Methodist Healthcare Ministries

SERVING HUMANITY TO HONOR GOD

DEFINITIONS
2023

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

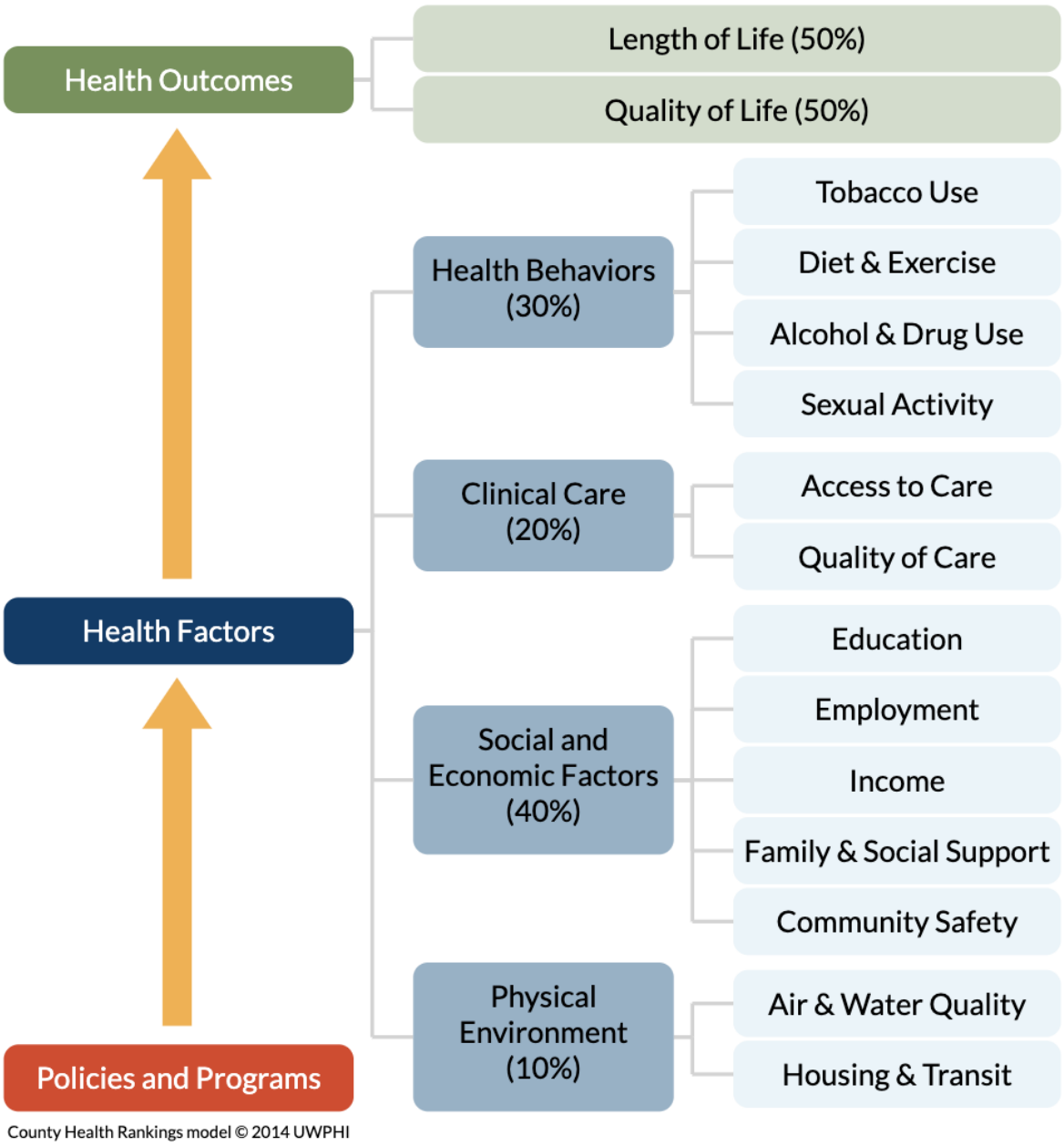
Person with Lived Experience
A person with lived experience is someone who has recently lived (or is currently living) with the issues the community is focusing on and who may have insight to offer about the system as it is experienced by consumers (e.g., a woman who was formerly or is currently experiencing 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

Social Determinants of Health
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 and health behaviors.
Source: Kaiser Family Foundation (KFF)

Social Determinants of Health



Source: Measures & Data Sources | County Health Rankings Model. County Health Rankings & Roadmaps. Accessed September 8, 2020.

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

Streams
Upstream: Improving community conditions by addressing laws, policies, practices, and/or root causes. Upstream interventions are focused on community (not individual) impact.

Examples:
Addressing root causes: Legacy laws, policies, regulations, practices that have created systemic or institutionalized discrimination

- City of Brownsville (Funded Partner):
  To address digital redlining, Brownsville City Commissioners and Mayor Trey Mendez approved $19.5 million from the American Rescue Plan funds for broadband development which will help eliminate the digital divide in Brownsville. The funding will allow for the implementation of a Middle Mile Broadband Network for installation of 95 miles of underground fiber to meet high-speed internet connectivity needs and demands.

  Source: https://myrgv.com/local-news/2021/07/20/brownsville-approves-19-5m-for-deployment-of-broadband-installation/

Grantmaking – including collaborative funding - focused on changing the community conditions that make people sick.

