CALLED TO A SHARED MINISTRY

Working Together, Catholic Charities USA and CHA Can Become the Vision of a Society That Honors Social Justice

BY KATHLEEN McGOWAN, MSW, AND TERRANCE P. McGUIRE, EdD

Catholic health care and social services in the United States trace their roots back to the religious order of the Ursuline sisters, who arrived in the New World in 1727 to provide food, clothing, shelter, health care, compassion, and the love of Christ to those suffering. The call to provide such service, however, traces back to a much earlier time. Old Testament passages refer to the responsibility of the community to care for the anawim—the widows, orphans, and strangers in their midst. Jesus exemplified this call to service in his life, teachings, and miracles. He healed the sick, cared for those who were the outcasts, and gave power to the powerless. With this as a legacy, those ministering in health care and social services in the Church are truly following the call of Jesus. By providing care to the sick, ministering to the elderly in nursing homes, offering counseling, assisting refugees, dealing with broken families, or extending compassionate care to those recovering from the ravages of substance abuse, our ministries are modeled to emulate Jesus' life.

From these historical and scriptural roots, sophisticated health and human services systems that serve people of all faiths and diverse backgrounds have grown and flourished. At this moment in time, in commemoration of 275 years of Catholic social services and health care in the United States, it is appropriate that we take a look at these respective organizations, exploring their relationships to the Church, sources of funding, organizational life, national organizations, and the issues that they face today.

Ms. McGowan is executive director of Catholic Charities, Diocese of Joliet, IL; Dr. McGuire is principal of McGuire Associates and a consultant to both the Catholic Health Association and Catholic Charities USA. Together, as husband and wife, they have dedicated 58 years to these ministries.

Relationship to the Church

While Catholic Charities and Catholic health care organizations provide ministries within the Church, their relationships to the Church differ. In most cases, Catholic Charities agencies are diocesan entities, with the chief executive officer or executive director reporting directly, or through a diocesan official, to the bishop. Sometimes this diocesan relationship includes monetary assistance from diocesan collections. At the same time, most Catholic Charities agencies are separately incorporated non-profit organizations. In contrast, Catholic hospitals and long-term care facilities have more of an arm's length relationship to the local diocese. Although they also are separately incorporated non-profit organizations, few health care systems are diocesan entities. They are connected more closely to the religious order that founded them.

Because of the complexity of issues facing Catholic health care today, health systems and local ordinaries are seeking closer relationships to better meet health and pastoral needs. The United States Conference of Catholic Bishops (USCCB) has urged Catholic hospitals, Catholic long-term care organizations, and Catholic social service agencies to collaborate in their service to the poor and to the local communities in which they serve. This effort, called *New Covenant,* has

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resulted in numerous initiatives around the nation in various dioceses. The Catholic Health Association (CHA) and Catholic Charities USA have organized a New Covenant Committee comprised of members from long-term care facilities, social service agencies, and hospitals and health care systems to help formulate the principles upon which the ministries can come together to serve the community's unmet needs.

Some specific examples of these initiatives include the National Catholic Collaborative Refugee Initiative, which has brought together Catholic Charities USA, CHA, and the USCCB's Office of Migrant and Refugee Services. Other examples of New Covenant collaborations are local initiatives such as clinics, adult day centers, parish nursing programs, pastoral counseling centers, shelters, and subsidized senior housing initiatives.

Sources of Funding

Catholic Charities agencies have a wide array of funding sources, including private donations, grants, and diocesan allocations. Agencies also contract with local, state, and federal government to provide social services. In recent years, Catholic Charities has been criticized by those who see accepting government monies as anathema to the agencies' independence and Catholic identity. Catholic Charities leaders counter these criticisms with the belief that there is a legitimate place for the private and public sector to come together in serving the citizens of this country. Social programs need the support and funding afforded by government sources to continue to serve the needs of the overwhelming number of indigent and disenfranchised. The Bush administration has supported this position by establishing the Office of Faith-Based Initiatives. Unfortunately, however, Catholic Charities agencies have experienced cuts in government funding.

