CHA
Catholic Health Association of the United States

HEALING THE MULTITUDES

Social Determinants of Health and Catholic Tradition: A Reflection & Integration Resource for Boards

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"When they had finished breakfast, Jesus said to Simon Peter, "Simon son of John, do you love me more than these?" He said to him, "Yes, Lord; you know that I love you."

Jesus said to him, "Feed my lambs."

A second time he said to him, "Simon son of John, do you love me?"
He said to him, "Yes, Lord; you know that I love you."

Jesus said to him, "Tend my sheep."

The third time he said to him, "Simon son of John, do you love me?"
Peter was hurt because Jesus asked him the third time, "Do you love me?"
He said, "Lord, you know all things; you know that I love you."

Jesus said, "Feed my sheep."

JOHN 21: 15-17

As proof of Peter's love and devotion, Jesus called Peter to "feed my lambs" and "take care of my sheep." As the Good Shepherd, Jesus tends to each lamb individually as well as provides for the well-being of the entire flock. Today in Catholic health care we are being called to go beyond our traditional understanding of care. While we will never abandon our mission to the healing and wholeness of particular individuals, we must expand our understanding of what it means to care for the communities we serve.

FACILITATOR NOTE: *These materials are offered in conjunction with* Healing the Multitudes*, CHA's community health resource for boards. The materials here can be scaled as needed for formative experiences from 15 to 60 minutes long. Consider your time and audience when choosing which elements to include in your session.*

Please note: on pages 10-11 of this booklet, there is a Background section included as a tool for facilitators.

SUGGESTED BEST PRACTICE: *Consider reaching out to the person who manages the Community Health Needs Assessments for your ministry and familiarize yourself with the key priorities of your CHNA as you prepare. You may want to provide a copy or executive summary for participants if they haven't seen it. Additionally, you may want to access your local data and benchmarks in community health or your County Health Rankings (www.countyhealthrankings.org) or the Centers for Disease Control and Prevention.*

OBJECTIVE

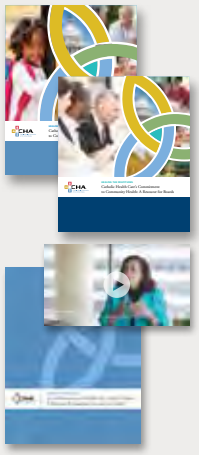
Participants will …

- Understand that Catholic health care's commitment to community health is a natural outgrowth of Catholic Social Teaching, particularly commitment to the common good, human dignity and the preferential option for those who are poor.
- Appreciate how external factors, called the social determinants of health, have significant impact on health outcomes for all people, particularly those who are poor, vulnerable and marginalized.
- Consider and act on their own responsibility within their ministry to ensure the organization seeks out, supports and participates as appropriate, initiates advancing community health.

The following is a list of resources included in this guide.

- Activity 1 – Thriving Communities, Healthy Communities
- Activity 2 – Know Your Communities' Needs
- Activity 3 – Community As Mission
- Activity 4 – Caring from Our Tradition
- Background

RELATED RESOURCES



Healing the Multitudes

- Catholic Health Care's Commitment to Community Health
- Catholic Health Care's Commitment to Community Health: A Resource for Boards
- Companion video
- Reflection Guide
- Powerpoint Template

These resources are available on CHAUSA.org/socialdeterminants. Booklets can be downloaded or complimentary copies ordered (free shipping).

PRAYER

Let us be still in the presence of God and one another as we pray.

Loving God, your nature as Trinity witnesses to the value of the individual within the depth of community.

Move us to work in ways that benefit the poor and vulnerable by protecting and providing for the common good. Make us ever mindful that the care we provide is not a response to a patient's ability to pay, but an affirmation of their inherent dignity as a child of God.

Focus our attention on those we serve as well as widen our vision to support and strengthen the places in which they live. Focus our service on the sick at our door and move us to advocate for those struggling to stay well in their communities. Keep us from the pride of trying to be all things to all people as well as the apathy which says, "That's not my job."

Let us do the work you call us to do with hope, humility and faith in you. Amen.

