PATHWAYS TO POPULATION HEALTH

Pathways to Population Health (P2PH)

is a population health framework, developed through 100 Million Healthier Lives, an unprecedented collaboration of change agents across sectors working to transform the way we think and act to create health, wellbeing, and equity. P2PH helps diverse stakeholders across multiple sectors bridge between their interests and assets in 1) the wellbeing of individuals and families; 2) the wellbeing of places or communities; and 3) the underlying societal systems that drive health and life inequities. P2PH has been adopted by hundreds of health and healthcare organizations across the country, as well as businesses, faith communities and many organizations across sectors.

Rhode to Equity is using P2PH to develop community-clinic collaborations to advance health equity and population health. The *P2PH Compass* is a tool for Rhode to Equity teams to assess where they are on their journey and to chart a path forward in setting up their capability to advance population health equitably. It has been adapted for use in Rhode Island by Well-being and Equity (WE) in the World, who developed this framework with the Institute for Healthcare Improvement and other P2PH partners.

How the Compass is Structured: The Compass includes a series of statements to identify the current state of your organization's activities to advance different components of the Pathways to Population Health Framework:

Core Transformation Skills	Physical and/or Mental Health	Social and/or Spiritual Well-being	Community Health and Well-Being	Communities of Solutions
• Collaboration • Stewardship • Equity • Partnerships with People with Lived Experience • Data • Payment	• Team-Based Care, • Behavioral Health Integration • Care Management	• Social Determinant Screening/Referrals	• Community Partnerships • Community Benefit)	• Leveraging Nontraditional Roles, • Policy

Who should take the Compass? The P2PH Compass is used by teams to support health equity in a community. This includes community residents with living experiences of inequities, community health team members, Health Equity Zone leaders, community-based organizations supporting the initiative, and primary care and accountable entity leaders. While some questions are for specific groups, most can be answered by anyone. Identify who will take this tool from across your Rhode to Equity team on behalf of your organization.

This survey can take some time to complete, potentially an hour. That is because we encourage you to think deeply about the progress you've made and would like to make in order to achieve health equity.

How to Use the Compass

1) **Each question asks about different skills members of your collaboration might have.** Each person should answer the questions from the perspective of their organization. So, if you're an AE you should answer for the AE. If you're in a primary care clinic, answer for the clinic. If

you're HEZ, answer for the HEZ, and so on. If you are answering as a person with lived experience, answer from your perspective as it relates to your interactions with your primary care Physician or with your HEZ, for example.

Some items ask you to answer from the perspective of the community collaboration at large. For the purpose of this survey, the community collaboration is the Rhode to Equity team

The numerical value associated with each response contributes to a "score" to assess current activities for each component. You'll notice that there are more numbers than descriptions. This is to let you nuance your response. Maybe your organization is a *little bit under*, or a *little bit over* the description associated with each score.

It's OKAY if you don't know an answer!

At the beginning, you and your team may not know all the specifics of an equity plan.

2) **Talk it through** – With other members of your community, including community residents with lived experience of inequity and multi-sector partners, discuss your answers, especially when they are far apart in the score (3 or more apart). People have access to different pieces of information or resources within your collaboration, or there may be real gaps between what a process, program or policy is intended to be and how it is actually working on the ground. This is an opportunity for improvement.

   The *greatest* value of this tool is to foster dialogue within your team and to help identify strategies to improve your processes, programs, and systems to create equitable improvement. Come up with a final answer as a group based on your conversation.

3) **Take action** – Set goals to change the way you work as a team to advance health equity. Create an improvement plan based on areas you have prioritized to address equity. Meet with other members of your improvement team and your coach to develop your plan.

