

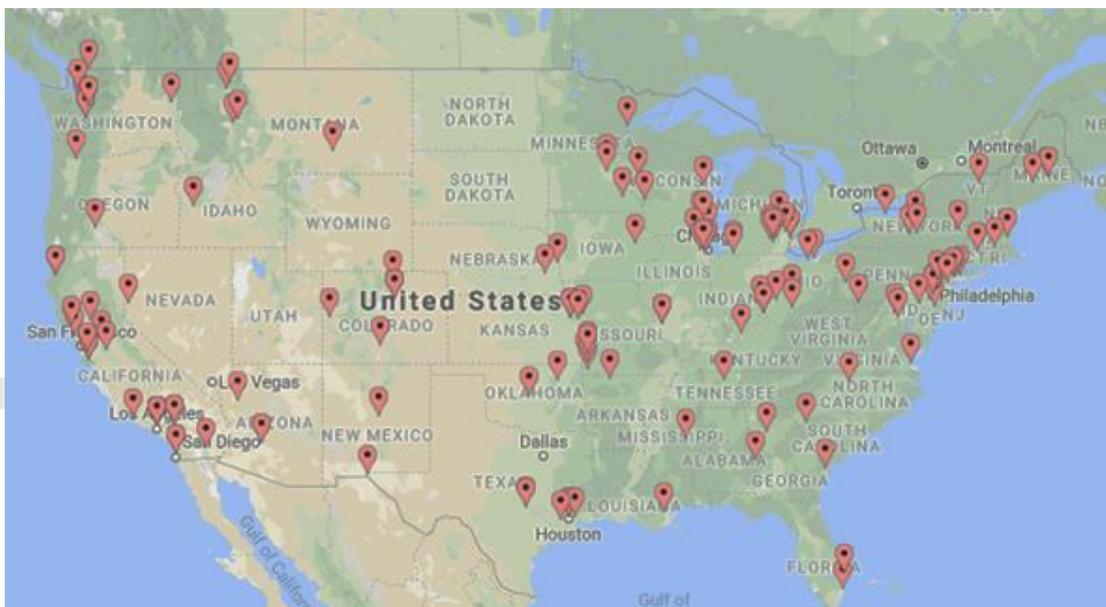
Sharing Multisector Data for Healthier Communities:

Visual summary of the All In National Inventory 2019 key findings

Aligning systems to advance community health, well-being and equity depends on shared data and measurement. In 2019, 179 respondents representing unique initiatives submitted information to the All In National Inventory. Health care, public health and social services are the most common participants in multi-sector data sharing. Among the latter, organizations focused on housing and food predominate.

Geographic Distribution of Respondents

Respondents are located across the country. Most represent relatively young collaborations with 40% being less than 2 years old.



Use Cases for Data Sharing

Two thirds of collaborations report using multisector data to support alignment around both whole person care/care coordination and population level/upstream improvement.

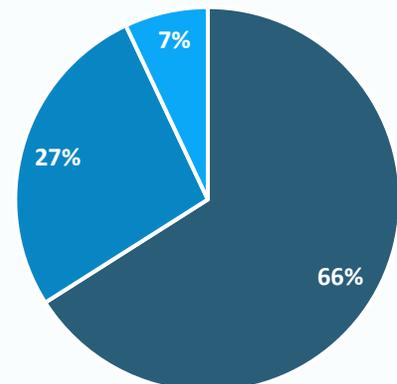
The top use cases reported to support whole person care were:

- Client/patient screening and assessment
- Quality and performance measurements

Within the population level interventions, top reported use cases were:

- Planning
- Evaluation
- Community needs assessments

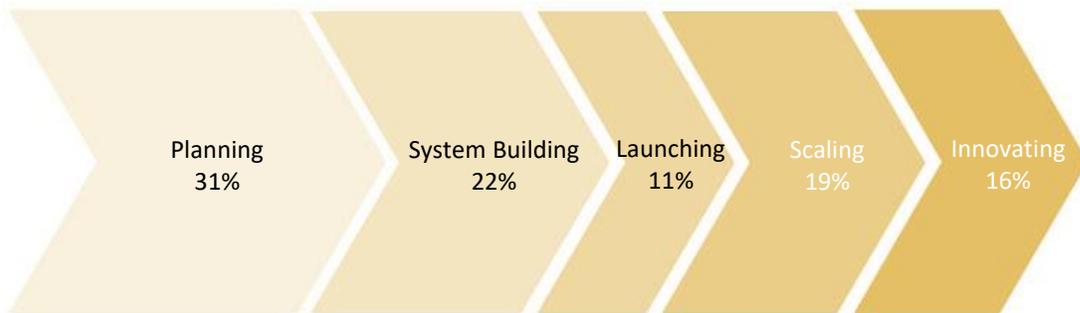
Use Cases Groups



- Both whole person and population level upstream interventions use cases
- Strictly population level upstream interventions use cases
- Strictly whole person care coordination use cases

