

# Toward Data-Driven, Cross-Sector, and Community-Led Transformation: An Environmental Scan of Select Programs

## Executive Summary

The Community Health Peer Learning Program (CHP), a partnership of AcademyHealth and the Office of the National Coordinator for Health Information Technology (ONC), conducted an **environmental scan** of multisector initiatives driving toward population health improvement at the community level, many with a focus on capturing, sharing, integrating, and using data to support their work. The scan and ensuing report confirm the emergence and rapid expansion of such efforts, and reflect a growing recognition that local conditions often drive the environmental and social determinants of health. Many place-based population health improvement efforts, therefore, involve sectors outside of health care (e.g., housing, education, criminal justice), and this report profiles several different programs and strategies designed to build and sustain these cross-sector collaborations. The report also conveys the scale, scope, and diversity of ongoing efforts, and offers insights into common challenges, emerging strategies, and promising practices to accelerate progress. Ultimately, the scan and associated report reveal the emergence of a movement—a convergence of programs and people connecting across traditional and non-traditional boundaries, and working together to improve community health.

## What we found

### THE WHO:

- Seventeen programs supporting nearly 450 locally-driven, population health improvement efforts
- Supported by over 16 different public and private funders
- Most common partners include health care, behavioral and social services, housing, and public health

### THE WHAT:

- Specific aims and objectives differ, but nearly all working to build community capacity and to affect health outcomes
- Diverse range of focus populations and conditions—many with a justice and/or equity layer
- Early stages in terms of collaborative maturity; most are focused on individual and local community improvement; not (yet) policy impact

### THE HOW:

- **Peer learning:** All programs include a peer learning component. These differ based on project resourcing and needs, but are built upon the common knowledge that local projects face similar challenges (e.g., inexperience with community engagement, limited resources, siloed data and functions) and the promise that collective action can address these problems in a deeper way than any one program or project can on its own.
- **Technical Assistance (TA):** TA is offered across all programs, but structured in different ways, delivered via diverse media, and focused on a range of topics—some relevant to only a subset (e.g., data governance) and others broadly applicable (e.g., strategic and sustainability planning).

## The 17 Programs

Accountable Health Communities (AHC)

Alignment for Health Equity and Development (AHEAD)

Bridging for Health

BUILD Health Challenge

CA Accountable Communities for Health Initiative (CACHI)

Community Health Peer Learning Program (CHP)

Community Interoperability and HIE Cooperative Agreement Program (Community Interoperability and HIE Program)

Connecting Communities and Care Funding Opportunity

Data Across Sectors for Health (DASH)

Health Impact Project

Invest Health

MacArthur Foundation Safety and Justice Challenge

ReThink Health Ventures

Spreading Community Accelerators through Learning and Evaluation (SCALE)