Key Terms:

- *Community:* In the COMPASS, it refers specifically to the *geographic area served by your Rhode to Equity team.*
- *Community Collaboration:* This is your Rhode to Equity team.
- *Population health:* The health of groups of people including how health outcomes are distributed within the group (do some subgroups have poorer health than others?).
- *Equity: W*here everyone has the ability to participate, prosper, and contribute, free from systems of injustice that limit one's potential and with the support they need to reach their potential.
- *Health Equity: W*here everyone has a fair chance to reach their full potential for health, with the support they need to get there and free from structures and systems that prevent them from doing so.
- *Social determinants of health:* Factors like income, job, education, etc. that contribute to a person's health and wellbeing. Often, these come from community conditions, sometimes called vital conditions. They include things like access to healthy and affordable food, humane housing, meaningful work and wealth, and a sense of belonging and civic muscle.

A full list of definitions can be found within the Pathways to Population Health framework.

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Pathways to Population Health Compass Assessment

About yourself:

1. I am a (mark your primary identity):
   - ☐ Community resident with lived experience of inequities
   - ☐ Community health team (CHT) member
     - ☐ Community health worker
     - ☐ Peer specialist
     - ☐ Behavioral health team member
     - ☐ Other_____
   - ☐ Community leader
     - ☐ Community-based organization leader
     - ☐ Health Equity Zone (backbone organization) leader
     - ☐ Other public health leader
     - ☐ Other_____
   - ☐ Health care team member
     - ☐ Primary care team member or leader
     - ☐ Accountable entity member or leader
     - ☐ Managed care organization member or leader
     - ☐ Other_____

2. My Rhode to Equity Team is _____ . We are working in _____ (name of places you are working in).

3. We would describe our community as (circle all that apply) urban/suburban/rural.

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4. How strong are your working relationships currently with the other members of the Rhode to Equity team (1 = not at all strong, 5 = extremely strong)?

	Health Equity Zone	Community Health Team	Primary Care clinic	Accountable entity	Community residents with lived experience of inequity
Health equity zone					
Community Health Team					
Primary care clinic					
Accountable entity					
Community residents with lived experience of inequity					

The next questions relate to where your collaboration is in its overall transformation process.

Depending on your role and perspective, you may get to skip some questions!

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Core Transformation Skills

COMMUNITY COLLABORATION

Remember, "organization" refers to where you are doing your equity work, e.g., an AE, clinic, HEZ, CBO, CHT, etc.
"Community collaboration" refers to your Rhode to Equity team.
"Community" refers to the geographic area served by your Rhode to Equity team.

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
1. We partner across sectors (public health, health care, social service, business, etc.) to improve health and wellbeing in our communities.	**Not sure or NA**	We usually work alone.	We have formed partnerships, largely within one sector.			About half the relevant sectors are engaged to address current priorities.			Most (>75%) relevant sectors work together to create systems and policies to support lasting change.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
2. We form partnerships strategically to achieve our goals.	**Not sure or NA**	We form partnerships largely to meet funding requirements.	Our partnerships are mostly based on existing relationships, though they're not always to right ones to address the problems at hand.			We have begun to strategically map our partnerships to align to our goals. We have expanded partnerships to include organizations who can help us.			We routinely assess our partnerships to see if they support what we are trying to accomplish. We expand and shrink partnerships to achieve our community's goals.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
3. We have the relationships and trust needed to share resources and accountability.	**Not sure or NA**	We don't know one another well in our collaboration. This makes it difficult for us to have enough trust to share resources.	We are getting to know one another as a collaboration. We are learning what each of us cares about in our work and what our strengths are.			We have developed trust among a key partners. This ability to share resources gives us a sense of hope and possibility. We frequently share resources and assets with one another.			We routinely share resources to get things done. We can accomplish things that wouldn't have been possible otherwise. Our practice of sharing resources gives us a sense of abundance.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
4. We have practices and processes that support open communication across our community collaboration.	**Not sure or NA**	We don't have practices in place that support open & honest communication. We don't feel comfortable asking each other hard questions.	We understand the importance of open & honest communication to better understand one another. We are developing these skills			We ask open questions of one another when something doesn't make sense or isn't going well.			We have shared practices for people to ask open questions, to listen well, to express differences and work through conflicts.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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STEWARDSHIP: Remember, "organization" refers to where you are doing your equity work, e.g., an AE, clinic, HEZ, CBO, CHT, etc. "Community collaboration" refers to your Rhode to Equity team.

