

ALL IN



DATA FOR
COMMUNITY
HEALTH

NATIONAL MEETING 2018



HOSTED BY:

BUILD Health Challenge
Data Across Sectors for Health
New Jersey Health Initiatives
Population Health Innovation Lab
Public Health National Center for Innovations

ABOUT ALL IN



All In: Data for Community Health

is a learning network of communities that are testing exciting new ways to systematically improve community health outcomes through multi-sector partnerships working to share data.

Who leads All In?

All In is a dynamic and continually evolving partnership of national and regional programs that have joined forces to coordinate technical assistance and facilitate peer-to-peer learning activities for those tackling common challenges.

Current Partners



The BUILD Health Challenge



Data Across Sectors for Health



The Public Health National Center for Innovations



New Jersey Health Initiatives



Population Health Innovation Lab



AcademyHealth Community Health Peer Learning Program



Colorado Health Foundaion Connecting Communities and Care

Past Partners

How can shared data systems improve community health?

Developing data systems that combine health care and public health datasets with data from other sectors like education, social services and housing can help community leaders acquire a more complete picture of factors that impact community health outcomes. Access to multi-sector data increases their capacity to implement more effective programs, policies, and system-wide changes. It also leads to better care coordination across sectors for those with complex health and social needs.



Why work together?

There is no roadmap for this complex work. If we want to make progress in this field together, it's critical that communities share their experiences so that collectively, we can learn from each other's failures and successes. All In helps bring to scale the hard-won knowledge and practical lessons from communities to accelerate progress toward improved health equity for all.

Common sectors involved in All In projects



What are the benefits of participating?

There's no need to wrestle with challenges alone. There are communities working on projects just like yours. *All In* can help you connect with the right tools, resources, and expertise to help advance your effort. With a diverse and growing learning collaborative, *All In* offers many opportunities to meet your specific needs, including:



CONNECT.

Access an online community with a searchable library of people, projects, tools, and resources. Join discussion groups and events to connect with professionals with similar interests.



SHARE.

Review, write, present, and serve as a subject matter expert to support this growing field. Gain exposure for your innovative work by sharing lessons learned with other communities.



LEARN.

Attend technical assistance webinars on a variety of topics. Participate in meetings held across the country that are designed to facilitate peer learning and provide expert support.

Common data types used in *All In* projects



Service (EHRs, case management) data



Administrative data



Geographic data



Personal demographic data



Surveillance data



Outcomes data



Community-generated data



Census and civic data

How can *All In* make an impact nationally?

By broadening our common understanding of the environment and sharing lessons learned, together we can drive the development of a shared agenda that will guide this emerging field.

What *All In* participants are saying:



All In supports our innovative work on numerous levels and gives us opportunities to share what we're doing and hopefully help other health departments."

— Garrett County Health Department



I seldom return from meetings with so many notes of action items. And I have started to act on them to not lose momentum."

— *All In* National Meeting attendee



It's done more to connect individuals doing similar types of work across the country than any other conference or program."

— Baltimore City Health Department



It's really given us a larger forum—the synergy of other entities that are tackling the same types of issues and questions."

— Center for Health Care Services

LEARN MORE at allindata.org

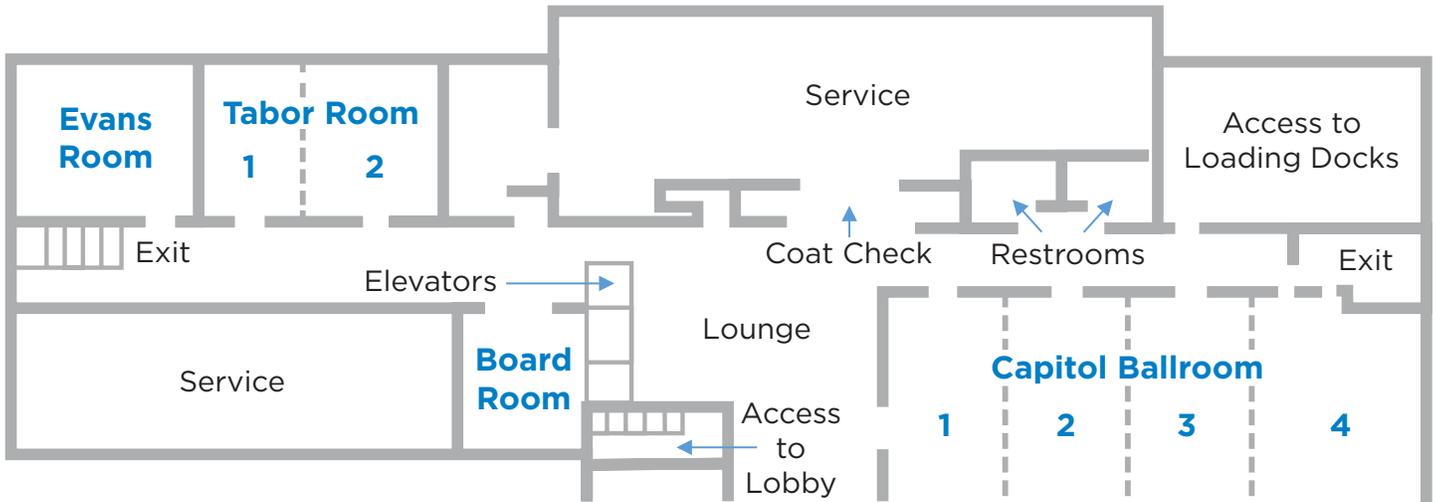
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ALL IN

