



# HEALTHY COMMUNITIES: GOOD MISSION, GOOD SENSE

**F**or many years, healthcare in the United States has thrived on an illness culture. Only in the last decade have many healthcare providers begun to think beyond illness. Looking to the future, we in Catholic healthcare should feel compelled to become intimately involved in the development of healthy communities. Keeping people healthy *is* our mission, and health promotion makes good sense for illness prevention. If we feel unprepared to do this, we can be guided in our efforts by the actions of the courageous women and men who founded our organizations.

In the past, our founders reflected on the needs of the times and responded creatively. Mother Mary Odilia Berger, the founder of my congregation, the Franciscan Sisters of Mary, arrived in St. Louis from Germany 125 years ago with four other sisters and \$5 and immediately began to care for victims of a smallpox epidemic. Their actions gave us our first but short-lived name in the United States: "the Smallpox Sisters."

We tend to view those days as simpler times, when people's needs were readily apparent. We can do this because we have the luxury of seeing the past through the filter of a century. If we stepped forward 100 years and looked at the end of the twentieth century, what would we see as the needs of these times?



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## *Holistic Approach Is the Key*

BY SR. MARY JEAN  
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### **A NEED TO DO MORE**

We live in complex, paradoxical times. Sophisticated technology is a defining characteristic of our age. Lifesaving surgery is performed in the womb, scientists on Earth analyze rocks on Mars, and anyone with computer access can exchange information with someone on the other side of the world within seconds. Even with all our technological savvy and time-saving measures, however, our pace is more, not less, frantic. Our society is fast, loud, and violent; we have trouble sleeping at night; and we are often stressed. At the same

**Summary** Catholic healthcare's mission is keeping people healthy, and providers must listen closely to determine their needs in these fast-paced, stressful times. In a society preoccupied with technology and acute care, which has the least overall impact on people's health, providers must implement more preventive strategies.

The shift to promoting community health will require diverse, creative approaches. Catholic facilities must offer holistic healing, becoming community resources for children and the elderly. Religious institutes also must prepare for the laity's increasing role in the ministry.

Providers must develop initiatives that define Catholic healthcare, such as the Welfare-to-Work Program in St. Louis, which offers women employment opportunities and benefits as a starting point to gain control of their lives. With increased school collaboration, nurses can help children develop good health habits. The guiding vision must be the health of the whole person and the community.

Catholic providers must restore public trust and confidence by emphasizing person-centered healthcare. Only by becoming an integral part of the community can Catholic healthcare make a difference in people's lives.





time, we seek spiritual answers and yearn for an inner peace that is in stark contrast to the chaos around us.

As we in the healthcare community attempt to determine people's needs, we can learn much by listening. A recent study that probed people's experience with illness identified eight areas as critical to the healing process. (*Eye on Patients: A Report from the American Hospital Association and the Picker Institute, 1997.*) People said they wanted access, respect, coordinated care, clear communication, physical comfort, emotional support, involvement of family and friends, and continuity of care. Instead, they find a healthcare system that is a nightmare to navigate, caregivers who do not provide enough information, decisions made about their care without their involvement, providers who are not emotionally supportive, and gatekeepers who set up too many barriers to care.

Although we are adept at providing technological care, we seem to be overlooking the more human aspects of care. When we examine the health problems that define our times, the overriding cause is not acute disease, but rather an overall disconnectedness from one another that leads to stress, alienation, and violence.

Compared with the amount of money and time spent looking for cures, what we spend on prevention is negligible. We have a national preoccupation with providing and paying for the one aspect of care that has the least impact on most

