# Communities of Solutions FAQs

#### • What is Communities of Solutions?

Communities of Solutions (COS) supports communities in building the skills, behaviors, and systems which lead to health, well-being, and equity. Participating communities receive coaching and resources, and participate in a learning collaborative, as well as engage its partners across sectors, including residents with living experience of inequity – to learn, plan, and act together.

Methodist Healthcare Ministries will also advance Community-faith Connections (CFC) through the engagement of faith communities alongside our COS, and will include funding, technical assistance and resources for community collaborations across sectors who wish to advance equity.

## • Where are MHM's Communities of Solutions?

Communities of Solutions (COS) will be developed in various counties across South Texas. Interested communities in these counties will come together for peer learning, coaching, and monthly webinars to expand skills in leadership, implementation, change management, collaboration and other areas. The first step is the Prosperemos Juntos | Thriving Together Learning Collaborative which will draw participants from Bexar, Dimmit, Edwards, Kinney, LaSalle, Maverick, Real, Uvalde, Val Verde, or Zavala counties.

## • Who is working on MHM's Communities of Solutions?

The Prosperemos Juntos | Thriving Together Learning Collaborative supports participants, as they engage in community transformation and develop strategies to address social determinants of health and root causes of inequity in their communities.

While the learning collaborative will be more general and about creating a strategy for community change to give everyone a fair chance to good health and a good life, there will be a faith community peer group within the broader community. Special tools, resources, and coaching for faith communities that wish to transform how they work to support a thriving, equitable community will be provided. Faith communities are instrumental contributors to growing a thriving community. Across the country faith communities are demonstrating that they can be vital contributors to human and community development and are shifting from charity to equity to liberation in their approach.

These communities rely on diverse expertise to develop a working solution to a public health problem. Both formal and informal leaders participate, including business professionals, elected officials, health care providers, public health agencies staff, representatives of community-based organizations and community members. Residents with lived experience of inequity are most vital to the process because they are the active agents for community transformation. The network may expand and/or contract in scope until it reaches the right size for the community being served to achieve the desired outcomes.



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#### • How does Communities of Solutions align with MHM's 20/20 Strategic Plan?

The Communities of Solutions (COS) and Community Faith Connections (CFC) are closely aligned with MHM's strategic objectives, "Resilient Families" and "Thriving Communities," in working to address systemic issues. Stepping up to the challenge, Methodist Healthcare Ministries understands that health and well-being are a result of many factors, including social determinants of health.

This requires MHM to view its work through a health equity lens and carefully consider where and how to use its resources to ensure it has the greatest impact possible. Social determinants of health contribute more to health and well-being than quality clinical care — it is believed that no more than 20% of our health is due to clinical care. Health and well-being are strongly impacted by the strength of the vital conditions in our communities, things like humane housing, reliable transportation, meaningful work and wealth, a sense of belonging and civic muscle, and basic needs such as safety and nutritious food.

#### • Why is developing a Communities of Solutions critical?

Methodist Healthcare Ministries recognizes communities in South Texas face health inequities which are barriers to achieving a full and healthy life for some. In order to improve the balance, various sectors in area communities will need to unite for change. The Community of Solutions (COS) and Community-Faith Connections & Communities (CFC) are the way of bringing communities together to achieve health and well-being. A Communities of Solutions approach acknowledges that while MHM can accompany communities in their journey toward building thriving communities, it will take a strong leadership from the people who live there.

- When will Communities of Solutions start? Communities of Solutions work begins in January of 2021.
- How can communities learn more about the application process for Communities of Solutions?

Team Members and communities can learn more about the application process at <u>mhm.org/thriving-communities</u>.





## • What is the expected size of the team?

In some cases you might not have a group that's pulled together. We are asking for a multisector group of three entities. Even if it's just one or two, with plans to pull together some other groups, and want to add in the coming weeks or months, that's ok. Even if you're not finalized in the number of people, still apply.

#### • Who can apply?

The three most important characteristics that we're looking for are: 1. Community collaboration or coalition, that has a shared agenda for improving health and wellness through health and racial equity. 2. Community collaborative includes multiple organizations (at least three) and community residents who have their own lived experiences. 3. Community needs to be in one of the ten counties listed.

## • Thinking about rural communities with limited resources?

We invite both rural and urban communities and everything in-between, to participate. It's really where we welcome teams that emerge from your local community, however, you define that your geographical unit and whoever you want to, invite to be part of that process. Communities of Solutions work begins in January of 2021.

• Will any of this work be done in coordination with Government or Council of Government planning?

We would welcome a collaboration including government. Certainly, having a partnership between local governments and other entities is a great way to work on policy change on a local level, so we certainly welcome that.

• Can you confirm that health equity encompasses your presentation slides that addresses holistic, health, psycho, social, emotional, physical and wellbeing?

Yes. We do think about health in a holistic way and that certainly would be part of our understanding of health equity as well. Prosperemos Juntos | Learning Collaborative is to tie all the pieces of being well together, that's what makes it about equity. It is about all the factors that are available and how people live together and that improves over time. That life becomes full of God's powerful blessings and powerful relationship for the greater wellbeing of all.

SOURCE: Griswold, K. S., Lesko, S. E., & Westfall, J. M. (2013). Communities of Solution: Partnerships for Population Health, The Journal of the American Board of Family Medicine . Saha S. Overview of SCALE and a Community of Solutions, Foundations of a Community of Solutions, Institute for Healthcare Improvement, 2017.



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#### • What does success look like at the end of the initiative?

Success will be determined by each community collaborative that participates, based on each collaborative, will be determined on strength of partnership. Certainly, some of that success will be determined by the strength of partnership and networking, and whether we continue to work together beyond this initial phase of building that relationship and kind of developing an initial strategy. On a 5-10-year frame of success, looking at data around a community to be healthier and to have greater equity.

• I know that Methodist Healthcare Ministries has a strong history of support in central and west Texas working with Latino communities. I work with legally resettled refugees who are from the Middle East, Africa and South East Asia. Do you see this program having relevance to the work in these communities?

That is an excellent question. I think that the honest answer is that we would need to explore what that might look like, to figure out how that might work in terms of language and interpretation and capacity for doing that.

• Is the Community of solution only a new collaboration or can this effort be used to strengthen an existing relationship?

It can be used with a current collaboration to take the next step. Maybe you've currently reached a place where you need to be strengthened in some areas, we would like to walk with you to continue to work toward equity and wellbeing in your community.

## • Will you be helping organizations with grant funding?

There's an initial group and they can come together and begin to discern the issue they want to work on, they can bring together at least 3 multisector groups. They can use the initial \$5,000 grant however, they need to move forward with the process. Part of that discussion would be about what are the steps and resources you and your community have and then together discern what are the next steps for resource needs. We recognize as a funder, we do have connections to other funders, and we intend to leverage those relationships as we move into the next phase after this first phase.

SOURCE: Griswold, K. S., Lesko, S. E., & Westfall, J. M. (2013). Communities of Solution: Partnerships for Population Health, The Journal of the American Board of Family Medicine . Saha S. Overview of SCALE and a Community of Solutions, Foundations of a Community of Solutions, Institute for Healthcare Improvement, 2017.