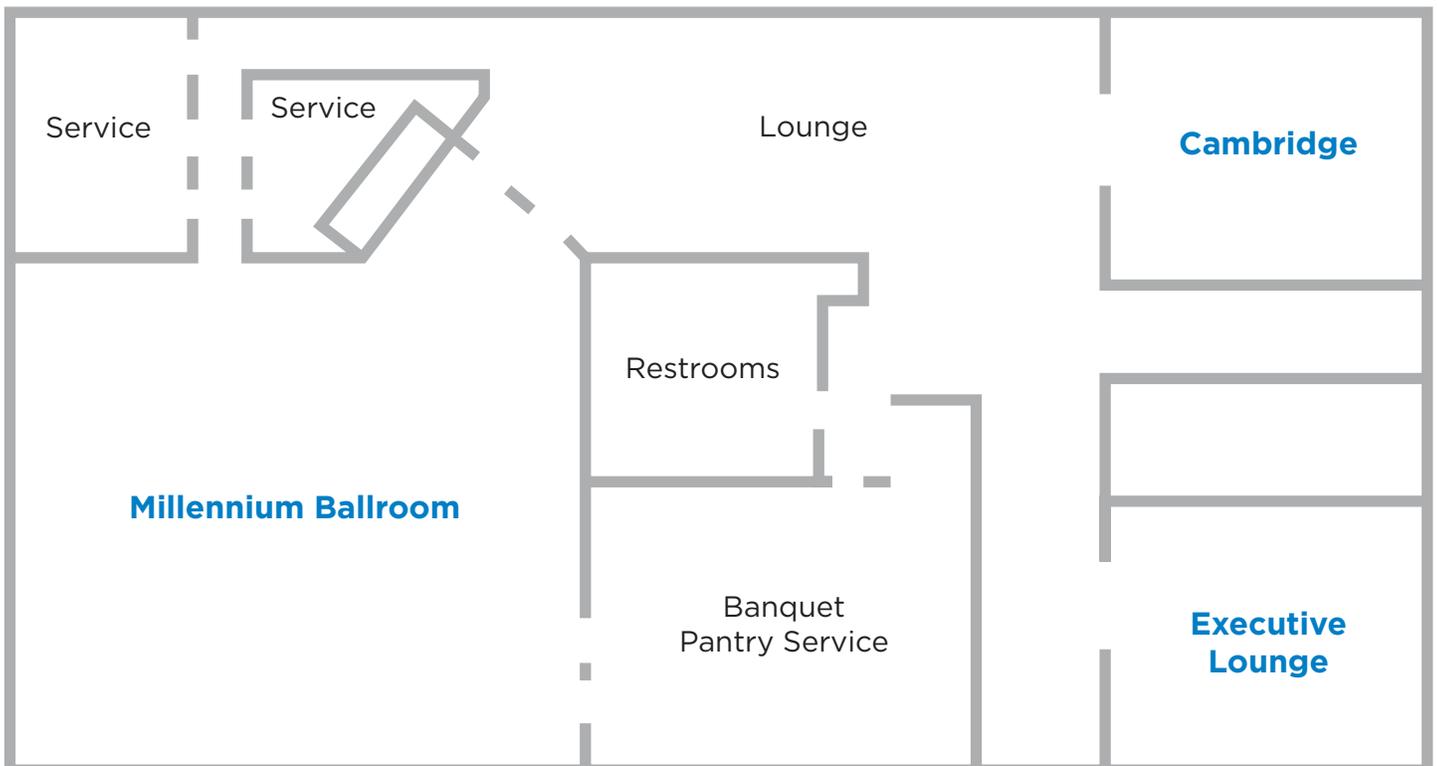
DATA FOR
COMMUNITY
HEALTH

MAP OF MEETING SPACE

2ND FLOOR



15TH FLOOR



AGENDA AT-A-GLANCE

TUESDAY, SEPTEMBER 11

- 7:00 a.m.** Breakfast and Registration
- 8:00 a.m.** Deep Dive Workshops
- *Data Sharing and the Law: Deep Dive on Consent*
 - *More Than Numbers: How to Use Data to Advance Health Equity*
 - *Asset-Based Community Development: Strategies and Tools for Engaging Your Community*
 - *Sustainably Financing Community Health: Where to Look, When to Pursue, and How to Access Different Sources of Capital*
 - *Strategies to Help You Advance Health, Wellbeing, and Equity in Communities*
- 11:30 a.m.** Box Lunch
- 12:15 p.m.** Standing Plenary: Building a Movement Together for Equity - *Dr. Soma Stout, Institute for Healthcare Improvement*
- 1:10 p.m.** Break
- 1:30 p.m.** Breakout Sessions 1
- 2:30 p.m.** Break
- 3:00 p.m.** Roundtable Discussions
- 3:45 p.m.** Break
- 4:00 p.m.** Plenary: Engaging Payers in Addressing Social Determinants of Health - *Jessica Kahn, McKinsey & Co.*
- 5:15 p.m.** Networking Reception

WEDNESDAY, SEPTEMBER 12

- 7:00 a.m.** Breakfast and Registration
- 8:00 a.m.** Welcome Back Exercise and Check-In
- 8:30 a.m.** Plenary: Who Needs Health Equity? The Urgency to Build Public Will to Advance Our Work - *Dr. Tiffany Manuel, Enterprise Community Partners, Inc.*
- 9:25 a.m.** Break
- 9:45 a.m.** Breakout Sessions 2
- 10:45 a.m.** Break
- 11:00 a.m.** Shallow Dive Sessions
- 11:45 a.m.** Box Lunch
- 12:15 p.m.** Plenary: Moving Upstream: Challenges, Opportunities, and Moral Imperatives to Improve Health and Health Care - *Dr. Rishi Manchanda, HealthBegins*
- 1:10 p.m.** Break
- 1:30 p.m.** Plenary Panel: Overcoming Policy Paralysis: Perspectives from the Field
- 2:30 p.m.** Closing Plenary: Next Steps for Our Communities, *All In*, and the Field
- 3:30 p.m.** Adjourn

SESSION DESCRIPTIONS

Session materials are available on the *All In* online community (allin.healthdoers.org).

TUESDAY, SEPTEMBER 11

7:00 am **Breakfast and Registration** - *2nd Floor*

8:00 am **Deep Dive Workshops**

Please note: *Public Health National Center for Innovations (PHNCI) guests will meet for a closed session in Cambridge during this time.*

Data Sharing and the Law: Deep Dive on Consent - *Millennium Ballroom*

Data sharing initiatives can be hyper-local, but they are all subject to the same federal laws regarding privacy and consent. Working through Data Sharing Consent or Release of Information forms can be almost frightening in this highly regulated landscape. Join attorneys from the Network for Public Health Law, who will share guidance on when consent may or may not be the key to sharing data and how policies and regulations governing healthcare, education, and behavioral health data like HIPAA, FERPA, and 42 CFR Part 2 impact consent. The Colorado Regional Health Information Organization (CORHIO) will share insights from their pilot of the SAMHSA-sponsored, open-source Consent2Share consent management platform and attendees will have the opportunity to discuss their own legal or technical questions with attorneys and implementers.

- Denise Chrysler, Network for Public Health Law - Mid-States Region
- Jennifer Bernstein, Network for Public Health Law - Mid-States Region
- Catherine Horle, Colorado Regional Health Information Organization (CORHIO)

More Than Numbers: How to Use Data to Advance Health Equity - *Capitol 4*

Have you ever considered how data is used to identify and address health disparities? Sure you have, but have you ever considered how the way that data is collected, analyzed, and reported may be perpetuating health inequities? Using a “health equity lens,” “working upstream,” and “understanding the social determinants of health” are phrases that are used in many spheres within health systems and public health practice. What does it mean for our work to apply these concepts to all parts of the data process? How can we either promote or thwart equity in our development of research questions, selection of tools, data collection methods, data analysis techniques, and reporting strategies? In this session, participants will get the opportunity to deepen their knowledge of health equity principles and terms, think deeply about what using a health equity frame with data means, and consider how an understanding of these concepts can be applied to their day-to-day work in ways that advance health equity.

