

Community

Partnerships between Catholic Charities and Catholic Health Care Organizations

ike other health care organizations in the United States, Catholic health care facilities are developing new relationships with a wide array of partners to extend their ministry and to improve efficiency, coordination, and quality of care.

In forming these partnerships, Catholic-sponsored organizations may have an advantage over others. Through Catholic Charities and other social service programs, the Catholic Church in the United States is the largest provider of human services. In addition, the church's network of almost 20,000 parishes enables health care organizations to reach into communities where little infrastructure exists. The current movement toward integration of community-based health and social services creates opportunities for church-sponsored organizations to work together as never before.

Health Progress publishes an ongoing series of case studies of such partnerships, hoping they might serve as models for those creating integrated systems of care. These case studies of Catholic Charities agencies and Catholic health organizations were prepared by the Catholic Health Association as part of New Covenant, an initiative designed to promote collaborative efforts of the Catholic health ministry at the national and regional levels.

Here is another case study. Health Progress will present others in future issues.

If your health care organization is collaborating with a Catholic Charities agency in your area, we would like to know about it. Please contact Julie Trocchio by phone at 202-296-3993 or by e-mail at jtrocch@chausa.org.

Networks

Mercy Brown Bag Program Oakland, CA

Organizational Structure

The program is sponsored by Mercy Retirement and Care Center (MRCC) with help from Catholic Charities of the East Bay Area, Oakland, CA.

Goals of Affiliation

The sponsoring organization's goal is ensuring that older low-income residents of Alameda County, CA, receive weekly bags of nutritionally balanced groceries.

The Project

The Mercy Brown Bag Program began in 1982 when, in conjunction with the California Brown Bag Network Act (BBNA) of that year, MRCC began distributing bags of groceries to low-income senior citizens aged 60 or older. At that time the program had a single distribution site serving 30 seniors. Today it has 10 sites serving 940 people throughout Alameda County. By mid-2001, MRCC plans to have in operation a dozen sites providing 1,200 seniors with groceries.

The groceries are acquired, either as donations or at discounted prices, from area farmers, warehouses, packing companies, retail food chains, bakeries, and a local food bank. The average grocery bag weighs 20 pounds and provides enough food for 16 to 18 meal supplements (fresh meat is not included because it is perishable). Depending on availability, each bag includes fresh produce, fresh or canned vegetables, fresh or canned fruit, pasta or rice and bread, and snack foods.

Volunteer senior citizens help sort and bag the food and deliver it to homebound recipients, work that provides them with physical activity, an

opportunity to socialize, and a sense of usefulness to the community.

Catholic Charities of the East Bay Area supervises food distribution and deliveries at one site.

Governance Structure

The program is sponsored by MRCC.

Staff and Budget

Three employees (two full-time, one part-time) and more than 120 volunteers staff the program at present. Grant money pays the employees' salaries. MRCC donates in-kind services (e.g., a receptionist, office and warehouse space, phones).

The primary funding comes from two sources: The state government, which allocates BBNA funds to the counties (the Mercy Brown Bag Program received about \$23,000 in 2000), and the Federal Emergency Management Administration (the Mercy program received about \$10,000 in 2000).

Effect on Community

The program is very popular among the community's low-income elderly, many of whom have participated in it for 10 years or more. Surveys of recipients indicate that they eat more nutritiously than they did before entering the program.

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Practical Advice Keep it simple. We focus on nutrition and socialization, Most recipients in our program, unlike those in Meals on Wheels, come to the sites to pick up their food. This reduces our staffing needs and brings recipients out of their homes, thereby encouraging social activity and reducing their sense of isolation.

HEALTH PROGRESS

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