ENGAGING COMMUNITY TO ACHIEVE HEALTH EQUITY

As is well-known throughout the Catholic health care ministry, CHA's We Are Called pledge to increase health equity by ending systemic racism has been embraced by almost 90% of our members.[1] We have already celebrated the one-year anniversary of the pledge and continue to expand our resources, share best practices and foster collaborations focused on each of the four pillars of the pledge: health equity (especially in light of the COVID-19 pandemic), putting our own house in order, advocacy and building right and just relationships with the communities we serve. As we continue to talk about ongoing efforts to enable systemic change for diversity and health equity, it is important that we recognize its roots in our Catholic identity, history and heritage.

A CALL GROUNDED IN JESUS' MINISTRY

When we examine the origins of the Catholic commitment to eliminating racial inequities, there is no better person or place to begin with than Jesus himself and the parable of the Good Samaritan (Luke 10:25-37). In this renowned parable, often referred to as our "foundational story" in Catholic health care, Jesus is responding to a question from one of the lawyers as to what he must do to inherit eternal life. When Jesus asks him what is written in the law, he responds, "You shall love the Lord, your God, with all your heart, with all your being, with all your strength, and with all your mind, and your neighbor as yourself." Pressing Jesus further, the lawyer then asks, "And who is my neighbor?" Clearly, the lawyer was trying to trip Jesus up and probably did not expect the response that came, nor the powerful story Jesus would tell to illustrate his message.

DENNIS GONZALES

We are all very familiar with the narrative Jesus tells next of the man on the road who is attacked by robbers, beaten and left to die. The priest and Levite pass him by, yet the Good Samaritan stops, cares for the man, takes him to an inn and ensures that he is cared for even after he continues on his journey. When Jesus asks the lawyer which of the three was neighbor to the victim, he responds, "The one who treated him with mercy." At that, Jesus encourages him to "Go and do likewise." This message was not only for the lawyer: it is also a universal message and mission for the global Church, the health care ministry and each one of us.

In today's complicated social, political and economic environment, we must all find more creative and collaborative ways to care for our neighbors, wherever they may be and whatever they may need.

As we strive to answer Jesus' call to "Go and do likewise," the principles of Catholic social teaching can serve as the underpinning for the important work we continue to advance in the ministry and in communities. Namely, this involves the inherent dignity of each person; advancing the common good by caring for our communities in the context of structural racism; and justice, especially for the poor, vulnerable and marginalized. The implications for our work in diversity, equity

and inclusion are far-reaching and profound. In today's complicated social, political and economic environment, we must all find more creative and collaborative ways to care for our neighbors, wherever they may be and whatever they may need. How do we build right and just relationships with the communities we serve?

BUILDING EQUITABLE COMMUNITIES TOGETHER

As we look for ways to foster collaborations with our communities, one example can be found in San Antonio, one of the largest cities in the United States. In the San Antonio metropolitan area, which is predominantly Latino, the CHRISTUS Santa Rosa Health System, established by the Sisters of Charity of the Incarnate Word in 1869, is collaborating with a variety of local partners to address community needs. It is one of many organizations working together through the Southwest Texas Crisis Collaborative, which is an effort focused on ending ineffective use of services for the safety-net population at the intersection of mental illness, homelessness and high usage in Southwest Texas.[2] The collaborative is committed to improvement by developing a comprehensive, integrated crisis system across all major public payers, hospital providers, philanthropy, public safety (fire department/EMS resources and law enforcement) and behavioral health providers. Recognized as an innovative and creative community-wide effort, this organization is an excellent example of what it looks like to build right and just relationships with the communities we serve.

"Participation in the Southwest Texas Crisis Collaboration, alongside other health care systems, city and county agencies and local nonprofits, has been an eye-opening experience to see the good that can come when parties work together for a common mission."

— Alexis Arel

While this initiative is well-developed and makes a difference today, it was not an easy road to get there. In its infancy, this collaborative endeavor was just an idea, a dream. A small group of leaders — mainly mission leaders, social workers and community outreach professionals from the area's major health systems — came together and asked the central questions: What can we do? If we pool our collective resources, expertise and determination, how can we better support our community, especially those who are poor, underserved and marginalized? How does this effort align with the mission and values of our various organizations and ministries? And, of course, how can we get buy-in from the city, county and several competing health care systems? Alexis Arel, regional vice president of Finance and co-chair of the Ethics Committee for CHRISTUS Santa Rosa Health System, recalls that, "By working collaboratively, to clearly pinpoint the gaps and bottlenecks the community faces when trying to access services — predominately mental health services — we are able to treat the person with dignity, while also looking out for the common good in terms of our collective resources by funding programs collaboratively rather than working in competing silos."