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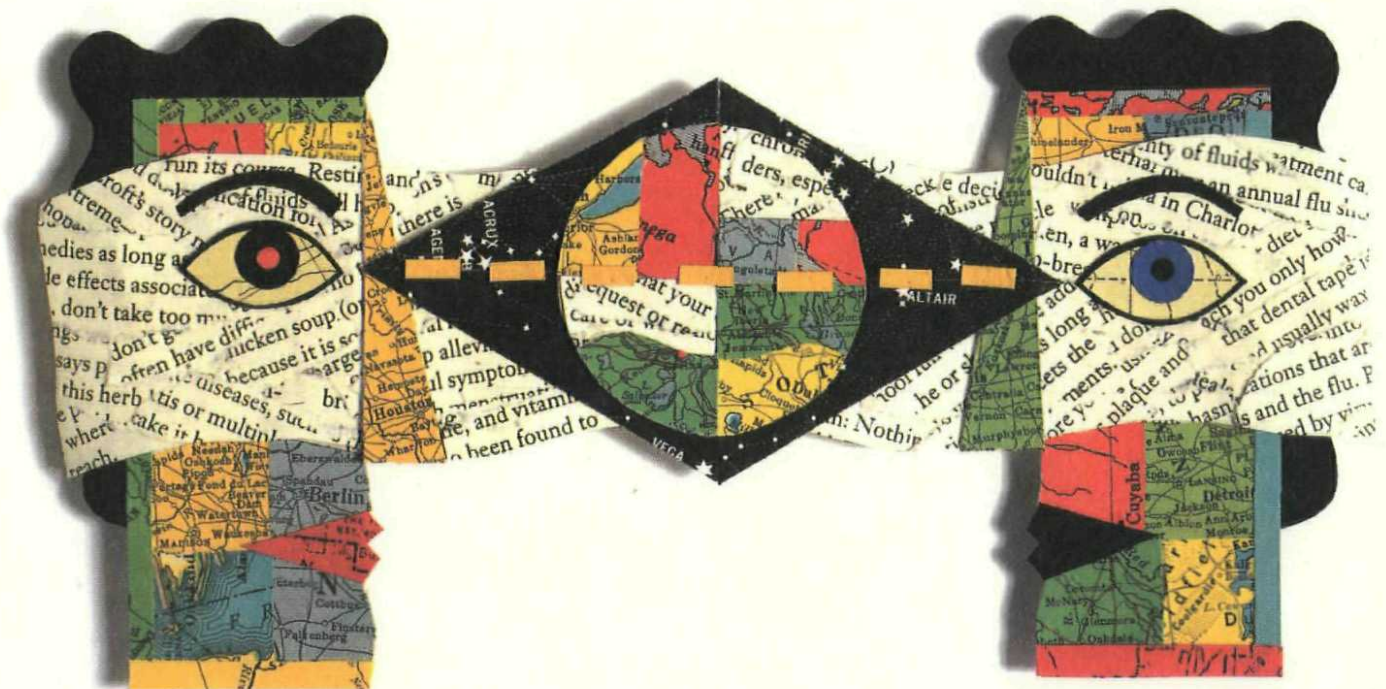
people's health: acute medical care for illness and injury. Most of our medical care dollars are spent on problems that could be prevented with a concerted effort. A recent report on National Public Radio cited a study that found that for every dollar southern states spend to care for babies born to teenage mothers, they spend one penny to educate teenage girls and build their self-esteem so they do not become pregnant. This statistic is compelling proof that we must change.

When I was a pediatric nurse, I cared for a little girl with cellulitis in the groin area. Rat bites had become infected and caused inflammation. We cleaned up the infected area, gave her antibiotics, put her on a nutritious diet, and, after four or five days, her wounds healed and her temperature returned to normal. Then we sent her home: back to the same environment and probably the same rats that caused the condition.

Are we not obligated to do more, to do it differently, and especially to do it better?

#### A VISION FOR COMMUNITY HEALTH

Healthcare in America is at a turning point. Acute care will always be needed for accidents, injuries, sick children, and persons needing surgery, but we also should look for ways to quell the violence, soothe the pain, and help people find meaning in a complex world. We should seek to heal body, mind, and spirit. With all the advances in society today, we should be able to create conditions for good health and a healthy environ-







ment. If we can go to the Moon and survey Mars, surely we can create healthy communities.