Other CHA Prayer Resources around Social Determinants of Health

Available at CHAUSA.org/prayers

- For Healing Health Care Disparities
- For Law Makers
- For the Uninsured
- For Those in Chronic Pain
- For Those Who Seek Help When Healing Isn't Possible
- For Those Who are Sick Because of Their Environment
- For Those Who are Sick Because They Lack Access to Healthy Food
- For Those Who are Sick because They Lack Adequate Housing

ACTIVITY 1

Thriving Communities, Healthy Communities

FACILITATOR NOTES: *This discussion is intended to get participants thinking about what makes communities healthy and introduces the concept of social determinants of health.*

Invite participants to reflect on the following questions and share their answers in dyads, triads or the larger group.

- What do you value about the community in which you live?
- What are the elements of a vibrant and thriving community?
- When you move to a new place, what do you look for?

Reflect on the following:

Together we named / thought of a handful of positive things: A strong economy, good jobs, safe housing, food options, engaged neighbors, equality and diversity, accredited schools, minimal crime and violence, green spaces, clean air, safe water, access to basic and specialty health care, updated roadways and transportation options, recreation opportunities.

This list is more than a blueprint for a strong community, it is a blueprint for positive health outcomes. The physical environment in which a person lives, his or her social and economic conditions, health access and personal behavior, education and community context help make up the social determinants of health which positively or negatively influence health.

Understanding the social determinants of health is important to understanding both individual health outcomes and community health outcomes. As a Catholic health ministry we are called to do what we can to make our communities healthy places for all members.

Ask: What community health needs exist in our service area(s)?

Invite participants to name the issues that negatively impact local health outcomes.

Passages from Tradition

Ensuring all people have equal access to social goods is a part of our commitment to protect the common good. One of the pillars of Catholic Social Teaching, "(t)he common good embraces the sum total of all those conditions of social life which enable individuals, families, and organizations to achieve complete and effective fulfillment."

Mater et Magistra, #74

Our commitment to the common good, affirmation of the dignity of each person and the preferential option for those who are poor and vulnerable drive us to consider anew our role and responsibility in ensuring the health of the communities in which we serve. We cannot be all things to all people or hope to solve complex social problems alone, but we are not excused from doing our part to bring about solutions.

Share the following:

- What responsibilities do we have as individuals as well as large employers, landowners, corporate citizens and ministries of the Church to participate in the solutions to community problems?
- How can we engage at the clinical, organizational and community levels to work for the common good?

ACTIVITY 2

Know Your Communities' Needs

FACILITATOR NOTES: *In advance of this session be in touch with the individual who manages the Community Health Needs Assessment (CHNA) for your ministry. Familiarize yourself with the document; you may even want to invite the individual to your session.*

This session involves inviting participants to look at the CHNA document and unpack where they see the social determinants of health at work in their community. While the social determinants themselves may not show up in the CHNA it is likely that they contribute to the issues that are identified.

The slide deck template included with CHA's, Healing the Multitudes *resources may be helpful if you need to create a presentation. The template can be accessed at www.CHAUSA.org/socialdeterminants.*

Distribute *Healing the Multitudes, Catholic Health Care's Commitment to Community Health: A Resource for Boards* and your organization's CHNA report or executive summary. (The booklets are available for order — free with free shipping — at www.CHAUSA.org/socialdeterminants.)

Share the following:

Catholic health care is committed to the whole person, affirming that each individual is a sacred unity of body, mind and spirit. We seek the flourishing of each individual that goes beyond the absence of illness or pain.

Most of what contributes to people's health is outside our walls. The social determinants of health are the conditions in which people live, work and play that can ultimately influence their health outcomes.

When we talk about the social determinants of health we include:

- **ECONOMIC STABILITY:** Housing and food security, employment, income.
- **ACCESS TO HEALTH CARE:** Comprehensive health insurance, access to primary care and mental health care, culturally-competent providers.
- **SOCIAL AND COMMUNITY CONTEXT:** Social cohesion, discrimination, incarceration, community engagement.
- **EDUCATION:** Early childhood education, high school graduation, literacy and language.
- **NEIGHBORHOOD AND BUILT ENVIRONMENT:** Safety from crime and violence, transportation, clean air and water, public places to play and exercise.

The social determinants do not dictate whether a person will or will not have a particular diagnosis or illness, but they do make some challenges more or less likely.

