

# ‘PLAN’ FOR BUILDING RIGHT AND JUST RELATIONSHIPS

A pillar of CHA’s commitment to equity, the We Are Called initiative, is for Catholic health care organizations to find ways to build and strengthen trust with communities of color that have suffered from the health and economic impacts of structural racism.



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CHA’s Confronting Racism by Achieving Health Equity statement describes our commitment to build right and just relationships with communities: “This includes fostering and sustaining authentic relationships based on mutually agreed upon goals; ‘leaning in’ to listen; learning about and understanding the needs of the community; determining how we can best partner together to bring about sustainable change; measuring the impact of our efforts; and making adjustments as called for by the community and as our combined work and relationships evolve.”

Over the past year, CHA members and staff have studied how to accomplish this important goal. We have learned that as we begin this work, we must “PLAN” as follows: to be a “Presence” in our communities; to “Listen” to our communities; to “Actively” recruit community members; and “Never” assume we have the answers.

## Presence

Last June, CHA Assembly speaker Bryan Stevenson, founder and executive director of the Equal Justice Initiative, said, “We cannot advance justice if we isolate ourselves in spaces where we are shielded from the problems of the poor and the most vulnerable. Justice only comes when we actually situate ourselves in spaces where there’s often injustice.”

We can act on these words by being present, working in our communities and holding internal meetings such as board and staff events within local facilities and with area vendors. We cannot just occasionally visit — we need to also build long-term relationships by encountering commu-

nity members where they work and live and collaborating with local organizations on programs in schools, housing programs and other community spaces.

To achieve this sustained presence requires an honest assessment of how the organization currently engages and works in the community. The Praxis Project offers an organizational self-assessment, “Working Principles for Health Justice and Racial Equity,” that can be used to understand the changes that need to occur in the organization’s daily activities, policies and strategies to build authentic community relationships.<sup>1</sup>

## Listen

Michelle Hinton, the former director of impact, population health and well-being for the Alliance for Strong Families and Communities, urges health care organizations to listen to their communities and learn about the history of structural racism and community priorities. In the Spring 2021 issue of *Health Progress* she wrote, “Historical examples have left indelible scars and resulted in deep and lasting distrust among people of color toward the medical professions. Rebuilding and restoring that trust requires an approach that engages communities and those with lived experience in both identifying the problem and offering solutions.”<sup>2</sup>

Hinton said that when health care staff understand the perspective of community members, they build trust that will help them work collaboratively to improve community health and address social determinants of health. Start with the community needs assessment, she suggested.

“Who are the stakeholders that participate in the assessment?” she asked. As she further added, “Partnering with community, through shared influence in the solutions, is essential in develop-

ing trusting relationships and strengthening the health and well-being of communities.” She noted that it is important to involve community members, not just their representatives or executives of their organizations. Involve those “with lived experience,” she wrote.

### **Actively Recruit Community Health Workers**

Perhaps the most effective way to build bridges between health care organizations and communities is working with community health workers. The American Public Health Association defines a community health worker as “a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the worker to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery.”<sup>3</sup>

During the 2021 Catholic Health Assembly, Maria Lemus, executive director of *Visión y Compromiso*, an organization created and led by promotores and community health workers, explained that because these workers share the same language, culture, ethnicity, status and experiences of their communities, they are able to reduce the barriers to working with native-born and immigrant communities.

### **Never Assume We Have the Answers**

The Association of American Medical Colleges (AAMC), in its 10 Principles of Trustworthiness, tells health care leaders, “You are not the only experts. People closest to injustice are also those closest to the solutions to that injustice. ... Listen to people in your community. They have deployed survival tactics and strategies for decades — centuries, even. Take notes. Co-develop. Co-lead. Share power.”<sup>4</sup>

Building right and just relationships requires humility, says Fr. Michael Rozier, SJ, the president of SSM Health Ministries and assistant professor of health management and policy with Saint Louis University College for Public Health and Social Justice. In CHA’s document on the social determinants of health, he wrote that health care organiza-

tion leaders should acknowledge the wisdom and talents in communities and be willing to follow the lead of others.<sup>5</sup> In his guiding principles for global activities, Fr. Rozier wrote that meaningful partnership should be marked by mutuality and respect where both partners take away relevant lessons.<sup>6</sup>

There is no easy way to build right and just relationships with communities that have long endured intentional acts to disenfranchise and marginalize them. It will take time, trust, patience and resources. But the steps of being present, listening and learning about history and priorities of community organizations and the people they serve, actively recruiting community members — especially community health workers — and never assuming we have the answers are a good start.

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### **NOTES**

1. “Working Principles for Health Justice and Racial Equity Organizational Self-Assessment,” the Praxis Project, <https://www.thepraxisproject.org/resource/2020/principles-self-assessment>.
2. Michelle Hinton, “Community Benefit - To Reduce Disparities, Be Mindful of History and Reform Systems,” *Health Progress* 102, no. 2 (Spring 2021): 83-84, <https://www.chausa.org/publications/health-progress/article/spring-2021/community-benefit---to-reduce-disparities-be-mindful-of-history-and-reform-systems>.
3. “Community Health Workers,” American Public Health Association, <https://www.apha.org/apha-communities/member-sections/community-health-workers>.
4. “The Principles of Trustworthiness,” Association of American Medical Colleges, <https://www.aamchealthjustice.org/resources/trustworthiness-toolkit>.
5. *Healing the Multitudes: Catholic Health Care’s Commitment to Community Health* (St. Louis: Catholic Health Association, 2018): <https://www.chausa.org/store/products/product?id=3723>.
6. *Guiding Principles for Conducting International Health Activities* (St. Louis: Catholic Health Association, 2020): <https://www.chausa.org/store/products/product?id=4423>.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, Spring 2022, Vol. 103, No. 2  
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