

Can the Ministry Collaborate to Form the “Next Generation” of Sponsors?

Catholic Health Care May Need a Ministry-Wide Formation Program



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The formation of sponsors—both religious and lay—is an important issue in the continuation of sponsored ministry of Catholic institutions. As this ministry continues to evolve, and as sponsoring groups determine how best to prepare new sponsors to undertake the roles and responsibilities involved, might this not be a good time to think about ways to pool the ministry’s collective wisdom on formation?

CHA has conducted research on the biggest challenges the ministry will be facing in the next decade. The formation and education of lay leaders (and also of new congregational leaders who assume the sponsor role) is a concern many place at the forefront of these challenges. “[Sponsors] anticipate a future in which sponsorship will be transferred to a new generation of sponsors, but they also recognize that the current sponsors must truly understand sponsorship before they can pass it along.”¹

Is there a desire on the part of congregations and sponsoring bodies to address this need for formative programs jointly? If so, who might want to gather to discuss possibilities? Rather than try to answer those questions here, I will provide information about the ministry of sponsorship and about current trends in formation/development programs, including some collaborative ventures already in place. Sponsors interested in discussing collaborative efforts are asked to go to www.chausa.org/sponsorformation and register as interested parties; CHA can then gauge interest in pursuing further joint ventures in formation.

WHAT IS SPONSORSHIP?

Sponsorship of Catholic health care involves animating, promoting, and ensuring Jesus’ healing mission. It is a dynamic approach to providing ministry, particularly complex ministry on an institutional scale such as a health care system, hospital, or university. “Although the duties of sponsorship have something in common with those of governance, they arise from a different source (a relationship with the Catholic Church).”²

Sponsors act not only in the name of the health care institution (or other ministry) but on behalf of the faith community engaged in continuing the compassionate healing ministry of Jesus. Sponsors of Catholic health care act publicly on behalf of the Roman Catholic Church. All those who sponsor have been entrusted by the proper ecclesiastical authority with serving the church by guiding and overseeing a specific institutional ministry in a formal and public way. Just how that authority is carried out can vary, depending on the reserved powers of the sponsor and the structure/model of sponsorship.

In Catholic ministry, and particularly health care ministry, sponsors carry out their responsibilities through a multiplicity of organizational relationships. Congregational leadership teams once served as the sponsor of an institution; however, many changes have taken place in the past decade and many more are on the horizon.

The sponsoring congregations of five health systems have been granted distinct canonical recognition as public juridic persons (PJPs) by the Holy See (another has received informal approval). These PJPs include laity as sponsors. Many congregations with single or cosponsored health systems have empowered bodies, such as corporate members or sponsor councils, to assume most of the canonical responsibilities pre-

viously assumed by the executive leadership of the congregation. There is also a growing challenge to boards of trustees to assume the responsibilities for mission and identity and for all dimensions of the ministry. To accomplish this, there is a constant need for formation.

Just as structures differ, so, too, do the criteria that guide who will be called to join a sponsoring group—especially in response to the Second Vatican Council's call to the laity to assume their rightful responsibility in the church. Some of these criteria—religious, lay, Catholic baptized, Christian baptized, other-than-Christian, and so forth—are constantly critiqued and changed.

There are, however, several core elements that are incorporated into the majority of sponsor competency sets. These elements, identified by a committee of ministry members and reviewed by hundreds of sponsors and other ministry leaders, were published in 2006 by CHA in *Core Elements for Sponsorship: A Reflection Guide*.

The elements are:

Mission Oriented Sponsors are faithful to the call to build upon the legacy given in the church's rich history and heritage of commitment to the common good, as expressed through works of justice, mercy, and compassion.

Animated Sponsors encourage, inspire, and challenge the ministry of health care to be true to the healing mission of Jesus.

Theologically Grounded Sponsors engage in theological reflection about the ministry of Catholic health care and articulate the principles of Catholic health care to, and for, the ministry, especially in the context of a pluralistic society.

Collaborative Sponsors initiate relationships marked by mutuality, respect, and integrity for the sake of the ministry.

Church Related Sponsors, in communion with church leadership, work in mutually respectful and accountable relationships for the common good.