Consider the following example:

Mr. Smith is a 55-year-old man. A health clinic nurse who visits his church once a quarter noted his blood sugar levels were high and suggested he see a physician for possible diabetes or prediabetes. She also urged Mr. Smith to get more active and to try to include more fresh foods in his diet. However, the grocery and dining options nearest his home are limited to fast food restaurants and the mini-mart convenience store and there aren't a lot of safe walkable spaces in his neighborhood.

Compare Mr. Smith to Mr. Adams, another 55-year-old man. Mr. Adams was found to have similarly elevated blood sugar levels at his annual physical. His long-time primary care physician made the same suggestions to improve his diet and increase exercise. On his way home from the visit, Mr. Adams stopped into the local grocery store for fresh fruit and vegetables and went for an enjoyable evening walk with his dog around the block.

Mr. Smith and Mr. Adams are the same age, with the same diagnosis, but very different social contexts.

- What social determinants of health are relevant to the experience of Mr. Smith and Mr. Adams?
- With what you know, how do you anticipate their outcomes may be different?
- What hurdles does Mr. Smith have that Mr. Adam's doesn't?
- What might a Catholic health care facility be able to do in light of the disparity between these two men?

Another example:

Ms. Lopez and Ms. Minton are seated next to each other in the waiting room at the OBGYN office. Through discussion, they find out they are due on the same day and each is expecting their first daughter. However, there are some differences between the two women.

Ms. Minton relies on buses for transportation. She took two buses to make it to her appointment; she's hoping she goes into labor during a weekday when the bus schedule in her neighborhood is more frequent and consistent than on the weekends and evenings. Ms. Minton also worries about getting to work and day care after her daughter is born. The affordable day care center is on a different bus route, which means she'll have to change buses, adding to her commute time and increasing the chance she could be late to work – which could lead to her losing her job. And if she's late picking her daughter up, she'll have pay a late fee she can't afford.

Ms. Lopez's later model sedan runs well and she was able to use the free valet parking in the hospital parking lot for pregnant women. The car seat is ready and waiting in the car for her daughter's ride home from the hospital.

- What social determinants of health are at play with Ms. Minton and Ms. Lopez?
- What hurdles does Ms. Minton have that Ms. Lopez doesn't? How might this impact her stress and experience of parenting? (Please note: you may want to add that stress can have negative effects on the health of both mom and baby.)
- How might Catholic health care play a role in light of the disparity between these two women and their daughters?

Questions to consider:

- How do the social determinants of health impact our service area(s) and most vulnerable patients, as well as our lowest paid associates?
- What can we do at the clinical, organizational and community levels to manage and mitigate the social determinants of health?

ACTIVITY 3

Community As Mission

FACILITATOR NOTES: *Use the well-known passage from the Gospel according to Matthew to engage your group in a discussion around how we might live the Works of Mercy in a broader way.*

Share the following reflections:

Some of the top causes for disease can be best solved or diminished through public health measures. Consider the positive worldwide power of vaccines in the reduction of infectious diseases or the debilitating impact the leaded water of Flint, Mich., will have on the health of that community for decades to come. It is far, far better for the individual and community to assist in stopping preventable illness rather than having to treat chronic issues.

As you listen to this passage from scripture, consider how we can answer the call at an organizational level and in an operational way.

Read or otherwise share Matthew 25: 35-40.

A reading from the Gospel according to Matthew.

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me. Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' The King will reply, 'Truly I tell you, whatever you did for one of the least of these brothers and sisters of mine, you did for me.'"

The Gospel of the Lord.

Share the following reflections:

The passage from the Gospel of Matthew is among the most familiar and most challenging scriptures. It is the basis for the works of mercy and a straightforward instruction on what we are called to do to earn eternal life. An enduring touchstone for the Catholic health ministry in its care for the individual, we must bring new imagination and vision to this passage as we consider what it means to care for the community.

As a board, you have been called to ensure Catholic social tradition informs the hospital's operations and steward the health ministry, which involves struggling with challenging questions to determine what actions to take or not take in a situation.

Expanding our vision, how do we ensure the goods of society are common to all in the community? What does it look like to be sure a community has clean drinking water? With whom could we partner to eliminate food deserts? How do we use our resources in ways that affirm human dignity and the goodness of creation?