Select the description that best represents their attitudes, behaviors, or actions.

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Strengthening - "This is who we are and how we do our work."			Where are you currently?
5. People in our community across groups and neighborhoods see themselves as stewards of the community's wellbeing.	**Not sure or NA**	People don't generally see themselves as stewards of community health and wellbeing.	A few people and organizations (<10%) see themselves as community stewards.			A significant number of people and organizations (10-30%) see themselves as community stewards. They work together to help our community make progress.			There is a widespread sense of stewardship and civic engagement across our community (>30%).			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

EQUITY: Consider how your organization and/or community collaboration works toward health equity. Select the description that best represents their attitudes, behaviors, or actions.

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
6. There is a shared commitment to health equity across our community.	**Not sure or NA**	People don't yet have a shared sense of commitment to health equity in our community.	A few people (<10%) have a shared commitment to health equity.			A significant number of people (11-30%) have a shared commitment to health equity. They are only in 1-2 sectors.			A significant number of people (>40%) across 3 or more sectors have a shared commitment to health, equity.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
7. We are able to have brave conversations about racial equity.	**Not sure or NA**	Tackling racial equity is difficult and causes tensions. We don't have good ways to resolve conflict. We tend not to go into these issues.	We understand that addressing racial inequities is a process. We know it is a difficult subject for many to discuss. We are working to build trust. We are having some conversations within similar racial groups.			We have put practices in place to have honest and difficult conversations about racial equity. We can work through the tension that can arise when addressing inequity.			We have many social spaces where we have conversations about racial equity. We have formal processes to ensure we work through concerns together. We accept that tension is part of addressing racial inequity.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

PARTNERSHIPS WITH PEOPLE WITH LIVED EXPERIENCE: Consider how your organization partners with people with lived experience of inequity in the process of creating change. Select the description that best represents their attitudes, behaviors, or action.

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Strengthening - "This is who we are and how we do our work"			Where are you currently?
8. We partner with people with lived experience of inequity to create change.	**Not sure or NA**	We don't formally engage the people we serve in co-designing the services delivered by our organization.	We have advisory groups (like a patient and family advisory council (PFAC) or resident advisory council (RAC)) but do not yet meaningfully partner with them.			We routinely engage our people with lived experience of inequity (or whatever we are trying to improve). They help identify how to improve our services			All improvement projects are co-designed with people with lived experience. They active team members when developing solutions. People with lived experience are leaders of change initiatives in our organization and/or community.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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Portfolio 1. Physical and/or Mental Health

(only those involved in direct clinical services have these question, continue on!)

Portfolio 2: Social and Spiritual Wellbeing

Social determinants encompass socio-economic factors such as food, housing, education, transportation, income, and social connectedness.
Spiritual determinants include factors contributing to a sense of purpose, meaning, self-worth, hope, and resilience.

		Not yet started	**Starting – "We're in the early stages and are still figuring things out"**			**Gaining skill - "We're getting the hang of this!"**			**Sustaining - "This is who we are and how we do our work"**			**Where are you currently?**
9. We care for people's social and/or spiritual needs	**Not sure or NA**	We do not screen for social and/or spiritual needs and assets.	We screen for social and/or spiritual needs and assets. We don't always connect individuals with the appropriate services.			We reliably direct people to the appropriate services for their social and/or spiritual needs.			We follow-up to ensure the individual's social and/or spiritual needs were met. We work collaboratively with community-based service partners and payers to demonstrate impact related to cost, quality, and experience.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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Portfolio 3: Community Health and Well-Being