Accountable Sponsors give an account to the church (at large), the communities served, and the congregation(s)/dioceses regarding the quality of service and the ministry's integrity and fidelity to the mission.³

These core elements are lived out by sponsors in various ways, depending on the situation and relationships with their partners in governance

and executive leadership. In some cases, the sponsoring body/corporate member carries out the reserved powers—those decisions that are relegated to sponsors alone—but only after reflection and recommendation from the board of trustees.

New sponsors who are thinking about convening dialogues on possible areas of collaboration in formation may find in these core elements (along with examples of the way the elements are lived out) an outline they can use in their personal and professional development.

LEADERSHIP DEVELOPMENT ACTIVITIES

Our Catholic health ministry depends on leaders who can create and steward organizational cultures that incarnate Jesus' healing. Such people are leaders who hear and respond to a call to service—a call that comes from God and from the communities in which these leaders live and flourish.

The leadership they demonstrate—identified, nurtured, and inspired through opportunities for their development—profoundly changes the Catholic health ministry and, more importantly, the lives of those we serve.

A multitude of programs have been implemented to aid executive leaders in their professional and personal development. Many health care organizations host system-based programs, such as Foundations of Catholic Health Care Leadership, or utilize CHA's annual offering of this curriculum. Other organizations have created their own programs and academies, typically spanning from six months to two years. Teaching modules are provided through online study, in-person sessions, and personal and group reflection. Retreats are also a common component.

In whatever form they take, these programs teach leaders about the institution and Catholic health care as a ministry rooted in Jesus. They also communicate the leaders' role in helping other associates connect the dots between their daily work and the ministry.

A more recent approach has involved partnerships between health care systems and Catholic seminaries and universities. Ascension Health and the Aquinas Institute of Theology, both based in St. Louis, have developed a two-year program that is annually offered to 25 outstanding leaders

CHA hosts a Sponsorship Institute each spring.

from across the ministry. The program includes 18 months of coursework, taught by Aquinas faculty, and retreat days. Following that, participants complete a six-month applied learning project in their home setting.

While these examples are individual ventures for specific systems, a well-known collaborative venture in the West offers insight into how systems can join together to provide development programs. The California Collaborative Initiative on Ministry Leadership Formation is a joint venture undertaken by Catholic Healthcare West, San Francisco; Daughters of Charity Health System, Los Altos Hills, CA; Providence Health System, Seattle; Sisters of Charity of Leavenworth Health System, Lenexa, KS; and St. Joseph Health System, Orange, CA. Senior system and facility executives from these organizations participate in a three-year program of spiritual and intellectual formation that focuses on leadership spirituality, institutional identity, social justice, and church relationships.

SPONSORSHIP FORMATION ACTIVITIES

The potential for successful collaboration between sponsors has already been demonstrated by the Collaborative Formation Program for Public Juridic Persons (see Sr. Mary Kelly, RSM, "A Collaborative Formation Program for Sponsors," p. 16).

Initiated by Catholic Health Ministries (Trinity Health, Novi, MI), Hope Ministries (Catholic Health East, Newtown Square, PA), Catholic Health Care Federation (Catholic Health Initiatives, Denver), and Covenant Health (Covenant Health, Inc., Lexington, MA)—and now including Bon Secours Ministries (Bon Secours Health System, Inc., Marriottsville, MD), and St. Joseph Health System, Orange, CA—the program offers an operational plan that could be adopted by others.

The Collaborative Formation Program consists of four weekend seminars held over an 18-month period. The program's curriculum was created by representatives of the six participating organizations. The representatives meet regularly by phone and periodically in person (in one-day meetings at O'Hare International Airport, Chicago, the expenses of which are assumed by each participant) to determine the program's agenda, discuss details, and divide responsibilities

(e.g., contacting faculty members, serving as facilitator, making arrangements with the hotel where the program will be held). The six partners share the costs of the hotel, reading materials, speaker stipends, and food by prorating it by the number of participants each has in the program.