Transforming Communities Initiative

What Works Cities

White House Data-Driven Justice Initiative\*

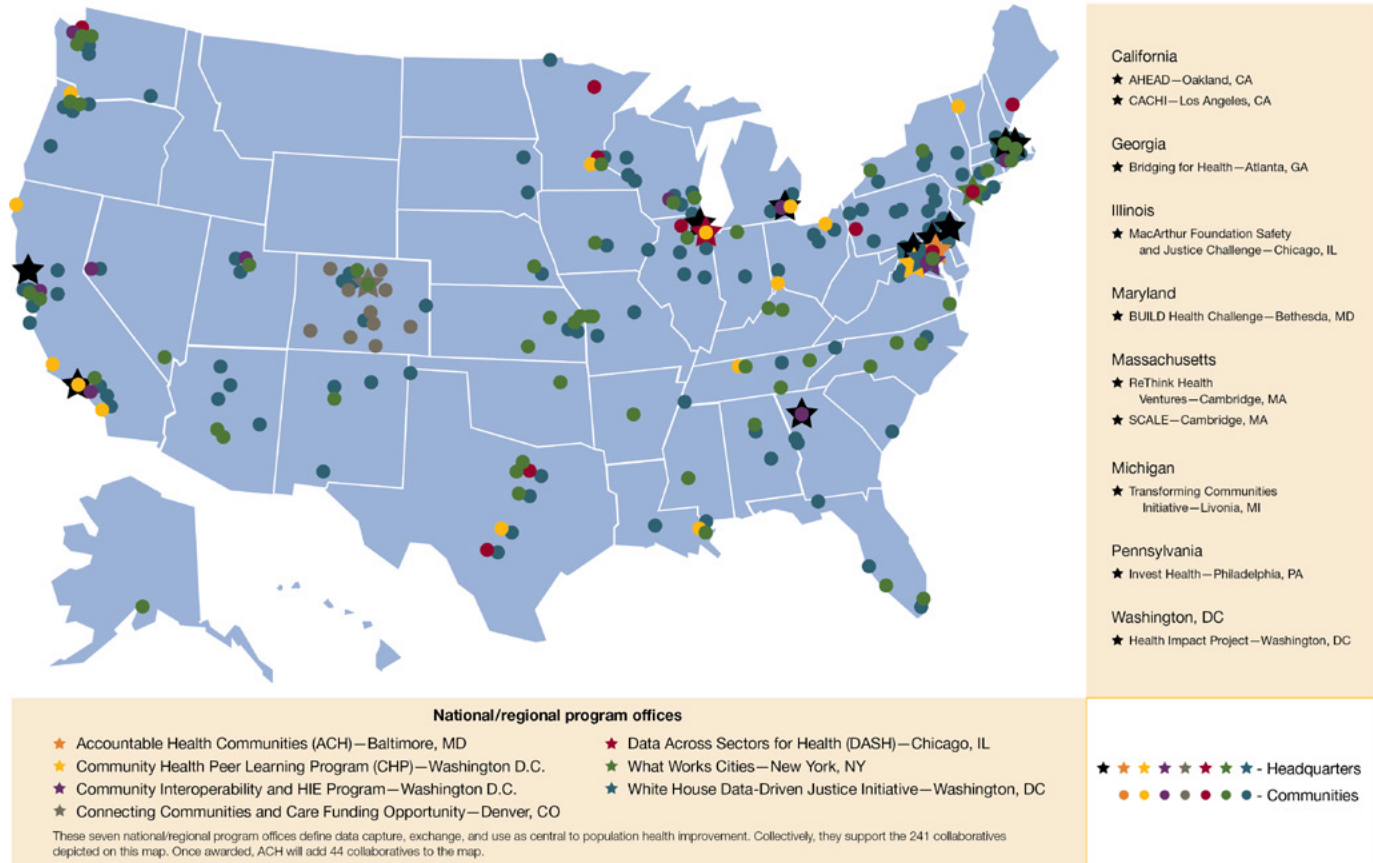
As of January 23, 2017, the Arnold Foundation is also supporting this work.

- **Evaluation:** Programs are taking varied approaches to evaluation, and at multiple levels (e.g., program office performance, community progress). All confirm they have much to learn, and expressed interest in a further discussion of metrics and measurement strategies for assessing both community capacity and health improvement impact over time.
- **Financing models and sustainability:** Ten programs are exploring alternative financing models (e.g., pay-for-success, social impact bonds, Wellness Funds), but all programs expressed concern about building the capacity of local collaboratives to sustain and extend progress beyond funding terms.
- **Data capture, exchange, and use:** Nearly half of the profiled programs are working with partners and local communities to enhance existing or build new data infrastructure to support community health improvement objectives. Efforts are diverse, and focus on a range of use cases, including individual care coordination, and population-based detection and intervention planning. The geographic coverage and scale of these local projects is highlighted in the map below.

### Much work remains: Future opportunities for research and investment

- **Supporting “aspirational” community collaboratives:** Though 400+ local initiatives represented in the scan receive financial support, many more remain unfunded, or underfunded, and may need external financial and other support to gain traction and sustain progress.

### Mapping (part) of the national movement



- **Capturing and shamelessly sharing what does and does not work:** Those aspiring to this level of collaboration for community health need both cautionary tales and bright spots; programs are working hard to both advance progress and document lessons for the benefit of the field.
- **Supporting a multigenerational workforce:** Programs see their investment as supporting local infrastructure development and empowering newly engaged community partners to play more active roles toward population health improvement.
- **Developing measures of progress and building the evidence base:** Progress at scale will require the development and application of meaningful metrics; these will help to assess impact at the individual community level, and to signal a path forward for other communities working with similar constraints, attributes, resources, and aims.
- **Creating mechanisms to support meaningful connections:** Program leaders, funders, and local projects share a common interest in connecting and coordinating to learn as much and as quickly as possible. The establishment and recent growth of All In: Data for Community Health, which seeks to build capacity, accelerate learning, and enhance collective impact, reflects this need for networked learning at scale.

Our hope is that this report will both clarify the current state of this dynamic and rapidly growing movement and illuminate possible opportunities at all levels to hasten progress toward greater connectivity and collective action toward improving population health.