Ask one or more of the following questions:

- How do we bring the works of mercy to life in clinical areas, our organizations' operations and our communities?
- How do we ensure the well-being of others as if they were Christ himself?
- With whom can we partner in our community? What questions must we ask? Which voices need to be included?
- How can I use my influence and voice to positively impact community health issues?

ACTIVITY 4

Caring from Our Tradition

FACILITATOR NOTES: *This activity is intended to help participants make connections/see the connections and application of Catholic social teaching to the issues of community health. Please note, the first question assumes an understanding of the social determinants of health. If you have not covered that with your group, either omit the question or use one of the* CHA Healing the Multitudes *booklets to introduce the concept.*

Using a mix and match system, invite participants to consider one of the scenarios that follow in light of a passage from Catholic social teaching and scripture.

Depending on the size of your group, break into dyads or triads to read through the scenarios, and then the accompanying social tradition and scripture passages. Then discuss the following questions:

- What do you notice about the scenarios? How do the social determinants of health show up in positive or negative ways?
- What would the passages from scripture and Catholic social teaching have us do or say in the scenario?
- How can we act, through direct action, advocacy or collaboration, to make a difference as a ministry of the church, large employer and corporate citizen in the face of scenarios like this and others?
- What can we do at the clinical, organizational and community levels to manage and mitigate the social determinants of health?

SCENARIO 1

The local county health department is looking into the infant mortality rate for their African American population which is 2.2 times higher than for non-Hispanic whites.[1] Initial investigation revealed a higher prevalence of sudden infant death syndrome (SIDS) and that fewer African American mothers received early, if any, prenatal care. Poor prenatal care is a known risk factor for SIDS.

As the committee dug deeper and spoke to a few women, they learned of the difficulty with bus routes and transportation as well as challenges accessing healthy food and culturally competent care providers. Below are some excerpts from the investigation.[2]

"I remember the doctor not even looking at me. He was talking to me and he treated me like I said like a number. He said 'How many times have you been pregnant?' and I'm like never. Then he had to turn around like 'Oh' … he's looking like, 'She's just another Black girl in here and she needs health care and she probably had 4 or 5 children already.' It's like No! We are human. We care about our well-being just like you do."

"You're walking to the bus stop and you're carrying cans, carrying cans from the grocery store. I'm carrying those gallons of milk. … I'm on the bus, I've got to go downtown. Gotta get on three buses, I'm pregnant. You can't do that."

"There is so much more to a woman than her pregnancy. They need to understand our eating, our living situation, our support system, our mental and physical health. It all makes a difference. Look at the whole me."

Consider the passages from scripture and tradition.

Ask: Imagine you have been called to represent your ministry on a task force set to address this issue. What can you bring to the table?

1. This is the current statistic and has remained mostly steady since 1980, sourced from the Centers for Disease Control and Prevention https://www.cdc.gov/nchs/data/hus/2016/011.pdf, accessed Aug 8, 2018.

2. All quotes come from this study: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5551165/

SCENARIO 2

The local county health department is looking into the childhood obesity epidemic. A preliminary group has begun looking at some of the upstream factors, but don't see a single issue having a strong correlation. Rather a nexus of issues seems to be working together to the detriment of certain communities. The local elementary school with the highest rate of obese children also has high rates of children receiving free and reduced lunches, single parent homes and one or more parents without a high school or equivalency degree. Many of their children are dropped off at empty homes as parents work chaotic hours in multiple jobs.

From a mother of an obese child: "I'm trying my best, and in some ways I blame myself. Maybe if I knew more … I didn't finish the tenth grade. I know vegetables and fruits are better, but I don't know how to cook them and the kids don't eat them when I try. When the money is thin, I have to pick things they'll eat and I can afford."

From a teacher in the local elementary school: "I know the kiddos need physical activity to reduce their risk of obesity and to help them concentrate in class, but it's just not in our daily schedule. During the breaks we do have a lot of the kids sit on the sidelines, and we only have PE twice a week. When I was young I would ride my bike all over this neighborhood, that's just not safe for these kids."

Consider the passages from scripture and tradition.

Ask: Imagine you have been called to represent your ministry on a task force set to address this issue. What can you bring to the table?

PASSAGES FROM SCRIPTURE

How does God's love abide in anyone who has worldly goods and sees one in need and refuses to help?

1 John 3:17-18

Also, seek the peace and prosperity of the city to which I have carried you into exile. Pray to the Lord for it, because if it prospers, you too will prosper.

