



Assessing, Addressing Community Health Needs: Steeped in Catholic Identity and History

BY JULIE TROCCHIO, M.S., AND SR. MARY HADDAD, RSM, M.S.W., M.B.A.

The Affordable Care Act, passed in March, 2010, requires tax-exempt hospitals to conduct community health needs assessments and develop strategies to address priority needs. The federal requirements may be new, but for us they reflect a centuries-old tradition of Catholic hospitals responding to their communities' most pressing health care issues. They remind us of the Gospel messages to love our neighbor and to care for those who are poor. By assessing and responding to community needs, we demonstrate our concern for human dignity, the poor and vulnerable among us and the common good, and we live out the foundational values of our ministry.

AN ESTABLISHED TRADITION

Catholic health care in this country was born of community needs. The sisters who founded our ministries came to this new nation looking for what needed to be done to care for the sick, old and orphaned and to help the poor. With courage and creativity, they assessed the needs of their new communities and acted in response. Thus the rich tapestry of our tradition includes the story of Mother Mary Baptist Russell, who at age 26 led eight Irish Sisters of Mercy to San Francisco in 1854. The California Gold Rush was in full swing, and "gold fever" had produced many victims — abandoned women, children and elderly, as well as abused women and girls. The sisters took in the elderly, visited the sick in their homes, created a safe haven for women and girls and, when cholera broke out in the city, worked as nurses. In 1857, the Sisters of Mercy opened St. Mary's Hospital, the first Catholic hospital in San Francisco.

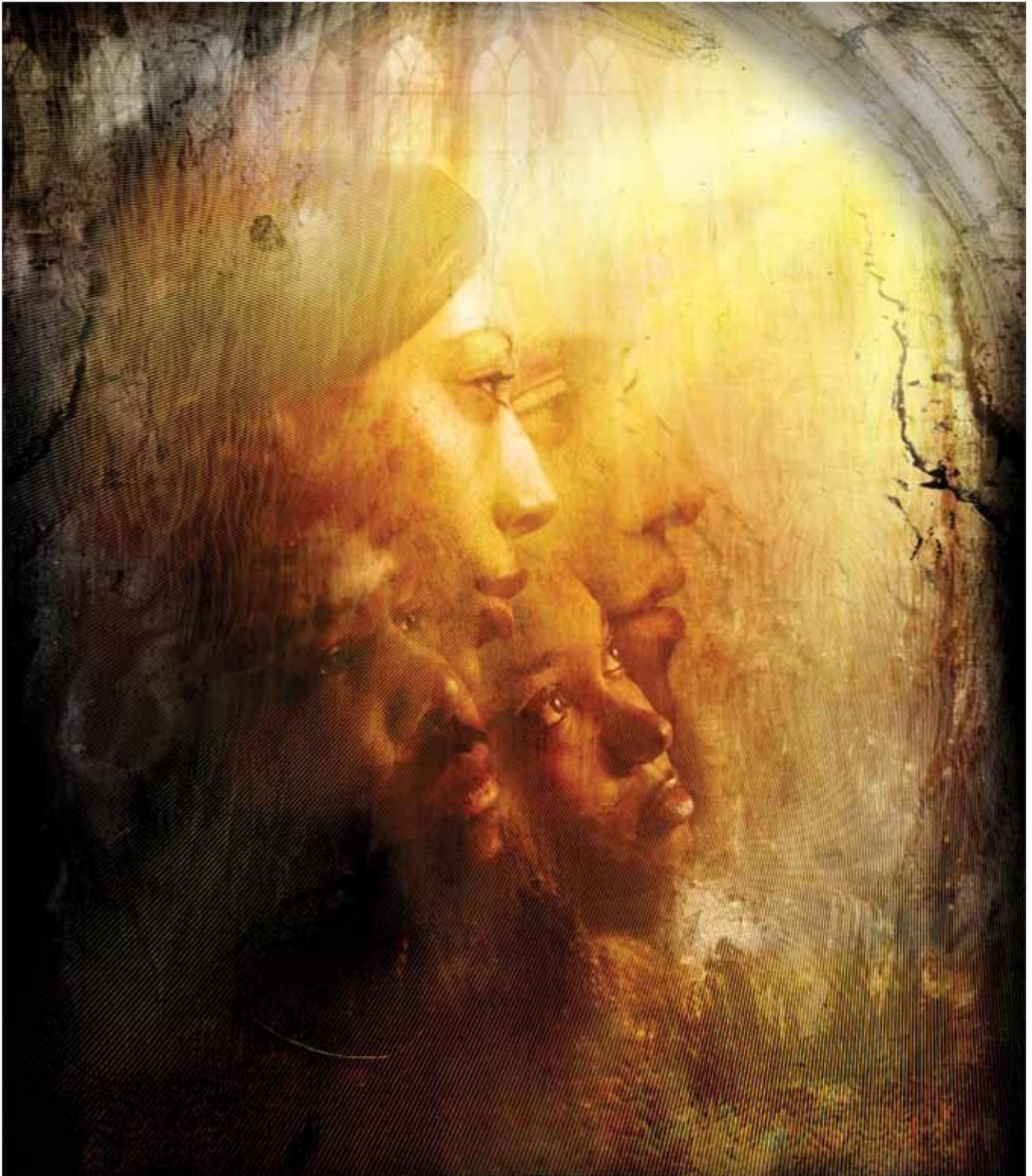
There are scores of these stories illustrating our history and tradition of assessing and addressing need in our communities. In fact, Sr. Carol Keehan, DC, the Catholic Health Association's president and CEO, spoke of this heritage when she commented on the new requirements:

