

# CHA GUIDE INCORPORATES EQUITY INTO ALL ASPECTS OF COMMUNITY BENEFIT

A growing body of research shows that centuries of racism in this country has had a profound and negative impact on communities of color. Data shows that racial and ethnic minority groups in the United States experience higher rates of illness and death across a range of health conditions, including diabetes, hypertension, obesity, asthma and heart disease, than the white population. Additionally, the life expectancy of non-Hispanic/Black Americans is four years lower than that of white Americans.<sup>1</sup>



**JULIE  
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To meet today's challenges to identify and address these and other health disparities and to form more authentic, effective community partnerships, this past fall, CHA released the 2022 edition of its *Guide for Planning and Reporting Community Benefit*.<sup>2</sup> The resource has been updated to incorporate what we have learned about health equity, disparities, and the social and environmental determinants of health. The guide incorporates how to use these learnings throughout community benefit and community health improvement programming.

While addressing the complexities of health inequities is beyond the scope of any one organization or entity, community benefit programs can make a difference when we work with community members whose voices have not been heard and who experience disparities. The *Guide for Planning and Reporting Community Benefit* calls on community benefit leaders and their colleagues to fully engage with communities, to be present, to listen intently, to effectively partner with community members, and to be accountable for addressing inequities.

Being present involves developing long-term community relationships and encountering community members where they work and live. Listening means going beyond focus groups and surveys in required assessments every three years. It

involves continually monitoring health, economic and social factors and demonstrating that the organization is acting on these conditions and community concerns.

The new guide describes how we can work with diverse populations in all aspects of our community benefit programs to promote equity and address disparities, as demonstrated in the following examples.

## **Build a Sustainable Infrastructure**

- Establish commitment to equity in critical documents, including mission and value statements, as well as strategic and organizational plans and policies.

- Work toward building diversity among community benefit staff, consultants and advisory bodies.

- Participate in coalitions with community organizations that work with persons who experience disparities and discrimination.

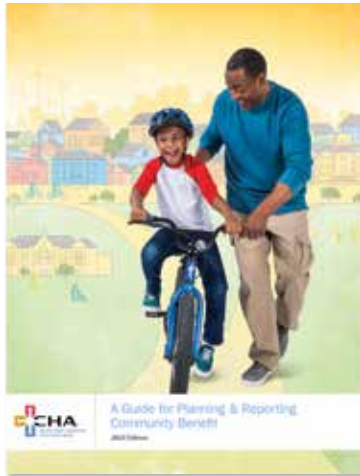
- Allocate resources to address social determinants of health and disparities.

## **Community Engagement**

- Understand the history of the community regarding discrimination and structural racism by hearing the stories of community members.

- Assess current partnerships for diversity and ensure they include cross-sector organizations and people who experience disparities and discrimination.

- Assess and address any barriers to commu-



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nity engagement, such as past experiences with the organization and other trust issues.

- Hold meetings and conduct activities at times and places convenient to the community. Provide transportation and child care, if needed.

#### **Accounting and Finance**

- In community benefit reporting, acknowledge programs that address disparities and promote equity.

- Reach out to racial and ethnic minority community members with information about financial assistance policies.

- Align community benefit budget decisions with equity goals.

- As part of the organization's investment strategy, include investments in community organizations that will improve social determinants of health and advance equity.

#### **Assessment**

- Gather data using culturally appropriate tools and methodologies that consider factors such as the population's language needs and literacy levels.

- Collect and analyze data on health outcomes and risk behaviors and other factors that impact health by income, disability status, geography and race/ethnicity.

- Involve community members in collecting and analyzing assessment information.

- Make assessment findings available to community members and groups who experience disparities and request their feedback.

#### **Planning**

- Build on community strengths and assets and value community expertise.

- Look at existing programs, and evaluate whether they are addressing racial and ethnic disparities identified in the community.

- Develop implementation strategies collaboratively with community members who experience disparities, and get feedback from community members to ensure services are culturally appropriate and convenient.

- Address factors that contribute to diverse populations' higher health risks and poorer outcomes, and revise implementation strategies with changing community demographics.

#### **Implementation**

- Focus the implementation strategy on health disparities in the community and ensure that programs and activities address health inequities.

- Collaborate with diverse community organizations to manage implementation of programs that address issues that might prevent programs from achieving desired impacts.

- Maximize the use of community health workers in assessment and program planning, implementation and evaluation.

- Use advocacy to address laws and regulations that enable structural racism in the community.

#### **Evaluation**

- Engage stakeholders who reflect the diversity of the community and ensure that many of

their voices are heard when making judgments on how to improve programs or whether to continue offering them.

- Incorporate health equity into evaluation goals, questions and design.

- Gather data using culturally appropriate tools and methodologies that consider factors such as the population's language needs, literacy levels and facilitator preferences.

- Identify and analyze variables that can assess different effects of interventions across population groups.

#### Communications

- Use language that is accessible and meaningful to your audience, and tailor communications based on the unique circumstances of different populations.

- Consider ways to improve the accessibility of content, and offer materials in languages spoken in the community.

- Avoid jargon and use straightforward, easy-to-understand language.

- Publicly emphasize the value of ensuring that everyone has an equal opportunity for health and that reducing disparities contributes to the common good and benefits all.

A core objective of the CDC's Healthy People 2030 — the 10-year plan to address the nation's most critical public health priorities and challenges — is to “eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.”<sup>3</sup> For community benefit leaders, this is the essence of our work,

the reason we work within our organizations and with community partners in pursuit of health equity. Our communities are healthier when all community members are healthy. Health equity is necessary for this to happen.

The “We” in CHA's We Are Called initiative means all of us: all Catholic health organizations, all of our departments and programs, and all who work in Catholic health care.<sup>4</sup> We are called to use our experience and expertise to address and correct past injustices and inequalities and to make our communities healthier and more just. Community benefit leaders are in an excellent position to do this when we use an equity lens in our work.

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#### NOTES

1. “Racism and Health,” Centers for Disease Control and Prevention, <https://www.cdc.gov/minorityhealth/racism-disparities/index.html>.
2. “A Guide for Planning and Reporting Community Benefit,” Catholic Health Association, <https://www.chausa.org/communitybenefit/a-guide-for-planning-and-reporting-community-benefit>.
3. “Healthy People 2030 Questions & Answers,” Office of Disease Prevention and Health Promotion, <https://health.gov/our-work/national-health-initiatives/healthy-people/healthy-people-2030/questions-answers>.
4. “We Are Called,” Catholic Health Association, <https://www.chausa.org/cha-we-are-called>.

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➤➤➤ To order the updated *Guide for Planning and Reporting Community Benefit*, visit [www.chausa.org/guide](http://www.chausa.org/guide).

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