

CAREGIVERS CAN REACH OUT TO IMPROVE HEALTH

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Catholic health care employs more than 750,000 people in the United States.¹ Each of these people, whether directly or indirectly, touches the lives of those in need of care and makes a difference. Imagine the impact we can have if each of us working in Catholic health care uses our collective talents and voice to improve and better coordinate health care in our communities.

Key comparative indicators show that the United States health care system is not performing as well as health care systems in other developed nations. The United States ranks 10th in life expectancy among world nations, yet spends between 20% to 50% more than most developed nations on health care. Significantly, when total health and social service expenditures among developed nations are considered, the U.S. spends the same as most nations, but in the U.S. two-thirds of expenses go for health care and one-third for social services, whereas in many developed nations we see the reverse.²

What are some simple actions each of us can take to make a difference in our community and, together, in our nation? The places where we learn, pray, work and live are where we can make a difference.

IN OUR SCHOOLS

Schools are a great place where we can impact the health of our community for a better future. Find out if the school district or districts in your communities have a wellness committee. These committees are required by all school districts that participate in the free and reduced meal programs and usually consist of school food service, management, parents and interested community members. If the district does not have a wellness committee, become an advocate to start one. If the district does have one, ask if you can join the committee. Read the district's wellness committee plan and provide input. Does the policy support healthy eating and physical activity? Are the

schools supporting the policy? Help the schools transition from parties and rewards with sugar-laden foods and drinks to healthier alternatives.

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Participate in or lead healthy fundraisers. Do the schools address the social-emotional needs of students? If not, find out if there are ways to link the school with community resources. Offer to form a club where students can reach out to peers so they know it is OK to talk about the things in their lives that are troubling them. (As part of this work, make sure peer educators are well-versed on what to do if someone needs immediate help from an adult.) If you have a child, grandchild or friend at a school, this is a great connection to improve that health status of children in our nation.

IN OUR CHURCHES, SYNAGOGUES AND MOSQUES

Faith-based organizations are another place where we as caregivers in Catholic health care can impact the health of our community. Start with a simple survey of your congregation about its health needs. You can approach the leader of a faith community and ask volunteers to conduct face to face surveys, or develop an electronic survey using online tools. Find out if there are other members who are health professionals and share

the survey information to see how they might help form a wellness committee. Whether it is encouraging healthier snacks after services, incorporating healthy lifestyle education, arranging for screenings or health education classes, or identifying options for advocacy, there are many opportunities for us to improve the health of our congregations.

IN OUR WORKPLACES

As caregivers in Catholic health care, we can be advocates to improve the health of our community through our workplace. We can start a wellness committee to evaluate the policies and practices in our workplace that impact health. Advocating for healthier food in the cafeteria and vending machines or organizing fun physical activities are important ways we can impact our workplaces.

Serving as an advocate for employee assistance programs and ensuring that there is no stigma in accessing services is another important role we can play. As caregivers in health care we can serve as role models to patients and visitors in how we adopt healthy lifestyle choices. Similarly, our health care workplaces should demonstrate healthy living for the rest of the community, such as being a smoke-free campus or offering fruit-infused water instead of soda in the cafeteria.

IN GOVERNMENT

As health care workers, we are credible professionals who can influence change in the cities where we live. Walking around our neighborhood and seeing if there is easy access to parks, healthy grocery stores and bike/pedestrian paths can provide an opportunity to raise concerns to local council members. We can provide testimony at local government meetings when issues impacting the community's health are being discussed. Serving on neighborhood boards or municipal commissions or running for council are other ways we can have a profound effect on the health of our community.

For caregivers who have little time to spare, a quick way to impact community health is through legislative advocacy. Critical issues that influence community health are being decided every day

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by city boards, county commissions, state legislatures and in U.S. Congress. Join online discussion groups or sign up for the electronic advocacy option of organizations that are addressing public health issues. Then, with a few clicks on the computer, you can let your representatives know what is important to your community's health. As guardians of health, we can make our voices heard to ensure that policies promoting community health are passed. If policies are not being proposed that we wish to see in place, we can seek out and communicate with a legislator who might introduce a bill to make this policy a reality.

A CALL TO ACTION

The current health status of our nation is like a patient who is on life support. How powerful it would be if every caregiver in Catholic health care took one action today to improve their community's health! What action will you take?

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NOTES

1. Catholic Health Association's U.S. Catholic Health Care 2019 infographic, using data from the 2017 American Hospital Association Annual Survey, www.chausa.org/docs/default-source/default-document-library/cha_2019_miniprofile.pdf?sfvrsn=0.
2. Anon Lobb, "Health Care and Social Spending in OECD Nations," *American Journal of Public Health* 99, no. 9 (September 2009): 1542-44.

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