Jeremiah 29: 7

Give alms from your possessions. Do not turn your face away from any of the poor, so that God's face will not be turned away from you. Give in proportion to what you own. If you have great wealth, give alms out of your abundance; if you have but little, do not be afraid to give alms even of that little.

Tobit 4:7-8

PASSAGES FROM TRADITION

To love someone is to desire that person's good and to take effective steps to secure it. Besides the good of the individual, there is a good that is linked to living in society: the common good. It is the good of "all of us", made up of individuals, families and intermediate groups who together constitute society. It is a good that is sought not for its own sake, but for the people who belong to the social community and who can only really and effectively pursue their good within it. To desire the common good and strive towards it is a requirement of justice and charity. … The more we strive to secure a common good corresponding to the real needs of our neighbors, the more effectively we love them. Every Christian is called to practice this charity, in a manner corresponding to his vocation and according to the degree of influence he wields... This is the institutional path — we might also call it the political path — of charity, no less excellent and effective than the kind of charity which encounters the neighbor directly.

Caritas in Veritate, #7

Business is a vocation, and a noble vocation, provided that those engaged in it see themselves challenged by a greater meaning in life; this will enable them truly to serve the common good by striving to increase the goods of this world and to make them more accessible to all.

Evangelii Gaudium, #203

All Christians must be aware of their own specific vocation within the political community. It is for them to give an example by their sense of responsibility and their service of the common good. In this way they are to demonstrate concretely how authority can be compatible with freedom, personal initiative with the solidarity of the whole social organism, and the advantages of unity with fruitful diversity.

Gaudium et Spes, #75

Background

This section is intended as a resource to facilitators, providing additional information from scripture, theology and tradition to assist in facilitation of sessions on the social determinants of health and to apply Catholic social teaching as ministries unpack their own responsibility and action.

While explicit attention to social determinants may seem like a new expression of our tradition, the elements exist in the foundational commitments of the Catholic health ministry and are embedded within our scripture, theology and tradition. The video for *Healing the Multitudes* highlights how the tradition of looking at the needs of a community and responding is part of the very DNA of Catholic health ministry. Access the video at CHAUSA.org/socialdeterminants.

Please Note: some of this content may be shared in sessions to prompt discussion or deepen connections, but it is not an exhaustive listing of didactic points.

SCRIPTURE

- Genesis 4:8-15 reminds us that we are, in fact, our bother and sister's keeper; we will be called by God to account for the welfare of others.
- The Hebrew prophets called for communities marked by justice and equity; provision for those who are orphaned, widowed, immigrant and poor is a moral expectation.
- Leviticus 25:23-43 reminds us that what we have is a gift from God and is given to be used for the good of all.
- The Good Shepherd metaphor involves both securing the safety and health of the lone sheep as well as provision for the good of the whole flock.
- The Gospels tell us Jesus was often in the midst of the crowds, or multitudes, and cured many who reached out to him.

THEOLOGY

- God's identity as the Trinity — three persons sharing a single nature in dynamic community — affirms both the value of the individual and the necessity of a strong community. Made in the image and likeness of God who is Trinity, the human person is both sacred and social.
- Our ecclesiology calls us to be mindful that we are one body and accountable for the good of the most vulnerable members. What happens to the least among us, happens to the whole. As the Church is the Body of Christ, we are called to honor all of its members (1 Corinthians 12:12-27). Similarly, as the Church is sacrament to the world, the care we offer must extend in concrete ways to the whole world.
- Christian anthropology — the Christian view of the human person — confirms that each individual is a unity of body, soul and spirit. Therefore the context and health of the body is a function of the whole.
- The three pillars of Catholic social teaching directly support work providing for community health and the social determinants.
  - Human dignity calls us to care for the person as a beloved child of God with a specific context.
  - Commitment to the common good demands that the goods of society must be available to all.
  - The preferential option for poor and vulnerable persons requires that we ensure the least among us have what they need to flourish even if it means sacrificing our own surplus or excess comforts.

