



HEALING THE MULTITUDES

Catholic Health Care's Commitment to Community Health: A Resource for Boards

Jesus often healed one or two people in need of immediate care. Jesus also fed thousands of hungry at a single time as he multiplied fish and loaves of bread. So too, we must heal the individuals in need of care, but also care for the multitudes who live in our communities.

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Health care in the United States is experiencing many substantial disruptions. One of the most significant is the way that the financial strength of health care organizations depends not only on delivering excellent treatment in times of illness, but also on keeping individuals and communities healthy outside of the organization's walls.

One of the key ways to keep individuals and communities healthy is to invest in the social determinants of health. The social determinants of health recognize that health does not occur in a vacuum. The health of every individual is shaped by their physical environment, social and economic conditions, biology and genetics, access to health services and personal behavior. The social determinants of health are those conditions in which people live, work, and play that can ultimately influence their health.

All health care organizations have a growing financial incentive to invest in social determinants of health. Catholic health care also has a moral imperative for this work. We have a commitment to the people of our communities, whether they ever walk through the doors of our hospitals, clinics or nursing homes.

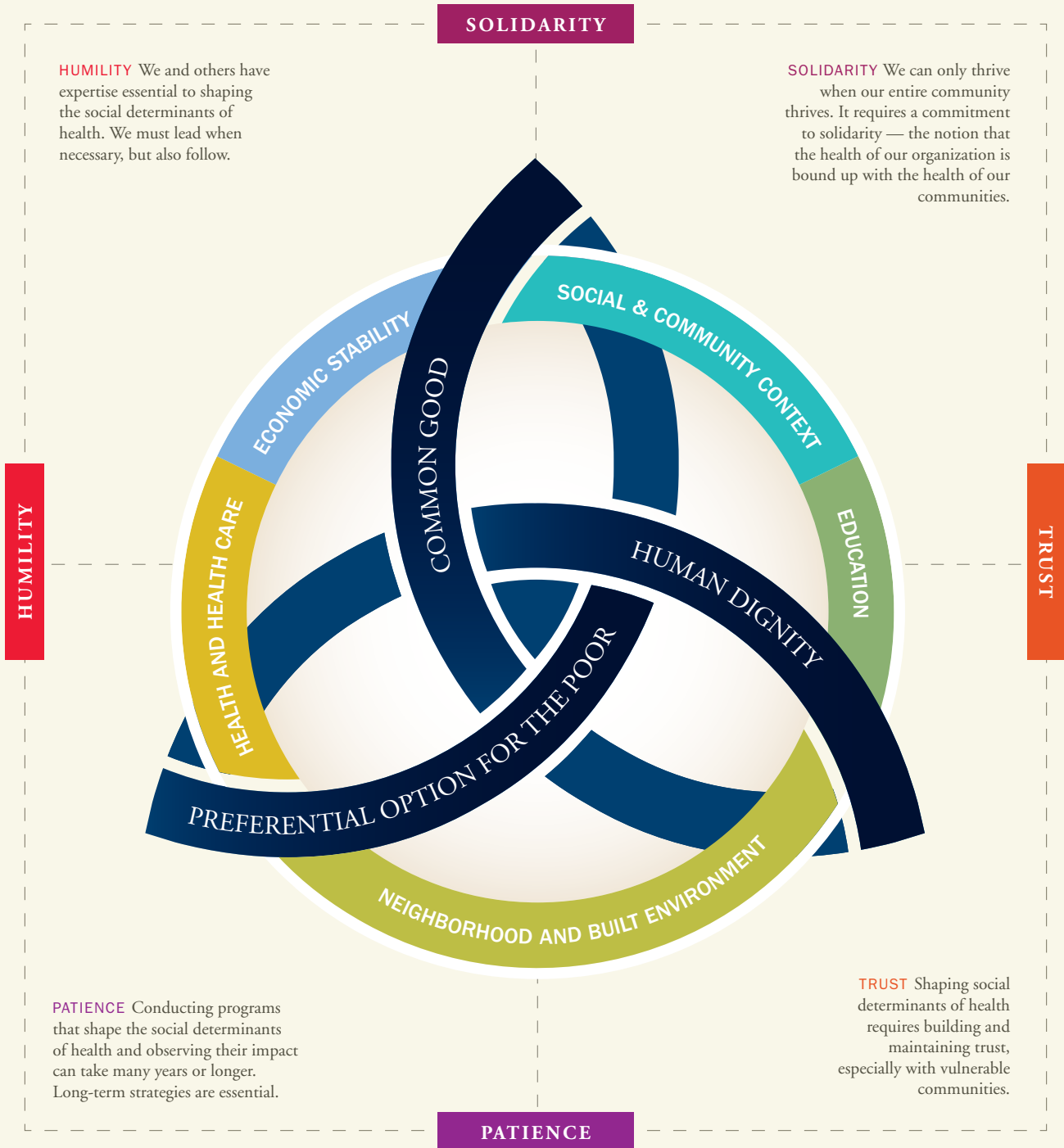
The religious communities that laid the foundation for Catholic health care in the United States provided the best available clinical care and attended to many social determinants of health. Even more, they grounded their work in the Gospel values of individual dignity and radically inclusive communities. We can build on this foundation by speaking publicly and clearly that our organizations focus on social determinants of health not only because it is necessary, but also because it is just.