- Marijata Daniel-Echols, Michigan Public Health Institute
- James Bell III, Michigan Public Health Institute

Asset-Based Community Development: Strategies and Tools for Engaging Your Community - *Tabor*

Asset-Based Community Development (ABCD) is a large and growing movement that considers local assets as the primary building blocks of sustainable community development, social capital, and individual health and well being. Building on the skills of local residents, the power of local associations, and the supportive functions of local institutions, ABCD draws upon existing community strengths to build stronger, more sustainable communities for the future. This interactive workshop will introduce participants to the principles and practices of ABCD. We will focus on how to sustainably engage community residents and support them in discovering and using their power to create change.

- Ron Dwyer-Voss, Pacific Community Solutions, Inc.
- Beckah Terlouw, Invisible Strategy Consulting

Sustainably Financing Community Health: Where to Look, When to Pursue, and How to Access Different Sources of Capital - *Capitol 1*

Those seeking to advance and produce community health often struggle to finance this important work – relying primarily on grants. Some of the alternative resourcing options at their disposal are less well known and understood, and each one requires some level of strategic planning, preparation, and engagement to access effectively. Through inclusive presentation, small group exercises, and open discussion, workshop participants will consider a range of key questions and alternative models intended to expand their knowledge of, comfort level with, and capacity to take advantage of different sustainable financing options.

- Lindsey Alexander, ReThink Health
- Katherine Wright, ReThink Health
- Alison Rein, Quantified Ventures
- Robin Hacke, Center for Community Investment

Strategies to Help You Advance Health, Wellbeing, and Equity in Communities - *Executive Lounge*

Are you trying to create cross-sector change in communities to improve health equity but not sure how to do that in an equitable way? Wondering how to build an equitable measurement system that can be shared across your community? Wanting to quickly figure out how another group has solved a similar problem and what worked (or didn't)? This hands-on, interactive workshop will help you engage in some ways of “being and doing” that lead to more equitable change developed by communities in 100 Million Healthier Lives to accelerate improvement in health, wellbeing and equity. These include: Community of Solutions skills and tools developed in the SCALE initiative, such as partnering with people with lived experience to co-design change; tools to build an equitable measurement system; and tools to support equitable spread and scale of bright spots and stories across communities.

- Dr. Soma Stout, 100 Million Healthier Lives, Institute for Healthcare Improvement

11:30 am **Box Lunch**

12:15 pm **Standing Plenary** - *Capitol Ballroom*

Building a Movement Together for Equity

Welcome to the second *All In* National Meeting! In this opening movement plenary session, Dr. Soma Stout will quickly reflect on the current state of the field for multi-sector collaboration and the larger movement for health equity, highlight the Pathways to Population Health framework and tools about the journey to population health and equity, and invite us to engage in smaller conversations about how we might advance equity together. There will be chairs available and we encourage you to stand and move as you are able.

- Dr. Soma Stout, Vice President, Institute for Healthcare Improvement and Executive Lead, 100 Million Healthier Lives

1:10 pm **Break**

1:30 pm **Breakout Sessions 1**

- **Planning** For those in the early stages of their multi-sector work
- **Getting Started** For those beginning to build data sharing partnerships/systems
- **In the Thick of It** For those actively testing and sharing data
- **Looking Forward** For mature data sharing collaborations looking for the next step

Trauma and Violent Injury Prevention

Using Data to Reduce Community Violence and Injury and Provide Trauma-Informed Care - *Capitol 1*

Given the difficulty of accessing relevant trauma-related data, hospitals often struggle to provide trauma-informed care to vulnerable populations. Simultaneously, there is also a lack of accurate and complete information about violent injuries, which is critical for communities making decisions about allocating limited violence prevention resources. Learn how two hospitals are using data sharing with mental health, intimate partner violence services, legal and immigration advocacy services, and law enforcement to provide trauma-informed care and reduce violence and injury in their communities.

- **In the Thick of It** Janina Morrison, The Wellness Center at Historic General Hospital
- **Looking Forward** Jasmine Moore, Grady Memorial Hospital

Equity and Community Data Collection

Tapping into Community Members as Data Resources to Engage Partners in Addressing Equity - *Capitol 2*

With the growing drive to access and share community data, it is vital that communities keep in mind inequities that can exist in the data and make conscious efforts to ensure community data reflects the needs of traditionally underrepresented populations. Learn how two communities are using microsurveys, in-depth focus groups, and social media polls to gather community-identified priorities across sectors with the leadership of multi-stakeholder advisory groups to guide local efforts.

- **Getting Started** Wivine Ngongo, Center for African American Health
- **Planning** Vaishnavi Hariprasad and Namrita Singh, Colorado Department of Public Health and Environment

Housing and Community Development

Improving Health Through Non-Traditional Leaders: Community Development and Housing - Capitol 3

Learn how leaders in housing and community development are working to improve the health of their residents. This includes understanding how well communities are being served across the social determinants of health through conducting community assessments, building collaborative partnerships, and educating and engaging residents to develop interventions and address health inequities.

- **Planning** Jennifer King and Amber Jones, Old Brooklyn Community Development Corporation
- **In the Thick of It** Manuel Castañeda, New Brunswick Tomorrow; Camilla Comer-Carruthers, Robert Wood Johnson University Hospital-New Brunswick

State and Local Government

Data Sharing and Use in State and Local Government - Capitol 4

State and local governments are building their capacity to collect, share, and use data more effectively through common data platforms, interagency data sharing, public-private partnerships, and development of open tools. In this session, the speakers will share how their teams are approaching data collection and partnerships around data sharing to answer priority questions around costs incurred, access to services, gaps in care, and the availability of resources. In turn, this will guide efforts to improve government programs and distribute public funds more strategically.

- **In the Thick of It** Carrie Paykoc, Colorado Office of eHealth Innovation; Whitney LeBoeuf, Colorado Evaluation and Action Lab
- **In the Thick of It** Julia Koschinsky, University of Chicago Center for Spatial Data Science; Nicole Marwell, University of Chicago School of Social Service Administration

Data Aggregation for Asthma

Building Technical Platforms to Aggregate Data and Tackle Asthma - Tabor

Hear from two communities that are building platforms to share and link clinical information with other social determinants of health data from their partners. Though the technology may differ — a technical platform that manages data from multiple sources using Application Programming Interfaces (APIs) versus a multi-sector connected data warehouse that exports information to a modeling platform — both communities are focused on democratizing data to better understand the non-clinical factors that influence the health of their residents, and engaging stakeholders in using these infrastructures to make their data actionable and expand their use cases.