TRADITION

- From the time of early monastic communities through the establishment of Catholic hospitals in the U.S. up to today, Catholic health care has been committed to those who are poor and vulnerable. This history is in continuity with the work of community health and the social determinants which have a direct impact on the most vulnerable in our midst.
- In the Roman Empire during the second and third centuries, health clinics or hospitals were unheard of and the few physicians that existed were expensive. If families were not willing or able to care for them, the sick were abandoned or left to exposure. Sick or elderly slaves were often left to fend for themselves. Christians attracted attention by caring for the sick. Often contracting the same diseases as those they cared for, Christians stepped into the void of a community health need with joy and as witnesses to the goodness of God.

- In the Middle Ages, groups of women and men gathered in monasteries and there continued to practice hospitality and care for the sick, the dying and those wounded or maimed in battle. Monte Casino, the Benedictine monastery, is considered to be the first hospital in Europe.
- The 18th and 19th centuries witnessed the expansion of apostolic religious communities. In contrast to contemplative or cloistered communities, these groups of women and men served within communities in obedience to Matthew 25: 31-46 in ministries of social work, health care, teaching and pastoral ministry. Many of these groups were founded with particular attention to health care. As more and more immigrants come to the United States, it was the Catholic hospitals that typically cared for immigrant populations which could not afford care in many public or private hospitals.

QUOTES

Every day human interdependence grows more tightly drawn and spreads by degrees over the whole world. As a result the common good, that is, the sum of those conditions of social life which allow social groups and their individual members relatively thorough and ready access to their own fulfillment, today takes on an increasingly universal complexion and consequently involves rights and duties with respect to the whole human race. Every social group must take account of the needs and legitimate aspiration of other groups, and even of the general welfare of the entire human family."

Gaudium et Spes, #26

What we are speaking about is the common good of humanity, of the right of each person to share in the resources of this world and to have the same opportunities to realize his or her potential, a potential that is ultimately based on the dignity of the children of God, created in his image and likeness. Our great challenge is to respond to global levels of injustice by promoting a local and even personal sense of responsibility so that no one is excluded from participating in society. Thus, the question before us is how best to encourage one another and our respective communities to respond to the suffering and needs we see, both from afar and in our midst.

Pope Francis, Dec 13, 2016

The common good, in fact can be understood as the social and community dimension of the moral good.

Compendium of the Social Doctrine of the Church, #164

SUPPLEMENTARY RESOURCES

The following chapters and articles provide a deeper dive into the theological and ethical considerations surrounding this topic.

- Hamel, Ron. "Catholic Identity, Ethics Need Focus in New Era." *Health Progress* (May-June 2013): 85-87. https://www.chausa.org/docs/default-source/health-progress/ethics---catholic-identity-ethics-need-focus-in-new-era.pdf?sfvrsn=2
- Kenny, Nuala. "Cure vs. Prevention: Catholic Perspectives," In *Prevention vs. Treatment: What's the Right Balance?,* edited by Halley S. Faust and Paul T. Menzel. Oxford: Oxford University Press, 2012. https://searchworks.stanford.edu/view/9515622
- Rozier, Michael D. "A Catholic Case for Public Health," *Health Care Ethics USA* 22, no. 2 (Spring 2014): 1-11. https://www.CHAUSA.org/docs/default-source/hceusa/a-catholic-case-for-public-health.pdf?sfvrsn=2
- Rozier, Michael D. "When Populations Become the Patient," *Health Progress* (January-February 2017): 5-8. https://www.chausa.org/publications/health-progress/article/january-february-2017/when-populations-become-the-patient

Communicate with the person who coordinates your Community Health Needs Assessment and Community Health Improvement Plan.

- By meeting with the person(s) responsible for these processes, you can gain a concrete understanding of the needs in your service area(s) and your most vulnerable patient populations.

There are a variety of resources on the Centers for Disease Control and Prevention website.

- National Center for Disease Prevention and Health Promotion: https://www.cdc.gov/chronicdisease/index.htm
- Health People 2020: https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health
- CDC Social Determinants https://www.cdc.gov/socialdeterminants

The Community Benefit focus area on CHA's website is a curated collection of resources, webinars and links.

- https://www.CHAUSA.org/communitybenefit/community-benefit

Washington Office
1875 Eye Street, NW, Suite 1000
Washington, DC 20006
(202) 296-3993 *phone*

St. Louis Office
4455 Woodson Road
St. Louis, MO 63134
(314) 427-2500 *phone*

CHAUSA.org