

# **The Catholic Health Association**

## **HELPING SHAPE COMMUNITIES' HEALTHCARE FUTURE**

*Before our eyes, healthcare in communities across America is changing. The Catholic healing ministry is not watching passively from the sidelines, nor is the Catholic Health Association. In the past year CHA has concentrated on helping our members proactively influence the delivery of care to the people they serve. ☀ The four points of our mission have been our touchstone as we developed our programs and services. This report highlights CHA's activities in the fiscal year ending June 30, 1994. Many activities, however, did not end with the fiscal year. They continue as we, like our members, find flexible ways to manage change. ☀ Linked as interlocking puzzle pieces, CHA's activities represent a complex yet coherent picture of leadership for the future.*

### **MISSION OF THE CATHOLIC HEALTH ASSOCIATION**

As a ministry of the Catholic Church, our mission is to:

Serve our members as they continue Jesus' healing ministry

Secure healthcare as a right for all persons

Influence the social debate on health issues

Work with others for the common good

**Sr. Maryanna Coyle, SC**  
Chairperson

**Jack Curley**  
President and Chief Executive Officer

**PREPARING LEADERS FOR THE MINISTRY** In the current turbulent times, Catholic healthcare facilities need exceptional leaders. In 1994 CHA's Center for Leadership Excellence commissioned the study "Transformational Leadership for the Healing Ministry: Competencies for the Future." Sixty leaders from CHA member organizations participated in the research project, which resulted in a

**"The discussion**

model of competencies that distinguish outstanding leaders in Catholic healthcare.

**opened up a much**

This competency model provides the content for the center's programs and tools

**more global vision**

(e.g., the Advanced Institute, LEAD, Dossier) that enable members to assess and

**of the rapidly**

develop leadership characteristics. **CLARIFYING CATHOLIC IDENTITY**

**changing health-**

Catholic identity issues are more important now than ever before. CHA created

**care field."**

"How to Approach Catholic Identity in Changing Times." This dynamic document

*—Sr. Romaine Niemeyer, SCC, president, Holy Spirit Hospital, Camp Hill, PA. Sr. Niemeyer (left) participated with leaders from hospitals, long-term care facilities, and multi-institutional systems in a daylong roundtable discussion sponsored by Health Progress.*

helps organizations to work through questions on mission, sponsorship, holistic care, and ethics as they negotiate new healthcare relationships. **SHAPING HEALTHCARE POLICY AND**

**DELIVERY REFORM** To continue to serve their communities, Catholic providers have made their voices heard by federal policy-

makers. CHA's reform position especially stressed unwavering commitment to twin moral imperatives of universal coverage and exclusion of abortion from the benefit package. CHA coordinated with the U.S. Catholic Conference on the



Tom Ebenthoh

advocacy of the abortion position. ☀️ As health-care reform legislation moved to the forefront in Congress, the association coordinated members' participation in White House meetings and



Balfour Walker Studio, Tucson

lobby days and presented testimony before Congress from CHA members on specific reform components and bills. CHA developed and mailed to Congress and CHA members frequent policy reports on the essential components of reform and their implications for the CHA vision of a reformed delivery system. ☀️ CHA was a

founding member of the Health Care Reform Project, a diverse coalition supporting

substantive healthcare reform, including universal coverage. The HCRP held numerous national and local press conferences involving CHA members, sponsored national and targeted local media advertising, and made available speakers to HCRP members and media. ☀️ CHA informed members about reform issues

through legislative field meetings, faxed newsletters, *Washington Action Alerts*, personal presentations at member organizations, and *Catholic Health World* and *Health Progress*. The association also created a network of advocacy coordinators from member organizations to work and educate at the grassroots level. ☀️

CHA led in advocating stronger community benefit standards for not-for-profit, tax-exempt hospitals and nursing facilities that would encourage community

***"I think some of the people we see would get lost in the system."***

*—Amy Ginn, Pio Decimo Nursing Center, Tucson. Ginn (center) is a nurse at Pio Decimo, sponsored by St. Mary's Hospital. It provides services previously unavailable to the Hispanic, low- or fixed-income residents of Barrio Santa Rosa, one of Tucson's oldest neighborhoods.*

accountability. The association also worked for standards and provisions to encourage effective delivery reform through community-based integrated healthcare delivery networks. **NAVIGATING INTEGRATED DELIVERY** *"The street is a terrible crucible for those who have little or no support. Yet there I have found strength and friendship."*