- **In the Thick of It** Anjum Khurshid, Dell Medical School, University of Texas at Austin
- **Looking Forward** Karen Hacker, Allegheny County Health Department

Referral Tools for Care Coordination

Breaking Down Silos Within Referral Networks - Executive Lounge

People in need rarely need just one kind of help to stay healthy and navigating the complex landscape of services is difficult. This has led to the development of many tools, platforms, and software systems to help patients and providers manage referrals, but these solutions can in and of themselves create their own data and resource silos. Learn how networks are partnering with others or evolving interoperable platforms in order to maximize connection points, reduce data silos, improve care coordination, and achieve better outcomes for their clients.

- **Planning** Greg Bloom, Open Referral
- **In the Thick of It** Taylor Justice, Unite Us

2:30 pm **Break**

3:00 pm **Roundtable Discussions**

Join one of the following roundtable discussions to explore issues and solutions with others in an informal, small group conversation led by a leader with content expertise.

Health and HMIS Data - Tabor, Table 1

HealthInfoNet will share the benefits of the intersection of health information and homeless management information system (HMIS) data through a statewide health information exchange (HIE). Participants should come prepared to discuss current collaborations and data sharing in their community; an understanding of how HMIS operates in their state or region; their state or region's HIE structure and capabilities; and potential small areas of focus to start, i.e., hospital or federally qualified health center (FQHC).

- Allison Kenty and Katie Sendze, HealthInfoNet

Health Equity and Civic Engagement - Tabor, Table 2

In this roundtable, participants will discuss how to make equity concepts real by having those most affected by the problem decide how to resource the potential solutions and interventions through a process called Participatory Planning and Budgeting.

- Jacques Colon, Tacoma-Pierce County Health Department

Moving from Programs to Policy - Tabor, Table 3

Learn how to move your coalition to sustainable systems and policy changes. Start small - dream big!

- Alane McCahey, Gateway Family YMCA/Shaping Elizabeth

Communicating Data with California ACHs - Tabor, Table 4

Accountable Communities for Health (ACHs) in California find that face-to-face outreach tactics can be more effective in terms of sharing data to spur local action than digital dissemination of visualizations. What works well in other communities on the data storytelling front?

- Andy Krackov, Velir

Care Coordination for Veterans and Their Families - Cambridge, Table 5

Care coordination, often referred to in the exclusive context of patient care, is making its way to human and social service delivery. Join Syracuse University's Institute for Veterans and Military Families to learn about their AmericaServes initiative, which is delivering coordinated care across 20 health and human service categories to the military-connected population in 16 American communities.

- Gilly Cantor and Jim McDonough, Institute for Veterans and Military Families

Strategic Communication - Cambridge, Table 6

Learn how comprehensive, data-driven communications strategies tailored for different stakeholder groups can maximize the impact of your population health initiatives.

- Rebecca Lindberg, Minneapolis Heart Institute Foundation

Resident Engagement - Cambridge, Table 7

Join Boulder County Public Health for a discussion about how to use data from a community engagement perspective.

- Lesly Feaux, Boulder County Public Health

Data Visualization / Neighborhood Listening Sessions - Executive Lounge, Table 8

Learn how the Sedgwick County Division of Health is using data mapping to identify high health-risk zip codes in order to create a Community Health Improvement Plan that takes into consideration the voices of these communities through neighborhood listening sessions and identifies access barriers for sub-populations experiencing disparities.

- Victor Okwo, Sedgwick County Division of Health

Screening and Referral for Non-English, Non-Spanish Speaking Children - Executive Lounge, Table 9

Learn how a large federally qualified health care system is working with local early intervention, preschool special education, and community partners to ensure that non-English, non-Spanish speaking children receive developmental screening, are appropriately referred, and are connected to services when necessary.

- Eileen Auer Bennett, Assuring Better Child Health & Development
- Kristine Rodrigues, Denver Health and Hospital Authority

CHORDS Network Strategies - Executive Lounge, Table 10

This roundtable will explore how CHORDS, a distributed data network that uses electronic health record data to support public health and research efforts, is working to demonstrate its value to stakeholders and develop sustainable funding solutions.

- Catherine Horle, Colorado Regional Health Information Organization (CORHIO)
- Sara Schmitt, Colorado Health Institute

Assessment for Advancing Community Transformation Tool - Executive Lounge, Table 11

Join us to learn about a new tool, the Assessment for Advancing Community Transformation, and how it can help you understand how your partnership is doing in areas that are essential for building a healthy community. This tool was co-designed by County Health Rankings & Roadmaps, Georgia Health Policy Center, and the Institute for Healthcare Improvement/100 Million Healthier Lives.

- Kate Konkle and Janna West-Kowalski, County Health Rankings & Roadmaps

Supporting Coalitions to Advance Policy Change - Millennium Ballroom, Table 12

Participants will learn about strategies Trinity Health's multi-year Transforming Communities Initiative has developed through its work partnering with community organizations to prevent tobacco use and childhood obesity and focusing on policy, systems, and environmental change strategies to address social determinants of health.

- Jaime Dircksen, Trinity Health

Social Network Analysis - Millennium Ballroom, Table 13

This session will introduce attendees to the use of social network analysis in the development of a workforce that creates connections across multiple systems. We will share examples of utilization-focused tools for sharing complex, systems-level data with key stakeholders, including quarterly infographics, annual regional reports, and capacity building through leadership training.

- Paige Backlund Jarquin, Colorado Health Institute
- Kyla Hoskins, Trailhead Institute

Co-Creation of Linked Tools and Processes - Millennium Ballroom, Table 14

Session participants will learn how to successfully drive action and build trust within a multi-sector collaborative seeking large-scale change and practice the co-creation of linked tools and processes, including the adoption of a shared vision, the development and evolution of a theory of change, the application of design goals, and utilization of stakeholder mapping and agile project management.

- Laura Gustin, United Way of Greater Rochester

PARTNER Tool - Millennium Ballroom, Table 15

Join this roundtable to discuss how a social network dataset (PARTNER) is being used to inform the County Health Rankings & Roadmap's network strategies in 10 states.

- Stephanie Bultema and Danielle Varda, Visible Network Labs

Partner Engagement - Millennium Ballroom, Table 16

Join us for a discussion on the use of health data to inform and improve health strategies through a culturally competent lens.

- Stacey Lea Flanagan, City of Jersey City

Data Sharing with Mental Health - Millennium Ballroom, Table 17

Learn how a primary care clinic and a county mental health center share patient data for care coordination.

- Stella Gukasyan, Elevation Health Partners
- Leslie Dishman, Integrated Behavioral Health Partners

Results-Based Accountability Framework - Millennium Ballroom, Table 18

This session will provide a brief overview of the Results-Based Accountability (RBA) framework and share key lessons learned about evaluating social determinants of health, followed by a facilitated discussion about participants' experiences and measures in these areas.

