

Community Investments

Glossary of Terms

Affordable Housing

Housing where the occupant is paying no more than 30 percent of gross income for gross housing costs, including utilities.

Source: [Texas Department of Housing and Community Affairs](#)

Capacity Building:

Capacity building is a process of working with individuals and organizations to help develop and strengthen their abilities. It supports organizational strengthening, building upon assets to increase their impact in community, and improve health equity. A capacity building grant is an investment in nonprofits' abilities to be more efficient, effective, and sustainable.

Source: MHM's Capacity Building Department

Collective Impact

Intentional way of working together in a cross-sector collaboration with a common agenda towards the purpose of solving a specific and complex social problem at scale.

Sources: <https://www.councilofnonprofits.org/tools-resources/collective-impact> <https://ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/collective-impact/main>

Digital Connectors

Digital Connectors are trusted guides who assist residents looking for resources, skills, and support to use the internet to achieve their goals. Adapted for MHM's communities from NDIA's tried and true Digital Navigator Model, Digital Connector services go beyond providing individualized support, and include ongoing assistance with affordable internet access, device acquisition, technical skills, and more, customized for MHM's mission, approach, and constituency. In addition to digital navigation training, Digital Connectors also receive orientation to MHM's core care, wellness, and health competencies and the unique needs and profile of its constituency—allowing Digital Connectors to provide support specifically to improve access to health services in South Texas.

Source: MHM's website- **Grantmaking**

Digital Equity

Digital equity is a condition in which all individuals and communities have the information technology capacity needed for full participation in our society, democracy, and economy. Digital equity is necessary for civic and cultural participation, employment, lifelong learning, and access to essential services.

Source: MHM's website- **Grantmaking**

Digital Inclusion

Digital Inclusion refers to the activities necessary to ensure that all individuals and communities, including the most disadvantaged, have access to and use of Information and Communication Technologies (ICTs). This includes five elements:

- Affordable, robust broadband internet service;

- Internet-enabled devices that meet the needs of the user;
- Access to digital literacy training;
- Quality technical support; and
- Applications and online content designed to enable and encourage self-sufficiency, participation and collaboration.

Source: MHM’s website- Grantmaking

Digital Inclusion Ecosystem

A Digital Inclusion Ecosystem is a combination of programs and policies that meet a geographic community’s unique and diverse needs. Coordinating entities work together in an ecosystem to address all aspects of the digital divide, including affordable broadband, devices, and skills.

Source: MHM’s website- Grantmaking

Digital Navigators

Digital navigators are trusted guides who assist community members with internet adoption and the use of computing devices. Digital navigation services include ongoing assistance with affordable internet access, device acquisition, technical skills, and application support.

Source: MHM’s website- Grantmaking

Economically Disadvantaged Individuals:

Any of the following are suitable to define economically disadvantaged for MHM Community Investment Grants.

Federal Poverty Level below ≤200%: A measure of income issued every year by the Department of Health and Human Services (HHS). Federal poverty levels are used to determine your eligibility for certain programs and benefits, including savings on Marketplace health insurance, and Medicaid and CHIP coverage.

According to the 2022 Federal Poverty Level, 200% annual income is defined as \$62,400 for a family of four.

Source: [Federal Poverty Guidelines](#) &

<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>

Economically disadvantaged individuals are socially disadvantaged individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged.

Source: [HUD](#)

Low- and very low-income: limits are defined in Section 3(b)(2) of the Housing Act of 1937 and are determined annually by HUD. These limits are typically established at 80 percent and 50 percent of the area median individual income.

Source: [HUD](#)

Evidence-Based

Body of information, drawn from routine statistical analyses, published studies and “grey” literature, which tells us about factors affecting health. (Ex: studies which demonstrate links between damp cold housing and respiratory disease and increasingly the links between high quality housing and quality of life (Thomson et al., 2001)).

Source: World Health Organization

Food is Medicine

The phrase “Food is Medicine” has been used in connection with a broad array of concepts, products, and services. The idea that food is central to health is a tenet of many cultures.

Source: [Food is Medicine Research Action Plan page 24](#)

Food Security

Food security means access by all people at all times to enough food for an active, healthy life.

Source: Defined by the U.S. Department of Agriculture (USDA)

Health Equity

Health Equity is both the process and goal by which Methodist Healthcare Ministries seeks to carry out that purpose. Health Equity is a framework of thought and action that strives to reduce racial and socio-economic disparities and create fair and just opportunity for every person to reach their full potential for health and life and contribute to that of others.

Source: MHM’s Website

Indirect Cost

Indirect costs are expenditures that are shared across multiple projects or programs within an organization and therefore are difficult or impossible to attribute to a specific project or program. These expenditures would exist regardless of the programs run within an organization. Examples include utilities, administrative staff salaries and benefits, legal services, and rent.