Data Sharing Phase

Half of responding collaborations are not yet sharing data across sectors. Nearly one third of respondents are still in the planning phase. Slightly over one fifth have progressed to system building.



Fundamentals in Place

Collaborations report having the needed foundations for data sharing.



87% have a shared vision of what they want to accomplish



87% have committed leadership



77% meet frequently

Progress to Date

Collaborations have not tackled all the elements that are needed to benefit from multi-sector data sharing.

Staff with Data/Information Systems Skills

55% Report sufficiently skilled staff

39% Impeded by lack of staff with data and information skills

Legal Agreements

9% Finalized necessary agreements

24% Are unsure if legally able to share; and **22%** experiencing legal barriers

Workflow

6% Redesigned workflows to use shared data

40% Haven't identified shared data work process improvements

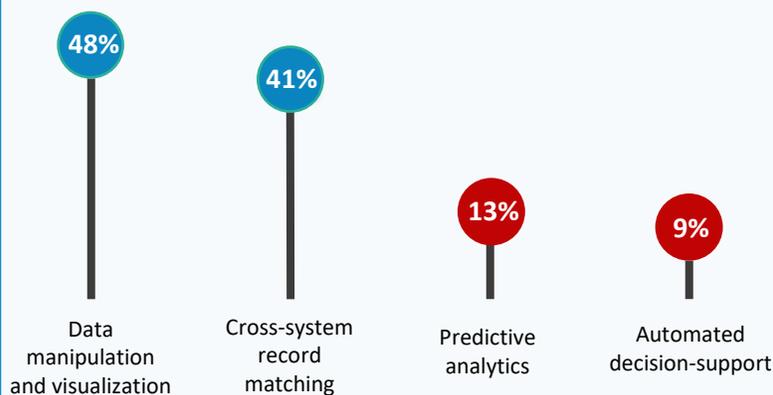
Funding

5% Have self-sustaining financing

44% Lack financing plans

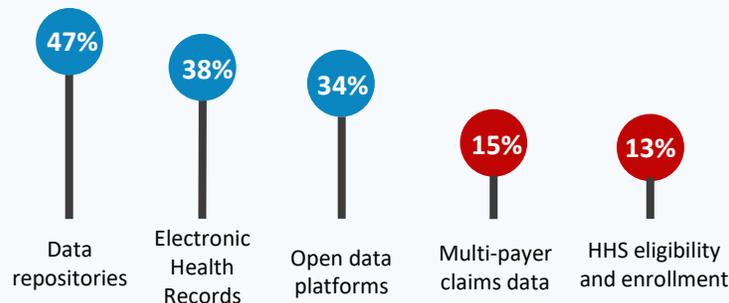
Technical Function

Collaborations struggle with system technical functionality. Of those who have live systems in place, respondents were most likely to rate the functionality as sufficient in terms of data visualization, and record matching; and least likely to find predictive analytics and automated decision-support functionality sufficient.



Technical Systems Integration

Collaborations use data infrastructures at different frequencies. Data repositories, electronic health records and open data platforms are most commonly used.



While the promise of increased efficiency, deeper insights, and better care continue to accelerate efforts to share data across sectors, collaborations report barriers. Community engagement and sharing leadership is important to successful, equitable governance, but most respondents did not report having robust participation at this level. Further, 40% mention insufficient staff resources, and only 5% have a sustainable funding model in place.

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The DASH program office was launched by RWJF to highlight opportunities for communities to share data across sectors and connect information systems. We work to support community collaborations in their efforts to enhance community health, address locally determined problems and identify locally applicable models that can be shared with other communities. We believe that collaboration among health-related sectors is vital for building a culture of health. We seek to create a shared value for health that generates equitable health outcomes through data sharing.