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
10. We have a common vision **for our community collaboration**	**Not sure or NA**	We have not begun to develop a vision for our community.	A number of different groups have visions for their work, but we have not come together yet to create a common vision.			Our community has begun to develop a common vision. We are doing this with multiple groups and residents in our community.			Our community shares a clear, overarching vision that feels concrete and motivating. We develop and implement programs and policies to achieve our common vision.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
11. We have developed concrete aims **for our work.** *An aim is a concrete, audacious goal that describes what will be accomplished by when (how much, by when?)*	**Not sure or NA**	We have not yet created a concrete aim to guide community change.	Community stakeholders have come together to better understand where we are and to set goals about where we wish to be in a given period of time in at least one initiative. Most groups in our community do not have a habit of setting concrete aims.			We have developed concrete aims in some (<50%) community initiatives.			We regularly set concrete aims for what we will accomplish by when in most (>50%) of our initiatives. We regularly assess our progress and refine or set new aims based on our progress.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
12. Stakeholders in the community come together to create a theory of change. *A theory of change is a community's belief about the set of programs, policies and investments that will help us achieve our goals.*	**Not sure or NA**	We have many projects in our community. These projects are not guided by an overall design based on what we think will create community impact.	We hold community meetings to develop our ideas about how we will achieve our aims. We actively develop our ideas about programs, policies, and investments to achieve our aims in at least one initiative.			We actively develop our ideas about what programs, policies, and investments to achieve our aims in some (<50%) initiatives.			We have a theory of change to achieve our aims for most community initiatives (>50%). We coordinate our efforts around a set of projects based on our theory of change. We regularly track our progress and update our theory of change.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
13. Our collaboration values measurement. We have developed a set of measures related to what we believe needs to change to create improvement. *Measures include types of data and the ways to collect that data.*	**Not sure or NA**	Our collaboration has not yet prioritized measurement.	We have prioritized measurement and have some measures. However, our measures do not align well with the things we believe will create improvement.			We have chosen measures, with community input, that relate to the things we are trying to improve in some (<50%) initiatives.			We have an overall strategy for measurement that aligns measures with what we need to improve in most (>50%) initiatives. We regularly assess and change measures based on what we are learning as a community.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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Portfolio 4: A Community of Solutions

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
14. We have a diverse collaboration with leadership representative of the community.	**Not sure or NA**	We want a diverse group of organizations and community residents in our collaboration. We have not begun actively recruiting new organizations or individuals.	We are recruiting community members from different backgrounds into our work. This includes people who have formal power. It also includes community members who speak for the community.			We have both formal leaders and people from populations that are not thriving in our collaboration.			Our collaboration is diverse and reflective of our community in most initiatives (>75%). There are many ways someone can be a leader in our work. We see this diversity as a source of strength. We have influential leaders from relevant sectors. We also have influential leaders from populations who aren't thriving who are able to reach many others.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
15. Power is distributed and shared.	**Not sure or NA**	A few people and organizations hold much of the power to create change in our community.	We are beginning to do our work so we share power within our collaboration. We develop processes to share power with community members.			Many groups and many community residents take leadership and share power. We have processes to share power effectively with our community members.			We have moved beyond our collaboration to create broader social change. Local residents have substantial power to transform the community. This is true whether or not they are involved in our collaboration.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
16. We seek to grow the leadership **and voice of those who have less power.**	**Not sure or NA**	We need to build the power of individuals in our community. We do not yet have a method for fostering opportunities to do this.	We are figuring out how to grow the leadership of people who have less power. We see every person as someone who has gifts to offer and could be a leader.			We use community organizing or other similar methods to build the leadership and voice of those who have less power. We see this as a way of unlocking our community's potential			We use several methods to empower more leaders in the broader community, including potential leaders among those most affected by an issue. We often see evidence that our methods are working.			
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

17. Consider the following statements about public policy:

		Where are you currently?
☐ We join community residents and organizations to advance equity and racial justice. ☐ We partner to eliminate policies that exclude certain groups. ☐ We partner to advocate for policies and practices that include everyone. ☐ We partner with others to advocate at the local level to address social drivers of health. This includes things like better schools, housing, food access, transportation, youth development). ☐ We advocate for public policies at the national level to address social drivers like food, housing, etc.		
Our community collaboration does this number of things	**Not sure or NA**	

If you are involved in an organization (clinic, AE, HEZ, CHT, community-based organization), continue on. Otherwise, you're done!

