CHA
Catholic Health Association
of the United States

Catholic Health Care's Commitment
to Community Health

For Board Members and Executives

This companion resource explains why the Catholic health ministry is called to take a leadership role in addressing the social determinants of health and the board's key role in making this work a strategic focus of their organization.

For more information, visit the website at:

**www.chausa.org/communitybenefit/
social-determinants-of-health**

PREFACE

The Catholic health ministry is committed to improving the health and well-being of our nation's communities. From urban medical centers and rural clinics, to suburban campuses, long-term care and home and community services, our ministry partners with communities to address the social factors that impact health and advocates for policies that allow each woman, man and child in our society to flourish. This is the tradition on which our organizations were founded.

This resource was developed for community benefit leaders to put in place strategies to impact the social determinants of health. It uplifts the Catholic values and tradition that call our organizations to address the social, environmental and economic needs of our neighbors — especially those who are struggling economically and are most vulnerable.

Our belief in the common good compels us to be leaders and collaborators — the ones who tirelessly work against injustices and disparities that lead to poor health outcomes — so that all may thrive.

GOD BLESS THIS IMPORTANT WORK.

Sr. Mary Haddad, RSM
President and Chief Executive Officer
CHA

A Distinctive Catholic Vision

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.

— REV. MICHAEL ROZIER, SJ, *Saint Louis University*

Catholic health care is rooted in a belief that the human person is sacred. We believe every individual should live as healthy of a life as possible and have a dignified death. Our efforts to support this vision have most often occurred within medical and nursing institutions. The historical foundations of our ministries also recognized the fact that a person's relationships and larger social context are essential to the person's health and well-being. Therefore, the increased appreciation of community health as part of Catholic health care finds deep roots in our past and is essential for our future.

A COMPREHENSIVE COMMUNITY HEALTH STRATEGY IS THREE-FOLD:

✦ First, it ensures clinical management takes into account the social determinants of patient health insofar as that is possible.

✦ Second, it requires that the structures and operations of our organizations are responsive to community needs.

✦ Third, it calls for collaboration to improve the social-economic-environmental structures of the communities that we serve.

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We have to state, without mincing words, that there is an inseparable bond between our faith and the poor. May we never abandon them.

POPE FRANCIS, *Evangelii Gaudium*

This strategy respects Catholic health care's expertise in clinical care. It recognizes that health care organizations are often anchor institutions in their communities. It also acknowledges that health is not solely determined through medical interventions. Even more, it recognizes that we have some responsibility even for those who do not use our facilities.

Given the importance of Catholic health care in many communities, improving the social determinants of health for our patients and the entire community requires us being at the table. We should lead when necessary, but we must also be good partners, recognizing that there are many other organizations with expertise and responsibility upon which we rely to achieve these outcomes.

Community health requires that we be as passionate about preventing illness through systemic change as we are about treating patients when crisis hits. Our vision of this work is rooted in our understanding of the human person and our commitment to the common good. It is also 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

Investment in social determinants of health is grounded in core principles of Catholic Social Teaching.

HUMAN DIGNITY

When we create environments where individuals can more readily live healthy, full lives, we are upholding the dignity of the human person. When we fail to create environments that lead to human flourishing, we fail to uphold this dignity.

COMMON GOOD

The social determinants of health are indications of how committed we are to the common good. When we build social structures that help everyone thrive, regardless of their social status, we are enhancing the common good.

PREFERENTIAL OPTION FOR THE POOR

Those who suffer most from poor social determinants of health are the poor and vulnerable. A preferential option for the poor requires us not just to help them access care, but to address those determinants that influence their health and well-being on a daily basis.

CORE VIRTUES

The hard, but necessary work to shape social determinants of health requires the cultivation of core virtues in individuals and the organization.

TRUST

While many of our organizations have strong relationships with community members, there are always relationships that are frayed. This is particularly true with poor and vulnerable communities that have often been overlooked by powerful institutions. This work requires building and maintaining trust, especially with vulnerable communities.