- Emma Olson, North Carolina Center for Health and Wellness

Reducing Tobacco Use Through Data Sharing - Millennium Ballroom, Table 19

This roundtable will center around a facilitated discussion of processes and strategies related to the sharing of hospital patient data with community partners to address community health issues.

- Elizabeth Bishop and Mary Singler, Northern Kentucky Health Department

Coordinating Food Pantries - Millennium Ballroom, Table 20

Discuss how reciprocal data sharing with food pantries and other community resources has led to better information about food insecurity and improved access to hard-to-reach populations.

- Kim Blanda, Hunterdon Partnership for Health

Evidence for Action Technical Assistance and Funding Opportunities - Millennium Ballroom, Table 21

Learn about Evidence for Action's funding opportunities for research about population health, as well as technical assistance services available to eligible applicants to help improve the rigor and feasibility of their proposed studies.

- May Lynn Tan, Evidence for Action

DASH Knowledgebase - Millennium Ballroom, Table 22

Data Across Sectors for Health (DASH) is seeking to take *All In* connections to the next level, developing a publicly searchable online knowledgebase of people, projects, and resources for multi-sector collaborative data sharing. Your input will help us understand how to highlight the essential connections and track changes over time.

- Melissa Moorehead and Stephanie Johnson, DASH, Michigan Public Health Institute

3:45 pm **Break**

4:00 pm **Plenary**

Engaging Payers in Addressing Social Determinants of Health - Capitol Ballroom

This panel will discuss how and why private payers address the social determinants of health for their members and how data plays a role in implementing and monitoring the success of those efforts.

- Jessica Kahn, Senior Expert, McKinsey & Co.

5:15 pm - **Networking Reception - Millennium Ballroom**
7:00 pm

Join your friends and colleagues for networking, conversation, and light refreshments.

WEDNESDAY, SEPTEMBER 12

7:00 am **Breakfast and Registration** - *2nd Floor*

8:00 am **Welcome Back Exercise and Check-In** - *Capitol Ballroom*

Welcome back to day two of the *All In* National Meeting. We'll recap day one and get ready for day two.

8:30 am **Plenary**

Who Needs Health Equity? The Urgency to Build Public Will to Advance Our Work
- *Capitol Ballroom*

Over the last 20 years, we've seen an explosion in the availability of data that provide strong evidence about the types of programs, policies, and initiatives that result in improved population health outcomes. Our data are helping us to prove that it is possible to make investments in population health that are cost-effective, improve health outcomes, and engage communities as co-producers of their own health—and that many of these investments have residual impacts that go well beyond improved health outcomes for the targeted beneficiaries. But access to more data and empirical evidence has not been the game-changer that many of us thought it would be. It can be tough to make a compelling case for systems changes that would make meaningful improvements in health outcomes. Worse, when we are not careful in how we use the data we have, our attempts to build support can actually backfire and reduce support for our work. This session will help participants understand how to use data to build public support for scaling health programs, policies and investments that fundamentally transform our health ecosystems for the better.

- Dr. Tiffany Manuel, Vice President, Knowledge, Impact & Strategy, Enterprise Community Partners, Inc.

9:25 am **Break**

9:45 am **Breakout Sessions 2**

Partnership with Human Services

Accessing Human Services Information to Map Resources and Improve Care Coordination - *Capitol 1*

With increased acknowledgment of the importance of capturing and understanding social determinants of health, many communities are leveraging the data infrastructure of existing systems such as 2-1-1 and local Health Information Exchanges (HIEs) to understand community needs, share data beyond clinic walls, and enhance care coordination for residents. In this session, panelists will share how their communities are engaged in data sharing partnerships with human and social services in order to better understand how to leverage community resources, fill resource gaps, and facilitate coordinated care.

- **In the Thick of It** Sandra Serna, Louisiana Public Health Institute; LaVondra Hallman Dobbs, VIA LINK
- **In the Thick of It** John Green, Boulder County Housing and Human Services; Paul Marola, Colorado Regional Health Information Organization (CORHIO)

Developing Legal Use Cases

Developing Use Cases to Tackle Legal Barriers and Make the Value Case for Data Sharing - Capitol 2

When approaching multi-sector data sharing partnerships, particularly for potentially sensitive data linked to at-risk, vulnerable populations or students, it can be extremely useful to develop shared use cases that allow all stakeholders to understand what kinds of data will be necessary across multiple systems. Hear examples from two communities who have been able to successfully build their use cases and make the legal rationale in order to demonstrate value and build the data sharing relationships that they need.

- **Getting Started** Waldo Mikels-Carrasco, Michiana Health Information Network
- **In the Thick of It** Kevin Konty, NYC Department of Health and Mental Hygiene

Developing Shared Metrics

Using a Common Scoreboard: Developing Shared Metrics to Measure Multi-Sector Work - Capitol 3

In working with multiple partners across a wide spectrum of sectors, it is important to develop a shared understanding of your collaboration's goals and find ways to measure progress towards achieving the desired outcomes. This can be particularly difficult when it comes to measuring a wide variety of social needs and influences. In this session, speakers will share their processes for creating shared language and understanding and developing a common set of metrics to use with all community partners.

- **In the Thick of It** Karis Grounds and William York, 2-1-1 San Diego / Community Information Exchange
- **In the Thick of It** Denise Rodgers, Rutgers Biomedical and Health Sciences

Housing and Public Health

Partnering with Affordable Housing to Address the Social Determinants of Health - Capitol 4

As an essential component of the social determinants of health, housing organizations are taking the lead in partnering with public health and health systems in order to better understand the impacts of affordable housing and how best to support community members. Speakers will share engagement strategies and tips for community capacity building that can be implemented to address built environment barriers, as well as the governance structures and data sharing tools that have been critical elements for building cross-sector analytic capacities for linking housing and health data.

- **In the Thick of It** Jodi Cunningham and Jennifer Foster, The Community Builders; Denisha Porter, City of Cincinnati Health Department
- **In the Thick of It** Sarah Oppenheimer, King County Housing Authority; Alastair Matheson, Public Health-Seattle & King County; Andria Lazaga, Seattle Housing Authority

Jail Data for Community Health

Releasing Jail Data to Coordinate Care and Support Community Re-Entry - Tabor

Individuals with complex needs and patterns of high hospital utilization are often frequent users across multiple systems, including criminal justice and the homeless system. In order to better meet the needs of these individuals, communities are partnering with law enforcement agencies to use jail data, in conjunction with other data sets, to prevent unnecessary incarceration, provide necessary services and access to housing, and coordinate better care for clients as they re-enter society.