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Which of the following statements best describes you/your organization's ability to engage in Rhode to Equity?

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree	Unsure
18. We are motivated to engage in Rhode to Equity						
19. We have the time and bandwidth to engage in Rhode to Equity						
20. Rhode to Equity is a priority for our organization						
21. We have successfully led multiple change initiatives with multiple partners to create community change.						

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22. Consider how you use your power and assets to improve health, wellbeing, and equity:

Employer

- ☐ Develop career pipelines in communities with poor equity outcomes;
- ☐ Remove application questions about criminal history.
- ☐ Offer a living wage for all employees;
- ☐ Invest in peer workforce from underserved communities such as community health workers;
- ☐ Incentivize employees to live in racially segregated communities to help with integration

Purchaser

- ☐ Procure selectively from or preference women and/or minority-owned vendors in low-income communities
- ☐ Invest in growing the capacity of women and minority-led small businesses in my community to grow jobs and wealth in the community

Investor

- ☐ Give low-income loans to women and minority-led businesses or nonprofits working to improve health, wealth, and equity in the community
- ☐ Ensure our investment portfolio is focused in ethical and sustainable industry

Food purchaser and server

- ☐ Purchase healthy food from local community sources, especially community gardens
- ☐ Support sustainable local food policies
- ☐ Assure schools and local businesses offer healthy options as part of contracting with us
- ☐ Connect to local sources of healthy food in food deserts to improve the market for healthy food

Funder

- ☐ Use sub-granting to support the community

Environmental steward

- ☐ Be responsible for your overall environmental footprint and work to reduce carbon emissions and health care waste

Builder

- ☐ Choose to locate new facilities in communities with poorer health outcomes to support job promotion

		How many?
Count the number of items that your organization does.	**Not sure or NA**	

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23. Consider the following statements about institutional policy:

		Where are you currently?
☐ We have organizational policies and practices around diversity, equity and inclusion ☐ We use fair hiring practices to assure that those who would be marginalized are able to be hired and are supported in being retained. ☐ We have institutional policies to improve working conditions for staff and contractors who experience racial, economic and other inequities (e.g., livable wages). ☐ We have institutional policies to increase contracting and purchasing with local vendors to enhance local economic development. ☐ We have institutional policies and investments to reduce our negative environmental impacts (e.g., waste disposal, energy utilization) at the local, regional, and/or national level. ☐ We measure our organization's impact on the health and well-being of our employees and have set goals to improve this. ☐ We measure our organization's impact on equity and have set goals to improve this.		
Our organization does this number of things	**Not sure or NA**	

STEWARDSHIP: Consider the organization that you work with. Select the description that best represents their attitudes, behaviors, or actions

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Strengthening - "This is who we are and how we do our work."			Where are you currently?
24. Population health is a priority for our board and senior leadership.	**Not sure or NA**	Our board and senior leadership do not consider addressing population health because it's not our organization's responsibility.	Our board and senior leadership believe we can address population health but don't yet have a clear strategy			Our board and senior leadership know population health is a priority. We have dedicated time and effort to improve the health of individuals facing specific issues. Our board and senior leadership make sure we have resources to improve the lives of everyone in our community, whether or not we directly serve them.			We are part of a group of organizations working to improve health, wellbeing, and equity in our communities. We have shared governance and dedicated resources to advance our work			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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EQUITY: Consider how your organization and/or community works toward health equity. Select the description that best represents their attitudes, behaviors, or actions.

