

## LET'S LOOK AHEAD, PREPARE FOR TRENDS

In each of my previous columns, I have discussed one of three structural components integral to developing a vision statement — establishing an appropriate time horizon, creating a framework for ongoing monitoring of the environment to enable organizational learning, and using scenarios to catalyze strategic thinking into the future. As I sit down to write this column, I am shifting my focus to reflect on two of the many trends that will have an impact on Catholic health ministry by the end of this decade and call for our attention and action.



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One trend is the growing diversity of the United States population, and more specifically, the projected growth of the Hispanic population.

According to the U. S. Census Bureau, Hispanics, some 45 million strong, made up nearly 15 percent of the U.S. population of 299 million persons as of July 1, 2006. Between 2000 and 2006, Hispanics accounted for one-half of the nation's population growth; by 2020, Hispanics are projected to make up nearly 18 percent of the U.S. population and by 2050, 24.4 percent.

The 2009 *Catholic Almanac* estimates 73 percent of Hispanics are baptized as Catholic and by mid-century, will make up half or more of the total U.S. Catholic population. This growing group offers some unique opportunities for Catholic health care, including targeting services to meet their needs. As a group, Hispanics have the highest birth rate in the United States and a startling, disproportionately high incidence of diabetes, according to Centers for Disease Control and Prevention data. Thus there are opportunities to work in parishes with a significant Hispanic presence to increase awareness of Catholic health services that meet their spiritual as well as physical health needs. What's more, we can give special attention to tapping the talent and compassion of Hispanics in our workforce at all levels.

In addition to these general trends, trends well underway within the Catholic Church and within Catholic health ministry demand continued at-

attention as we describe our preferred future for the ministry.

In 1965, the total number of Catholic priests in the United States was 58,132. By 2009, that number had declined by 31 percent, according to the *Official Catholic Directory*. Declines among sisters have been even steeper. Women religious numbered 179,954 in 1965 and are at 59,601 now — a decline of 67 percent. A recent study by CARA (Center for Applied Research in the Apostolate based at Georgetown University) found that 91 percent of American religious sisters are age 60 or older.

As shown in the table below, the number of religious administrators/CEOs in Catholic hospitals declined from 770 in 1968 to just 13 in 2009, while the number of lay administrators/CEOs

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STEEPED IN TRADITION, FOCUSED ON THE FUTURE.

increased from 26 to 611. Over the past two decades, as the religious communities have shrunk, sponsoring congregations have recognized the imperative of combining their ministries into ever-larger health systems and creating new models of sponsorship, such as Public Juridic Persons.

Lay leadership development programs have been purposefully created in order to ensure that those who lead the ministries will do so in a manner consistent with the charism and in the tradition of the various sponsoring congregations. These first-generation lay leaders have had the experience of working side by side with their women religious mentors, learning by observing and then doing, drawing on their experience with thorny issues and experiencing their compassion and commitment to the healing ministry of Jesus.

Unless something changes to reverse the declining trend in vocations, by 2020, women religious will no longer be the mentors; the transfer of the charisms and traditions will be from one lay leader to another.

In the future, it will be crucial for the leaders of Catholic health ministries to continue to make decisions and operate their organizations in a manner consistent with the healing tradition of the church and the religious sponsors' legacies. Finding lay leaders who are *called* to these ministries and developing them will require new and creative approaches that appeal to the generational, ethnic and perhaps varied religious backgrounds that make them who they are. In order to keep the ministries viable, new and different models of sponsorship may need to be created.

With each successive generation of lay leaders, there is increasing risk that what is at the core of Catholic health ministry — a sense of compassion to care for society's most vulnerable and dedication to the healing ministry of Jesus — will become diluted until it disappears. Not only must we find a way to prevent that from occurring, but we should challenge ourselves to make the ministry more vibrant than ever.

We can anticipate how these trends will play out and prepare for them by developing our preferred future of Catholic health ministry (our vision) and working together to achieve that vision. Alternatively, we can choose to take a "wait-and-see" approach, reacting to situations as they develop and letting circumstances define our future.

One could argue against the value of creating a decade-long vision now, when the current health reform debate is unresolved. However, many looming issues will still exist when the dust settles around health reform. As responsible stewards of the healing ministry of Jesus and the church, we need to acknowledge and understand the implications of these trends, debate our options and em-

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brace the opportunities they offer while making what, in some cases, may be difficult choices.

There are, of course, other trends we know will have unique impact on Catholic health ministry: the aging population, emerging diagnostic and therapeutic technologies and evolving models/sites of care, to name a few. As leaders in the ministry today, we are called to take such trends into account and envision how the ministry must change, then begin to take action to create the future together. The choices we make today, and throughout the next several years, will shape Catholic health ministry in the United States for decades to come.

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### **SNAPSHOT OF 41 YEARS**

	<b>1968</b>	<b>1978</b>	<b>1988</b>	<b>1996*</b>	<b>2008</b>	<b>2009</b>
Catholic hospitals	796	641	616	625	621	624
Catholic hospitals in systems	*	*	444	424	537	548
Catholic health systems	*	29	60	62	63	60
Single-sponsor hospitals	796	641	603	375	447	441
Multi-sponsor system hospitals	*	*	7	250	174	183
Dioceses serving as sponsors	*	*	30	42	36	36
Other sponsor models	0	0	6	11	11	13
Lay administrators/CEOs	26	295	420	525	605	611
Religious administrators/CEOs	770	346	196	45	13	13

Source: Catholic Health Association

\*1998 data unavailable

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