Resource Guide

**Data Across Sectors for Health presents a three-part webinar series:
Advancing Community Health Through Equitable Data Ecosystems**
Part III: Navigating Market Forces and Policies
September 26, 2022, 1:30 p.m. – 3:00 p.m. ET

Data Across Sectors for Health (DASH) is pleased to present the second installment of a three-part webinar series: *Advancing Community Health Through Equitable Data Ecosystems*. The webinar series introduces the DASH Framework, which highlights the key domains of shared multi-sector data landscapes and will help to guide communities to leverage their data ecosystem for equitable systems change.

Data sharing has increasingly become a predominant feature and activity of healthcare systems, as there is a consensus among healthcare and other policy experts that health information exchanges (HIE) and other data sharing systems are critical to providing quality care that meets the needs of patient populations and healthcare providers in the United States. Therefore, it is important to understand the role of market forces and policies in shaping capacities, opportunities, and barriers to data sharing within data ecosystems. Panelists from DASH-funded programs will share their experience of navigating the market forces and policies impacting their communities as they work to build equitable data ecosystems for all.

Communities engaging in data sharing navigate complex and, at times, competing external requirements, which are attempts to support data security and meaningful use. The United States has, throughout history, leveraged policy to regulate market dynamics toward the social good—complexities around competition and capitalism notwithstanding. Market forces and policy are not entirely separate. While healthcare systems in the United States have been traditionally thought of as insulated from the activities of markets, more recently there has been greater recognition by policy experts that supply, demand, pricing dynamics and other market forces have strong influences on the operations of healthcare systems. Data sharing has increasingly become a predominant feature and activity of healthcare systems, as there is a general consensus among healthcare and other policy experts that health information exchanges (HIE) and other data sharing systems are critical to providing quality care that meets the needs of patient populations and healthcare providers in the United States. Therefore, it is

important to understand the role of market forces and policies in shaping capacities, opportunities, and barriers to data sharing within data ecosystems.

There are many other evolving issues with respect to how market forces shape data sharing ecosystems and to what end. As [Data for Black Lives](#) highlights, the extraction and commodification of data within capitalist systems often reinforces and perpetuates racist and other oppressive forces. For example, because the data that health systems and other entities have access to reflect inequities that shape our society, the use of algorithmic decision-making can lead to denials of benefits or inappropriate treatment that deepens racial and other social inequalities. Continued work is needed to understand how players in data ecosystems can recognize and respond to market-based and related challenges as they seek to advance data sharing toward racial and health equity.

Much of the policy that exists on data-sharing, effectively regulates the use of personal health information. If we are honest, most of us are unclear about what policy says can be shared, to what end, and how. We struggle to identify the best, most secure and ethical path forward—the "pathway to yes." In this moment, where there is unparalleled federal funding made available, policymakers are searching for systems strategies that can drive equitable community health improvement. We want to focus on policy related to state and federal activities that affect local data sharing efforts and the part local communities can play in creating a more effective policy sphere.

Findings from [RECoDE](#) highlight just how far the field of data sharing must go before the conversation is inclusive of everyone involved in shaping community health and wellbeing. Centering equity in policy development and implementation minimizes harm and promotes community-driven solutions throughout the data-sharing cycle. At the same time, people, organizations and communities lack equal access to collaborative networks, policy information and channels to effectively advocate for policies that work best for the work they do in their communities.

DASH is interested in hearing and sharing with our network the experience of your collaboration – both People with Lived Experience of Inequity (PWLEI) and CBOs – in navigating the market forces and policies impacting your community as you work to build equitable data ecosystems for all.

By the end of the session, attendees will be able to:

1. Describe the role of market forces and policies in shaping capacities, opportunities, and barriers to data sharing within data ecosystems.
2. Identify the role local communities play in creating a more effective and just policy sphere.
3. Understand that available data within a capitalist system often reflects inequities that shape our society.

Presenter Bios

Greg Bloom, Founder, Open Referral

Greg Bloom is the founder of Open Referral, which is promoting open access to information about the health, human, and social services available to people in need. He is a strategic advisor on community resources and engagement for the Gravity Project. He is also a visiting scholar at Indiana University's Ostrom Workshop on the Commons. Previously, Greg managed communications for Bread for the City in DC. He is a cooperative developer and community organizer, with experience in GOTV, class-action labor lawsuits, municipal budget battles, death penalty abolition campaigns, community wireless networks, and even a backyard-chicken legalization movement. He has been a fellow with Provisions Library and Civic Hall Labs, and has published writing in In These Times, Civic Quarterly, Personal Democracy Forum, and Code for America's Beyond Transparency.

David Poms, Partnerships Manager, DC PACT

David Poms, Partnerships Manager, has 10 years of experience working in Washington, DC on social equity programs related to education, food, and health. David currently coordinates the DC PACT initiative, a cross-sector health coalition addressing the social determinants of health, which builds on his experience strengthening the capacity of the emergency food assistance network of the greater Washington, DC area at the Capital Area Food Bank, and his years of experience doing advocacy, outreach and education at City Year Washington, DC and as a Servant-Leader Intern and Youth Advocate Leadership Trainer with the Children's Defense Fund. David is further developing new DCPCA member capacity building initiatives related to health equity and the structural determinants of health. Prior to joining DCPCA, David completed a Master's in Public Health at the University of Maryland, where he completed an internship with DCPCA, culminating in research and policy analysis projects that detail the path to building an accountable health community in Washington, DC. David is a native of the Washington, DC area and is passionate about building an equitable and inclusive region.

