

2019 *All In* National Meeting Call for Abstracts

October 15-17, Baltimore MD

Across the country, communities are working to improve population health and whole-person wellness through partnerships that bring diverse sectors together to unleash the full potential of their data. The third annual [All In: Data for Community Health](#) National Meeting is designed to lift up the hard-won knowledge and practical lessons from these pioneering local data sharing initiatives to accelerate our progress toward improved health equity for all.

Call for Abstracts

The 2019 *All In* National Meeting team is seeking abstracts from applicants who are actively engaged in a collaborative effort to improve health and well-being in their communities, and are interested in highlighting successes and lessons learned (including failures and mixed results) from their multi-sector, data sharing efforts. Practitioners from multi-sector collaborations of varying levels of maturity are invited to share examples of their work.

Proposals may be for:

1. An **individual presentation** that will be combined with one other presenter based on the proposal's theme and content for a 60-minute session (of which approximately half of the time will be reserved for Q&A and audience discussion), or
2. A **focused discussion/roundtable** (45-60 minutes) that you will lead based on an area of expertise or project tool/resource.

We are looking for innovative models, strategies, successes, failures, mixed results, and lessons learned to help the audience identify strategies they can apply to transform their communities and improve health and well-being for all.



All proposals will be organized into one of four tracks:

Planning: Geared towards practitioners in the early stages of their multi-sector work. Examples of topics include:

- a. Building trust, shared vision, and collective goals
- b. Partnering with community-based organizations
- c. Gaining buy-in and making the value proposition to different sectors; positioning your partners for data sharing
- d. National organizations, policymakers, etc. who are developing frameworks or systems to facilitate multi-sector collaborations locally

Getting Started: Geared towards practitioners or their partners that are beginning to build data sharing partnerships and systems - examples of topics include:

- e. Selecting and/or developing data systems and leveraging multi-sector data to identify opportunities for intervention
- f. Navigating the legal considerations of data-sharing partnerships and obtaining consent
- g. Models / strategies for partnerships, collaborative governance, and data governance
- h. Community generated data, community resource asset mapping

In the Thick of It: For practitioners who are actively testing and sharing data - examples of topics include:

- i. Data integration, linking, analysis, and reporting strategies and methods
- j. Implementation of shared data for use in interventions, systems, or policy change
- k. Testing and evaluation, user and client feedback, process improvements
- l. Measuring and demonstrating change in health and well-being outcomes

Looking Forward: For practitioners in more mature data sharing collaborations who are looking for the next step - examples of topics include:

- m. Scaling and replicability
- n. Sustainable financing
- o. Policy change

Topics of Interest

Applicants are invited to submit abstract proposals to talk about their multi-sector collaborative work as it relates to building readiness for data sharing, improving community health through data sharing, actively testing and building integrated data systems, or scaling data sharing efforts that have demonstrated success. Content should focus on strategies, processes, and lessons related to specific aspects of a project, such as the multi-sector partnership, data system, analysis methodologies, interventions, etc.

We invite all proposals that elevate expertise or lessons learned, but special consideration will be given to abstracts that address the following topics:

- Building **community and social service organization capacity** to manage and share data
- **Workforce development** (e.g. staff buy-in, training)
- Initiatives that are led or co-designed with **sectors outside of public health or health care** (e.g. transportation, education, urban planning, criminal justice)
- **Sustainability and funding** (e.g. proving ROI, non-monetary returns on investment)
- **Operationalizing equity** and addressing impacts of racism, gender oppression, and class
- **Legal issues** (e.g. navigating HIPAA, FERPA, etc.; obtaining patient consent, developing data sharing agreements)
- Authentic **community engagement** (e.g., community members involved in shared leadership and decision-making, community organizing)
- **State and federally-supported health transformation programs**, including those supported by

Center for Medicare and Medicaid Innovation, Accountable Communities of Health, etc.

- **Priority populations and health issues** (e.g., rural perspectives, opioids, children)
- **Technology, tools, and resources** (e.g. care coordination platforms, linkage to EMRs, using HIEs to address the social determinants of health; use of tablets/cell phones, APIs)

In addition, we are especially interested in proposals from multi-sector initiatives that have one or more of the following characteristics:

- Lead by a partner organization outside of health care or public health
- Includes a robust evaluation component, with collective process and outcome measures that meet the needs of non-traditional health sector partners
- Includes voices from community residents, community health workers/navigators, or individuals with lived experience

You can also read the [recap](#) and [agenda](#) from last year's meeting to learn more about the kinds of topics we've covered in the past.

Application Process

All [abstract submissions](#) must include the following information. Only proposals with all required information will be considered.

