



Strategies and Vision: Looking Back from 2015

By MARIAN C. JENNINGS, MBA

Twenty years ago, 173 ministry leaders convened in Chicago to deliberate on new opportunities to strengthen the Catholic health ministry. “New Covenant: A Health Ministry for the 21st Century,” co-sponsored by the National Coalition on Catholic Health Care Ministry, the Catholic Health Association and Consolidated Catholic Health Care, was designed to enhance the organized expression of the Catholic health ministry through regional and national collaboration strategies. Religious superiors of the larger sponsoring organizations along with their systems’ chief executive officers, archbishops and other ministry leaders attended the meeting.

In 1995, almost no one had heard of terms like “joint sponsorship,” “co-sponsorship” or “public juridic person” — now commonly referred to as a PJP. At the time, only one health ministry in the U.S. had obtained public juridic person status. Trinity Health had not been formed, nor had Catholic Health East. There was no Ascension Health. No CHRISTUS Health. Catholic Health Initiatives was in its formation stages, with collaboration efforts being shepherded by one of the New Covenant’s fiercest advocates, Sr. Maryanna Coyle, SC. Few affiliation agreements existed between Catholic hospitals or organizations and other-than-Catholic hospitals or organizations. Collaboration between Catholic Charities and local hospitals was variable, at best.

I had the privilege of serving as a facilitator for the New Covenant gathering in Chicago and, 20 years later, I can say this convocation of minis-

try leaders was singularly the most rewarding two days of my professional career.

People who were there remember the New Covenant process as quite a couple of days: The energy in the room. The right people at the right moment. The ground-up commitments to move forward regionally and nationally.

Generative discussions on Day One led to spontaneous table discussions on Day Two. One table convened to talk about a regional Catholic HMO in New York State built upon what was then a Brooklyn-based health plan started under the auspices of the Catholic Medical Center of Brooklyn

and Queens and the Diocese of Brooklyn. A key theme emerging from that table: The importance of Catholic Charities could not be overlooked. Today this health plan is Fidelis Care, one of the largest government programs-based health insurance plans in New York State, covering more than



1 million children and adults through a statewide network of more than 67,000 providers.

Another group discussed actions around Catholic ministries as catalysts for healthy communities, envisioning a future that would recognize Catholic health care as leaders and facilitators in what we now call population health.

Yet another discussion among ministry leaders from Illinois sparked a renewal for the Illinois Catholic Health Association in which, today, over 95 percent of Illinois Catholic hospitals, nursing homes and social services agencies — along with their sponsors — participate. (See story page 43)

Leaders talked about exploring new sponsorship models and the empowerment of lay leadership, topics that seem unremarkable today but were very forward-looking in 1995. One group's six-month action steps included approaching the Leadership Conference of Women Religious to explore jointly how best to educate congregational leaders on issues of concern around congregational assets, ownership and congregational needs.¹

To be sure, many ideas generated at the 1995 convocation never came to fruition. Among them: a national Catholic managed-care plan/insurance plan. A managed-care collaborative for the Upper Midwest. A New England co-sponsored health ministry. But innovation never comes with a guarantee. In fact, quite the opposite. Transformation, innovation and breaking through boundaries all require a willingness to take risk — and to fail.

It wasn't because participants left believing that every initiative would work out that the gathering was considered a success. Instead, as one participant commented at the time, what was meaningful was, "There's a sense of openness to change and a willingness to act."²

THEN AND NOW

During the 1995 meeting, discussions shared a common thread about the need to "move from Congregation-based to Church-based ministry that reflects partnerships with laity, multi-sponsors, ecumenical relationships, and regional formulation."³ This is still compelling.

We often think that today's health care environment is uniquely challenging, and that in the past, leaders faced more benign conditions. But in 1995, a survey of participants conducted before

the Chicago gathering showed that many believed market forces were threatening the future of the Catholic health ministry:

	True	False
The Catholic health ministry is valuable; we must ensure its viability	99.2%	0.8%
Changes in health care are threatening the future viability of the Catholic health ministry	84.5%	15.5%
Changes occurring in our local markets are threatening the future viability of our organization	90.8%	9.2%

Source: Pre-Convocation Survey, New Covenant, 1995

Then as today, leaders felt called to action to ensure that Catholic ministries could more authentically and effectively fulfill the caring and healing ministry of Jesus Christ by working together, rather than working separately. The notion of working together encompassed collaboration with parishes and other Catholic human and social services. It also encompassed working with other-than-Catholic organizations to enhance the health and well-being of individuals and communities through the provision of direct services, the empowerment of individuals and communities and advocacy for systemic changes.⁴

Among the many concepts were: Being a Gospel voice advocating for needed health care transformation in communion with the church. Being a resource and catalyst for transformation. Being in partnership with others to transform health care. Reframing the public's understanding of the Catholic health ministry and Catholic social teaching. Ensuring Catholic values and identity in new models of partnership.

Today, these are words still on the lips of leaders throughout the Catholic health ministry and in many articles that such leaders read. It is up to ministry leaders to be (hence, lead) the change that the Gospel message compels.

In 2000, the leaders from the National Coalition on Catholic Health Care Ministry understood this need to change, and they crafted a shared vision for caring and healing ministries in the 21st century entitled *Ministering Together*.⁵ Although



15 years old, this vision is as relevant today as it was then. Maybe even more so.

