



Collab/ExCHANGE Data Sharing for Action

Ready, Set GO! Let's kick-start your BIG IDEAS.



The Gulf Coast Healthy Communities Collaborative has launched the **Collab/ExCHANGE Data Sharing for Action** project with funding from the Robert Wood Johnson Foundation's **DASH (Data Across Sectors for Health) Program**.

The aim of the **Collab/ExCHANGE Data Sharing for Action** project is to create a local, working model for cross-sector data sharing that leads to funded place-based (meaning at the neighborhood level) projects with evidence for lasting community health impact.

INTRODUCING THE PROJECT TEAM :



David Perkes, AIA
MSU/GCCDS



Tracy Wyman, ASLA PLA
MSU/GCCDS



Kezi Jones, CHES MPA
MSU/GCCDS



Danielle Fastrang, PhD MS MPH
USM, College of Public Health



Rodger Wilder, President
Community Foundation



Lauren Williams, Dir. of Development
Community Foundation

The Project Team is seeking interested communities, individuals and organizations to participate in and apply for this opportunity in order to develop data-driven solutions that will impact the social determinants of health in a community of need on the Mississippi Gulf Coast.

The Collab/ExCHANGE Data Sharing for Action Opportunity

- Participate in a guided proposal-writing process, forming teams across-sector for data sharing and to develop a place-based project with evidence for health impact;
- 8 teams will be invited to present to an expert panel (as well as to a broad nation-wide audience);
- 2-3 teams will be selected to receive \$4000 in kick-start funds to implement Phase 1 of their project, will receive a projected health impact analysis for their project; and will have an opportunity to sit down one-on-one with at least one interested potential funder.





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Background

The **Gulf Coast Healthy Communities Collaborative** is a collaborative of professional organizations and agencies representing the diversity of Hancock, Harrison and Jackson Counties from the following sectors: Economic and Workforce Development, Transportation and Land Use Planning, Housing, Education, Environment, Food Systems, and Health. Organized by MSU's Gulf Coast Community Design Studio, the '**Collaborative**' exists to bring together partners across multiple sectors at the intersection of community development and health.

The **Community ExCHANGE** is used as a digital data and knowledge sharing hub that provides data visualization, up-to-date community health indicators and demographics data, as well as a local resource library and promising practices library. The '**ExCHANGE**' is key-word searchable, producing search results that fully integrate all components of the platform. Additionally, the platform includes tools for report-creation, project tracking, and customizing a data dashboard specific to your projects, as well as tools for developing Community Health Needs Assessment (CHNA).

The overall aim of **DASH (Data Across Sectors for Health)** is to identify barriers, opportunities, promising practices and indicators of progress for multi-sector collaborations to share data and connect information systems in order to improve community health.

The **Gulf Coast Healthy Communities Collaborative** works continually to identify cross-sector opportunities to develop data-driven solutions that address the social determinants of health on the Mississippi Gulf Coast. A recent mentorship program, funded by **DASH** allowed for better understanding of some of the key issues many Gulf Coast organizations are working to address, and what data other sectors generate that might help them address some of the most pressing issues.

Now, the **DASH-CIC Start Grant** is funding continued work with coastal communities to stimulate some local projects with evidence for health impact.





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The Problem

Communities play a major role in an individual's quality of life and even their health. Where a person lives can make it easier (or harder) for them to get a good education, make a good living, and access healthy food. Where a person lives will also determine what their neighborhood, physical environment, and support networks are like, and whether they can receive quality healthcare. These are *social determinants of health*.

On the Mississippi Gulf Coast, key health priorities include obesity and chronic illness. The built environment can and should provide equitable connections and opportunities for all Gulf Coast residents to access quality affordable housing, workforce training, meaningful work, childcare, healthy food, and to live healthy lifestyles that can address these health issues.

What do you see as the greatest need, and what would you do to address that need if money were not an issue?

The **Collab/ExCHANGE Data Sharing for Action** Project Team will assist organizations to partner across sector, to share knowledge, relevant data and resources in order to develop a place-based project that will address the social determinants of health in a community of need.