From that core group, Southwest Texas Crisis Collaborative was born. Before long, area health system CEOs, CFOs and IT leaders were brought to the table, along with leadership from the city, county, police, fire department, EMS, homeless shelters and other nonprofits throughout the city. It was a multiyear process, but through collective input from all key stakeholders, a strategic plan was developed, including significant funding formulas; HIPAA-compliant sharing of patient data and histories; transport agreements; proactive collaboration with police, EMS and the central homeless shelter, Haven for Hope, which serves 1,700 people per day[3]; and the commitment of dedicated inpatient psychiatric beds.

Arel shares that "participation in the Southwest Texas Crisis Collaboration, alongside other health care systems, city and county agencies and local nonprofits, has been an eye-opening

experience to see the good that can come when parties work together for a common mission." These values call us to collaborate with other people of good will in building right and just relationships with our communities and ensuring that traditionally underrepresented groups have meaningful and equitable opportunities in health, education, housing, nutrition and all the social determinants of health. Consistent with the mission of Catholic health care and the Catholic social tradition, we must refuse to accept the existence of racial and ethnic disparities in access to health care and quality outcomes.

CONCLUSION

As we are reminded by the parable of the Good Samaritan, we are called to be a neighbor to those who are in need. Like the one who showed mercy, we must recognize the need, stop and address it, and then remain vigilant. How will we leverage our collective mission, vision, values and resources in a way that is focused on proactively eliminating health disparities in our communities? As expressed in Jesus' call, will we "Go and do likewise?"

DENNIS GONZALES, PhD, is senior director, mission innovation and integration, for the Catholic Health Association, St. Louis.

NOTES

1. "We Are Called," Catholic Health Association, https://www.chausa.org/cha-we-are-called/.
2. Southwest Texas Crisis Collaborative, https://www.strac.org/stcc.
3. "Haven for Hope Brochure," Haven for Hope, https://www.havenforhope.org/wp-content/uploads/2018/11/H4H_Tri_Fold_MAY2018.pdf.

U.S. Postal Service

STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION

(Required by 39 U.S.C. 3685)

1. Title of publication: *Health Progress*
2. Publication number: *0882-1577*
3. Date of filing: *September 12, 2022*
4. Issue frequency: *Quarterly*
5. No. of issues published annually: *4*
6. Annual subscription price: *free to members, $29 for nonmembers (domestic and foreign)*
7. Location of known office of publication: *4455 Woodson Rd., St. Louis, MO 63134-3797*
8. Location of headquarters of general business offices of the publisher: *4455 Woodson Rd., St. Louis, MO 63134-3797*
9. Names and complete addresses of publisher, editor, and managing editor: *Catholic Health Association, Publisher; Betsy Taylor, Editor; Charlotte Kelley, Managing Editor; 4455 Woodson Rd., St. Louis, MO 63134-3797*
10. Owner: *Catholic Health Association of the United States, 4455 Woodson Rd., St. Louis, MO 63134-3797*
11. Known bondholders, mortgagees, and other security holders: *None*
12. *The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes has not changed during the preceding 12 months.*
13. Publication name: *Health Progress*
14. Issue date for circulation data below: *Summer 2022*

	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
15. Extent and nature of circulation:		
a. Total no. copies *(net press run)*	14,372	14,527
b. Paid and/or requested circulation		
(1) Paid/requested outside-county mail subscriptions stated on Form 3541	12,655	12,866
(2) Paid in-county subscriptions	0	0
(3) Sales through dealers and carriers, street vendors, counter sales, and other USPS paid distribution	0	0
(4) Other classes mailed through the USPS	0	0
c. Total paid and/or requested circulation *[sum of 15b (1), (2), (3), and (4)]*	12,655	12,866
d. Free distribution by mail *(samples, complimentary, and other free)*		
(1) Outside-county as stated on Form 3541	1,377	1,309
(2) In-county as stated on Form 3541	0	0
(3) Other classes mailed through the USPS	0	0
(4) Free distribution outside the mail *(Carriers or other means)*	0	0
e. Total free distribution *[sum of 15d (1), (2), (3), (4)]*	1,377	1,309
f. Total distribution *(sum of 15c and 15e)*	14,032	14,175
g. Copies not distributed	257	260
h. Total *(sum of 15f and g)*	14,289	14,435
i. Percent paid and/or requested circulation *(15c divided by 15f times 100)*	90.19%	90.77%
16. This statement of ownership will be printed in the *Fall 2022* issue of this publication.		

I certify that the statements made by me above are correct and complete.

Betsy Taylor, Editor

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

HEALTH PROGRESS®

Reprinted from *Health Progress*, Fall 2022, Vol. 103, No. 4