The Catholic notion of social sin helps us appreciate the way poor determinants of health have emerged through conscious social choice of how to organize communities and how those choices put vulnerable groups at a disadvantage; but the opposite is also true. We know social virtue can reverse this trend through conscience choice and we can invest in determinants of health that improve the health of the most vulnerable in our communities.

As board members, you have an essential role in assuring your organization sets and achieves goals related to keeping your community healthy.

This work requires that we be as passionate about preventing illness through systemic change as we are about treating patients when crisis hits. This vision is rooted in the work done by the religious founders of our organizations, who often addressed the social needs of those in their care alongside their medical needs. As our knowledge of health and well-being evolve, with greater appreciation for prevention and population-level strategies, so must our approach to carry on the healing ministry of Jesus.

CATHOLIC SOCIAL TEACHING & SOCIAL DETERMINANTS OF HEALTH



Social Determinants and their Affect on Individual and Community Health

We know that health does not occur in a vacuum. The health of every individual is shaped by the person's physical environment, social and economic conditions, biology and genetics, access to health services and personal behavior. The social determinants of health are those conditions in which people live, work and play that can ultimately influence their health.

SOCIAL AND COMMUNITY CONTEXT

Social cohesion, discrimination, incarceration, community engagement

Example: Racial injustice impacts one's health. On the negative side, someone experiencing racial discrimination is less trusting of institutions like hospitals or less likely to be hired for a good job that carries health insurance. On the positive side, a community with little racial discrimination will see health care providers better reflect the racial make-up of their communities or less difference in incarceration rates based on race.

EDUCATION

Early childhood education, high school graduation, literacy and language

Example: The quality of education impacts one's health. On the negative side, those with a poor education are less likely to know how to eat healthily or be less able to adhere to instructions for taking prescribed medications. On the positive side, those with a good education are more likely to be employed or live in neighborhoods that have easy access to health care services.

NEIGHBORHOOD AND BUILT ENVIRONMENT

Safety from crime and violence, transportation, clean air and water, public places to play and exercise

Example: Safe environments for recreation impact one's health. On the negative side, the opportunity to exercise

can be compromised by cracked sidewalks, poor air quality and unsafe or unmaintained parks.

On the positive side, a neighborhood where it is safe to jog, ride bikes and play in parks helps build healthy patterns of behavior and create a community where exercising is a shared experience.

ECONOMIC STABILITY

Housing and food security, employment, income

Example: Housing stability impacts one's health. On the negative side, being homeless or constantly moving leads to high levels of mental and physical stress, difficulty affording food and following up on health issues. On the positive side, having stable housing gives individuals and families a safe place to sleep, eat and maintain the well-being needed to work and learn.

HEALTH AND HEALTH CARE

Comprehensive health insurance, access to primary care and mental health care, culturally-competent provider

Example: The schedule of available appointments impacts one's health. On the negative side, providers can offer narrow windows of time for care, making it particularly challenging for those with inflexible work schedules to access care for themselves or their children. On the positive side, providers can use technology and off-peak appointments to ensure equality of access across populations.