- **In the Thick of It** Victor Murray, Camden Coalition of Healthcare Providers
- **In the Thick of It** Kim Keaton, Corporation for Supportive Housing; Christina Sung, University of Chicago Center for Data Science and Public Policy [d](#)

Stakeholder Engagement

Community-Centered Design and Engagement for Development of Data Sharing Systems - Executive Lounge

When developing a data sharing hub, stakeholder engagement and commitment to person-centered design principles are key. Hear from two communities, one in the planning stages of their journey to build a shared data hub and another that is actively integrating new data sources to their Story App. Learn about the strategies they are using to engage partners, identify the types of data they will need, ensure community and patient voices are heard, and build a shared platform that will bring value to all stakeholders.

- **Getting Started** Rita Deng and Chunfu Liu, Montgomery County Department of Health and Human Services
- **In the Thick of It** Susan Millea, Children's Optimal Health; Rahel Berhane, Children's Comprehensive Care Clinic

10:45 am **Break**

11:00 am **Shallow Dive Sessions**

Shallow dive sessions are an opportunity to hear from one initiative in greater detail and engage in discussions with the session leaders about their work, challenges, strategies, and lessons learned.

Statewide Data Collaboration

A Mature Statewide Data Collaboration: Lessons Learned and Future Directions - Capitol 1

The New Mexico Community Data Collaborative (NMCDC) is a unique, statewide data warehouse compiling demographic, socioeconomic, health and social determinant data at the neighborhood level. NMCDC has also established a training and learning network for citizen analysts which supports effective utilization of the collaborative resources. Learn about unique aspects of the collaboration which have contributed to its success, including: methods for sharing datasets between collaborators, permitting reuse of costly geocoded information; a consensus geographic analysis framework for communities; multi-factor health and risk indexes; and collaborative projects and products driven by consumer demand from advocacy organizations, health councils, and healthcare providers.

- **In the Thick of It** Harvey Licht, New Mexico Community Data Collaborative; Susan Wilger, Southwest Center for Health Innovation

Community Information Exchange

Roadmap for Multi-Sector Collaboration to Improve Person-Centered Care Coordination - *Capitol 2*

The Community Information Exchange (CIE), powered by 2-1-1 San Diego, is a collective movement and technology platform that shifts how health and social service providers deliver person-centered care. Through the CIE, a network of multi-disciplinary providers share and collaborate on an individual's longitudinal record, community care plan and shared measures. This session will provide lessons learned from 2-1-1 San Diego's Community Information Exchange, including primary components, such as infrastructure, technology, legal, partnership, and sustainability. This discussion will allow for a 2-1-1 led group discussion around building a roadmap to creating a CIE within participants' own communities.

- **Getting Started** Karis Grounds and William York, 2-1-1 San Diego / Community Information Exchange

Community Data for CHNAs

Collaborating on What Residents Care About - *Capitol 3*

Trinity Health of New England's Hartford, CT-based hospital, St. Francis, was an early adopter of including community data resources in their community health needs assessment (CHNA) by using the DataHaven Community Wellbeing Survey to gather information about resident experience. Learn how the speakers are working on integrating the CHNA process with their multi-sector North Hartford Triple Aim Collaborative to better understand and address community needs. Through data visualization and an interactive problem solving session, the discussion will connect participants to the new roles data can play in community outreach and population health improvement.

- **In the Thick of It** Rick Brush, Wellville; Mary Stuart, Trinity Health/St. Francis

Community-Centered Data to Inform Policy

Addressing Transportation Needs to Improve Racial Inequities in Infant Mortality - *Capitol 4*

FLOURISH St. Louis' goal is to eliminate racial disparities in infant mortality by 2033. The Transportation Action Team is a multi-stakeholder group with three arms: the data work group (evaluation and data analysis), the policy work group (local and statewide advocacy), and the FLOURISH Neighborhood Network (community engagement). Learn about the various tools and processes FLOURISH uses to collect data that complement Census data and other traditional population-level data from the state and discuss how to synthesize multi-stakeholder data to inform policy. The speakers will also share various challenges FLOURISH has encountered, especially regarding the delicate balance between data and authentic relationship building.

- **Getting Started** Sarah Kennedy, Generate Health; Rhonda Bartow, City of St. Louis Health Department

Social Needs and Risk Factors

Healthcare-Based Social Needs Screening and Referral Tools and Technologies - Tabor

In order to properly assess and address the social needs of patients, it is important to understand what kinds of data are being collected, where the data are, and how to use the data for improved care coordination and service delivery. Learn about the many different kinds of data related to social risk factors that are increasingly being collected in clinical settings (e.g., food insecurity, housing insecurity, transportation needs), how healthcare providers are using this information, and how other sectors might also benefit from this data. In addition, the session will provide an overview of social services referral technologies being developed for health care users and how organizations are utilizing services such as Aunt Bertha, Healthify, NowPow, and more.

- Caroline Fichtenberg, University of California, San Francisco / SIREN

Universal Community Planning Tool

Universal Community Planning Tool for Community Engagement and Data Collection - Cambridge

A critical step in improving health in a community is to develop pathways for residents and partner organizations to contribute to the planning decisions that affect them. The Universal Community Planning Tool (UCPT), a digital commons developed by the Garrett County Health Department, provides a platform for continuous community engagement and a framework to collect hyper-local data that enables public health to measure the kind of impacts communities are making toward identified community health improvement strategies. Learn more about the UCPT as an open source project from its creators and hear how the Medina County Health Department is replicating the tool in their community.

- **Looking Forward** Shelley Argabrite, Garrett County Health Department; Krista Wasowski, Medina County Health Department

Neighborhood and Community Data

Using Neighborhood and Community Data to Promote Health - Executive Lounge

The National Neighborhood Indicators Partnership (NNIP) is a collaborative effort by the Urban Institute and local partners to further the development and use of neighborhood-level and community data in local policymaking and community building. Hear from two NNIP Partners who are working with local stakeholders to use data to promote health equity, guide decision-making, and better meet the needs of their residents. The speakers will share their experiences developing and growing an innovative online platform that shares compelling local data and community stories and applying a Basic Priority Rating method to facilitate collaborative decision-making processes around community health improvement planning.

- Leah Hendey, Urban Institute
- **In the Thick of It** Karen Frederickson Comer, The Polis Center at Indiana University Purdue University Indianapolis (IUPUI)
- **Planning** Jennifer Newcomer, Shift Research Lab, The Piton Foundation

11:45 am Box Lunch

12:15 pm **Plenary**

Moving Upstream: Challenges, Opportunities, and Moral Imperatives to Improve Health and Health Care - Capitol Ballroom

Please note: A live video stream of this plenary will also be available in Tabor

Rishi Manchanda is a leading figure in upstream healthcare in the United States. He is the president and founder of Health Begins, a social network where clinicians can exchange ideas on prevention and upstream causes of illnesses. Rishi Manchanda is Chief Medical Officer of The Wonderful Company, a privately held \$4 billion company committed to offering consumers high-quality, healthy brands. Previously, Rishi worked for the VA Greater Los Angeles Healthcare System, where he was the lead physician for homeless primary care and for a network of community health centers in south Los Angeles, where he was the first director of social medicine and health equity. In 2008, Rishi founded RxDemocracy, a nonpartisan coalition that promotes civic engagement and voter registration in doctors' offices and hospitals nationwide. In his 2013 TEDbook, *The Upstream Doctors*, Rishi introduced a new model of the healthcare workforce that includes "upstreamists" who improve social determinants of health. In this address, Dr. Manchanda updates us on the upstreamism.