Not-for-profit hospitals assess their communities' needs and plan how to address those needs because of their mission and tradition of service, rather than to be in compliance with federal or state tax-exemption requirements. Responding to community need is part of their history and the cornerstone of their mission.

Take, for example, a hospital in Galveston, Texas, started when three religious sisters arrived to care for the victims of smallpox and yellow fever. Today, the executive and board leaders of that hospital ask: If those sisters were here today, what would they see and what would they do? These questions are at the heart of community health need assessments and implementation strategies.¹

CONCERN FOR POOR

Community health needs assessments are intended to guide us in our effort to give special attention to persons who are poor and vulnerable. This attentiveness to the needs of the poor, so evident in the stories about how our ministries began, also reflects mandates found in both the Hebrew



and Christian Scriptures, such as the command in Deuteronomy 15:11 “to open your hand to your poor and needy kinsmen in your country,” and Proverbs 14:21 that tells us, “blessed is he who is kind to the poor.” In Matthew 25:40, Jesus said, “Whatever you did for one of these least brothers of mine, you did it for me.” And Luke 6:20 tells us

Working with community partners to change conditions that contribute to vulnerability can get at the root cause of many serious health problems.

“Blessed are you who are poor, for the kingdom of God is yours.”

For Catholic health care, our community health needs assessments focus efforts on populations that are the most vulnerable — persons and families who live in poverty and lack access to health care services. For example, an assessment in Nevada began its look at community health needs by examining public health data for its sprawling urban community, but it soon focused on a pocket of poverty in a converted motel which was a shelter for homeless families. As a result of this assessment, the hospital, working with other service providers, developed a comprehensive program to bring health care and other needed services to this vulnerable population.

In another example, a rural hospital assessment group at first thought it knew all about its community because “everybody knows everybody.” However, taking a step back and viewing the community in its entirety, the community benefit team realized there were transient farm workers who lived in the outskirts of the town. Among these workers and their families, all lacking health insurance and any regular source of health care, was a high incidence of respiratory and other acute and chronic health problems. In this situation, the assessment led to a multi-phased approach for improving health of this migrant farm population.

A valuable tool for focusing on populations in need is the *Community Need Index*, developed by Catholic Healthcare West.² The index identifies the severity of health disparity for all ZIP codes in the country, based on barriers to health care access. It helps demonstrate the link between

community need, access to care and preventable hospitalization for conditions that, if effectively diagnosed and managed, could be treated in an outpatient setting.

These examples of assessments and the tool developed by a Catholic health system remind us of the foundational questions, “What would our founders see, and what would they do?” These examples also suggest that when giving priority to the needy in our assessments, we are carrying out the mission of Jesus.

CATHOLIC IDENTITY

As Catholic-sponsored health care organizations, responding to community need is rooted in our belief that society as a whole is responsible for each and every member. “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.”³

Concern for our communities, not just individual patients, is a proper focus for our ministry, and addressing community health needs is as integral to our identity as Catholic health care organizations as is assessing the health of individual patients and planning their care.

A community focus looks at the health of the population. It examines trends in health status and compares the health of our communities to other communities and to national and state benchmarks. Decisions about programs are based on what is most needed by the larger community

As Catholic-sponsored health care organizations, responding to community need is rooted in our beliefs that society as a whole is responsible for each and every member.

or by a special population within the community.

For example, a Catholic hospital in Ohio wanted to address the problem of rising rates of tobacco use in its community. While its clinicians counseled smoking cessation and prescribed treatments for individual patients who used tobacco, the hospital also took a community approach by promoting smoke-free buildings, calling for the enforcement of laws on selling tobacco products



to minors and advocacy for the state Medicaid program to give beneficiaries access to smoking-cessation programs.

A Wisconsin Catholic medical center's community health assessment revealed that low-income African-American men had high rates of prostate cancer diagnosed too late for effective treatment. With the medical center's physicians and with partners in the African-American community, the hospital planned a comprehensive program of prostate cancer awareness, screening and treatment. The hospital's board and senior executives consider this community benefit program as important as the hospital's excellent inpatient and outpatient oncology programs.

