

at the center

Bioethics in Community Health. One way I have learned to define “bioethics” is as a practice of thinking together about what it means to be human and a member of society in relation to experiences of health, well-being, and flourishing and to factors that undermine these experiences. As my scholarship has evolved toward population-level issues and related social justice concerns, I have needed an expansive definition to explain how this field connects to social research and to the practical challenges of supporting flourishing and mitigating health inequities in the community.

As a form of health care, community health focuses on primary care, disease prevention, and services that support well-being and access to care. In the United States, federally qualified health centers (FQHCs) and similar types of community health centers are nonprofit organizations in which teams led by physicians and nurse practitioners tailor patient care to local needs.

FQHCs achieved remarkable, sustained success in Covid-19 vaccination among minority, medically underserved groups. A key ingredient in this success was the trustworthiness of these health centers, and FQHCs’ secret sauce depends on community health workers. Ed Yong, who won a Pulitzer Prize for his Covid-19 reporting, recently characterized community health workers as “specializ[ing] in earning trust. They’re hired for their empathy, their strong local ties, and their personal experience with hardship.”

What keeps a community health worker—or nurse practitioner, or family physician, or an FQHC leader—up at night? This is the question a Hastings Center research team, led by Hastings scholar Carolyn Neuhaus and me, will explore, beginning in September 2022, through a grant from The Greenwall Foundation’s Making a Difference program. *Bioethics in Community Health: Understanding Ethical Challenges of Community Health Centers* is a national study that will use survey, interview, and analytical methods to understand the nature and extent of ethical challenges arising in these settings. Our working theory, developed partly through a rapid-response study funded by the Gil Omenn and Martha Darling Initiative at The Hastings Center of how FQHC practitioners approached vaccination equity, is that ethical challenges in community health arise when practitioners and administrators directly confront the health consequences of social inequalities affecting communities.

These are not the classic “bedside” ethical challenges. Ethics consultation designed for hospital settings is unlikely to be the model for understanding and resolving problems rooted in an inequitable state-level health policy, or the chilling effects of our nation’s attitudes and policies concerning immigration on health insurance enrollment of eligible children, or environmental health hazards associated with poor neighborhoods. This project, in which we will partner with The Institute for Community Health, will cultivate and inform ongoing bioethics-community health collaboration that supports community health centers and advances trustworthy health care, inclusive research, and equitable health policy. It will contribute to the articulation of community-based participatory research, which views researchers and stakeholders as equal partners in normative analysis and study design. For more information about The Hastings Center’s research and public-facing work in community health and immigrant health, visit <https://community.thehastingscenter.org/>.

—Nancy Berlinger
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REPORT

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