DOES YOUR ORGANIZATION ADAPT AS HEALTH NEEDS EVOLVE?

JI IM, MPH

Catholic hospitals and health systems have been leading the way in community health for many years — ever since the women religious who pioneered the Catholic health ministry in the U.S. first adapted their care to address the needs of the communities they worked in.

As we carry on this legacy, Catholic health care leaders must ensure that our approach to community health aligns with increasingly complex needs. We must view community health as the sisters did: an integrated and inclusive ecosystem encompassing clinical and social care, providing support that helps people live healthy, meaningful lives.

At CommonSpirit Health, we believe we, like others in health care, must also continue to be "learning organizations" open to the knowledge and expertise of people who are dedicated to improving community health. Listening to them will help health care leaders shape and improve how they support change and growth.

LEGACY OF COMMUNITY HEALTH

The sisters who started the ministries that evolved into the Catholic hospitals and health systems of today knew that many factors can contribute to or diminish health, and that health care can take many forms. While they treated injuries and illness, they also attended to other determinants of health. When they encountered hunger, food was health care; when they saw a need for shelter, a roof was health care; when they met people who were lonely, companionship was health care. They listened closely to those they served, then acted as stewards of health and well-being for their communities.

Now, we refer to these nonclinical approaches that address the social determinants of health and well-being as "community health." These practices are tied to Catholic values and are part of our commitment to provide the best possible care for the greatest number of people — especially those who are poor and vulnerable — not just those who can afford to pay.

COMMUNITY HEALTH TODAY

Even with Catholic health care's legacy of community health, today's hospitals and health systems often focus on the medical care of individuals who have illness. In fact, much of the U.S. health care system invests in care interventions to react to urgent needs.[1] We prioritize what our society defines as indicators of high-performing acute care operations, such as metrics and measurements related to patient census, employee hiring and retention, clinical workflows and more.

However, study after study shows that even as our society spends more on acute care, our health outcomes are becoming worse. We may benefit from a return to the mindset of the sisters, which viewed proper stewardship of health as a balance of clinical care and social care.

Even with all we know about health and well-being, our environment is always evolving and health needs are always changing. Therefore, we must continue to ask and learn what individuals and communities really need to be healthy and well. In doing so, we may discover the root causes of poor health outcomes and better invest time and resources in what is vital to them for safety and health. And we will renew our understanding that people who live in the communities we serve

need a combination of clinical care and social care — care that is multidimensional and place-based — to be healthy in body, mind and spirit.

When Catholic health care leaders talk with community organization leaders, it's important not to dictate or be prescriptive about solutions. Health care leaders must engage in these conversations to listen and learn how they can best support work and community resources that are already in place and underway as well as work together to create new solutions. Collaboration fosters a sense of belonging that expands to everyone who wants to be involved in improving community health. This helps to build the civic muscle that enables community members to have a role in defining what they need for health and well-being that can support and sustain community health improvement.

REACHING ACROSS LANES

Health care professionals often talk about systemic influences that encourage us to work "in our lanes" of clinical care, spiritual care, social work and community health. But the people who need our care usually don't fit neatly into these lanes. Also, many patients come to us not really knowing what kind of care they need — they just know what hurts or what their symptoms are.

Health care leaders can serve as catalysts, investors and certainly as collaborators, but the work of community health must involve community members and organizations.

We can understand their needs by taking their vital signs and health histories, but we need to know more about who our patients are — as a community and as individuals. What have their health care experiences been like? What are their lives like? What makes life precious to them? What do they need to thrive?

Working with our colleagues across different lanes and with others in our communities, we can combine resources to make life healthy and meaningful for all. But this requires us to have honest conversations that are intentional and deliberate, that discuss not only the quality of health and health care, but of life itself.

While our clinical care settings are often an entry point for people who need connection to community resources, that doesn't mean health care leaders should drive community health solutions. Again, they should be ready and willing to learn from and partner with the leaders of community organizations to expand access to community resources. Health care leaders can serve as catalysts, investors and certainly as collaborators, but the work of community health must involve community members and organizations.