Source: MHM’s Indirect Cost Policy

MHM’s Funding Philosophy Statement

Our mission of “Serving Humanity to Honor God” calls us to do all we can to enhance well-being of the people and places in our service area so health equity is achievable, and ALL can thrive. Since our inception, Methodist Healthcare Ministries has believed that caring for health means caring for the whole person, and we recognize and affirm that health begins in community. We reinvest and steward our resources to work alongside the people in the places we serve, promoting lifelong well-being in body, mind, and spirit. We advance our mission through innovative and transformative approaches designed to address root causes and shift power through engaging in co-creation, influencing systems change, and strengthening communities.

Source: MHM’s Funding Philosophy

Person with Current Lived Experience

Someone who is currently experiencing or recently experienced an inequity (within the last 5 years) will have more timely expertise.

Source: MHM’s Website - 2023 Prosperemos Juntos/ Thriving Together Learning Collaborative.

Person with Lived Experience

A person with lived experience is someone who has lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing homelessness who can offer insight into that experience). They will have:

- Expertise that doesn’t come from training or formal education.
- Knowledge from an experience with an issue or challenge.
- Direct experience with a system, process or issue, or trying to engage with a resource.
- Awareness of what works, what doesn’t work, and what resources (formal or informal) are available in the community.

Source: [Community Commons](#)

Policy and Advocacy

Methodist Healthcare Ministries believes all Texans, regardless of their economic status, deserve access to quality, affordable health care. Legislative advocacy is one important way we use data and evaluation to empower Texans of all backgrounds to obtain optimal health. As a faith-based organization, Methodist Healthcare Ministries' public policy agenda and advocacy efforts are guided by the Social Principles of The United Methodist Church.

Methodist Healthcare Ministries' public policy and advocacy efforts at the state level encompass the following objectives:

- Increase access to primary care and mental health services in both the public and private sectors.
- Increase state efforts at addressing the prevention of chronic illnesses—particularly obesity and diabetes—through health care education initiatives.
- Promote state policies that increase the healthcare workforce for the least served.
- Promote policies that strengthen the social, educational, and economic opportunities that improve health outcomes for families.

Source: MHM's website - Advocacy

Redlining: Federally sanctioned discrimination

The redlining maps originated in the aftermath of the Great Depression, when the federal government set out to evaluate the riskiness of mortgages in major metropolitan areas of the country. Maps were created by the federal Home Owners' Loan Corporation color-coded neighborhoods by credit worthiness. Areas in the map with African-Americans and immigrants were almost always considered the highest risk, and they were marked in red on maps... hence, "redlining."

Source: NPR, In U.S. Cities, The Health Effects Of Past Housing Discrimination Are Plain To See; example: National Community Reinvestment Coalition Redlining and Health Interactive Maps

Safety Net

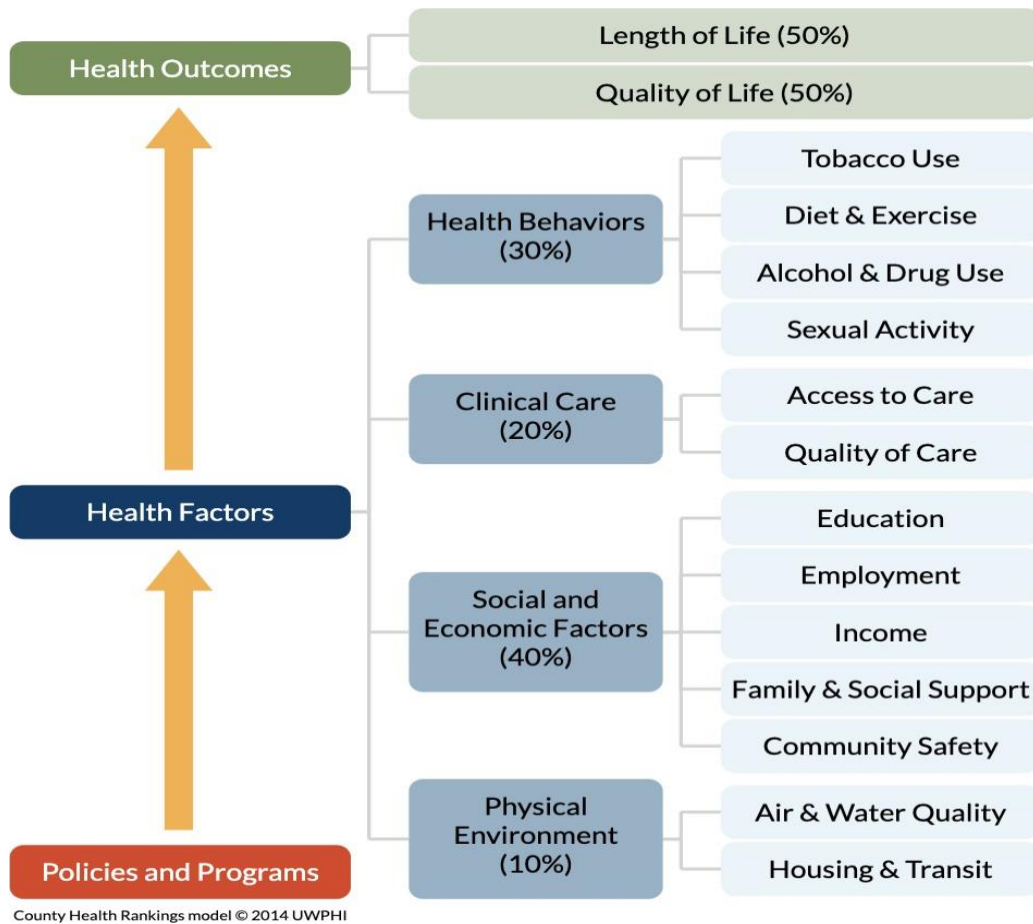
Safety Net is a term used to define providers that organize and deliver a significant level of health care and other needed services to uninsured, Medicaid and other vulnerable patients (Lewin & Altman, 2000). The Institute of Medicine identifies "core safety net providers" as providers that maintain an "open door" to patients regardless of ability to pay and whose case mix primarily includes uninsured, Medicaid, and other vulnerable patients. Methodist Healthcare Ministries' Community Grants uses the term 'Safety Net' to distinguish between Federally Qualified Health Centers; these terms are not interchangeable.