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Strengthening - "This is who we are and how we do our work"			Where are you currently?
25. Addressing health equity is a priority for our organization.	**Not sure or NA**	We do not discuss health equity in our organization.	We've had some discussions related to health equity, but have not taken any action to address it.			We routinely collect data on race, ethnicity, language, and socio-economic status and have active efforts underway to address health equity gaps.			We examine our data based on different factors like race and ethnicity. We work with community partners to implement and improve programs and policies to address the root causes of inequities.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

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26. Consider the following statements about data. Choose the response that best describes your organization or community collaboration at this time.

	Physical and/or Mental Health	Social and Spiritual Wellbeing	Community Health and Well-Being	A Community of Solutions
	☐ We collect data to proactively manage the physical health of specific populations. ☐ We collect data to proactively manage the mental health of specific populations. ☐ Our strategic planning staff has a geographic (like zip code) assessment process to understand the community needs. ☐ We use physical and mental health data to determine where our service are most needed. ☐ We use our data in improvement initiatives related to mental and/or physical health.	☐ We collect data to proactively manage the social wellbeing of specific populations. ☐ We collect data to proactively manage the spiritual wellbeing of our specific populations. ☐ We share data with all relevant clinical stakeholders and work with them to improve specific populations' social and spiritual wellbeing. ☐ We include social and spiritual risk factors when we consider how we develop and manage care plans. ☐ We use data in improvement initiatives for social and/or spiritual wellbeing.	☐ We collect community-wide data on specific areas of focus in our community work. ☐ We try to understand the relationship of *place* to specific health and wellbeing outcomes in our community. ☐ We have data-sharing agreements with others and routinely review data with all relevant stakeholders, including those most impacted. ☐ We analyze our community-level data to understand health equity patterns. ☐ We use data to prioritize opportunities to improve specific health and wellbeing outcomes.	☐ Community stakeholders across sectors drive the collection and integration of community-level data to monitor overall trends in health, wellbeing, and equity in our community. ☐ We use tools like geotagging to understand the relationship of place to overall health and wellbeing outcomes in our community. ☐ We work together with other stakeholders to collect both direct and indirect measures related to major initiatives we are working on. ☐ We use co-analyzed health equity data with those most impacted ☐ We use our data for community-level planning around resources to address the social determinants of health and wellbeing in our community. ☐ We have the technology to bring together multiple sources of data to understand the whole picture of our clients and communities.
	Not sure or NA	**Not sure or NA**	**Not sure or NA**	**Not sure or NA**
Count the number your organization does				
Count the number your community collaboration does				

PATHWAYS TO POPULATION HEALTH

Portfolio 1. Physical and/or Mental Health

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
27. We provide active care management for our population.	**Not sure or NA**	Our organization does not have a dedicated staff for care management activities	We develop ways to identify individuals who need care management based on who is likely to have the poorest outcomes. We direct these individuals to a dedicated person/team to support them with care management. We explore how to better conduct outreach to at-risk populations.			We have ways to identify individuals who need care management and direct them to a dedicated person/team. We have begun to partner with community-based care management supports, such as community health teams.			Our care management teams actively identify and engage community partners to support patients and populations for social/spiritual needs. We regularly coordinate and plan with community-based care management supports, such as the community health team.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

PAYMENT:

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Strengthening - "This is who we are and how we do our work"			Where are you currently?
28. Payment models to advancing prevention, improve health, and health equity.	**Not sure or NA**	We get paid for each service we provide. We do not take on challenging populations because of the risk they won't be able to pay.	We are having preliminary discussions with insurance providers to take on financial risk populations. Right now, less than 5% of people we serve are currently covered under such arrangements.			Currently, Medicaid (or another insurer) pays us a set amount of money each month for 5 to 20% of our clients			More than half of our patient and/or employee population is covered under a global payment/shared savings arrangement. We are expanding by sharing risk and savings across sectors.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	
Our community collaboration	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

Answer the next two questions *only* if you are involved in delivering care in a clinical setting (AE and CHT). Otherwise, you're done!