Eligibility: Who We're Looking For

- Organizations in the following or related sectors: Economic and Workforce Development, Transportation and Land Use Planning, Housing, Education, Environment, Food Systems, or Health
- We're looking for creative **cross-sector** partnerships. The lead organization must be a non-profit organization, tax-exempt under Section 501ffdasdf(c)3 of the Internal Revenue Code. There must be 1-2 key partners, and these may not be in the same sector, but may be of any organization type.
- The lead applicant should have proven capacity and experience working with communities of need. The partnership may be new or existing, but new partnerships are strongly encouraged.
- Applicant teams may not include a partner on the Project Team.





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The Process and Award: a different process for better-served communities

You'll form teams across-sector for data, information, or resource sharing and to develop a place-based project with evidence for health impact. We'll guide you through the process and provide selected teams with a projected health impact analysis. Additionally, we'll facilitate connecting your project to potential funders.

Ready Set GO! Workshop: June 16 12:30-3:00
 If you were unable to attend the workshop, you may request the full slide-deck by emailing twyman@gccds.msstate.edu.

➔ Letter of Interest Due:	July 17	
Qualified Teams Notified:	July 23	
Coaching Period:	Aug 3-7	Qualified project concepts are reviewed in a one-on-one session with the Project Team. Keep these dates open on your calendar!
Presentation Summit:	Sep 3	THE BIG EVENT: Presenting Your Pitch! 8 Teams will be invited to present via Webinar to a panel of experts in health equity and community development.
Selected Teams Notified	Sep 9	
Kick-Start Implementation	Sep 14 – Dec 18	GO! Begin implementation of your project or program or design for your project. We'll work with you and provide you with a projected Health Impact Analysis, and the Community Foundation will facilitate connecting your team with potential funders.
Final Report Due	January 15, 2021	





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How to Apply

Please address a Letter of Intent to **Collab/ExCHANGE Data Sharing for Action Project Team**. Your letter should include:

- The neighborhood or community of focus;
- A description of the need in your neighborhood or community, and the social determinants of health your project aims to address;
- A few sentences describing why the cross-sector partnership you have identified is a good fit to address the identified need.
- Summarize your idea for a place-based project that will impact health.
- A representative from each organization should sign the Letter of Intent.
- **Letters of Intent are due by 5pm (CT) on July 17, 2020 and should be sent via email to: twyman@gccds.msstate.edu with BIG IDEA! LETTER OF INTENT in the subject line.**

Applicant Team Checklist & Selection Criteria

- Does the project team represent a minimum of 2-3 sectors?
- Is there supporting [community health data](#) to build your case for this project?
- To what degree / depth does the project or program address the social determinants of health?
- Is the idea place-based, addressing issues at the neighborhood level?
- What is the feasibility of Phase 1 to be accomplished in 3 months and cost less than \$4000?
- What is the likelihood for receiving 100% funding to move the project forward beyond 2020?
- What is the likelihood of the project being sustainable over many years?

Qualified Applicants

- Qualified applicants will be notified by July 23, and will schedule a coaching session with the Project Team during the week of August 3-7.
- Eight (8) teams will be invited to present on September 3 before a broad virtual audience including competing teams, community members, philanthropists, and a selection panel of experts.
- A qualified expert Selection Panel, together with the **Collab/ExCHANGE Data Sharing for Action Project Team** will select 2-3 teams to continue with their projects.

Selected Projects

- Will receive up to \$4000 to implement the scope identified in their proposal.
- The Gulf Coast Community Foundation will facilitate relevant meeting(s) with potential funders;
- GCCDS will prepare an abbreviated projected Health Impact Study specific to the project;
- Selected Teams will have 3 months to complete Phase 1 by December 31, 2020, and submit a report of findings as well as a plan for sustainability by January 15, 2021.





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Important Definitions:

BIG IDEA!

What do you see as the greatest need, and what would you do to address that need if money were not an issue?

Built Environment

Human-made structures, features, and facilities viewed collectively as the environment in which people live, work, and play.