Source: MHM's Strategic Plan

Social Determinants of Health

Conditions in which people are born, grow, live, work, and age. They may enhance or impede the ability of individuals to attain their desired level of health.

Source: MHM's website - Strategy



Source: [Measures & Data Sources | County Health Rankings Model. County Health Rankings & Roadmaps. Accessed September 8, 2020.](#)

Stable Housing

Individuals or families are not experiencing housing instability. Housing instability encompasses a number of challenges, such as having trouble paying rent, overcrowding, moving frequently, or spending the bulk (more than 30% of their income) of household income on housing.

Source: adapted from [Healthy People 2030](#)

Streams of Care

Upstream: Improving community conditions. Upstream interventions are focused on community (not individual) impact.

One tactical example is pursuing laws, policies, and regulations that create community conditions supporting health for all people. Another example is grantmaking – including collaborative funding – focused on changing the community conditions that make people sick.

The strategic framework also allows the organization to build upon its legacy of providing high quality access to care and commit to expanding its “upstream” work. That means Methodist Healthcare Ministries will intentionally address conditions and circumstances across entire

communities that affect the health and well-being of patients and clients before they might reach Methodist Healthcare Ministries or its partners for assistance.

Midstream: Addressing individuals' social needs. Midstream efforts are focused on individual impact.

A tactical example is patient screening questions about social factors like housing and food access – using data to inform care and provide referrals. Another example is social workers, community health workers, and/or community-based organizations providing direct support/assistance to meet patients' social needs.

Downstream: Providing or ensuring access to clinical care.

Medical interventions are a tactical example.

Source: MHM's website - Strategy

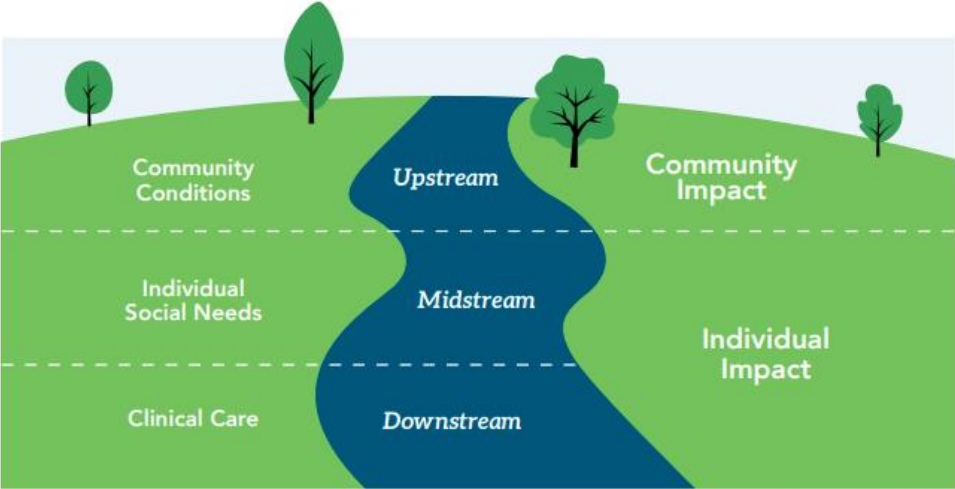


Figure 1. Making Shifts to Move Upstream
(source: <https://shelterforce.org/2019/04/09/meeting-individual-social-needs-falls-short-of-addressing-social-determinants-of-health/>)

Source: [Brian C. Castrucci & John Auerbach's Definition](#) & [MHM's website-Strategy](#)

Note: For additional information on streams, see the Theory of Change definition.

Theory of Change (ToC)

A Theory of Change is a conceptual model delivered as a concrete product to help strengthen strategies and maximize results by charting out the work ahead, what success looks like, and how to get there.

Source: adapted from [The Annie E. Casey Foundation, Developing a Theory of Change](#)

Unsheltered Homelessness

Individuals experiencing unsheltered homelessness, means they have had “a primary nighttime residence” that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

Source: adapted from [HUD](#)