A smaller scale example of a formative experience for potential sponsors is offered by Sr. Teresa A. Maltby, RSM, DMin, in "Pilot Program Is for Potential Sponsors," p. 22. Sr. Terry describes a sponsorship initiative, hosted by the Sisters of Mercy Regional Community of Chicago, that reaches out to people interested in the possibility of serving in the sponsorship ministry.

In addition to the programs mentioned, several annual, ministry-wide opportunities exist for people interested in sponsorship. CHA, for example, hosts both a Sponsorship Institute each spring and a one-day program preceding the Leadership Conference of Women Religious Assembly.

WHY IS THERE A NEED FOR SPONSOR FORMATION?

The Second Vatican Council of the early 1960s occasioned many changes in the Catholic Church, some of them anticipated, others unanticipated. In the United States, one significant unanticipated change has been the shortage of sisters in health care. Because the Catholic health ministry in this country was largely the creation of women religious, congregations have responded to the shortage challenge by developing laypersons for leadership. Many congregations have sisters who, although they have not had preparation in health care, can fulfill a sponsor role; in addition, some want to incorporate laypersons as sponsors. Thus the need for lay and religious sponsor formation.

Stepping up to this new role, with its risks, demands, and accountability, is an awesome responsibility, one for which many laypeople judge themselves to be unprepared.⁴ In *Partners in the Between Time: Creating Sponsorship Capacity*, their second book on sponsorship, Kate Grant and Sr. Pat Vandenberg describe sponsorship as an invitation to co-create a future even greater than the past.⁵ Because it believes this to be true, the ministry is increasingly putting its energy into the identification and preparation of sponsors.

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Many people wish there were a ministry-wide formation program.

competencies and responsibilities involved in—sponsorship always lead to questions about *formation* and how it should be done. Evaluations collected after these programs suggest that many people in Catholic health care wish there were a ministry-wide formation program in addition to the Collaborative Formation Program for Public Juridic Persons, since participation in that program is limited. But, so far, no concrete suggestions for the creation of such a program have been offered.

Who Is Interested?

If they should be asked about the need for collaboration in the formation of future sponsors, most people in the ministry will answer yes. The question is: What would such a collaborative project entail?

CHA is willing to convene, or participate with others in convening, a small representative group of sponsors from member institutions to explore the possibilities for collaborative work. What the group might discover and suggest cannot be predicted. CHA offers no suggested outcome. What would collaborative formation for different models of sponsorship look like? Would congregations and/or systems be willing to support such an initiative and pool resources for it? Might the initiative develop into a curriculum that would be available to anyone to utilize? Or might it, instead, become a pool of facilitators who would draw up a curriculum? Would such a program be identified with an academic institution?

The possibilities are endless. But agreeing on an approach and then operationalizing it will pose challenges. If you, the reader of this article, are a

member of a sponsoring body (congregational leader, corporate member, or member of a sponsor council) in Catholic health care and are interesting in nominating persons to join a representative group that would discuss possibilities for collaboration in sponsor formation, please go to www.chausa.org/sponsorformation and complete all sections of the nomination form.

The response to this online questionnaire will help determine the ministry's will for convening such a group. The initial small group would discuss various possibilities. Then, if it concludes that a collaborative program is needed, and there is a willingness to collaborate, a second group could be convened to discuss curriculum and other matters, such as models for organizing and funding. I look forward to your response and to continuing to build on the powerful legacy of Catholic health care sponsorship in the future. ✧

NOTES

1. T. Stanley, introduction to *Research of Successful Practices: Learnings from a Sample of Sponsorship Models*, Catholic Health Association, St. Louis, 2005, p. 5.
2. *Toward a Theology of Catholic Health Care Sponsorship: A Work in Progress*, Catholic Health Association, St. Louis, 2005, pp. 8-9.
3. *Core Elements for Sponsorship: A Reflection Guide*, Catholic Health Association, St. Louis, 2006, p. 16.
4. M. K. Grant and P. Vandenberg, *After We're Gone: Creating Sustainable Sponsorship*, Ministry Development Resources, Mishawaka, IN, 1998.
5. M. K. Grant and P. Vandenberg, *Partners in the Between Times: Creating Sponsorship Capacity*, Ministry Development Resources, Michigan City, IN, 2004.

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