

Online Community Strengthens the Ministry

BY DAVID WARREN, PhD

Consider this message: "CHAUSA, the website of the Catholic Health Association, is an online community that strengthens the Catholic health ministry." What does this statement mean?

YOUR INFORMATION SERVICE

One way to understand this "online community" is fairly pedestrian. When you send e-mail addressed to webmaster@chausa.org, you are taking advantage of the concierge function of the website. The "webmaster" (usually me) routes your request to the appropriate person and makes sure you receive the help you need. Webmaster is one way CHAUSA enables you to communicate instantly with the association.

The website also allows CHA to request information from you and for you to respond quickly without hassle or expense. For example the website features a Question of the Month, the responses to which help CHA better understand your concerns. A more substantial instance of CHAUSA being used to collect information from members is the current call for examples of parish-based programs that serve aging and chronically ill persons.

The website provides you with instant knowledge about the association: our strategic plan, our board of trustees and committees, our positions on particular issues, our breaking news. CHAUSA is the fastest way for you to learn about CHA.

YOUR FORUM

The elementary ways in which CHAUSA connects all of us certainly do create "an online community"—but not much more so than does the telephone in your office or the bulletin board in your coffee room. And while it certainly strengthens the Catholic health ministry to be able to communicate quickly with little or no expense, it would be just another case of late-twentieth-century hype to declare that because CHA has a website, the ministry is therefore improved.



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What really makes CHAUSA an online community that strengthens the ministry? The association website provides space to collaborate—to work together without the limitations of geographic distance, physical room, or even time of day. If you have access to the Internet, then you have access to CHAUSA—even if you happen to be conducting field research in Machu Picchu. If something needs to be posted on CHAUSA to be shared with other members of the ministry, then a lack of space won't deter such a posting. If you prefer to work after midnight but before dawn, then you can still make CHAUSA part of what you do because the website is open 24 hours a day, 7 days a week.

CHAUSA is perhaps best described by the biological term *nexus*, "a specialized area of the cell membrane involved in intercellular communication and adhesion." CHAUSA is a virtual place for members of the Catholic health ministry to connect, to grow, to help each other, and in so doing to create a stronger ministry. That might mean helping to build collections of materials, such as the online bibliography for healthcare as a right (www.chausa.org/publicpo/right.asp) or the

The Future of Healthcare Today

www.chausa.org

postings designed to assist member institutions with corporate compliance programs (www.chausa.org/misssvcs/ethics/corcomp.asp). That might mean being a regular participant in a bulletin board to discuss a critical issue such as the future of sponsorship or seizing some of the many opportunities for dialogue presented by CHAUSA. This nexus has no value without people to connect.

AS WE MAY THINK

For many of us the computer seems unnaturally complicated, an often scary emblem of a mystery we label "Technology." Once upon a time people thought the same way about the telephone or the internal combustion engine. Today, we don't even think about phones and cars; we just use these things as needed. For CHAUSA to be a viable online community that dramatically advances the Catholic health ministry, you must use the website and become a part of it. Simply put, CHAUSA is not a technological miracle but rather a tool to use to your advantage.

Collaboration is a natural impulse in the Catholic health ministry, and CHAUSA has evolved—and continues to do so—from that impulse. A substantial portion of association staff members work together every day to make CHAUSA a vibrant, content-rich place; we work together on the website both because it's too big a project for any individual and because the website merely reflects the collaboration that is this association.

The collaboration that is CHAUSA already includes association members, who contribute ideas for making the website more useful and content for making it more valuable. Now is the time for more members to join this online community and make our ministry stronger. □

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HEALTH POLICY

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tions that are more representative of the families' financial status and easier to monitor. Other measures to make signing up easier are common sense: extending office hours, allowing mail-in applications, speeding up the processing of forms. In addition, states can reduce the stigma associated with a low-income, government program by giving Medicaid/CHIP more of a "middle class" feel—perhaps by changing the program's name or by devising different advertising strategies for it.

The federal government, for its part, needs to pay particular attention to the current fear among immigrant families that signing up for Medicaid/CHIP will jeopardize their immigration status. A few months ago, CHA and other groups asked the White House to clarify its policy on "public charge" determinations made by immigration officials. We are still hopeful that the administration will take this step and others to expand the number of legal immigrant children with health coverage.

CHILDREN'S HEALTH MATTERS

Second, Catholic hospitals, social service agencies, and schools that serve low- and moderate-income families have an excellent opportunity to help enroll uninsured children in Medicaid/CHIP. An inspiring example of this is Children's Health Matters, a joint initiative by Catholic healthcare systems and Catholic Charities USA to encourage and support community outreach efforts (see "When Children's Health Matters," p. 20). CHA is working in conjunction with Children's Health Matters and will help the initiative expand its activities in the coming year. Federal law allows states to designate hospitals and other entities as temporary enrollment centers. A recent survey found that only 27 states have chosen this option, and even in these states the opportunities are too limited.

BROAD PUBLICITY CAMPAIGN

Third, a broad campaign is needed to get the word out, on billboards, on

television and radio, and in school-parent meetings. Publicity campaigns are a fundamental part of any program or product these days, and children's health insurance should not be an exception. Low- and moderate-income working families are often incredibly busy and need direct access to information on Medicaid/CHIP. State programs are all different, but the White House is working with the National Governors' Association and private companies to establish a national 800 number that is catchy and easily recognizable and remembered. Under this plan, a family calling the number would be seamlessly patched into the state's own enrollment office and would be able to sign up for coverage immediately. Catholic healthcare organizations should help publicize the campaign and the 800 number.

No one has the answer yet—certainly not a politically viable one—to the question of how to guarantee health coverage for all. We need to continue to advocate this goal in Washington, DC. But we also need to make sure that we help get kids enrolled in the Medicaid and CHIP programs for which they are already eligible. These programs can help:

- Push the national debate toward expanded coverage
- Offer examples of how government can be a positive force in this effort

But, first, we need to get the kids and their families in the door. So we should all be shouting loudly: "Outreach, outreach, outreach!" □

NOTES

1. "Health Insurance Coverage: 1997," U.S. Census Bureau, Washington, DC, 1998.
2. *Demographics of Nonenrolled Children Suggest State Outreach Strategies*, U.S. General Accounting Office, Washington, DC, 1998, p. 2.
3. Health Care Financing Administration, letter to state health officials, September 10, 1998.