CATHOLIC SOCIAL TEACHING

A basic concept in Catholic teaching is that health care is a basic human good, essential to human flourishing. Without good health, a person's ability to thrive may be diminished and he or she may suffer spiritual, temporal and material decline. People who are sick because they don't have access to health care may find their ability to pursue meaningful relationships becomes diminished. In fact, human dignity — and life itself — may be lost.

Working toward the common good is a recurrent theme in Catholic health care's tradition, identity and teaching. A primary focus of most community health needs assessment is an examination of access to health care: Who are the uninsured and where do they live? What do they need? For Medicaid beneficiaries, is there sufficient primary care, specialty care and dental care to meet their needs?

The *Ethical and Religious Directives for Catholic Health Care Services* reminds us that we should not only provide direct service to the poor and vulnerable, but also we should advocate on behalf of those people "whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination."⁴

As Catholic organizations, we believe that our common human relationship calls us to be our brother's and sister's keeper. That is why health care for all is a primary focus of our national advocacy efforts and of our local assessments and plans. Catholic-sponsored hospitals throughout the country have partnered with community physicians, local health departments and other providers to put in place a structure for uninsured and underinsured persons to get the care and services they need. Similarly, Catholic health care or-

A MATTER OF VALUES

Catholic health care organizations assess and respond to community need and provide community benefit out of a calling to act in accord with our basic values. CHA's *A Mission to Care: Commitment to Community* describes how community benefit programs live out these values.

We are concerned with the dignity of persons.

We are committed to improving health care access for all persons at every stage of life from conception to natural death, regardless of race, culture or economic status, and to eliminating disparities in treatment and outcome.

We are concerned about the common good.

We design community benefit programs to improve health through prevention, health promotion, education and research.

We have special concern for vulnerable persons.

We put a priority on programs that address the most vulnerable in our communities and ensure that all programs reach out to persons most in need.

We are concerned about stewardship of resources.

We use resources where they are most needed and most likely to be effective.

We are called to justice.

We advocate health care for all and work to improve social conditions that lead to improved health and well-being.

We care for the whole person.

We engage partners in our communities so that together we improve health and quality of life through better jobs, housing and the natural environment.

We minister as part of a community of faith in the Catholic tradition.

We work side by side with many faith communities to serve our common purpose of compassionate care for God's people.

We know that working with community partners to change conditions that contribute to vulnerability can get at the root cause of many serious health problems.

ganizations from California to Maine work toward local policies and programs that will make fresh and healthy foods available in poor and inner-city communities.

We know that working with community partners to change conditions that contribute to vulnerability can get at the root cause of many serious health problems. Thus collaborative actions to eliminate poverty, unsafe housing, violence and environmental risks will improve the health of at-risk populations in entire communities.

An outstanding example of a community health improvement initiative is the federal government's new Million Hearts program that addresses heart disease and stroke.⁵ Statistics indicate that heart disease and stroke are the nation's leading causes of death. The Million Hearts program aims to prevent a million heart attacks and strokes over the next five years through screening and early and consistent treatment for heart disease, hypertension and high cholesterol. It will also include efforts to reduce smoking and salt consumption.

When hospitals participate in Million Hearts and similar programs to prevent obesity, diabetes, asthma and to promote maternal and child health,

they are saving lives and improving health in their local communities, their states and the nation.

Rooted in our tradition, inspired by the Gospel stories and Catholic teachings, we assess the needs of our communities and make effective plans to address priority needs. We do this not just to preserve tax-exempt status or to answer external challenges, but to act with integrity in word and deed. We conduct community health needs assessments and develop implementation strategies to address community health needs because it is the right thing to do. It arises from our Catholic identity, and it ensures that we act in accordance with what we proclaim.

JULIE TROCCHIO is senior director, community benefit and continuing care ministries, Catholic Health Association, Washington, D.C.

Sr. MARY HADDAD, RSM, is senior director, sponsor services, Catholic Health Association, St. Louis.

NOTES

1. Carol Keehan to Tanya Popovic, MD, deputy associate director for science, Centers for Disease Control and Prevention, July 20, 2011.
2. Catholic Healthcare West, "Community Need Index," www.chwhealth.org/Who_We_Are/Community_Health/212401.
3. Catholic Health Association, "A Shared Statement of Identity for the Catholic Health Ministry," www.chausa.org/Contenttwocolumn.aspx?pageid=804&terms=statement+of+identity.
4. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (Washington, DC: USCCB, 2009), Directive 3.
5. U.S. Department of Health and Human Services, "Million Hearts," <http://millionhearts.hhs.gov/>.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, January-February 2012
Copyright © 2011 by The Catholic Health Association of the United States