The foundation of *Ministering Together* was an understanding that the church, entrusted with carrying on the ministry of Jesus Christ, has continually evolved its ministries in response to different times, places, people and needs. The vision called for seizing every opportunity to integrate the church's caring, healing and educational activities for the well-being of individuals and communities.

The shared vision developed in 2000 was prescient. It called on Catholic Charities and other human services organizations, Catholic health care, parishes and dioceses to commit themselves to transforming current relationships, structures and services in order to create a stronger, unified voice for justice that would enhance the health and well-being of individuals, families and communities.⁶

The shared vision called for Catholic ministries to work together to articulate expressions of Catholic identity for the 21st century.

The shared vision recognized that church ministries are in constant dialogue with society and its structures and institutions.

The shared vision recognized that church ministries are in constant dialogue with society and its structures and institutions. The vision recommended that collaboration both within and outside the church not be viewed as an "either/or" but rather a "both/and."⁷ Certainly, then as now, there was a recognition that new partnerships and collaborations outside the church must be intentionally, carefully structured and implemented to ensure that Catholic values, identity and moral principles are maintained and enhanced, not diminished or lost.

The shared vision articulated four core strategies,⁸ all of which are relevant today; and most of which require or imply partnerships both within the ministry and outside of the church:

- Challenge the traditional structures, models and approaches to ministry

- Advocate more effectively by speaking as one voice on high priority social and health policy issues

- Link the collective ministries to other community organizations that share our vision. Specifically, the vision called for working together to foster linkages and partnerships with values-compatible organizations outside of the church. It envisioned approaches that were more holistic and would reach far beyond both organizational boundaries and facility walls

- Leverage the gifts and talents of all leaders in the ministry

BUTTERFLY EFFECT

We live in a time of ever-increasing connectivity — locally, regionally, nationally and globally. Events in one locale may have a profound impact elsewhere. The so-called butterfly effect posits that small changes to a seemingly unrelated thing or condition can affect large, complex systems. This effect is considered part of chaos theory. But might we not also view this phenomenon as an opportunity to cause change, individual by individual, community by community, in order to impact the large, complex health care system? Might we not intentionally collaborate on an initiative in one community that could be replicated or transferred to another and another and another?

Today, we see ministering together in a collaborative to foster innovation. We see it in a sponsor's decision to merge their only hospital into a large Catholic system to sustain a ministry started in 1885 by pioneering sisters who brought needed health care to what was then a U.S. territory.

We see it in myriad collaborative ventures or relationships — both within and outside the church — focused on addressing health care disparities or tackling significant underlying social determinants of health. We see it in the array of strategic alliances between Mercy Housing and Catholic health organizations nationwide, focused on increasing the number of affordable housing units and promoting communities' economic development.

We see it in Catholic hospitals and health systems that view themselves both as a catalyst and a transforming healing presence within the communities they serve — not because this is in vogue in 2015, but because they are animated by

Participants in the original New Covenant convening should be proud that the goal of that process — to strengthen and promote the organized expression of the Catholic health ministry — has fostered a ministry that is vibrant today.

the Gospel imperative to further the caring and healing mission of Jesus. We see this also in larger Catholic systems that see themselves as catalysts nationally, such as Ascension, Providence Health & Services, SSM Health, SCL Health and Trinity Health, who are partnering with other leading providers, payers, purchasers and patients as part of the national Health Care Transformation Task Force.

We see it in health organizations that, although they may see themselves in some markets as competitors for patients, staff or physicians, intentionally practice “co-opetition,” that is collaborating around areas of mutual benefit while accepting that they will compete in other areas. Examples of this abound, often in creating geographically distributed, clinically integrated networks of providers to enhance market relevance.

We see it in Catholic hospitals or systems collaborating with national pharmacy chains to improve access to care or to enhance patients’ ability to manage their chronic illnesses. We see it in the formation of statewide collaboratives focused on population health and increasing

value to the communities they serve, such as two statewide networks in Ohio, Health Innovations Ohio and the Midwest Health Collaborative, both of which include Catholic health organizations as founding partners.

We see it in the spirit of the foundresses and founders of our ministries who had the courage to risk everything in order to serve and were exemplars of servant leadership. They continue to inspire us today and demand that we ensure the vitality of the mission, the values and the spirit of the ministry.

Many of those who were at the original 1995 New Covenant convening are no longer active in ministry or are no longer with us. They should be proud that the goal of that process — to strengthen and promote the organized expression of the Catholic health ministry — has fostered a ministry that is vibrant today. The banner is being carried forward.

MARIAN C. JENNINGS is president of M. Jennings Consulting, Inc., in Malvern, Pennsylvania.

NOTES

1. The Catholic Health Association, *A Report on the National Convocation of Catholic Healthcare Leaders*, October 30-31, 1995, (St. Louis: CHA, 1996).
2. *Report on the National Convocation*, 21.
3. *Report on the National Convocation*, 16.
4. National Coalition on Catholic Health Care Ministry, *Ministering Together— A Shared Vision for Caring and Healing Ministries*, (Silver Spring, Md.: National Coalition on Catholic Health Care Ministry, 2000).
5. *Ministering Together*.
6. *Ministering Together*, 3.
7. *Ministering Together*, 7.
8. *Ministering Together*, 3-7.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, September-October 2015
Copyright © 2015 by The Catholic Health Association of the United States