PATIENCE

Conducting programs that shape the social determinants of health and observing their impact can take many years or longer. We must be willing to wisely invest in long-term strategies.
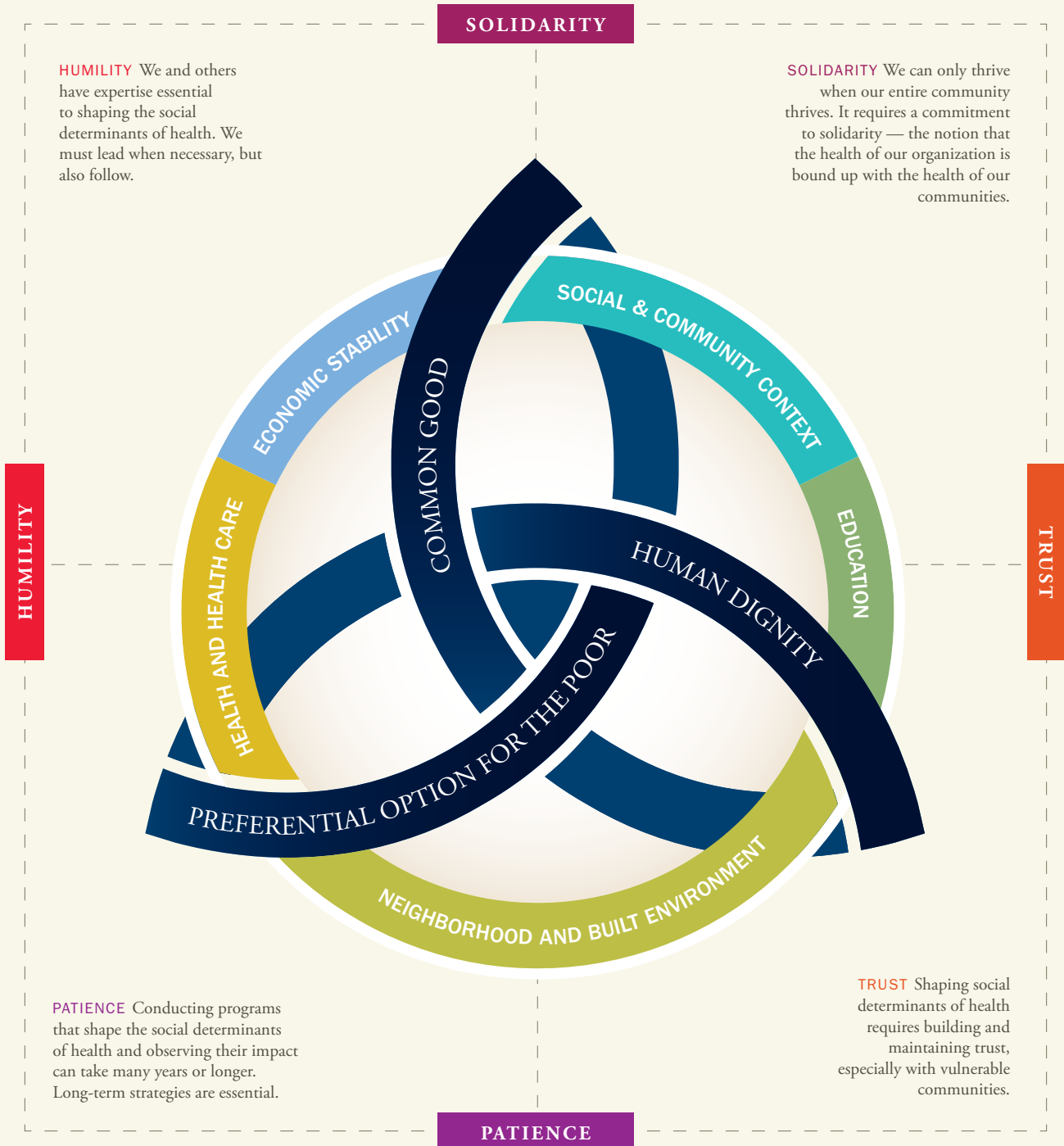
SOLIDARITY

Our institutions must act out of the belief that we are not just assisting members of our community, but that we only thrive when our entire community thrives. This requires a commitment to solidarity, or the notion that the health of our organizations is bound up with the health of our communities.

HUMILITY

Our individuals and organizations have expertise that will be key to these efforts, but we must also acknowledge the wisdom and talents of our partners. We must lead when necessary, but must also be willing to follow the lead of others.

CATHOLIC SOCIAL TEACHING AND SOCIAL DETERMINANTS OF HEALTH

SOLIDARITY

HUMILITY We and others have expertise essential to shaping the social determinants of health. We must lead when necessary, but also follow.

SOLIDARITY We can only thrive when our entire community thrives. It requires a commitment to solidarity — the notion that the health of our organization is bound up with the health of our communities.

HUMILITY

TRUST

ECONOMIC STABILITY

SOCIAL & COMMUNITY CONTEXT

COMMON GOOD

HEALTH AND HEALTH CARE

EDUCATION

HUMAN DIGNITY

PREFERENTIAL OPTION FOR THE POOR

NEIGHBORHOOD AND BUILT ENVIRONMENT

PATIENCE Conducting programs that shape the social determinants of health and observing their impact can take many years or longer. Long-term strategies are essential.

TRUST Shaping social determinants of health requires building and maintaining trust, especially with vulnerable communities.

PATIENCE

Social Determinants and their Affect on Individual and Community 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.