Resources

- [The DASH Framework](#) includes fundamental components and intersections of data sharing, such as elements that support strong data sharing foundations and recommended components of data ecosystems that facilitate equitable data sharing.
- [A Compilation of What We Have Learned From the First Wave of COVID-19](#) that has been updated with additional stories, more multimedia content, and examples showcasing how data can be used in times of crisis to provide equitable health solutions.
- [Interconnected: Data, Knowledge, and Action for Community Health](#), a publication that details the important data-sharing work from the first two funding rounds of DASH's Mentor Program.
- [Greg Bloom's Overview of Open Referral](#)
- [Greg Bloom on Community Information Exchanges (CIEs)](#)

- [Collective Impact](#) is a network of community members, organizations, and institutions who advance equity by learning together, aligning, and integrating their actions to achieve population and systems level change. Collective impact initiatives implement five conditions with equity practices incorporated throughout. The five conditions and equity practices are a framework and guide, rather than a checklist or formula, and should be customized for the local context.
- [Tackling Data Dilemmas in Social Care Coordination: Pursuing Open and Equitable Infrastructure Across a Fragmented Health and Social Service Landscape](#) paper explores common challenges that hinder such efforts, focusing specifically on how data are — or are not, or could be, or shouldn't be — shared among organizations across diverse institutional contexts. This paper observes that new social care coordination systems are emerging in ways that echo the market patterns which yielded a fragmented, incompatible landscape of Electronic Health Records systems (EHRs). These observations emerge from the collective experiences of the authors and their community partners in the field — a mix of technical, academic, and practical perspectives.
- [Open Referral - sustainable Open Data production models - consolidated whitepaper](#)
- The [Commons Research Innovations](#) theory is increasingly used as a framework to understand and rethink the management and governance of many kinds of shared resources. This volume reflects this multifaceted and multidisciplinary field from a variety of perspectives, offering new applications and extensions of the commons theory, which is as diverse as the scholars who study it and is still developing in exciting ways.

Presenter/ Partner Organizations

- [Data Across Sectors for Health](#) (DASH) is co-led by the Illinois Public Health Institute and the Michigan Public Health Institute, with support from the Robert Wood Johnson Foundation. Over the past several years, Data Across Sectors for Health (DASH) has worked with communities throughout the country to build local capacity for multi-sector data-sharing, while simultaneously building the evidence base to inform a national movement. These three strategies—building the capacity, building the movement, building the evidence base—work in tandem for organizations in a range of sectors from housing, health care, education, public safety, economic development, behavioral health, and more.
- [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. All In partner networks are building the evidence base to advance practice, identify gaps, highlight investment needs, and inform policy.
  - [Subscribe to the All In Newsletter](#)
  - [Join the All In national learning community](#)
- [Open Referral](#) develops data standards and open source tools that make it easier to share, find and use information about health, human, and social services. Open Referral

was instigated by the DC Open211 project, and its launch was co-sponsored by Code for America (CfA) in partnership with the Ohana project. It is now a community of practice with multiple pilot projects across the world. Open Referral is galvanizing collective action by 1) developing a new lightweight data exchange format — the Human Services Data Specification (aka 'the Open Referral format') — while 2) supporting locally-led pilots in which various institutional stakeholders are using this format to exchange open data and develop open platforms.

- District of Columbia Primary Care Association (DCPCA) works to create healthier communities through advocacy and the development of the infrastructure to support a high quality, equitable, integrated health care system that gives every DC resident a fair shot at a full and healthy life. Since DCPCA's founding they have been at the forefront of strengthening the District's primary care system. Through numerous advocacy efforts and resource development programs they have expanded and improved primary health care services for residents.
  - DC PACT (Positive Accountable Community Transformation) is a Collective Impact coalition effort of community providers, including social service nonprofits, faith institutions, behavioral health providers, hospitals, and community health centers, in partnership with multiple District government agencies including the Department of Health Care Finance, DC Health, Department of Human Services, Department of Behavioral Health, and Department of Disability Services. DC Primary Care Association serves as the Collective Impact "backbone" organization, guided by an Advisory Council. DC PACT is working to test the theory that the District has much of what we need to thrive, if we align our resources around our community's needs and strengths.
  - The CoRIE Project supports whole person care by connecting health and social services through the DC Health Information Exchange (HIE). Managing social determinants of health (SDOH) depends on screening individuals to identify social risks, assisting them as appropriate, and tracking efforts that meet their needs. These activities are enhanced through standardizing data captured on screening and interventions to enable data sharing among organizations addressing individual needs and to optimize whole-person care. This effort has given providers access to consolidated patient data through the CRISP portal and helped organizations to acquire electronic encounter and clinical data sharing capabilities.

Upcoming Webinars & Events

6th Annual All In National Meeting will be held virtually. Hear from friendly voices working on multi-sector data-sharing projects in communities like yours as they share a broad range of real-world experiences. Their dynamic presentations will explore the theme of Centering Communities to Transform Shared Data Systems. Sessions will highlight successful efforts to promote health and well-being through a lens of diversity, equity, and inclusion.
Date/Time: Oct 25-26, 2022