It is difficult to move from acute care, where we have a direct and immediate impact on an individual's health and comfort, to community health, where making a difference may be measured over generations. This transitional period is an exciting yet precarious time for providers, but the shift to community health could alter the face of American healthcare.

My vision of the future includes Catholic providers partnering with one another and with others, both locally and regionally, to offer holistic care across the United States. Catholic healthcare will be known for its emphasis on community health and its attention to body, mind, and spirit. Whether a parish health effort, school clinic, hospital, antiviolence initiative, or the Welfare-to-Work Program, we will be known for our commitment to holistic healing.

People will think of Catholic hospitals as community resources and gathering places, as well as facilities for acutely ill or injured patients. Hospitals will house day care centers and after-school latchkey programs for children. They will be safe havens for elderly persons to gather and socialize during the day. Hospitals will offer educational sessions and encourage community groups to meet there. Catholic organizations will be known for their willingness to join with community agencies and other groups on prevention initiatives, education, and provision of community health services.

In the future, Catholic healthcare must model diversity as never before. As we become more diverse, we will gain new sensitivities and embrace new management styles that will better equip us to care for our communities. All this will require creativity, and we must continue to demand creativity at all levels of our organizations.

A really true vision must be so large and so great that we realize we may never achieve it. It is always within us, however, calling us to reach far beyond our perceived capabilities.

**The Laity's Calling** There are two realities in Catholic healthcare today: the declining presence of women and men religious, and the increasing role of the laity in shaping the future. Even if vast numbers of women and men were to join religious orders, which is highly unlikely, their interest in our efforts would not be guaranteed. In the rich tradition of our founders, they would follow their own call.

Women and men religious may be a minimal presence in the healthcare ministry of the future, but our legacy is the foundation for the work of the future. The laity will take the ministry and

build on it in their own unique way. Laypeople are deeply committed and dedicated to this ministry. No one has to tell my coworkers to stay late, come in on weekends, or forgo a vacation day. A ministry is created and nurtured by people who bring with them the integrity of their values and the belief that they can make a difference.

**A Guiding Initiative** A new program at SSM Health Care illustrates the types of initiatives that should define Catholic healthcare in the future. SSM has provided 125 entry-level positions for women currently receiving public assistance. Praised by President Clinton during his summer 1997 visit to St. Louis, the Welfare-to-Work Program is a public-private partnership with many agencies involved in assisting women with such needs as transportation services and family and individual support. This program offers meaningful employment and the resulting benefits to women without such opportunities. The Welfare-to-Work Program is meant to be a new beginning, a starting point for women to gain additional education and opportunities.

If such programs are successful, they will help more women become productive members of the workforce as well as productive members of society. How does this employment program relate to healing? First, the women employed at SSM Health Care will receive the same health and other benefits as other employees. Access to healthcare for themselves and their families will bring them peace of mind. Second, women formerly receiving public assistance who gain meaningful work will realize they can have some control over their lives. This sense of control leads to heightened self-esteem, which will be reflected in their children. Finally, their improved state of mind can only enhance their state of health, since one's mental state affects health.

**Education and Nurses** A key area where Catholic healthcare providers can collaborate is primary and secondary schools. Education is costly, but in the long run it is more costly not to educate our children.

As Catholic healthcare providers, we can begin by putting nurses in every Catholic school in our dioceses. Nurses can provide needed education on a variety of health topics. Nutrition counseling, discussions about the importance of regular exercise, vision testing, and blood pressure screenings help children learn good health habits early in life. Also, we cannot underestimate the importance of a nurse just "being there" to talk to children. Knowing that an adult will listen boosts a child's self-esteem, which can lead to increased productivity and in turn a healthier society.

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## COMMUNITIES

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### MAKING A DIFFERENCE

Change will be a constant in the coming decades. The data suggest that, by the year 2010, only 25 percent to 35 percent of all nurses will work in hospitals. Instead, they will be in primary healthcare settings, schools, and parishes and working in partnership with physicians. Some hospitals deemed unnecessary will be closed, and others will have to change to remain viable. The health of the whole person and the community must be our guiding vision as we make extremely difficult decisions.

