

# THEORY *of* CHANGE



## We believe that...

- ▶ Health is a human right.
- ▶ Health care is not a commodity
- ▶ Fighting for health equity means standing up for equal access for people to lead healthy and dignified lives.
- ▶ Outreach is key to creating trusting relationships and ensuring access to quality care for marginalized and vulnerable communities.



## Problem Statement

- ▶ Failure to recognize health as a fundamental right denies marginalized and vulnerable communities access to health care and the opportunity to live healthy, thriving lives.



## We partner with...

- ▶ Community health workforce, especially frontline staff
- ▶ Health center leadership
- ▶ Organizations ready to start or redesign their health outreach programs
- ▶ Advocates addressing the social determinants of health impacting marginalized and vulnerable communities



## Strategies

- ▶ We demonstrate that organizations investing in outreach programs achieve greater impact (through financial benefits, the generation of critical data, and strengthened relationships).
- ▶ We use methodologies that facilitate change at the individual, institutional, and community levels.
- ▶ We create learning environments based on adult learning principles that uncover solutions through peer-to-peer exchange.
- ▶ We draw on the expertise of frontline staff to inform our work.
- ▶ We design our services with the client at the center.



## Anticipated Changes

- ▶ Marginalized and vulnerable communities are accessing health care.
- ▶ Marginalized and vulnerable communities are represented within leadership positions, decision making, service provision, and capacity building
- ▶ Community health organizations provide care that recognizes the whole person and use specific strategies to address multiple determinants of health.
- ▶ Community health organizations have customized outreach programs that address the unique needs of their communities and prioritize the most vulnerable.

## Values

**Dignity** · We believe in people's intrinsic worth and uphold their right to be treated with respect and fairness.

**Compassion** · We do our work in the spirit of service and empathy.

**Empowerment** · Solutions to challenges stem from the community, and our work is to support the community to create the solutions they need.

**Collaboration** · We believe that the greatest impact is achieved by building trusting relationships and by recognizing and leveraging each other's strengths.

**Creativity** · We discover new approaches to address persisting challenges in the delivery of health care.

**Commitment to Learning** · We use evidence-based learning and continuous reflection to respond to the changing needs of those we serve.

**Work-Life Balance** · Maintaining healthy boundaries in our work and practicing self-care allows us to be present, optimistic, and sustainable.



HEALTHY PEOPLE. EQUITABLE COMMUNITIES.



# GLOSSARY

## Key Terms

### Community Health Organization

Organizations that provide direct health services in a community setting. Examples include health center program grantees, FQHCs, Look-Alikes, and other safety net health organizations.

### Health care is not a commodity

Rejection of the idea that health care should be a vehicle for profit; rather, it is a social good for which we must strive, not a commodity.

(Freeman, J. (Nov. 2012) Health is not a commodity: Let us get the language right. *Medicine and Social Justice*. Retrieved from: <http://www.pnhp.org/news/2012/november/health-is-not-a-commodity-let-us-get-the-language-right>.)

### Health equity

The assurance of the conditions for optimal health for all people. Health disparities will be eliminated when health equity is achieved.

Achieving health equity requires:

- Valuing all individuals and populations equally;
- Recognizing and rectifying historical injustices; and
- Providing resources according to needs.

### Marginalized and vulnerable communities

Groups that have been historically excluded from power and cut off from resources, whose social positionality make them susceptible to health inequities, and whose health problems are often compounded by the experience of multiple forms of oppression.

### Outreach

The process of improving people's quality of life by:

- Facilitating access to quality health care and social services;
- Providing health education;
- Bringing linguistically and culturally responsive health care directly to the community;
- Helping people to become equal partners in their health care; and
- Increasing the community awareness of the presence of underserved populations.

### Social determinants of health

Structural determinants and conditions of daily life that create health inequalities, such as unequal distribution of power, income, goods and services, access to health care, schools, education, as well as conditions of work, leisure, housing, and the environment (WHO, 2008).

## Theory of Change Terms

### Anticipated Changes

Specific, observable changes that indicate that the problem is being resolved.

### Partners

The people and institutions among whom we will focus our efforts and resources.

### Problem Statement

A concise and compelling description of the conditions we aim to change.

### Strategies

The distinctive, cross-cutting approaches we take to our work.

### Theory of Change

A way to visually represent an organization's thinking about how it contributes to desired changes in the world. It represents a conceptual linkage among:

- an identified issue or problem,
- a set of desired changes,
- among whom the organization will focus its efforts,
- specific strategies that contribute to that change, and
- the underlying values and stances that guide the organization's work.

### Values

Fundamental, intrinsic beliefs that guide an organization's work.