SUSTAINABILITY, HUMILITY, TRUST

Discussions about community health often include the topic of health equity. Community health initiatives can play a key role in advancing equity by helping to ensure the type and amount of care provided is based on each individual's unique needs. To accomplish this, CommonSpirit Health's community health efforts embody key characteristics:

Sustainability: Community health interventions need to serve people throughout their lives, so they must be sustainable. Too often hospitals and health systems try out a community health program but discontinue it when it doesn't show short-term results. The kind of community health ecosystems we want to create can take years — not months — to develop. This means they must have sustainable funding sources beyond what a short-term grant can provide. This requires multiple funds to be shared for a common purpose.

Humility: A Catholic hospital or health system can be the catalyst for creating a community health ecosystem but should not "own" it. We must enter this work with humility — not to promote our organizations, but to learn from others and their understanding of the lives of the people we serve. All constituents who will play a part in the ecosystem must have a role in its creation. When everyone at the table has a function in creating this, each partner will share accountability for its performance.

Trust: To ensure the meaningful engagement of community groups and organizations in this work, there must be a strong sense of trust among everyone involved. All constituents must be humble enough to listen and learn from each other,

commit to true collaboration and share their assets and goals. This is how trust and collaboration will grow.

CREATING ECOSYSTEMS OF CARE

Many community health efforts are underway across CommonSpirit Health, and each is unique because it is designed to meet distinct community needs. One example is a partnership between CommonSpirit Health and the Pathways Community HUB Institute, which is creating ecosystems that integrate clinical care and social care in communities in Arizona, California, Nebraska, Nevada and Texas, with more collaborations underway.

In one Nevada community, we collaborated with other health providers, payers, government agencies, community service organizations and more. We created a hub that connects at-risk individuals to community health workers to address a range of needs for medical and social services. All of the organizations that helped create this hub also help support it financially and can refer people to the hub. In its first few months, the hub connected nearly 140 people with resources and services that have improved their health and lives.

In each area where the partnership operates, the community collectively selects which local population will be served first by the hub. So far, each community has decided to prioritize pregnant women based on the urgent need for — and vast disparities in — prenatal and maternal care. The hub provides space for the community to convene, identify the greatest community need and disparities, and create a network of diverse partners with assets that can help fill the need.

We have learned that how conversations about community health needs are framed can profoundly affect proposed solutions. If the conversation begins with looking only at deficits in community health, solutions can take on a patronizing character that can imply something needs to be done to the community for its own good. However, if the conversation begins with assets that already exist in the community, the conversation — and proposed solutions — will be more collaborative and empowering.

A collaborative, participatory model of community health requires patience because it requires levels of trust and cooperation that need time to grow. But this investment is returned to everyone involved through shared success and sustainability. Community-centered care does not "belong" to any of the organizations that support it — it instead belongs to the community.

MAKING IT HAPPEN

For leaders of Catholic hospitals and health systems who want to continue to blaze new trails in community health, the first step is easy: give your internal community health staff a seat at your table. Invite them to present to your senior leadership team. Learn more about what they do, how they do it and who they collaborate with. You may find that you already have the basis for a community health ecosystem that can coordinate and deliver the resources and services the people in your community need to live healthy, fulfilling lives. And you can encourage everyone to look for opportunities to collaborate across their lanes for better community health outcomes.

We have an obligation — and an opportunity — to encourage and develop a mindset and culture that creates health and well-being. We must collaborate on ways to do what's best for the health of our patients and communities and find ways for health providers to be rewarded for these efforts. We must be willing to stand up for community health, not just when it's convenient for us or when others are watching, but because it's the right thing to do for our nation's health. And there's a lot at stake if we don't engage in this work: the health and well-being of the very individuals and communities we are here to serve.

JI IM is system senior director of community and population health for CommonSpirit Health.

NOTE

1. "Trends in Health Care Spending," American Medical Association, March 20, 2023, https://www.ama-assn.org/about/research/trends-health-care-spending; "Health Care Expenditures," Centers for Disease Control and Prevention, June 26, 2023, https://www.cdc.gov/nchs/hus/topics/health-care-expenditures.htm.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, Winter 2024, Vol. 105, No. 1
Copyright © 2024 by The Catholic Health Association of the United States