

# Maintaining Catholic Identity

## Be Assertive in Telling Your Story Effective Communications with the Media, Community, and Other Constituents Are Critical in Securing Community Support

Catholic healthcare leaders need to be “more direct about telling the community who you are, what you believe in, and what you do for them,” **Jack Bresch**,



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CHA’s director of legislative affairs, said in a breakout session. A more assertive approach to communications not only can improve community support for the organization, but also can provide a foundation for responding effectively to challenges to the ministry.

Over the past three or four years, he explained, activist groups such as MergerWatch and Catholics for a Free Choice have challenged mergers or other proposed collaborations between Catholic and other-than-Catholic entities on the grounds that such arrangements will deprive the community of certain reproductive services (e.g., abortion,

sterilization).

“People think we’re trying to force our values on others because no one tells them why we’re doing the deal,” said **Sr. Jean deBlois, CSJ, PhD**, CHA’s vice president of mission services. A complicating factor, she said, is that “there are still some people in Catholic healthcare who, when asked what Catholic healthcare means, can only answer in the negative.”

To help members better communicate, last spring CHA released *Telling Your Story: A Communications Resource for Catholic Healthcare*. The book, developed by staff in conjunction with members, provides some

background on CHA focus group results; specific rebuttals to claims by Catholics for a Free Choice; and general tips for communicating with the media, communities, employees, medical staff, and other constituents. (The complete text is available to members on CHA’s Web site, [www.chausa.org](http://www.chausa.org).)

CHA’s focus groups, conducted in three cities last fall, found “a reservoir of goodwill for Catholic healthcare,” said Bresch. “But the reservoir isn’t as full as we would like it to be. By communicating effectively, you can fill it up again.”

Bresch and Sr. deBlois offered the following advice:

- ▶ When you’re involved in a collaborative effort with an other-than-Catholic entity, clearly and repeatedly communicate the reasons for the change (e.g., because the community can’t sustain two hospitals).

- ▶ Ensure that the people responsible for conveying the organization’s image—executives, communicators, board, and others—have an appropriate and deep understanding of what the organization stands for and can explain it in terms that are understandable to the public. For example, Sr. deBlois said, Catholic healthcare organizations should communicate that they are “part of something bigger”—that their actions are rooted in Gospel values and grounded in respect for the human person.

- ▶ Focus on the richness of the ministry, such as its attention to matters of justice, care for the poor, holistic approach to healing, and commitment to community benefit. “For example, because we value human dignity, we will not let anyone die in unrelieved pain,” she said.

- ▶ Ensure that all persons in the organization know its mission, values, and heritage and, more important (and much more difficult), that they express that understanding in action. “Our actions have to express who we are or we won’t be able to make our case,” said Sr. deBlois.

- ▶ Be aggressive and direct in countering misleading or false information with data of your own. “The press is always looking for the story ‘Man bites dog,’” said Bresch. “Our good works and values are not news, but challenges to misrepresentations are. So we’ve got to be aggressive about telling our story.”

## Preserve Identity through Shared Values

In Other-Than-Catholic Partnerships, Influence May Not Be Enough

The concept of "influence" in other-than-Catholic affiliations has been a dominant theme over the past five years, but **Rev. Dennis Brodeur, PhD**, believes moral persuasion is not enough to sustain Catholic values in healthcare. "If you don't have power and control in some areas, you're going to lose them," he said.

Fr. Brodeur, who is senior vice president, stewardship, SSM Health Care, St. Louis, described the need to understand and preserve Catholic identity, without becoming so proprietary as to think those values are the exclusive domain of Catholic healthcare. He identified the hallmarks of Catholic identity, along with Church teachings, as:

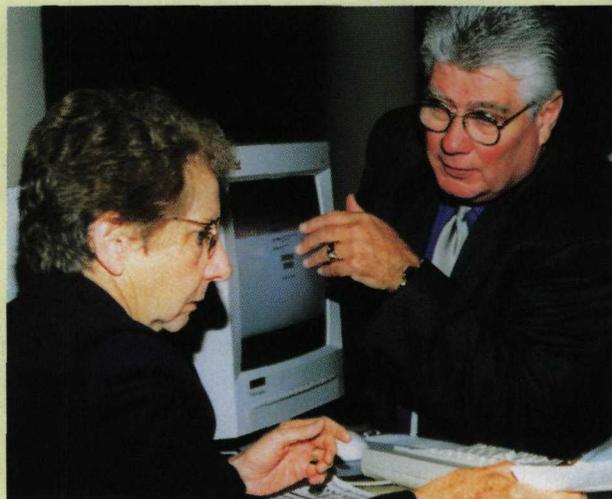
- ▶ An ecclesial connection
- ▶ Canon law obligations
- ▶ A ministry focus
- ▶ A dedication to service to the poor
- ▶ A commitment to advocacy for a better system
- ▶ An emphasis on the mind, body, spirit connection
- ▶ A concern for the common good
- ▶ A basis in the community

Many of the values that characterize Catholic healthcare—such as spirituality, quality improvement, a sense of service, and working in the community—are widely held throughout the entire healthcare sector, he said.