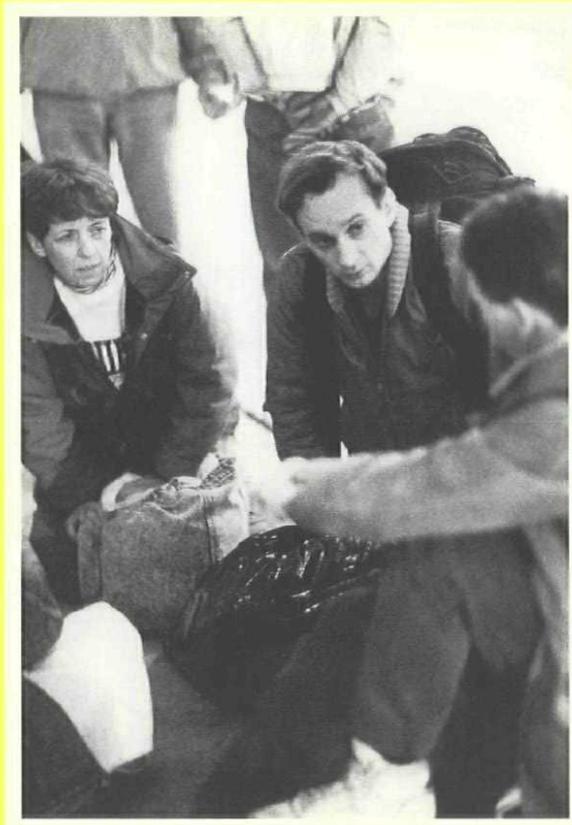
Integrated delivery is not waiting for legislation; it is happening now. CHA published the first three in a series of books designed to guide members as they develop and participate in integrated delivery networks. *A Handbook for Planning and Developing Integrated Delivery*, *A Workbook for Understanding Capitation* (developed with the Catholic Managed Care Consortium), and *A Workbook for Building Relationships with Physicians* include lessons and guidelines contributed by member organizations. —Jim Withers, MD, Mercy Hospital of Pittsburgh. Withers (center) coordinates Mercy's Operation Safety Net, a program for the homeless, which received a 1994 CHA Achievement Citation award.

☀ CHA initiated custom-tailored meetings to help members answer specific questions about integrated delivery. *Health*

*Progress* and *Catholic Health World* published many case studies and practical articles on the changing delivery system.

### **FOCUSING ON HEALTH AND WELL-BEING**

Healthcare providers are seeking ways to keep people healthy. At the 1994 Assembly, CHA kicked off its Create a Healthy World campaign to help members improve the health status of the communities they serve. At the assembly, CHA members at a networking lunch exchanged ideas on successful programs, and participants at a think



tank contributed ideas that shaped CHA's planning for a major meeting of wellness experts in 1994. CHA has organized the Health and Well-Being Consortium for



Charles Tanguy

members interested in sharing information and creating healthier communities.

### CONFRONTING CONTEMPORARY ETHICAL ISSUES

Healthcare providers are facing an increasingly complex array of ethical questions. CHA continued to provide resources for responding to clinical and corporate ethical issues, including extensive consultation with members. CHA compiled a set of case studies to help members with the ethical issues of developing partnerships, especially with non-Catholic organizations. To help members deal with end-of-life treatment issues, CHA published *Caring for Persons at the End of Life: A Facilitator's Guide to Educational Modules for Healthcare Leaders*, which won a first-place award from

**"We need a new delivery system that is person centered and wellness and community focused, with emphasis on primary and preventive care."**

the Catholic Press Association. ☀ CHA played a significant part in the evolution of the *Ethical and Religious Directives for Catholic Health Facilities* as it is being revised by the National Conference of Catholic Bishops. **EXPLORING TRENDS IN**

—Sr. Helen Owens, OSF, vice president of mission, Our Lady of Lourdes Medical Center, Camden, NJ. Sr. Owens coordinated health and well-being activities, such as t'ai chi (above), at the Catholic Health Assembly.

### SPONSORSHIP

Sponsoring religious institutes are sorting out their roles in a changing environment. CHA's *Healthcare Ministry in Transition: A Handbook for Catholic Healthcare Sponsors* was published to help sponsors with myriad issues, including ethics, governance, and civil and canon law. The handbook will be updat-

ed with supplements and soon will contain key learnings from a symposium CHA sponsored in early 1994. At the symposium, reported in the May 1994 issue of *Health Progress*, 17 sponsors articulated a vision for the future and sponsors' and CHA's role



John Murray

in making the vision a reality.