Americans once awed by the miracles of modern medicine have lost trust and confidence in healthcare, with its focus on drugs, surgery, and cures at whatever the cost. They perceive hospitals and many physicians as caring more about money than about people.

Thus a major need of our times is for healthcare to regain the public trust. We must find caregivers who will listen to people and care about their problems. We must prove to our communities that we exist to serve all aspects of their health and well-being, not simply to make money. Much more needs to be done. Of course, we cannot do it all. Therefore we must select wisely, and what we choose to do we must do boldly.

Will Catholic healthcare exist a century from now? If all we care about is existing, then we should not exist. If we become integral parts of our communities, however, and if we broaden our perspective and define health as the physical, emotional, spiritual, and social well-being of every human person, we will be meeting the needs of our times. Then we will have made a difference in people's lives, which is and always will be the true meaning of Catholic healthcare.

By the end of the next century, if we have done our work well, we will be meeting very different needs than those of today. No one knows what those needs will be. What lies ahead is daunting, but we must have faith that the Spirit is guiding it all. □

## SPIRITUALITY

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groups like theirs. A study process that is spiritually formative should, they said:

- Enhance the distinctively human, and therefore spiritual, quality of life
- Enhance personal as well as organizational effectiveness
- Support the values and heritage of the Daughters of Charity and promote those values individually and in the life of the organization
- Assist the Daughters of Charity to fulfill the goals of their mission to health, social service, and educational ministries, in all their facets<sup>3</sup>

### Key Elements of a Spiritual Formation Process

The participants identified eight elements that, when practiced, can make an event spiritually formative:

- Reflection through silence, calming oneself, and preparing for prayer
- Retreats and pilgrimages
- Storytelling and the recounting of histories
- Formative reading, study, and evaluation
- Celebration
- Striving for balance in life
- Mentoring
- Leadership

After defining each of these elements, the participants discussed ways they could be made part of the work life of the organization.<sup>4</sup>

### MAKING THE ORGANIZATIONAL MORE SPIRITUAL

After approving the publication of *Spirituality and Spiritual Formation*, DCNHS-EC's leaders met with the board chairpersons, CEOs, and mission services vice presidents of all of the system's hospitals to encourage them to understand and support the document. In addition, the system leaders amended the job description for hospital CEOs, indicating that they should give spirituality a high priority in the workplace.

The mission services vice presidents were asked to integrate spirituality and spiritual formation in their work. Each

was encouraged to add a spirituality subcommittee to the facility's mission committee. This subcommittee would promote discussion and comprehension of *Spirituality and Spiritual Formation* among hospital employees. Local CEOs agreed to provide annual updates on spirituality and spiritual formation in their organizations' annual reports.

### SPIRITUAL INTEGRATION CONTINUES

Since the completion of the original study process and the publication of *Spirituality and Spiritual Formation* seven years ago, DCNHS-EC has continued to integrate spirituality into all aspects of its work. Each of the system's 10 hospitals continues to report on activities and events that integrate spirituality in the workplace, such as spirituality committees, retreats, renewal days, pilgrimages, periods of reflection before meetings, spiritual lectures, and workshops for employees and medical staff.

In September, St. Vincent Hospitals and Health Services, Indianapolis, broke ground for a 14,000-square-foot spirituality center for the organization's associates, medical staff, volunteers, and benefactors and the members of their families. The center, which will provide a retreatlike atmosphere (including overnight accommodations), will offer programs in spirituality and spiritual formation. □

☎ For more information, call Sr. Sharon Richardt, DC, or Jude Magers, 317-338-7005.

### NOTES

1. *Spirituality and Spiritual Formation: Final Report of the Spiritual Formation Study Group*, Daughters of Charity National Health System—Eastern Region, Evansville, IN, December 1990, p. 3.
2. *Spirituality and Spiritual Formation*, pp. 3-4.
3. *Spirituality and Spiritual Formation*, p. 4.
4. *Spirituality and Spiritual Formation*, pp. 5-10.