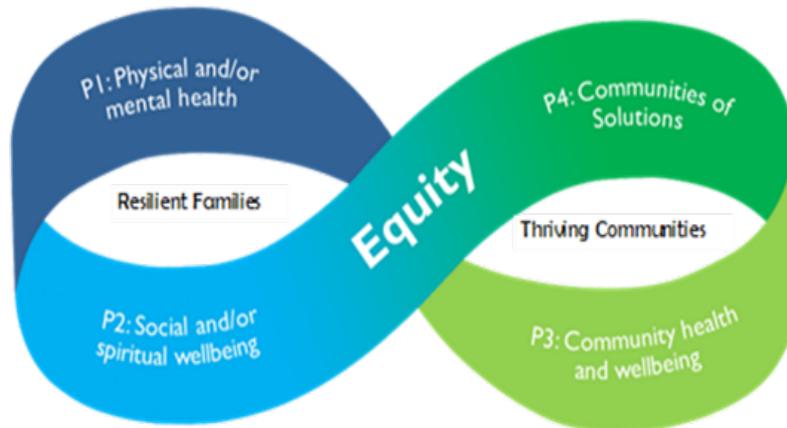


Methodist Healthcare Ministries' Strategic Framework for Health Equity:

Pathways to Population Health

Methodist Healthcare Ministries made a commitment to health equity, which is a framework of thought and action to reduce racial and socio-economic disparities and create fair and just opportunities for every person to reach their full potential for health and life and contribute to that of others. To establish a strong foundation for the organization's commitment and work ahead, MHM's Board of Directors approved a research-based model developed in partnership with the Institute for Healthcare Improvement (IHI) using their Pathways to Population Health framework for advancing health equity.

This framework is ideal because it was designed to help healthcare and organizations like MHM improve community-wide health and well-being by expanding and building upon existing work. Through four categories or portfolios of work, the framework includes a focus on individuals and families (especially patients, clients, and employees), as well as broader communities. As shown in the infinity image below, the four portfolios are interconnected. They provide a comprehensive approach to population health, and all are essential for health equity.



Below are IHI's descriptions of the portfolios of work.

In **Portfolio 1, Physical and/or Mental Health**, health care organizations are focused on improving the physical and/or mental health of individuals within a defined population for whom those organizations feel directly responsible (e.g., patients and/or employees).

Key activities within this portfolio include, but are not limited to, the following:

Optimizing clinical care and treatment:

- **Multidisciplinary Care Team:** Develop a system in which a multidisciplinary care team is responsible for managing an identifiable panel of patients, including prevention, chronic disease management, and complex care management. This may require community-based interventions (e.g., patient navigators, community health workers) to support patients where they live and help them manage their health.
- **Access:** Ensure that patients have 24/7 access to a care team practitioner as well as access to their electronic medical records.
- **Relationship/continuity:** Develop mechanisms for long-term relationships between a patient, their

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family, and a care team to support behavior change over time.

- Evidence-based practice: Use a combination of current best evidence, clinical expertise, and patient values to guide decisions around care.
- Behavioral health integration: Develop a stepwise plan for integrating behavioral health into care and implement a chronic care approach to proactively manage patients with mental health issues.

In **Portfolio 2, Social and Spiritual Well-Being**, health care organizations consistently screen for and address the social and spiritual needs and drivers of health and well-being for a defined set of individuals (e.g., patients and/or employees). Social needs/drivers encompass socioeconomic factors, such as food, housing, education, transportation, and income, as well as social connectedness. Spiritual drivers include factors that contribute to a sense of purpose, meaning, self-worth, hope, and resilience. Key activities in this portfolio include, but are not limited to, the following:

- Identify key social and spiritual needs/drivers of health: Use population needs assessment tools to identify key social and spiritual drivers that affect a defined patient population (e.g., patients/clients). Drivers may include income, housing, education, food access, transportation, and social connectedness.
- Screen for social and spiritual needs and connect individuals to community resources: Ensure mechanisms are in place to reliably screen for social service and spiritual needs, establish a referral system to match needs with community assets, and develop a process to track follow-through and progress.
- Partner with local social-service agencies, faith communities, housing organizations, and other community-based organizations that have experience with addressing defined social and spiritual drivers.