PATHWAYS TO POPULATION HEALTH

Choose the response that best describes your organization at this time.

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Strengthening - "This is who we are and how we do our work"			Where are you currently?
29. We use team-based care to holistically meet the needs of our clients.	**Not sure or NA**	We don't address our client's needs holistically to improve their health	We explore methods for addressing our clients' needs holistically to improve their health.			We are implementing a multidisciplinary care model that includes patients, families, and non-clinical providers			Team-based care has been implemented throughout our organization. This model enables each team member to work to their highest level of licensure.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

		Not yet started	Starting – "We're in the early stages and are still figuring things out"			Gaining skill - "We're getting the hang of this!"			Sustaining - "This is who we are and how we do our work"			Where are you currently?
30. We care for people's physical and mental health together.	**Not sure or NA**	We provide care for physical and mental health in separate facilities, with separate systems. We are not trying to integrate behavioral health and primary care.	We examine approaches to address behavioral health within primary care. We are exploring how to do this based on our population, payment systems, and resources. We leverage community resources, such as community health teams, to help us.			We routinely communicate and coordinate care between medical and behavioral health providers. Primary care and behavioral health providers partner in many areas, such as: creating shared systems (scheduling or medical records), collaborating on care plans, sharing and learning about one another's roles, capabilities, etc.			We routinely care for people with physical and mental health needs in partnership with a range of supports in the community. We strategize with these community-based support to meet the needs of these complex patients in a way that addresses their mental, physical, social and spiritual needs together.			
Our organization	**Not sure or NA**	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	

PATHWAYS TO POPULATION HEALTH

End of the Assessment!

What's next?

You'll be working with your Rhode to Equity team to discuss your answers and make plans. The rest of these sheets are a preview of that process. You don't have to fill them out now!

PATHWAYS TO POPULATION HEALTH

Developing Your Transformation Plan Together

2. **Talk it through.** Compare answers with other members of your community collaboration (you may find it helpful to print the map out for this conversation so it is in front of you). Where there is a score difference of ***three*** or more points, discuss why you might have such different answers. People have access to different knowledge or resources within your collaboration. It could also be from gaps that offer opportunities for improvement.

Remember, there is no one right way to transform. It depends on your context and what your team is willing and able to work on, what you're ready to do. Some different options for choosing a priority might be:

1) Choose areas that are scored low.
2) Choose areas where small changes could lead to big gains
3) Consider the highest scoring areas, and how these could be used as leverage points to move other areas forward.
4) Think about which areas could move in the short term, and which to start planning for the medium and long term.
5) Ask yourselves what your state is ready and motivated to take action on and which matter most for the communities you want to partner with.

Feel free to use a mix of criteria for identifying priority areas. Be sure to include everyone's perspective and don't be afraid to set ambitious goals! This is your journey—and your path. The greatest value of this tool is to foster a dialogue within your collaboration to help identify strategies to advance. Once you've worked through these differences, come up with your Rhode to Equity team's final scores and put the totals of your self-rated scores for each section into the boxes below. Now start identifying some priority areas to work on!

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PATHWAYS TO POPULATION HEALTH

Rhode to Equity Team Name: _____ Located in: _____

Section	Now (current self-score)	Goal in 6 months	Goal in 12 months	What we will do to make progress
Core Transformational Skills 1. Collaboration 2. Stewardship 3. Equity 4. People with Lived Experience Payment 5. Payment				
Portfolio 1. Physical and/or Mental Health				
Portfolio 2: Social and Spiritual Wellbeing				
Portfolio 3: Community Health and Well-Being				
Portfolio 4: A Community of Solutions				

PATHWAYS TO POPULATION HEALTH

Take Action – Develop an action plan for advancing your transformation.

What three priority areas will you work on over the next six months? Work with your coach and collaboration to develop this.

Priority area	Strategy: What will you do?	Key stakeholders who will need to be engaged	Resources and capacities needed	By when?	Who?