Catholic health care accepts government funds in the form of Medicaid and Medicare reimbursement. However, with increased regulation of health care and decreased payment for medical services, Catholic institutions have faced funding crises. The Balanced Budget Act of 1997 presented grave implications for health care funding. In response, CHA and the U.S. bishops' conference advocated strongly for the health systems, decrying the potential lack of services that would result from funding cuts. While the deep cuts have been somewhat averted, concern still exists state by state over budget cuts to hospitals and long-term care facilities. During these changing times, both CHA and Catholic Charities USA have set into force their advocacy arms to counter the decrease in services to people that these situations create.

Organizational Life

Catholic health care organizations have taken seriously the planned approach to promoting their mission and values. This is accomplished through orientation programs that focus on the heritage of the sponsoring institute and its vision for the future. Additionally, services such as pastoral care, community service benefit, organizational ethics, employee education, leadership development, and others have, in recent years, come under the umbrella term of "mission integration." Mission integration serves to promote the specific Catholic beliefs to the patients and residents through the quality care that is compassionately delivered and by promoting the organization's culture in a practical, daily manner. The employees are also seen as a key constituency in proclaiming the organization's mission. Attention is paid to maintaining respect and support of one another in their daily work. Further, sensitivity to the community is provided so that the appropriate health-related services are promoted as the components of wellness in society.

In like manner, the Catholic Charities agencies operate with mission, vision, and values ever-present. Commitment to the agency's mission, the respectful and compassionate way clients and staff are treated, and involvement in the community have traditionally been part of the operation of Catholic Charities organizations. The emergence of specific mission effectiveness positions or roles is a more recent phenomenon within Catholic Charities, and assessing the agency's mission and Catholic identity has recently become a more conscious and communicated part of Catholic Charities organizations.

A key component to the ministry of CHA and Catholic Charities has been the emergence of lay leadership in the roles formerly held locally by religious and clergy. If one traces the history of the emergence of lay leadership in Catholic Charities, a clear correlation exists to the Church's development since Vatican II. As we have seen more lay leaders come into ministry positions in the Church, we have also seen lay men and, more recently, lay women leaders as the chief executive officers in the Catholic Charities movement. Many of those involved in this social service ministry have roots in religious institutes or seminaries. Lay health care leaders have emerged with the decline in religious vocations. Principles of business and finance have dictated leadership decision-making because of the demands of this highly complex and regulated professional delivery system. For both ministries, executive leadership mentoring and programs

that imbue lay leaders with the why and how of being Catholic are critical to the promulgation of these ministries into the future.

National Organizations

The national organizations of Catholic health care and Catholic Charities maintain similar governance structures in that constituents are members of the boards of trustees and episcopal liaisons to the USCCB are appointed. In Catholic Charities USA, prominent community members are solicited for board participation along with professional Catholic Charities administrators and executive directors. CHA primarily recruits board members from the health care and long-term care industry. Presently, the leaders of the respective organizations are clergymen who bring extensive Church involvement, knowledge and understanding of public policy, applied ethical practice, and strong analytical skills to their national role in these public ministries of the Church. Both organizations have had a history of clergy leadership, with CHA recently hiring Fr. Michael D. Place, STD, in the role formerly held by a lay man for many years.

Both Catholic Charities USA and CHA see their member constituents as primary. They exist to serve the members and are focused on including organizational executive directors and leaders in their various boards, committees, and work groups. They convene their members annually through a national meeting. Special interest groups or sections have been established to meet the specific needs of the membership. Catholic health care includes ethics/mission, advocacy, finance, and legal committees, among others. Catholic Charities USA has membership sections that included diocesan directors, administration/management, aging, housing, parish social ministry, and others that members feel are critical to their work in the field. Both organizations use these groups to advocate for change in order to deal with the systemic problems facing our society, to share best practices, to network, and to develop new service models. Training for members is critical, and regional meetings provide opportunities to network and to receive advocacy and specific educational material.