- Dr. Rishi Manchanda, President and CEO, HealthBegins

1:10 pm **Break**

Please note: BUILD Health Challenge guests will transition to a separate meeting during this time.

1:30 pm **Plenary Panel**

Overcoming Policy Paralysis: Perspectives from the Field - Capitol Ballroom

Effectively sharing data requires a sound policy framework. Given the constraints at various levels, how are communities, states, and the federal government addressing policy challenges? What opportunities are there for alignment at these various levels? This session will include a broad discussion of what needs to happen in order to facilitate and accelerate data sharing as it relates to community health improvement.

Moderator: Sue Grinnell, Director, Public Health Innovation Lab, Public Health Institute

- Lauren Block, Program Director, Health Division, National Governors Association
- Dr. Darcy Phelan-Emrick, Chief Epidemiologist, Baltimore City Health Department

2:30 pm **Closing Plenary**

Next Steps for Our Communities, All In, and the Field - Capitol Ballroom

Returning to the themes developed in the opening plenary, we will discuss and document our next steps together in communities across the country and with *All In*.

3:30 pm **Adjourn**

LIST OF LOCAL COLLABORATIONS

Profiles of some collaborations and members are available on the *All In* online community (allin.healthdoers.org). If you would like to add a profile for your collaboration on the *All In* online community, please contact info@allindata.org.

COLLABORATION OR LEAD ORGANIZATION	LOCATION	MEMBERS IN ATTENDANCE
All Chicago Making Homelessness History	Chicago, IL	Arun Challa Padma Thangaraj
All Children Thrive	Long Beach, CA	Tiffany Cantrell-Warren
Allegheny Data Sharing Alliance for Health	Allegheny County, PA	Karen Hacker
Altair Accountable Care for People with Disabilities	St. Paul, MN	George Klauser
Avondale Children Thrive	Cincinnati, OH	Jodi Cunningham Jennifer Foster Denisha Porter
Baltimore City Health Department	Baltimore, MD	Kamala Green Jasina Wise
Baltimore Falls Reduction Initiative Engaging Neighborhoods and Data (B'FRIEND)	Baltimore, MD	Darcy Phelan-Emrick Michael Fried
Believe in a Healthy Newark	Newark, NJ	Denise Rodgers
Boulder County Housing and Human Services	Boulder County, CO	Paul Marola John Green
Boyle Heights Accountable Communities for Health	Boyle Heights, CA	Heather Hays
Bridging Health and Safety in Near Northside	Houston, TX	Abel Chacko
BUILD Health Aurora	Aurora, CO	Eileen Auer Bennett Kristine Rodrigues
Building a Culture of Health in Camden	Camden, NJ	Valeria Galarza Nicole Vaughn
Building Uplifted Families	Charlotte, NC	Alisahah Cole Raymond McGregor Monica Thomas
Camden Coalition of Healthcare Providers	Camden, NJ	Aaron Truchil Victor Murray
Care AC	Atlantic City, NJ	Samantha Kiley
Center for African American Health	Denver, CO	Wivine Ngongo
Childhood Lead Hazard Data Sharing Across Sectors	Chicago, IL	Raed Mansour
Children's Comprehensive Care Clinic / Children's Optimal Health	Austin, TX	Rahel Berhane Susan Millea
Clackamas County Public Health, Blueprint Clackamas	Oregon City, OR	Anna Menon

COLLABORATION OR LEAD ORGANIZATION	LOCATION	MEMBERS IN ATTENDANCE
Cleveland Healthy Home Data Collaborative	Cleveland, OH	Merle Gordon Marie Masotya
Collaborative Cottage Grove	Greensboro, NC	Kathy Colville Mark Smith
Colorado Health Observation Regional Data Service (CHORDS)	CO (statewide)	Sara Schmitt Catherine Horle
Colorado Department of Public Health & Environment, Office of Health Equity	Denver, CO	Vaishnavi Hariprasad Sarah Hernandez Namrita Singh
Colorado Office of eHealth Innovation	CO (statewide)	Whitney LeBoeuf Carrie Paykoc
Colorado Regional Health Connectors	CO (statewide)	Kyla Hoskins Paige Backlund Jarquin
Community Information Exchange / 2-1-1 San Diego	San Diego, CA	Karis Grounds John Ohanian William York
Community Pathways Collaborative	Hood River and Wasco Counties, OR	Suzanne Cross Paula Weldon
Culture of Results Initiative	NC (statewide)	Emma Olson
District of Columbia Department of Health, My Healthy DC	Washington, DC	Alyzza Dill-Hudson
DuPage County Health Department Post-Crisis Response Team (PCRT)	Wheaton, IL	Lori Carnahan Scott Kaufmann
Flathead City-County Health Department, Flathead Forward	Kalispell, MT	Molly Neu
FLOURISH St. Louis	St. Louis, MO	Rhonda Bartow Sarah Kennedy
Food for Health: Coordinating Care Across Sectors to Improve Health Among Vulnerable Populations	Dallas, TX	Yolande Pengetnze
Forward, Franklin	Franklin, NJ	Tamara Contreras James McDonald
Fresno Metro Community Health Improvement Partnership	Fresno County, CA	Sue Kincaid
East5Side Unified	Denver, CO	Jodi Hardin Lynn VanderWielen
Garrett County Health Department, Universal Community Planning Tool	Oakland, MD	Shelley Argabrite John Corbin
Grady Memorial Hospital	Dekalb County, GA	Jasmine Moore
Ground-level Response and Coordinated Engagement (GRACE) Data Project	Whatcom County, WA	Anne Deacon Dean Wight Jennifer Luna
Healthy Homes Des Moines	Des Moines, IA	Eric Burmeister Helen Eddy
Healthy Montgomery	Montgomery County, MD	Rita Deng Chunfu Liu

