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# Sponsorship: With Radical Change Comes Opportunity

*The Lord answered me and said: Write down the vision clearly upon the tablets, so that one can read it readily. For the vision still has its time, presses on to fulfillment, and will not disappoint. If it delays, wait for it, it will surely come, it will not be late (Hb 2:2-3).*

**W**hat will Catholic health ministry and, more specifically, sponsorship, look like in the future? A group of leaders, meeting last January at the Catholic Health Association's invitational Sponsorship Forum, boldly confronted the realities that will shape the healthcare system and sponsorship of the health ministry in the twenty-first century and predicted radical changes in religious sponsorship as it has been known.

They envisioned the year 2010—a future in which:

- Laypersons play a central role in governance and are affirmed as ministers in healthcare. Formation/spirituality programs enhance understanding of the theological foundation and spiritual dimensions of Catholic healthcare, and a national organization might provide curricula, an employment placement bureau, and local programs for laity.

- Hospitals, which are no longer the centers of healthcare delivery, develop services that focus on meeting needs of families; preventing illness; and ameliorating violence, homelessness, and hunger. Most services are based in the community, and hospitals work with parishes and community and Catholic agencies.

- Catholic systems are linked across the United States, and sponsorship takes place in the context of alliances.

- Care is delivered regionally in collaboration with many partners.

- Catholic sponsors play a prophetic role in transforming societal relationships to create a healthcare system that promotes health, healing, and justice.



*The concept of "stewardship," Sr. Patricia Talone, RSM, suggested, can illuminate a path toward sponsorship in the twenty-first century.*

## SPONSORSHIP ELEMENTS

In this context, the group said the ministry is moving toward a time in which sponsorship is characterized by key elements:

- A corporate commitment (which transcends individual or congregational charisms) to an enduring relationship with the people the ministry serves
- Formation/spirituality programs for leaders of Catholic healthcare that address the common needs of religious and laity
- A formally organized way for the ministry to be faithful to the call to be a healing presence in the world and to people in the community
- Faithfulness to the healing mission of Jesus
- A national organization for mentoring the laity
- Acceptance of more than one form of sponsorship
- The understanding that sponsorship means holding the ministry in trust for the people served, rather than owning the ministry
- New models in which sponsorship does not involve Church property
- Expanding ministerial influence of religious congregations, even as their sponsorship role becomes narrower

## STEWARDSHIP: A WAY OF LOOKING AT SPONSORSHIP

Sr. Patricia Talone, RSM, PhD, ethics consultant, Mercy Health Corporation of Southeastern Pennsylvania, Bala Cynwyd, PA, suggested "stewardship" as a concept that expresses the full meaning of sponsorship and can illuminate a path toward sponsorship in the twenty-first century.

Stewardship of the health ministry means stewardship of the identity of Catholic healthcare, she said. Stewards must look for descriptors—essential commitments—as they practice ministry stewardship. These descriptors of Catholic identity, which define Catholic health ministry, include:

- *Concern for the common good.* According to the Catholic ethic, human dignity is achieved in community with others. From their beginning, Catholic hospitals opened their doors to anyone



in the community regardless of religion, Sr. Talone pointed out. This concern for community encourages networking among Catholic health-care organizations and their interaction with the broader society, she said.

- *Care of the poor.* Sr. Talone said Catholic healthcare's special concern for the disadvantaged is rooted in Jesus' mission, in the charisms of religious congregations, and in the immigrant experience of the American Church.

- *Catholic tradition.* For sponsors to be able to "ask the right questions," it is necessary for them to be rooted in the Catholic tradition and world view and the symbols and sacraments that "shape us as a community," Sr. Talone insisted. Catholic tradition is a standard and record of the meaning and direction of the Catholic community that provides clarity over time, she noted.

- *A view of Catholic healthcare as an integral expression of Christ's Church.* This insight involves seeing healthcare as a ministry of the Church that transcends specific identities (e.g., St. Francis) and charisms, and it requires ongoing dialogue with the clergy, including the hierarchy, she said.