Both CHA and Catholic Charities USA have strong advocacy components. In the last 10 years, Catholic Charities USA has gained a reputation for being a primary proponent of public policy, especially concerning the complex societal changes affecting those in need, such as welfare reform. CHA has also forged a national reputation of influencing public policy in the health care arena. Both organizations have a strong impact on lawmaking, policy development, and social analysis. They maintain close relationships with the local leaders and have point people within the constituency to assist in influencing political decision-making at the state and national level. In recent years, the two organizations have collaborated to lobby for systemic change to serve the poor. The needs of the uninsured and underinsured, for example, have been major concerns for both constituencies.

Issues Facing Catholic Charities and Health Care

A variety of issues face Catholic Charities and Catholic health care today. Some they share; some are unique to each ministry. Catholic health care organizations are obliged to follow the *Ethical and Religious Directives for Catholic Health Care Services.* These directives guide Catholic health care organizations in manifesting its Catholic identity, as agreed upon by the USCCB. In addition to being sponsored by a religious congregation, health care organizations are designated as Catholic by the local bishop. The ERDs are the map by which Catholic hospitals and health systems chart their decision-making on ethical matters in medical treatment, pastoral practice, workplace relationships and in the administrative arena of mergers and acquisitions. System restructuring necessitated by such mergers and acquisitions require organizations to balance the need for comprehensive quality health care services while ensuring that cost-effectiveness and stewardship of resources sustain the organization's purpose and mission.

Catholic health care has faced external pressure because of its Catholic beliefs. Deliberate attacks, aimed at removing Catholic health care from the arena of service delivery, have been a very real threat to Catholic health care. Biomedical advancements have caused the church, through CHA and the USCCB, to speak out on the recent issues of cloning, gene therapy, and stem cell research.

In Catholic Charities agencies and Catholic health institutions, the working environment has changed drastically in recent years, and abounding pluralism exists among the staff. In response, Catholic health care providers and Catholic Charities agencies have more readily articulated their beliefs in a clear, consistent, and comprehensive manner, providing staff with the principles upon which the organization was founded and why it continues to exist today. The ethics of Catholic health care

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Health Progress is a forum for the exchange of ideas and information that enable members of the Catholic Health Association to shape a new future for the Catholic health ministry and promote a just U.S. health care system. Through in-depth analysis, *Health Progress* explores the Catholic health ministry's strategic strengths, fosters healthy communities, and influences the social debate on health care issues. The journal encourages examination of health care practices in light of Catholic values, especially human dignity, the common good, care of the needy, and stewardship of resources.

Accordingly, *Health Progress* focuses on:

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Manuscripts are generally 2,000 to 3,000 words, except for columns, which are 750 to 1,000 words. Manuscripts must be typed and double spaced. On a separate title page, indicate the author's academic degree and current position.

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and social service organizations are the moral compass for policy decision-making and actions in the workplace. A delicate balance exists in the workplace to respect an individual's belief system while maintaining the Catholic identity of its institutions.

While we have presented much about Catholic health care and Catholic Charities, the discussion wouldn't be complete without a mention of some of the more humorous differences between the two networks. We may joke, but there is a kernel of truth, that the difference between Catholic health care and Catholic Charities folk is understood by looking at our suits. Catholic Charities personnel must be able to dance prior to being employed, while Catholic health care folks, as a contrast, head to the golf course. Catholic Charities holds its winter meetings in places like Philadelphia and Chicago, but Catholic health care folks wouldn't be caught dead in such climates during the months of December to April. And while the Catholic Charities packet for board members can be mailed, the Catholic health care packet must be sent overnight by a moving company!

Humor aside, the work of Catholic health care and Catholic Charities has been an asset to the social fabric of our country. Working together, we can become the vision of a society that honors social justice and enhances our common roots and joint ministry in the Church. The need to remain true to the health care and social service ministry is a sacred trust in this 21st century. It beckons us to search out, identify, and frame new ways of addressing our age-old purpose of caring for those in need. What we have done alone, we must now do together to remain viable in this ever-changing complex society. If we are to move forward another 275 years, that must be our prime strategy. □