Community Health

A medical specialty that focuses on the physical and mental well-being of the people in a specific geographic region.

Cross-Sector Partnerships

Commitments between or among public, private, and/or non-profit institutions in which individuals from partner organizations commit various resources and agree to work cooperatively toward common development goals.

Gulf Coast Community ExCHANGE

A data platform provided free of charge for the three coastal counties. The Community ExCHANGE includes over 200 indicators of health and wellness, over 100 demographics data sets and data visualization specific to the Mississippi Gulf Coast. The data is reliable and updated automatically. Additionally, you will find a wealth of local resources relevant to community development and community health in addition to over 2000 promising practices that are vetted through Conduent Community Health Solutions.





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Health Equity

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. (RWJF).

In other words, to build a Culture of Health—where every person, no matter where they live, has an equal opportunity to live the healthiest life possible—we must improve people’s opportunities to be healthier in the places where they live, learn, work and play.

Social Determinants of Health

Social determinants of health are the conditions in which people are born, grow, live, work and age. They include factors like socioeconomic status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care.

“Where we can *afford* to live impacts *where* we live. And a neighborhood's location can make it easier—or harder—to get a good education, earn a living wage, access nutritious food, and receive quality health care. There are long-standing and complex obstacles that keep stable housing out of reach for too many in our society. But there are ways to achieve racial equity in housing and neighborhoods.” (RWJF)

Place-Based

Place is the fundamental starting point for planning and development (APA). A **place-based approach** aims to address issues at the neighborhood level, such as poor housing, social isolation, poor or fragmented service provision that leads to gaps or duplication of effort, and limited economic opportunities.






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Working Through Creative Partnership Across Sectors	To Address the Social Determinants of Health																																																
<ul style="list-style-type: none"> • Transportation, Food Systems, Healthcare Organization • Land Use, Food Systems, Workforce Development • Housing, Mental Health, Art • Environment, Art, Education • Environment, Health & Wellness, Education • Transportation, Environment, Business • Health & Wellness, Faith-Based Organization, Food Systems • Planning, Environment, Housing • Housing, Food Systems, Mental Health • Education, Tourism/Recreation, Economic Development • Education, Healthcare, Food Systems 	<p>Figure 1 Social Determinants of Health</p> <table border="1"> <thead> <tr> <th>Economic Stability</th> <th>Neighborhood and Physical Environment</th> <th>Education</th> <th>Food</th> <th>Community and Social Context</th> <th>Health Care System</th> </tr> </thead> <tbody> <tr> <td>Employment</td> <td>Housing</td> <td>Literacy</td> <td>Hunger</td> <td>Social integration</td> <td>Health coverage</td> </tr> <tr> <td>Income</td> <td>Transportation</td> <td>Language</td> <td>Access to healthy options</td> <td>Support systems</td> <td>Provider availability</td> </tr> <tr> <td>Expenses</td> <td>Safety</td> <td>Early childhood education</td> <td></td> <td>Community engagement</td> <td>Provider linguistic and cultural competency</td> </tr> <tr> <td>Debt</td> <td>Parks</td> <td>Vocational training</td> <td></td> <td>Discrimination</td> <td>Quality of care</td> </tr> <tr> <td>Medical bills</td> <td>Playgrounds</td> <td>Higher education</td> <td></td> <td>Stress</td> <td></td> </tr> <tr> <td>Support</td> <td>Walkability</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Zip code / geography</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <p>Health Outcomes Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations</p> 	Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System	Employment	Housing	Literacy	Hunger	Social integration	Health coverage	Income	Transportation	Language	Access to healthy options	Support systems	Provider availability	Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency	Debt	Parks	Vocational training		Discrimination	Quality of care	Medical bills	Playgrounds	Higher education		Stress		Support	Walkability						Zip code / geography				
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WHAT OTHER PARTNER COMBINATIONS CAN YOU IMAGINE?																																																	

All questions may be addressed to twyman@gccds.msstate.edu

Please be sure 'BIG IDEAS' is in the subject.

Thank you!!