- *Sacramentalism.* The sacraments' symbolic activity, Sr. Talone said, impart a deeper meaning to our most mundane actions, such as how we greet patients or treat them in the emergency room. Sacraments demonstrate that Catholic healthcare believes in the importance of the body as a source of God's life for us, she said.

Reacting to Sr. Talone's explication of stewardship, participants cautioned that the descriptors are not exclusive markers that set Catholic healthcare apart from the world. Rather, organizations should build the descriptors into decision-making and conflict-resolution processes, they said.



*Processes that concretize an organization's mission are needed, said*

*John A. Gallagher.*

## ACHIEVING THE VISION

To achieve this vision of sponsorship as a form of stewardship, religious sponsors need education to help them move, together with the laity, into new roles. Processes that concretize an organization's mission and values through its operations are also needed, said John A. Gallagher, PhD, director of corporate ethics, Holy Cross Health System, South Bend, IN. For example, sponsors must support the laity in assuming responsibility for their areas of operations, eschewing authoritarian, hierarchical relationships.

Today is a "pivotal moment" for leaders to break down barriers between Catholic healthcare and organizations such as Catholic Charities, said Sr. Kathleen Popko, SP, president and CEO, Sisters of Providence Health System, Springfield, MA. "Catholic healthcare can be the initiator of collaborative efforts to meet community needs," added Sr. Christine Riley, SSJ, president, Sisters of St. Joseph of Wheeling (WV).

Rev. William Broussard, executive director, Texas Conference of Catholic Health Facilities, Austin, suggested that healthcare organizations become centers of education to inform parish members and priests about healthcare issues. Rita Raffaele, corporate director—mission values, SSM Health Care System, St. Louis, cited the need to educate physicians and other staff about ways to foster healthy communities and handle cultural diversity within the organization and the community.

As the concept of sponsorship moves away from that of an individual apostolate or a congregational ministry, the notion of healthcare as a mission of the Church is what both religious congregations and the laity have in common. According to Gallagher, "This is the time to

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## CATHOLIC HEALTH MINISTRY AND MODELS OF CHURCH

At the CHA Sponsorship Forum, John A. Gallagher, PhD, drew on *Models of the Church* (Doubleday, New York City, 1974) by Rev. Avery Dulles, SJ, to shed light on how health ministry is related to the Catholic Church as a whole.

Two of Fr. Dulles's five models—Church as herald and Church as servant—are most pertinent, Gallagher said. As herald, the Church's involvement in the secular world is defined by fidelity to its "benchmark," which is the word of God. "Mergers and cultural di-

versity blur sponsorship and Catholic identity," he said, "but the word of God is the source of our vitality and life."

If we understand sponsorship in the context of the Church as servant, "we want to articulate the word of God in a way that is of service to the world," he said. In this view, the Church has the opportunity to imbue the world with values as embodied in Catholic healthcare, which operates on the frontier between the contemporary world and the questions raised by new high-tech-

nology treatments, genetic research, and complex business issues.

Reflecting on the relationships between the ministry and the Church must be a process of discovery, rather than a matter of prescribing answers handed down by theologians, Gallagher said. If ecclesiology (the study of the Church and its relation to the world) is approached in this spirit, "we have the real possibility of impacting business and social life in this country," he said.



## SPONSORSHIP

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# Lay and religious have in common the notion of healthcare as a mission of the Church.

name more clearly and develop more explicitly the commonality."

### A TIME OF OPPORTUNITY

We are in a time of tension between mission and business, of new types of partnerships, shifts in traditional relationships, and challenges to organizations' Catholic identity, participants agreed. The challenge, they said, is in reconciling different views of reality—business, mission, and professional.

"This is an opportunity to influence others, to use our roots," remarked Br. Peter Campbell, CFX, JD, then CHA's vice president of sponsor services. "We can't allow the market-driven imperative to win out," he insisted, pointing to managed care as an example of an endeavor that "can be done in the spirit of the early sisters."