1. Contact Information
 - a. Submission Point of Contact information, including phone and email address
 - b. Presenter's name and organization
 - c. Speaker bio (no more than 100 words each)
2. Collaboration Information
 - a. List the sectors of the key stakeholders involved in your multi-sector collaboration (pick list)
 - i. Academia/research institutes
 - ii. Banking/finance
 - iii. Business
 - iv. Clinical health care providers and delivery systems
 - v. Criminal justice
 - vi. Education/schools
 - vii. Elected or appointed officials
 - viii. Faith-based organizations
 - ix. Food and nutrition
 - x. Health care payers
 - xi. Housing and homelessness
 - xii. Information management infrastructure
 - xiii. Justice
 - xiv. Legal
 - xv. Mental/behavioral health care
 - xvi. Parks and recreation
 - xvii. Philanthropy
 - xviii. Planning, economic, or community development
 - xix. Public health
 - xx. Public safety, law enforcement
 - xxi. Social/human services
 - xxii. Transportation
 - xxiii. Other local/state/tribal government agencies
 - xxiv. Other community-based organizations
 - xxv. Other

- b. Select your multi-sector collaboration's data sharing maturity
 - i. Participating organizations in our collaboration routinely share data across sectors.
 - ii. Some organizations in our collaboration have shared data across sectors; we are working to increase data sharing among all relevant partners.
 - iii. Participating organizations in our collaboration have not yet shared data across sectors, but are actively planning to do so.
 - iv. Participating organizations in our collaboration have been reluctant to share data across sectors and show no signs of progress in this direction.
 - v. Don't know
- c. List the data sources/types you are working with as part of your data sharing collaboration
 - i. Service data (EHRs, case management)
 - ii. Administrative data
 - iii. Geographic data
 - iv. Personal demographic data
 - v. Surveillance data
 - vi. Outcomes data
 - vii. Community-generated data
 - viii. Census and civic data
 - ix. No data

3. Abstract Information

- a. Submission Type: My work is better suited for a:
 Presentation and Q&A Roundtable / discussion Either format
- b. List 1-2 learning objectives for the presentation/roundtable discussion
- c. A brief summary of the session (up to 300 words). Please include suggestions for interactive/sharing/discussion elements that may be included in the session Q&A or small group discussion.
- d. Please select the one or two tracks in which you feel your content best fits:
 Planning Getting Started In the Thick of It Looking Forward
- e. Are you planning on including a "community voice" co-presenter? (ex. Community resident, community health worker, person with lived experience, etc.) Yes No
- f. Have you previously presented at an All In National Meeting? Yes No
 - i. If Yes:
 - 1. Which year did you present? 2018 2017
 - 2. Which of the following applies to your abstract?
 - a. An update on the same collaborative project I presented
 - b. The same collaborative but a new project/data sharing initiative
 - c. A new collaborative effort (new partners, focus, etc.)

[APPLY NOW]

Abstracts submissions are due Friday, May 17th, 2019, 11:59pm PST.

Review Criteria

Applications will be reviewed and selected based on the following criteria:

- **Eligibility** - Applicants must be actively engaged in a multi-sector collaborative project and be approved members of *All In* in order to qualify. Individuals who are not affiliated with an *All In* national partner must register to become *All In* members at the time of submission by signing up for the [online community](#) and creating an individual profile. *Note: Membership in All In is free.*

Abstracts from for-profit companies and vendors will not be considered unless the session features a practitioner who will share their collaboration needs and demonstrate how they apply the tool or application in their community.

- **Applicability** - Abstracts should propose presentations that will allow audience members to walk away with practical lessons learned and actionable next steps to help advance their own multi-sector data sharing community work.
- **Specificity** - Rather than provide a general overview, proposals should focus on specific aspects of project work, with examples of strategies and actionable recommendations related to the collaboration, multi-sector partnerships, data systems, methodologies, intervention strategy, etc.
- **Quality** - The material is well-organized and prepared.
- **Speaker Diversity** - Applicants are encouraged to submit proposals with speakers of diverse backgrounds and perspectives (race/ethnicity, gender/gender identity, geography, professional experience, etc.). Extra consideration will be given to abstracts submitted from non-public health/health care sectors, in order to diversify the perspectives being shared.
- **Thematic fit** - Abstracts will be selected and paired into Breakout sessions based on their ability to address a variety of challenges and use cases, and substantively cover the breadth of the topics we are interested in highlighting.

Scholarships

Full and partial scholarships are available to support travel and attendance for accepted presenters and discussion group leaders. In addition, all speakers who submit their presentation slides and materials by **October 1st** will have their hotel costs covered. For accepted abstracts with more than one presenter, only the conference registration fee will be covered for the second speaker.

Timeline

April 18, 2019 - Call for Abstracts released

May 15, 2019 - Conference registration opens

May 17, 2019 - Abstract proposals due

June 10, 2019 - Abstract selections announced

July/August 2019 - Session prep calls with selected applicants and moderators

October 15-17, 2019 - *All In: National Meeting, Baltimore, MD*

****Applications will be reviewed on a rolling basis -- early submissions are strongly encouraged.***

For questions and concerns, or for more information, contact info@allindata.org.