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.

Community is first of all a quality of the heart. It grows from the spiritual knowledge that we are alive not for ourselves but for one another. Community is the fruit of our capacity to make the interests of others more important than our own. The question, therefore, is not "How can we make community?" but, "How can we develop and nurture giving hearts?" We couldn't as individuals.

HENRI NOUWEN

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.

In the pages that follow the four components for developing and implementing a successful strategy are offered. They include:

SETTING THE GROUNDWORK

IDENTIFYING KEY PARTNERS

ENGAGING AT THREE LEVELS

EVALUATING IMPACT

SETTING THE GROUNDWORK

COMPONENT 1

While there is no single formula for a successful strategy to address the social determinants of health, there are some elements that should always be included.

- ✦ Be able to articulate the mission imperative of this work
- ✦ Secure a mandate from organizational leadership
  - Determine scope of responsibility
  - Ensure staffing for project is appropriate (will change over time)
- ✦ Build a coalition of internal and external partners
- ✦ Identify what is already occurring within the organization
- ✦ Identify what is already occurring within the community
- ✦ Choose projects wisely
  - Respond to an identified need
  - Base on the best possible evidence
  - Ground in cultural competence
- ✦ Monitor and evaluate progress
  - Set aside sufficient resources to conduct robust evaluations
  - Move beyond process and outcomes to measure impact
- ✦ Communicate with internal and external stakeholders
  - Internal communication often requires explaining why this is in keeping with the organization's mission
  - External communication often requires listening to past failures and successes, as understood from the community's perspective

> " Jesus invites us not only to take the risk of leaving our comfort zone, but also to deal with the tension involved in change, not dismissively but in a creative way, and to challenge each other to do so.
>
> **CARDINAL BLASE J. CUPICH**
> *Archdiocese of Chicago*

IDENTIFYING KEY PARTNERS

Improving the social determinants of health cannot be done by health care organizations alone. It takes a community-wide effort built on true collaboration. While each community and each issue differ on who should be brought to the table, there are some common partners who bring important expertise to these efforts.

KEY COMMUNITY PARTNERS

+ Local health departments
+ Community boards and foundations
+ Community members and activists
+ Faith communities
+ Catholic Charities and other social service agencies
+ Law enforcement
+ Local schools and universities
+ Local and state government
+ Local businesses

A community health strategy requires expertise and buy-in from across the health care organization. This includes those who have traditionally worked in this area, but it must also include those who at the moment may not be deeply involved in community health projects.

KEY INTERNAL PLAYERS

+ **Board:** sets a strategic vision
+ **President/executive leadership:** directs financial and human resources and attention
+ **Mission:** articulates mission/moral imperative of work for others
+ **Community benefit:** knows the community and potential partners
+ **Population health:** has experience developing strategy and applying metrics to determine impact
+ **Medical groups/clinicians:** has direct experience with those in need

+ **Case managers/social workers:** has knowledge of local social services
+ **Strategy:** has expertise in planning and analysis
+ **Information technology:** can help identify available data sources and metrics
+ **Finance:** develops strategies for shifting payment models where possible
+ **Marketing/communications:** communicates messages with entire community
+ **Government relations:** uses knowledge of local leadership and policy environment
+ **Ethics:** has skills in facilitating conversations with competing values
+ **Foundation:** can help with external relationships and financing

We must also engage health plans, whether they be part of the organization or external to it. A community health strategy will be most effective when payment reform is aligned with community health goals.

> Strengthening relationships
> with communities is
> the key to better health.
>
> **JEROME ADAMS, MD,** *20th U.S. Surgeon General*

ENGAGING AT THREE LEVELS

COMPONENT 3

*A comprehensive community health strategy requires
engagement at three levels: clinical, organizational and community.
While there is interaction between levels,
the barriers and opportunities are different for each.*

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 while caring for the patient and as part of discharge planning. While the evidence base for screening of social determinants is being built, there are known challenges we should begin addressing.

AT THE CLINICAL LEVEL

✦ Screening for social determinants
  - Ensuring cultural sensitivity during screening
  - Determining effectiveness of screening questions
  - Maintaining privacy in asking questions and using data
✦ Building organizational capacity
  - Determining a standardized process, including who should be asking the questions
  - Implementing the process through additional training
  - Determining who within the organization should be the contact(s) for connecting patients with ways to address identified issues
✦ Assessing community capacity
  - Establishing and maintaining information on partner community organizations
  - Identifying gaps in community capacity

✦ Ensuring patient-centered focus
  - Appreciating that health is only one of the goals our patients may have in crisis
  - Appreciating that patient trust might not be where needed for asking these kinds of questions
  - Taking special account of super-users and building a comprehensive strategy

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.