## **INTEGRATING MISSION IN HEALTHCARE OR- GANIZATIONS**

The changing healthcare system challenges Catholic providers to keep mission at the forefront of

everything they do. CHA conferences, planned in consultation with members, **Parents frequently say the program "makes me feel important, like someone cares."** helped both new and experienced mission leaders look toward the future. The National Mission Conference focused on the human issues of change, and the System Mission Leadership Forum applied mission to corporate issues such as power and negotiation. "Mission: Where to Begin?" explored the role of mission leaders in integrated delivery networks. ☀ Two publications, *Continuous Quality*

—Kathy LeBlanc, project coordinator, Parent Aide Project, Waterbury, CT. Through home visits, Parent Aides like Barbara Belval (left) help parents and guardians learn positive parenting skills. The project is sponsored by the Pediatric Ambulatory Care Center of St. Mary's Hospital and the Connecticut Department of Children and Families.

*Improvement and Mission Integration: Agents for Organizational Transformation and Diversity in the Workplace: A Resource Manual*, focused on practical mission initiatives. ☀ CHA, in collaboration with other pastoral organizations, produced a three-tape video series, "Embodying the Future," to keep pastoral care givers in touch with the changing nature of healthcare delivery. The association also developed

two new models of spiritual care to reflect the pastoral presence in community/network settings and in the paradigm of prevention and health promotion.

**ADVISING AND EDUCATING MEMBERS** CHA reached out to members in additional activities. In numerous consultations and presentations, the association helped members with structural, legal, and ethical questions raised by the integration taking place in healthcare. ☀ Members also turned for help to CHA's manuals, books, and videos. Publications on care of the dying, euthanasia and assisted suicide, healthcare ethics, parish relationships, pastoral care policies, social accountability, sponsorship, and Catholic identity were especially popular, as were videos on advance directives and end-of-life issues. ☀ Members participated enthusiastically in CHA's educational programs. More than 1,900 people attended 30 programs on topics that included healthcare reform, mission, ethics, capitation, and leadership. CHA's 79th Annual Assembly attracted more than 1,100 participants. ☀ Members shared information on their activities through articles in *Catholic Health World* and *Health Progress*.

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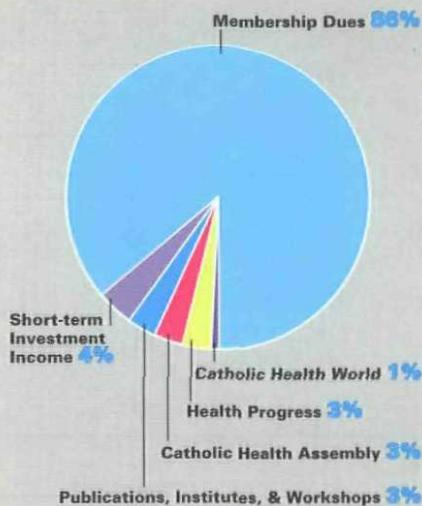
The Catholic Health Association of the United States experienced positive financial performance during the fiscal year ended June 30, 1994. On total operating revenues of \$13,270,923, CHA realized net operating revenues of \$502,374 and total net revenues (after including income on board-designated investments) of \$1,036,471. The positive margins were primarily the result of better-than-expected returns on the association's short-term investments and close adherence by management to the annual operating budget. As of June 30, 1994, the board-designated investments of the association were \$8,177,776, thus meeting the requirement of the board of trustees that an amount equal to at least one-half of one year's operating expenses be designated for unforeseen future needs.

As shown in the accompanying charts, the vast majority of CHA's revenues come in the form of membership dues. The revenues attributed to other association activities, along with some allocations from membership dues, are used to fund the expenses associated with those endeavors. The bulk of the association's expenditures are made toward services to members, which encompass most of the association's activities, such as the work performed by the divisions of Theology, Mission, and Ethics; Government Services; and Member Services.

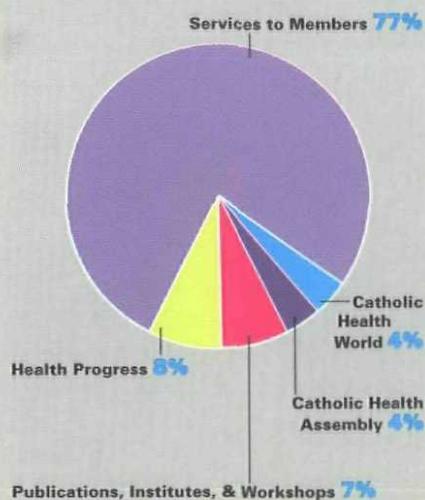
Complete financial statements, audited by Arthur Andersen & Co., independent public accountants, are available on request. To receive a complimentary copy, contact Brian Casey, CHA director of finance, at 314-253-3475, or write to the Catholic Health Association, 4455 Woodson Rd., St. Louis, MO 63134-3797.

**Judith C. Pelham**  
**Secretary-Treasurer**

### Revenues



### Expenses



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OF THE UNITED STATES

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