



Community

Partnerships between Catholic Health Care Organizations, Catholic Charities, and Other Groups

Like 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 partnerships between Catholic health care organizations, Catholic Charities agencies, and other groups 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 involved in a similar collaboration, 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

National Catholic Collaborative Refugee Initiative

Organizational Structure

The program is cosponsored by the U.S. Conference of Catholic Bishops' Office of Migration and Refugee Services (MRS), Catholic Charities USA (CCUSA), and the Catholic Health Association (CHA).

Goals of Affiliation

The program was established to provide various kinds of assistance—including health care, employment, and education—to the nation's current wave of refugee immigrants.

The Project

The program began in the summer of 2000 when representatives of MRS, CCUSA, and CHA met to discuss creating a more focused method of aiding refugees. To accomplish this, they formed the National Catholic Collaborative Refugee Initiative (NCCRI) with a steering committee composed of Dick Hogan and Anastasia Brown (MRS), Ruth D'Allesandri (CCUSA), and Julie Trocchio (CHA); the steering committee engaged Terry McGuire as a consultant.

For its first year, NCCRI identified likely project sites in four dioceses:

- Tampa-St. Petersburg, FL, where Renaud St. Phard and Pat Fredericks are the site cocoordinators. The program helps Cuban and Haitian refugees find jobs.

- Phoenix; Barbara Klimek is the coordinator. The program primarily helps Cuban, Haitian, and Sudanese refugees.

- Joliet, IL; Annie Lavin and Pam Terrell are the cocoordinators. The program primarily helps Bosnian and Iraqi refugees.

- Seattle; Cindy Koser is the coordinator. The program primarily helps Sudanese refugees.

Now in its second year, the NCCRI has added three sites:

- Cleveland; Marjean Perhot, coordinator
- Portland, ME; Matthew Ward, coordinator
- Pittsburgh; Anthony Turo and Peter Harvey, cocoordinators

Although no two sites are alike, all are committed to helping refugees prepare for and find employment, preferably with health insurance coverage of some kind. All are sites based in local Catholic Charities' offices. Each has a staff and volunteers, usually former refugees who, in many cases, speak the new refugees' language. The program's aim in its first year was finding jobs for refugees; its current focus is on helping them find entry-level work in acute care and long-term care facilities.

Governance Structure

The NCCRI's national coordinating committee meets once a year. The steering committee conducts a monthly phone conference. In addition, the site coordinators have a monthly teleconference with the consultant. The site coordinators also fax the consultant a four-page quarterly progress report.

Staff

NCCRI site coordinators are Catholic Charities personnel who spend most (but not all) of their time on refugee work. The size of a site's paid staff depends on the number of refugees involved. NCCRI volunteers are unpaid.

Budget

Most of the necessary funding comes from the U.S. State Department. MRS allocates funds among the sites according to the number of refugees involved.

Effect on Community

The NCCRI's consultant says, "In the seven communities involved in the project, the health care providers, the Catholic Charities agencies, the local employers, and the parish all say that this has been a challenging and rewarding experience."

Contact:

Terry McGuire
McGuire Associates,
Naperville, IL
Project Consultant
630-369-8815



Practical Advice

People interested in launching a similar program in their own diocese should contact Julie Trocchio at 202-296-6320 or

jtrocchio@chausa.org.

They should also attend the joint CCUSA-CHA Assembly in Chicago, August 3-5, at which the NCCRI will make a presentation and have a booth.