AT THE ORGANIZATIONAL LEVEL

✦ Developing a shared language
  - Clarifying use of terms such as value-based care, population health, community health and social determinants, which are often used in interchangeable and confusing ways
✦ Building a shared commitment
  - Going beyond tax exemption focus by ensuring the strategy is driven by an organizational vision coming from the top
  - Emphasizing that this is connected to our organization's history and mission
  - Creating buy-in from staff and attracting donors requires a clear vision

> ❝
>
> More often than seemed reasonable, (the sisters) succeeded because their work built bridges into the larger community.
>
> **FROM *SISTERS,*** *by John Fialka*

- Determining what functions are best located at the system level and which are best placed at the local level
+ Creating the right workforce
  - Identifying the skillsets needed and developing and recruiting the right people for this work
  - Dedicating personnel to this work rather than people splitting time across multiple jobs
  - Sharing information in new ways within the organization as well as with community partners
+ Identifying financial barriers and opportunities
  - Tying this work to the "pain points" of the organization (such as reducing readmissions), recognizing the reimbursement system is slowly moving in this direction, but is not yet there
  - Determining "who" pays for this work in order to move the strategy forward
+ Adopting anchor institution strategies, as exampled by:
  - Hiring locally and building a pipeline for skilled labor
  - Buying, contracting and investing with local businesses

The community relationships our organizations invest in can create a larger environment in which social determinants of health are improved. There are challenges to these efforts, but a community health strategy depends on creating a network of like-minded organizations that have similar commitments.

AT THE COMMUNITY LEVEL
+ Recognizing a difference in language
  • Understanding that while social service agencies talk about the same things in very different ways, that in order to create a coalition, a recognition of the similarities is needed

+ Helping build a network of partners
  - Assessing community capacity for the health needs of the community; helping build capacity where gaps exist
  - Having an honest relationship with community partners, including the ability to be critiqued
  - Searching for new, unexpected partners, such as law enforcement
  - Recognizing that every community is unique, which requires unique strategies
+ Developing new communication strategies
  - Ensuring our organizations and our partner organizations have the infrastructure for information sharing and safe data exchange, which may require a unique memorandum of understanding (MOU) with each partner
  - Embracing new technologies as they emerge
+ Leading locally
  - Identifying a neutral party, such as the local health department, when necessary
  - Bringing competitive organizations together to create a shared strategy
+ Working within the policy environment
  - Including local and state political leaders in the building of policies that align with this strategy, including the creation of new incentive structures for investment in this area
  - Advocating a Health in All Policies approach to legislation
  - Considering ways in which this work can be made more sustainable

EVALUATING IMPACT

COMPONENT 4

Evaluation is the most challenging part of work in the area of social determinants.

Evaluation is the most challenging part of work in the area of social determinants. The timeframe to see impact is almost always longer than we typically use in health care. And there can be challenges drawing a clear causal relationship between any single program and a health outcome. Nevertheless, securing investment in the social determinants of health over the long term requires we do all that is possible to demonstrate impact in this area.

Both hospital projects and community partnerships can and should be evaluated for whether projects were carried out as planned and if they achieved the hoped-for results.

During the planning process, agree on program objectives and identify how you will determine if objectives have been met. In addition to having long-term objectives, it can be helpful to identify short-term and intermediate objectives to monitor progress and to determine if the effort is headed in the right direction.

Agree, too, on the questions you will use to evaluate your efforts. For example:

✦ Is the organization's leadership committed to addressing the social determinants of health? Is this commitment reflected in strategic and operational plans?

✦ Was the process of screening and referring for social needs carried out satisfactorily from both patients' and the staff perspectives?

✦ Did patients gain awareness and access to community resources to address social needs?

✦ Was there reduced inpatient and outpatient utilization among the patients who were part of the screening and referral processes?

✦ Has the organization initiated new or expanded initiatives to support the local economy such as buying, contracting and investing with local businesses?

✦ Was the organization effective in working with community organizations to improve community capacity to address social needs?

Results from the organization's efforts to address social determinants of health should be shared with the organization's leaders, program staff and partners. Use information from the evaluation to guide program decisions, such as how to improve your efforts and partnerships and whether to expand, eliminate or modify programs. Be sure to communicate the impact of initiatives to the local community, policy makers and others interested in your organization.

Jesus tells us what the 'protocol' is, on which we will be judged. It is the one we read in chapter 25 of Matthew's Gospel: I was hungry, I was thirsty, I was in prison, I was sick, I was naked and you helped me, clothed me, visited me, took care of me. Whenever we do this to one of our brothers, we do this to Jesus. Caring for our neighbor; for those who are poor, who suffer in body and in soul, for those who are in need. This is the touchstone.

POPE FRANCIS

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.

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
✦ Serve as a Ministry of the Church

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