A Strategy for Addressing the Social Determinants of Health

A comprehensive community health strategy requires engagement at three levels of the health care organization.

The **CLINICAL ENCOUNTER** offers an important moment to integrate a community health strategy and raise the profile of social determinants of health. This often occurs at intake, but it is also important to take account of these factors as part of discharge planning.

Increasingly, hospitals are screening patients in their emergency rooms and primary care settings for food and housing security as well as other determinants of health. When problems are identified such as running out of food by the end of the month, not having access to healthy food, living in housing that is unsafe or contributes to health problems (e.g. exposure to lead or asthma triggers), patients and their families are referred to community agencies that partner with the hospital. When these problems can be resolved, patient outcomes improve and unnecessary, costly admissions can be prevented.

ORGANIZATIONAL STRUCTURES AND PROCESSES that consider community impact can contribute significantly to a successful community health strategy. Traditional health care organizations have been built around episodic, acute care. Therefore, a community health strategy requires us to think carefully about how we organize ourselves.

Community oriented health care organizations consider community well-being in their operations. For example, when hiring, they focus on community members, including persons who might be disadvantaged in the job market because of disability or history of incarceration. They look to local vendors and contractors, supporting the economies of their communities. They are environmentally responsible, making sure that in the process of healing, they do not harm the air, water or soil. Such organizational behavior reflects well on the reputation of the facility and promotes the vibrancy of the overall community and the facility itself.

The **COMMUNITY RELATIONSHIPS** our organizations invest in can create a larger environment in which social determinants of health are improved. Every community is a complex organism that requires great care to understand. There are challenges to these efforts, but a community health strategy depends on creating a network of like-minded organizations that have similar commitments.

Having a network of community partners enables hospitals to be part of community-wide solutions to serious problems and to have access to a cadre of community resources for patient referrals. Hospitals can work with community partners to conduct their federally required community health needs assessments, which not only saves financial resources, but results in a better product than a single facility could produce. Dealing with problems such as obesity and obesity-related health conditions requires coordinated effort by health care, public and community partners to promote access to healthy food, opportunities for physical activities and advocacy for policies supporting such initiatives.

Your Role as a Board Member

As a board member of a Catholic health care organization, you have a vital role in carrying out the ministry's tradition of attending to health and social needs.

COMMIT THE ORGANIZATION TO COMMUNITY HEALTH



Ask about your organization's community health strategy. Do you know if your organization is contributing to social sin or social virtue? While your organization is not a full service social agency, there are ways it can impact policies and systems that shape community health. The health of our patients and our communities depends on our organizations determining what actually is possible. Board members can ensure organizational leadership has the direction and resources it needs to do this work well.

BALANCE PATIENCE WITH URGENCY



Much of the work on social determinants of health takes years to bear fruit. Board members are essential in providing a vision that both communicates the importance of this work, but also gives organizational leadership the long-term investment this work often needs.

BECOME AN ADVOCATE FOR SOCIAL DETERMINANTS OF HEALTH



A strategy for this kind of work requires identifying collaborators throughout the community your organization serves. As a member of the board, you provide key linkages to other parts of the community and may have influence over public policy or community priorities. Your voice is an important one when it comes to making these efforts collaborative and comprehensive.



**AS THE CHURCH'S MINISTRY OF
HEALTH CARE, WE COMMIT TO:**

- † Promote and Defend Human Dignity
- † Attend to the Whole Person
- † Care for Poor and Vulnerable Persons
- † Promote the Common Good
- † Act on Behalf of Justice
- † Steward Resources
- † Act in Communion with the Church

THE SHARED STATEMENT OF IDENTITY *for* THE CATHOLIC HEALTH MINISTRY

We are the people of Catholic health care, a ministry of the church, continuing Jesus' mission of love and healing today. As provider, employer, advocate, citizen – bringing together people of diverse faiths and backgrounds – our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.

We work to bring alive the Gospel vision of justice and peace. We answer God's call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.



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