

SPONSORS: ROLE MODELS AND ADVOCATES

Religious sponsors have led every step of the way in the Catholic Health Association's community benefit work. Since the Ursuline Sisters' 1727 arrival in New Orleans, women religious have modeled community health improvement by looking around, seeing what needed to be done and finding ways and means to improve the lives of poor and vulnerable people.



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Their stories are inspiring: In the 1800s, Sisters of Charity of the Incarnate Word came to Galveston, Texas, to treat victims of yellow fever epidemics and ministered to children orphaned by the disease. Mother Joseph of the Sacred Heart, a Sister of Providence, led members of her Canadian congregation on an arduous journey from Montreal to the American

Northwest, arriving in 1856 to bring education and health care to people on the frontier. Irish sisters took care of the poor from New England to California. Toward the end of the 19th century, Mother Cabrini of the Missionary Sisters of the Sacred Heart dreamed of being a missionary in China, but instead became a missionary in New York City.

There are many more such stories of how the early sisters modeled what the Catholic health ministry would become.¹ For example, health equity is a relatively modern term and a hallmark of today's community benefit programs, but it was a foundational principle for the sisters who started Catholic health care in this country. They cared for Native American children and for immigrants from many countries; they integrated hospitals, opening them to minority physicians and patients; and they marched for civil rights.

INSPIRING OUR WORK

With the growth of for-profit hospitals in the 1980s, researchers and policymakers started asking: Is there a difference between for-profit and not-for-profit hospitals? This was an important question for the sponsors of Catholic health care. If there were no difference, was health care still a ministry, or had it evolved into a business? If a

business, some orders pondered whether it might be time to move on to other ministries, and policy makers asked whether tax-exemption for not-for-profit hospitals was still called for.

Sponsors and others asked, Is there a story to tell about Catholic and other not-for-profit hospitals' community service? How do we tell that story? How do we make sure we have a story to tell? Policymakers asked, How are you different? And if you are, how can we tell? These questions moved the Catholic Health Association Board of Trustees in 1988 to direct a study of whether the mission to serve communities, especially persons who are poor and vulnerable, still distinguished Catholic hospitals.

From the study came CHA's *Social Accountability Budget: A Process for Planning and Reporting Community Service in a Time of Fiscal Constraint*. Published in 1989, the Social Accountability Budget pulled together best practices of Catholic hospitals and systems for assessing community health needs, planning to meet those needs and reporting community benefit programs, including development of a comprehensive accounting system.

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This was a time of significant change and turmoil for many hospitals. For-profits had brought competition into the health care marketplace, and the federal government had changed the way hospitals were paid, introducing a new Medicare prospective payment system. Hospitals were being pressured to decrease costs and increase efficiency; they had to do more with less. Against that background, CHA wondered if Catholic hospitals would be interested — or able to — adopt a new program for planning and reporting community service.

Again, sponsors paved the way. During an interview, a community-minded chief executive of an already overloaded inner-city hospital told CHA, “If the sisters of Bon Secours asked me to use [the new *Social Accountability Budget*], I would certainly use it.”

So that became CHA’s plan: Let the sponsors know about the resource and suggest they tell their hospitals about it. The book became an overnight sensation.

The sisters’ tradition of responding to the needs of the times in our communities has inspired our community benefit programs for decades. In more recent years, religious sponsors have challenged CHA to look even more broadly at the concept of community health improvement. Based on the historic commitment of many orders, sisters asked hospitals to improve health in their communities and demonstrate concern for creation by being environmentally responsible, decreasing their carbon footprint and minimizing chemical and other toxic exposures.² As it became known that the tragedy of modern-day slavery — human trafficking — was rampant throughout the country, sisters encouraged their facilities to help identify and treat victims and work with community partners on the problem.

The sisters also encouraged their facilities and CHA to advocate for environmental justice and public policies to combat human trafficking.³

PAVING THE WAY TO THE FUTURE

The next frontier for community benefit will be embracing the concepts of population health, that is, going beyond more traditional primary and preventive care to address social factors that have a profound impact on health, such as employment, education, housing, food security and violence prevention.⁴

Catholic health care sponsors’ meetings have focused on these topics and themes for several years, bringing in national leaders to discuss health equity, screening for the determinants of health and the case for population health. As CHA develops a vision for the future of community benefit and population health, we will look back on the history and values lived by our sponsors. We will ground our vision in our sponsors’

commitment to the dignity of the human person and the common good.

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NOTES

1. For more stories, see Suzy Farren, *A Call to Care: The Women Who Built Catholic Healthcare in America* (St. Louis: Catholic Health Association of the United States, 1996).
2. Catholic Health Association, “Environment Overview,” www.chausa.org/environment/overview.
3. Catholic Health Association, “Human Trafficking Overview,” www.chausa.org/human-trafficking/overview.
4. Catholic Health Association, “Social Determinants of Health,” www.chausa.org/communitybenefit/social-determinants-of-health.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

HEALTH PROGRESS®

Reprinted from *Health Progress*, May-June 2017
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