agreements** are a **cause for major delay and additional expense** but would be facilitated by State guidance.
- DASH grantees continue to confront **technical barriers** to their work – the source of many of these lies in the non-standard fragmented, and siloed nature of social services and community-based organization data.

States are increasingly interested in addressing social determinants of health and multi-sector data sharing, but not necessarily from a community alignment perspective

- Through intentional networking, environmental sensing, a policy-focused engagement with Jessica Kahn of McKinsey and Company, and engagement of RWJF state-focused grantees, DASH understands that **states are increasingly interested in multi-sector data sharing, are prioritizing social determinants of health, though not yet necessarily prioritizing community systems alignment** in their efforts.

DASH is partnering with state policy experts to roll out new programs that focus on bringing states and communities together to solve problems and achieve alignment at scale.

Communities build data sharing initiatives on a variety of types of data infrastructure

- Population health initiatives most frequently report leveraging **open data initiatives**. **Data repositories** and **integrated data systems** are leveraged for various use cases. Whole person care initiatives report using **HIE** and **care coordination platforms** as well.
- Deeper data collection would be required to know which solutions may be more effective at supporting broad community systems alignment (rather than more narrow or exclusive partnerships).

DASH will mine our data of 91 supported communities, and conduct systems mapping to clarify effective data ecosystems.

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DASH drivers: collaboration, equity, alignment, continuous Improvement

DASH maximizes reach and productivity through deep commitment to partnership and partners

- Successes are documented in the companion 'Accomplishments' report; summarizing briefly: growth of the All In network, learning, and reach of DASH has come from working with partners both within and outside of All In.
- RWJF's recently unveiled Alignment strategy provides a clear structure that clarifies how DASH intersects with other programs and contributes to a national movement.

DASH will continue to build the movement by cultivating productive partnerships.

Promoting equity requires focus

For RWJF and DASH, **health equity means that everyone has a fair and just opportunity to be healthy.** This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

- DASH grantee capacity assessments reveal that communities are mostly just beginning to address health equity.
- DASH NPO operations have embraced equity and health equity as core elements of our vision and operations, especially in the development of Calls for Applications, awardee selection, and meeting participation and leadership.

DASH is encouraging and incentivizing communities to engage people with lived experience and highlighting emerging and best practices for lifting up community voice.

The DASH NPO and Mathematica have identified areas for improvement, especially the online platform

- **Online resources require better tagging and accessibility.**
- Communities desire **more synthesis and actionable guides**, less volume and mass updates.

DASH is investing on usability of the online platform, strategic communications & translation of knowledge into tools.