In **Portfolio 3, Community Health and Well-Being**, health care organizations work together with community partners to improve specific health and well-being outcomes for a place-based population. Key activities in this portfolio include, but are not limited to, the following:

- Collaboratively perform a community health needs assessment: Partner with other organizations in the community (e.g., public health agencies, faith-based organizations, the United Way, etc.) as well as other health care organizations in the area to assess community strengths and assets, health-related needs and disparities, and identify specific opportunities for improvement.
- Establish a learning and improvement system: Understand the unique contributions that each stakeholder can make in service of achieving the goals, including those with lived experience (i.e., those most affected by an issue). Given that not all stakeholders may be involved in each project, it is important to ensure mechanisms are in place to share learnings and progress with one another.
- Create the enabling conditions for collective improvement: Co-invest in infrastructure that facilitates collaboration and the sharing of data, improvement methods, learning, and resources.

In **Portfolio 4, Community of Solutions**, health care organizations actively engage in contributing to the long-term, overall well-being of the community as part of their mission and responsibility. The Democracy Collaborative draws the distinction between a health care system contributing to the

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community versus considering itself accountable for all impacts it may have on community well-being, including its social, ecological, and economic footprints. The health system does the latter by understanding traditional and nontraditional assets and roles it can play, and by working in partnership with other organizations and community members to build and steward a thriving community for all.

While there is some overlap between Portfolios 3 and 4, the primary distinction is that in Portfolio 4, the health care organization and community partners are focused on long-term, overall well-being of the community as a whole beyond subpopulations or priority topics of focus.

Key activities in this portfolio include, but are not limited to, the following:

For health care organizations, individually:

- Leverage nontraditional roles, levers, and assets: Leverage roles such as a purchaser, employer, investor, and an environmental steward to improve overall community well-being.

For community coalitions, including health care organizations:

- Identify stakeholders: Understand which stakeholders are ready to be engaged as long-term stewards of the community's well-being.
- Create a vision: Work with community members to co-develop a concrete and motivating vision for the community.
- Develop distributed leadership: Identify leaders at multiple levels in the community to drive change within each area of the coalition's portfolio.
- Create a learning system: Identify and use measures that are meaningful to multiple stakeholders in the community and develop a comprehensive learning system to drive the work.
- Address policy and system changes to promote health, well-being, and equity: Actively address, advocate for, and advance the policies and system changes that will create sustainable, long-term improvement in health and well-being and address the historic root causes of inequity.

IHI's model supports MHM's focus on impacting health and well-being at individual, family, and community levels. The framework was adapted as shown below to specifically represent MHM's Resilient Families and Thriving Communities strategic framework for Health Equity.

For **"Resilient Families,"** MHM commits to fostering the development of empowered and resilient individuals and families such that they are physically, mentally, socially and spiritually healthy and thriving throughout their lives. This aligns with IHI's Portfolios 1 and 2 above.

For **"Thriving Communities,"** MHM commits to contributing to the overall health and well-being of communities through long-term and sustainable collaboration and developing Communities of Solution that foster equitable access and opportunity for all. This aligns with IHI's Portfolios 3 and 4 above.

MHM uses this simplified version of IHI's infinity graphic to represent the organization's commitment to working across all four portfolios.

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This is the first strategic framework that MHM has established as a foundation for its work. The strategic framework allows MHM to deliberately balance its work across the portfolios by emphasizing both individual and community-level health and well-being efforts and outcomes needed for health equity.

It is also the basis for MHM's first strategic plan, which provides a roadmap for the work the organization wants to accomplish over the next decade and the impact it wants to see internally as an organization and across South Texas.

It specifically allows MHM to define how to accomplish its key objectives, or major focus areas: Transforming Internal Processes and Culture, Strengthening Communities, and Impacting Systemic Change. These three areas described below are major components of MHM's Strategy Map, which also defines the organization's 3-year and annual goals.