- The BUILD Health Challenge (MHM participating funder):
  An innovative funding collaborative and award program, The BUILD Health Challenge is contributing to the creation of a new norm in the U.S. As an innovative funding collaborative and award program, BUILD has created a new pathway for communities to drive sustainable improvements in health. By catalyzing and learning across multi-sector, community-driven partnerships, this initiative is moving resources, attention, and policy actions upstream.

  Source: https://buildhealthchallenge.org

Addressing laws, policies, regulations, practices that create community conditions supporting health for all people.

- San Antonio Mobile Mental Wellness Collaborative (Funded Partner):
  SA Mobile Mental Wellness is an MHM funded collaborative addressing school policies and the paucity of mental health care providers in low-income communities, as well as transportation constraints for youth.

  Sources: https://www.sharedjustice.org/domestic-justice/2017/12/5/mental-health-and-the-school-to-prison-pipeline; https://www.aclu.org/issues/juvenile-justice/school-prison-pipeline

- The BUILD Doyle Community Center (Funded Partner):

The Hope for Health Collaborative endeavors to revitalize the Doyle Community, a historically isolated and segregated African-American and Hispanic neighborhood in Kerrville. The Collaborative is made up of local nonprofits including New Hope Counseling Center (funded partner), people with lived experience from the neighborhood, Peterson Regional Medical Center and Schreiner University. Beginning with local policy changes in partnership with the City of Kerrville, this multi-faceted project is focused on reconciliation and repairing a century of structural racism. The first big policy win included bulk trash collection for the neighborhood. Doyle had been the only neighborhood in the city not to have the service.

Source: https://buildhealthchallenge.org

- La Union del Pueblo Entero (LUPE) (Funded Partner)
  LUPE is working alongside residents to address root causes and improve infrastructure and health of communities. LUPE Community Organizers (which include the colonia residents they serve) provide leadership development and strategic direction. The plan will be used talk to county officials and advocate for needed improvements

Prevention strategies for the whole community

- Pre-K 4 SA:
  With voter approved funding from sales tax, Pre-K 4 SA provides high-quality, full-day prekindergarten to lower-income families across the city. Revenue from the sales tax is also be used to enhance and expand other early childhood education offerings across the city.

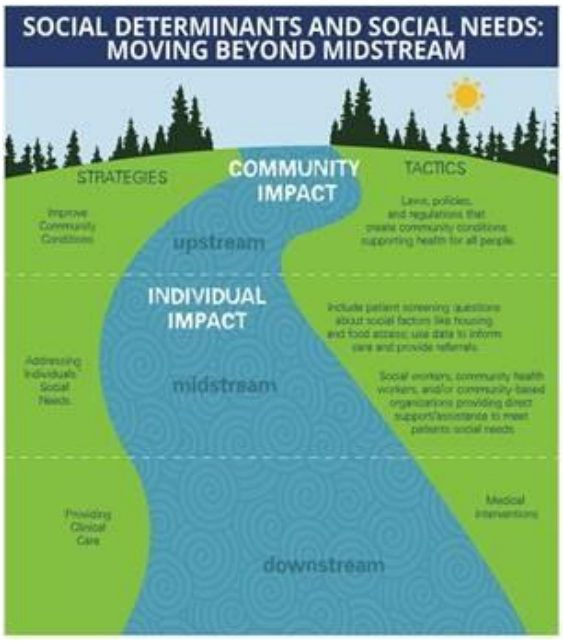
  Source: Results for America, https://catalog.results4america.org/program/preschool/san-antonio-expanding-preschool

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

Examples:
- Patient screening questions about social factors like housing and food access – using data to inform care and provide referrals.
- Social workers, community health workers, and/or community-based organizations providing direct support/assistance to meet patients' social needs.
- A key component of what Wesley Nurses undertake in their communities is providing health education, health promotion and facilitation of resources.

Downstream: Providing or ensuring access to clinical care.
Example:
- Medical interventions or treatment

Source: Health Affairs (adapted)



Source: Brian Castrucci and John Auerbach. (January 16, 2019). *Meeting Individual Social Needs Falls Short of Addressing Social Determinants of Health.* Health Affairs. https://www.healthaffairs.org/do/10.1377/forefront.20190115.234942

Vital Community Conditions

Vital conditions are properties of places and institutions that we all need all the time to reach our full potential, such as, food, humane housing, access to meaningful work and wealth and a sense of belonging.

Source: https://winnetwork.org/vital-conditions

Health Equity
Methodist Healthcare Ministries believes that to improve the wellness of the least served and fully live out its mission of "Serving Humanity to Honor God," it must recognize the inequities inherent in its communities that contribute to poor health outcomes.

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.

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

- Overall, to be classified as low-moderate income (LMI), **an individual or family's household income must be no greater than 80% of the area median income for the county or area where they reside**. (Community Reinvestment Act)
    - Example: $59,280 for moderate; $37,050 for low (Bexar County)

- *Low-income* is defined as 80 percent of the median family income for the area, subject to adjustments for areas with unusually high or low incomes or housing (HUD).
    - Example: Bexar County is part of the San Antonio-New Braunfels, TX HUD Metro Area - https://www.habctx.org/wp-content/uploads/2021/04/2021-Income-Limit.pdf
    - Example: In 2021, **$59,300 for a family of four** is defined as low income (80% Area Median Income) in the San Antonio-New Braunfels, TX Metro region according to the U.S. Department of Housing and Urban Development (HUD).

- ≤200% below the Federal Poverty Level
    - https://www.medicaidplanningassistance.org/federal-poverty-guidelines/
    - According to the 2022 Federal Poverty Level, 200% annual income is defined as **$55,500 for a family of four.**