A CLOSER LOOK AT LAY SPONSORSHIP

Amid massive changes in healthcare, new sponsorship arrangements are evolving. There are a number of these new structures, and likely to be more. Given this fact, the Catholic Health Association (CHA) recently examined two established models of lay sponsorship: the private association of the Christian faithful (PACF) and the private juridic person (PJP).

**Two Models**

**The PACF** A PACF is a group of persons who, with canonical recognition, have come together on their own initiative to conduct an apostolic work. After drawing up their organizing documents, the PACF’s members usually submit them to the diocesan bishop for his review. If the bishop has no objection, the group is recognized as a PACF and is authorized to call itself Catholic. The PACF’s property is not Church property and is not subject to most of the canon laws on property administration. The bishop does not control the association’s management and operation. His responsibility for the PACF relates to matters of faith and morals. Should the association’s members commit abuses in these areas, the bishop may withdraw the Church’s recognition of the PACF and deny it the right to describe itself as Catholic.

**The PJP** With a PJP, the emphasis is on an organization or institution rather than on persons (as with the PACF). Once the bishop approves its statutes, the particular property (a hospital, for instance) becomes a PJP with perpetual existence under canon law. The temporal goods of a PJP are regulated according to its own statutes, not...
by the canons, unless express provision is made to
the contrary. However, the bishop must ensure
that the PJP is administered in accordance with
the statutes.

**Tough Questions** These two options were created as
new entities acceptable by canonical standards for
healthcare organizations that found traditional
sponsorship unavailable. Specialists in canon law
developed statutes that guide PACFs and PJPs as
they carry out their missions. Today two ques-
tions relate to these models:
  • Are the PACF and the PJP still realistic and
    attractive models of sponsorship?
  • Can Catholic identity be maintained in them?

In hopes of answering these questions, last
summer CHA conducted a survey of the seven
member organizations that use either the PACF
or the PJP as sponsorship models.

**CHA’s Questionnaire**
CHA began by sending questionnaires to the
chief executive officers (CEOs) and other staff
members of the seven organizations. Initially, few
of the questionnaires were returned. Some CEOs
and staff members seemed to think the survey did
not apply to them; others, whose organizations
were in the process of changing sponsorship,
found the survey’s timing inconvenient.

CHA eventually received nine questionnaires,
representing five of the seven organizations. The
small number of returns seemed to indicate that
the concepts involved in the two models of spon-
sorship were not clear even to persons in posi-
tions of responsibility at those organizations. The
leaders did not appear to understand the rele-
vance of the survey to their forms of sponsorship.
Subsequent phone conversations with these key
players led CHA to believe there was a great deal
of confusion about the two models.

Though the responses were few, they showed
some interesting similarities. For example, most
respondents said their organizations had adopted
either the PACF or PJP model as a means of
remaining Catholic after their original sponsors
withdrew. Most respondents said their organiza-
tions had a good relationship with the local dio-
cese, although formal meetings with diocesan
leaders were described as infrequent.

The questionnaires also revealed the following.

**Mission, Values, and Catholic Identity** Only four
respondents described their boards as involved in
the maintenance of mission and Catholic identity.
(All nine respondents saw finances and planning
as their boards’ top responsibilities.) Despite this,
each of the five organizations was reported to
have a clearly articulated mission. Respondents
said their organizations reinforced mission and
values by:
  • Employing women religious as staff members
  • Having strong pastoral care departments
  • Adhering to the Ethical and Religious
    Directives for Catholic Health Care Services
    (ERD)
  • Participating in outreach programs
  • Communicating the mission to employees
    through orientation programs, in-service train-
    ing, meetings, and newsletters

All respondents said their organizations were
committed to providing care for the poor, either
by taking Medicaid patients or by participating in
community health outreach programs. Most
respondents reported that their organizations
were locally recognized as Catholic. All said their
board members and administrators received train-
ing in the ERD. Some said their physicians and
clinical personnel were trained in the ERD as
well.

**Leadership Development** Leadership development in
the mission of the PACF or PJP appeared to be
somewhat weak in the five organizations
responding to the survey. Only three had leader-
ship development programs in place. Only two
had programs to evaluate management compe-
tencies. (For a discussion of leadership competen-
cies, see David J. Nygren, Miriam D. Ukeritis,
and Julia Hickman, “A Model for Future
Healthcare Leadership,” *Health Progress*, June
1994, pp. 34-50.)