COLLABORATION OR LEAD ORGANIZATION	LOCATION	MEMBERS IN ATTENDANCE
Healthy Ontario Initiative	Ontario, CA	Angelica Baltazar
Healthy Orange: Building and Sustaining a Culture of Health	Orange, NJ	Erin Bunger Johnson
Healthy Together Medical-Legal Partnership	Washington, DC	LaVerne Jones Candice Pantor
Healthy Together Referral Network	NY (statewide)	Taylor Justice
Kansas Association of Local Health Departments	Topeka, KS	Charles Hunt Dan Partridge Michelle Ponce
King County Data Across Sectors for Housing and Health	Seattle, WA	Amy Laurent Andria Lazaga Alastair Matheson Sarah Oppenheimer
Linn County Community Care Coordination (C3) Coalition	Linn County, IA	Cynthia Fiester Kimberly Ott
Live Healthy Napa County	Napa County, CA	Nicole Ureda
Los Angeles Practice Transformation Network	Los Angeles, CA	Stella Gukasyan Leslie Dishman
Louisiana Public Health Institute	New Orleans, LA	LaVondra Hallman Dobbs Sandra Serna
Maine Data Across Sectors for Health	Portland, ME	Alison Kenty Katie Sendze
Medina County Health Department, Living Well Medina County	Medina, OH	Krista Wasowski
Michiana Health Information Network (MHIN)	Midwest region	Waldo Mikels-Carrasco
Minneapolis Heart Institute Foundation	Minneapolis, MN	Rebecca Lindberg
Minnesota Department of Health	Minneapolis, MN	Chelsie Huntley
Monroe County System Integration Project	Monroe County, NY	Laura Gustin
Motivating Culture Change for a Healthier Tomorrow	Hunterdon County, NJ	Kim Blanda Rose Puelle
Neighborhood Connections to Health	Freehold, NJ	Margaret Jahn Colleen Nelson
Neighborhood Tabulation Areas: Enhancing Community Health Improvement Capacity in NYC	New York, NY	Kevin Konty
New Brunswick Healthy Housing Collaborative	New Brunswick, NJ	Manuel Castañeda Camilla Comer-Carruthers John Dowd Marge Drozd Ana Bonilla Martinez Jaymie Santiago
New Mexico Community Data Collaborative	NM (statewide)	Harvey Licht Susan Wilger
North Coast Health Improvement and Information Network	Humboldt County, CA	Jaclyn Culleton Jessica Osborne-Stafsnes

COLLABORATION OR LEAD ORGANIZATION	LOCATION	MEMBERS IN ATTENDANCE
Ohio Public Health Partnership	OH (statewide)	Susan Tilgner Krista Wasowski
Old Brooklyn Community Development Corporation	Cleveland, OH	Amber Jones Jennifer King
One Northside Center for Lifting Up everyBody (The CLUB)	Pittsburgh, PA	Kelly Glass Brenda Gregg Hannah Hardy
Oregon Coalition of Health Officials, Inc.	OR (statewide)	Anna Menon
Pima County Health Department, Mothers in Arizona Moving Ahead (MAMA)	Tuscon, AZ	Ernestina Limon María Magaña
Raising of America Partnership	Lafayette, CO	Lesly Feaux Kacie Warner
Reducing Tobacco Use Through Innovative Data Sharing	Covington & Gallatin Counties, KY	Elizabeth Bishop Scott Sedmak Mary Singler Stuart Zorn
Sedgwick County Division of Health	Sedgwick County, KS	Victor Okwo
Shaping Elizabeth Community Health Initiative	Elizabeth, NJ	Alane McCahey
Strengthening the Partnership for a Healthier JC	Jersey City, NJ	Stacey Lea Flanagan
Tacoma-Pierce County Health Department	Tacoma, WA	Jacques Colon
Trenton Transformation	Trenton, NJ	Matthew Broad Elena Cromeyer Martha Davidson Gregory Paulson Stephani Register Eric Schwartz
University of Chicago's Center for Spatial Data Science and School of Social Service Administration	Chicago, IL	Julia Koschinsky Nicole Marwell
University of Texas at Austin, Dell Medical School	Austin, TX	Anjum Khurshid
Washington State Association of Local Public Health Officials	WA (statewide)	Melanie Payne
The Wellness Center at Historic General Hospital	Los Angeles County, CA	Janina Morrison
West Sacramento Accountable Community for Health Initiative	Sacramento County, CA	Debra Oto-Kent
White Earth Nation WECARE Implementation Project	Omega, MN	Cyndy Rastedt Kimberly Turner

THANK YOU TO OUR PARTNERS AND FUNDERS!



BUILD Health Challenge

The BUILD Health Challenge is contributing to the creation of a new norm in the U.S., by putting multi-sector, community-driven partnerships at the center of health to reduce health disparities caused by system-based or social inequity. BUILD is supported by Blue Cross and Blue Shield of North Carolina Foundation, de Beaumont Foundation, Colorado Health Foundation, Episcopal Health Foundation, Interact for Health, The Kresge Foundation, Mid-Iowa Health Foundation, New Jersey Health Initiatives, Robert Wood Johnson Foundation, Telligon Community Initiative, and the W.K. Kellogg Foundation.

BUILDHealthChallenge.org | [#BUILDHealth](https://twitter.com/BUILD_Health) on [@BUILD_Health](https://twitter.com/BUILD_Health)



Data Across Sectors for Health

Data Across Sectors for Health (DASH), led by the Illinois Public Health Institute in partnership with the Michigan Public Health Institute and with support from the Robert Wood Johnson Foundation, aims to align health care, public health, and other sectors to systematically compile, share, and use data to understand factors that influence health and develop more effective interventions and policies.

dashconnect.org | [@DASH_connect](https://twitter.com/DASH_connect)



New Jersey Health Initiatives

New Jersey Health Initiatives (NJHI) is the statewide grantmaking program of the Robert Wood Johnson Foundation. Established in 1987 in honor of the New Jersey philanthropic legacy of RWJF's founder, Robert Wood Johnson, NJHI supports innovations and drives conversations to build healthier communities through grantmaking across the State of New Jersey.

njhi.org | [@NJHI_](https://twitter.com/NJHI_) | facebook.com/newjerseyhealthinitiatives



Population Health Innovation Lab (PHIL)

The Public Health Institute's (PHI) Population Health Innovation Lab (PHIL) designs, catalyzes and accelerates innovative approaches that advance health outcomes and well-being. PHIL uses new approaches, new technologies, and new partnerships to develop solutions for our communities' most complex problems—and then share and spread what works.

phi.org | [@PHIdotorg](https://twitter.com/PHIdotorg) | facebook.com/PublicHealthInstitute



Public Health National Center for Innovations

The Public Health National Center for Innovations (PHNCI), a division of the Public Health Accreditation Board, identifies, implements, and spreads innovations in public health practice to help meet the health challenges of the 21st century in communities nationwide. PHNCI works with public health organizations to develop, test, and implement innovative practices aimed at transforming and improving health outcomes, which other public health agencies can adapt to their communities' needs.

phnci.org | [@PHinnovates](https://twitter.com/PHinnovates)