One challenge for Catholic healthcare organizations is learning to translate the Catholic stories "so that they are not theologically dependent, but are reliably told," he said. The minute negotiations begin, the parties involved should start finding common language and sharing stories.

"The point," he said, "is to find stories in com-

mon and tell them back and forth until they can be built into rituals." Negotiating change for a new generation will come about through development of human resource policies, customer focus and service, work place design, culture building, and leadership. Developing outcome measurements in these areas "is where the rubber meets the road."



*Advocacy from Orlando CHA's advocacy staff, including Jack Bresch (pictured), briefed assembly-goers on critical topics and helped them send letters to Capitol Hill on three issues: expanding healthcare coverage, increasing reimbursement for the outpatient prospective payment system, and protecting Catholic hospitals and other safety-net providers.*

Another area needing more work is Catholic providers' attempts at "grappling with the *Ethical and Religious Directives*" in negotiating with others outside the ministry. People seem to be becoming more adept at avoidance than they are at talking about material cooperation, a view Fr. Brodeur sees as problematic. "Partnership with other-than-Catholic organizations is essential," he said, "if we want to continue delivery in some sites." The best situations, he said, are when the partnership is based on a shared community purpose and a commitment to bring out the best of both cultures to create a new, better culture.

## What Makes a Catholic Organization Catholic?

**CHA's Benchmarking Task Force Is Developing an Assessment Tool That Will Gauge a Catholic Organization's Faithfulness to Mission**

What constitutes Catholic identity, especially in an era increasingly characterized by lay sponsorship of the Church's healthcare organizations? This complex question was the subject of a lively breakout session.

"I've been hearing talk about Catholic identity since I started working in Catholic healthcare 37 years ago," said **Sr. Jean deBlois, CSJ, PhD**, CHA's vice president for mission services. But, she added, in the 1990s market pressures and increased collaboration with non-Catholic organizations have made the question

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much more pressing than it used to be.

**Regina Clifton**, CHA senior associate for mission integration, described the work of CHA's Benchmarking



**Regina Clifton**

Task Force, which is developing a method that leaders of Catholic healthcare can use to gauge how closely their organizations are hewing to their missions. Clifton listed seven constitutive elements of Catholic identity drawn from the *Ethical and Religious Directives*

for Catholic Health Care Services, statements from Catholic healthcare systems, and CHA's fall 1998 regional meetings of system sponsors and CEOs:

- ▶ Promote and defend human dignity
- ▶ Attend to the whole person
- ▶ Care for the poor
- ▶ Promote the common good
- ▶ Act on behalf of justice
- ▶ Steward resources
- ▶ Act in communion with the Church

CHA associate **Julie Jones** talked about the benchmarking project's three phases: developing measures of Catholic identity, developing an assessment tool, and actually benchmarking performance at Catholic healthcare organizations. The task force hopes to begin benchmarking in July 2000, Jones said.

**Cathy Sullivan Clark**, vice president, Jennings Ryan & Kolb, Hadley, MA, asked session participants to suggest ways to strengthen the task force's work. One group said that the seven constitutive elements might be more easily communicated if they were illustrated by personal stories. Another group said that poets or professional communicators should be asked to help improve the language involved.

Session participants disagreed when Clark asked whether CHA should work with members to write a "trans-system, trans-congregational" statement. Yes, said one participant: "We need a stronger national voice on Catholic identity. We need it because so many systems and facilities have put out their own statements, and this has caused a lot of confusion." But another argued that it was too soon for such a statement. "We've brought together a lot of material," she said. "We need to refine it now."

## *Sr. Mary Rose McPhee Receives First Lifetime Achievement Award*



Photo by John LaFata

**Sr. Mary Rose McPhee, DC**

In her 56 years of service to the Catholic health ministry, Sr. Mary Rose McPhee, DC, has sustained a life-long passion for ministering to the poor and underserved. That passion, combined with a legion of significant accomplishments, brought her CHA's first lifetime achievement award.

Sr. McPhee entered her community in 1941, interrupting her nursing studies to become a Daughter of Charity. She has demonstrated service and leadership as a nurse, a hospital administrator, a visitatrix, a CHA board member, and a regional executive. She has served as the CEO of Mary's Help Hospital, San Francisco; DePaul Hospital, St. Louis; Seton Medical Center, Austin, TX; and Hotel Dieu Hospital, New Orleans. During her stint as the first executive of the West Central Region of the Daughters of Charity Health System, she organized a modernization program that centralized purchas-

ing, financial programs, and management services for the seven-hospital region. Today she is executive director of Seton Cove, a not-for-profit interfaith center for spirituality rooted in Judeo-Christian beliefs.

As a mentor to many people in healthcare, she is known as a compassionate, humble executive who lives the Gospel values in her everyday life. In her role as a congregational leader, she was a catalyst for recruiting lay executives to top-level positions and for the development of management skills among many Daughters of Charity. A philosophy of "mission first, people always" characterizes all of her undertakings.