**Lay Models of Sponsorship** Some respondents spoke
favorably of the PACF and PJP models of spon-
sorship. They said the models provided an oppor-
tunity for dedicated, professional laypersons
enter the Church’s health ministry. Such
laypersons are allowed a certain autonomy in
charting their own courses within specific
guidelines.

Other respondents saw limitations in the two
models. For example, some said that because so
few Catholic organizations have PACF and PJP
sponsorship, those who work in them tend to
feel “out there alone.” Others worried about
what seemed to them a lack of clarity in the
reporting mechanisms between the organization
and the diocese. Still others were concerned
because, in their view, new board members were
not being educated about lay sponsorship and
the statutes pertaining to their specific models. Such board members, some respondents felt, would not be equipped to govern well.

In general, questionnaire responses showed a good deal of confusion about the concepts involved in both models, particularly as they deal with such matters as supervision, communication, and the relationship between the organization and the diocese. Respondents seemed to feel that the PACF and PJP statutes were not sufficiently clear to the parties involved.

Finally, the questionnaire asked the nine respondents whether they saw a future for lay sponsorship on the PACF and PJP models. Six respondents said yes, two said no, and one said maybe. Even those who answered positively said that, although it is important for Catholic healthcare to develop lay leadership, the PACF and PJP models are not promising steps in that direction. Those who answered negatively said the fact that there are only seven CHA-member institutions operating on the PACF and PJP models tends to leave their personnel feeling isolated and insecure.

**Face-to-Face Interviews**

In addition to collating questionnaire responses, CHA visited four organizations that have adopted either the PACF or the PJP model of lay sponsorship. At those sites we interviewed a total of 10 persons. The information obtained generally corroborated the questionnaire results.

The interviewees' top concern, as it was of those who responded to the questionnaire, was preserving their organizations' Catholicity.

Mission is the key to good sponsorship, the interviewees agreed. They also agreed that, in those organizations where women religious continue to hold prominent positions, the sisters make mission "visible" to lay co-workers. However, as sisters withdraw from the health ministry, mission becomes less obvious and more abstract. Then, the interviewees agreed, the work of preserving mission is done principally through three mechanisms.

**Mission and Values Programs**

Five of the ten persons interviewed said their organizations had functioning mission and values programs. They said mission and values were fostered at their facilities in a variety of ways, including employee orientation, in-service education, informal discussions organized by ethics committees, annual reviews of the ERD by administrators and physicians, holistic healthcare practices, and application of good human resource policies.

**The Diocese**

Only one interviewee reported that his organization had a representative of the bishop on its board. Most interviewees said that contact between their facilities and dioceses was infrequent and informal. None of the four organizations CHA visited seemed to have clear lines of accountability or clear methods of reporting to their bishops. This situation, the result of a lack of clarity in the PACF and PJP statutes, appeared to be unsatisfactory to both the organizations' leaders and the dioceses.

**The Board**

When asked to identify the strengths of the PACF and PJP models, half the interviewees began by citing lay involvement on their boards. At those facilities where lay board members gave freely of their time and expertise, lay involvement was seen as a positive thing. Yet even these interviewees were concerned about the future. "What happens when you can't get good board members?" one asked. "Will we continue to find strong, competent lay people willing to take leadership roles?" asked another.

**Strengthening Lay Sponsorship**

The persons involved in the survey, both those who responded to the questionnaire and those interviewed, were enthusiastic about lay sponsorship of Catholic healthcare institutions. But they also expressed certain worries about the viability of PACF and PJP models, especially in the long run.

The PACF and the PJP are not self-executing models, noted the survey respondents. To prosper, organizations based on them apparently need tools, programs, and services to enable them to manage the relationships and responsibilities. They especially seem to need:

- Clearly written organizing statutes
- More formal lines of accountability to their dioceses
- Better education in the lay sponsorship model for board members

It is of course possible that the PACF and the PJP are but stages in the evolution of the Catholic health ministry. Sponsors are creating other new designs and relationships to carry the healing mission of Jesus into the twenty-first century.

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