### THEOLOGICAL FOUNDATIONS

Informed by the thinking of forum participants, Sr. Talone and Gallagher will develop a document on the theological foundations of sponsorship. Attendees at a concurrent session at the 82nd Catholic Health Assembly, June 8-11, will critique a draft; the final document will appear in late summer. The document will aid sponsors in continuing the dialogue about the institution of sponsorship itself and, through reflective questions, help sponsors in future decision making.

—Judy Cassidy

## HEALTH POLICY

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"acquisitions of nonprofit hospitals by for-profit chains are likely to continue until the two multiples are more in line."<sup>14</sup>

### REASONS TO REMAIN NOT-FOR-PROFIT

With strategic and economic forces pushing more not-for-profit hospitals to consider alliances with for-profit hospital chains, why should they retain their not-for-profit status? Kaiser Permanente Chairperson and CEO David Lawrence cites not-for-profits' commitment to sustain research, education, and community benefit activities over the long term. "We do not believe that the profit margins in health care [for investor-owned corporations] will be sufficient to sustain investment in direct community benefit and still meet shareholders' expectations," Lawrence writes.<sup>15</sup>

Brad Gray outlines several additional benefits of not-for-profit providers, suggesting that their tax-exempt status provides a useful regulatory tool for policymakers. They can use this lever to establish charity care requirements and other benefits for society in a way that is not available with for-profit healthcare corporations.

Trustworthiness is another area where Gray believes not-for-profits have an edge. "There are theoretical reasons, and some evidence that is consistent with those reasons, to suggest that trustworthiness problems [such as conflict of interest, patient information and care decisions, and adverse selection] may grow in concert with the growth of investor control of health care organizations."<sup>16</sup>

As Catholic hospitals strive to compete in an increasingly for-profit healthcare arena, each would do well to reinforce why it wants to remain not-for-profit, continue to measure what level of community benefit it is providing, and seek means of strengthening market share and access to capital to survive into the twenty-first century.

As CHA's Cox reminds us, "Today's uninhibited, price-competitive health-care markets strongly encourage healthcare organizations—including not-for-profits—to pursue private interest at the expense of public service. This development may be doing more than any other factor to undermine the public trust in not-for-profit healthcare organizations." □

### NOTES

1. Gary Claxton, Judith Feder, David Shactman, and Stuart Altman, "Public Policy Issues in Nonprofit Conversions: An Overview," *Health Affairs*, March-April 1997, pp. 9-28.
2. Claxton, et al.
3. "Who Protects Public as Hospitals Aim for Profits?" *USA Today*, December 17, 1996.
4. Linda B. Miller, "The Conversion Game: High Stakes, Few Rules," *Health Affairs*, March-April 1997, pp. 112-117.
5. Patricia A. Butler, "State Policy Issues in Nonprofit Conversions," *Health Affairs*, March-April 1997, pp. 69-84.
6. Gary J. Young, Kamal R. Desai, and Carol VanDeusen Lukas, "Does the Sale of Nonprofit Hospitals Threaten Health Care for the Poor?" *Health Affairs*, January-February 1997, pp. 137-141.
7. Bradford H. Gray, "Conversion of HMOs and Hospitals: What's at Stake?" *Health Affairs*, March-April 1997, pp. 29-47.
8. Gray.
9. Claxton, et al.
10. Molly Joel Coye, "The Sale of Good Samaritan: A View from the Trenches," *Health Affairs*, March-April 1997, pp. 102-107.
11. Jack Needleman, Deborah J. Chollet, and JoAnn Lamphere, "Hospital Conversion Trends," *Health Affairs*, March-April 1997, pp. 187-195.
12. David L. Manning, "Investing in the Twenty-First Century Hospital," *Health Affairs*, March-April 1997, pp. 108-111.
13. Tom Scully, "Public Is Already Protected," *USA Today*, December 17, 1996.
14. Gerard F. Anderson, "The Role of Investment Bankers in Nonprofit Conversions," *Health Affairs*, March-April 1997, pp. 144-147.
15. David Lawrence, "Why We Want to Remain a Nonprofit Health Care Organization," *Health Affairs*, March-April 1997, pp. 118-120.
16. Gray.