

# How to Strengthen Ties With the Church Community

BY RHODA WEISS

**A**s hospitals continue to refine their marketing efforts to build relationships with targeted audiences, they continually seek individuals and groups that can have an impact on their referrals.

One such group is the clergy and other ministers. It is estimated that ministers refer about three persons each day to healthcare organizations. Yet most hospitals, including Catholic facilities, rarely go beyond pastoral care activities to strengthen their relationships with area clergy. Many religious hospitals assume that clergy have a natural bond with their organization because of their mission and spiritual nature. This is not necessarily true, however. Both religious and nonreligious hospitals can take steps to strengthen their ties with ministers and the church community as a whole.

## LAUNCHING A PROGRAM

The first step in any marketing program is research. To learn how clergy, women religious, and other ministers perceive the organization and how they might become more involved, conduct research through written questionnaires, telephone surveys, focus groups, or one-on-one



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interviews. Ask them how they and their parishioners view your facility in terms of access, quality, service, pastoral care, comfort, parking, and other issues. How can they become more involved with the hospital? How welcome do they feel (especially the non-Catholics)? How friendly is the staff? How convenient is it to get into the building? What educational programs would they like to attend?

The results of such a survey can be a tremendous benefit to both the ministers and the hospital. After tabulating the results, ask selected participants to study the findings and make recommendations for improvement and further programming.

The results of this survey and the recommendations could be announced in a pastoral care newsletter. Consider starting a quarterly or semi-annual newsletter that addresses information relevant to ministers' work in healthcare and with your organization. Include such items as programs for older adults, support groups, and community education. Tell them more about your pastoral care program, the hospital's future plans and directions, and how they and their parishioners can become more involved.

## PROGRAMS TO INCREASE INVOLVEMENT

Hospitals can increase ministers' involvement by inviting them to individual and group orientation programs. Provide customized tours of the hospital; introduce the ministers to employees, physicians, and volunteers; and make them feel part of your hospital "family."

Since religious leaders are such a vital referral source, the hospital should establish a clergy advisory board that meets periodically to help with educational programs, pastoral care concerns, and other issues. This board could emanate from the group that met to discuss your research findings. The group should include clergy from all denominations. Such a board not only helps your organization improve its services but also rein-

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## MARKETING TOOLS FOR REACHING CHURCH LEADERS AND THE COMMUNITY

- Survey and recommendations
- Pastoral care newsletters
- Group orientation programs
- Clergy advisory board
- Educational programs
- Annual luncheons for church leaders
- Collaborative newcomers' program
- Links with religious schools



planning for her husband's care.

Grace needed the reassurance that she could reach out and someone would be there. I met with her weekly to talk about anything she wanted. Grace told me she felt angry and frustrated with the medical system for its inability to control her pain and for its fragmentation, which sent her from one specialist to another. Grace's attitude usually mirrored the behaviors her husband was exhibiting. Her feelings were related to her own health and to her role as a burdened care giver of a loved one with dementia.

Grace often felt guilty when she chose fulfilling her own needs before those of her husband. Who should she choose? Grace explained that she had to take care of herself, but she also worried about him. She would not place her husband in a long-term care facility; she did not want to be alone. Grace's fear was that some day she would no longer be able to care for her husband and she would have to put him in a facility—another loss for both.

### STOPPING THE ALIENATION

After a time Grace believed she had better pain control because she had been taking a combination of round-the-clock analgesics and antidepressant medication. She admitted that talking about her feelings helped. Grace visited me despite her physical pain and complicated transportation arrangements. She sometimes brought her husband along when he could not be left alone. Grace explained that she would not miss a visit because she could tell me anything and knew I was listening.

Grace taught me what perseverance is all about. Her illness was terminal; her husband's condition was deteriorating. She faced difficult decisions. I continued to help her grapple with her situation until her death in the autumn of 1991.

As the elderly population increases, the number of persons in similar situations will increase as well. These elderly patients require, above all, that care givers listen, understand, and accept them. □

## Your hospital speakers' bureau could offer fee programs at churches and synagogues.

forces the ministers' relationship with the hospital.

Continuing education is often a top priority of the clergy. Most indicate a need for further training and development to deal with parishioners with medical and psychological concerns. Therefore, as part of the survey, ask if they are interested in programs on subjects such as parish health promotion activities and how to help those with AIDS, chronic and terminal illnesses, chemical dependencies, parenting problems, and so forth. These can be offered by the hospital or held in conjunction with ministerial association meetings. Although the programs would primarily focus on helping ministers in their work, each program could include a brief explanation of a new service and a tour of an area of the hospital. Speakers can be hospital staff or professionals with specialized expertise.

Education should not stop here. Churches and synagogues have many groups (e.g., men's and women's groups, youth groups) that are also seeking professionals to speak at their meetings. Your hospital speakers' bureau could offer free programs at churches and synagogues and even sponsor on-site health fairs, screenings, and other events.

### REACHING THE CHURCH COMMUNITY

Churches also represent a tremendous source of potential hospital volunteers. When seeking volunteers or promoting hospital programs or screenings, place notices on church bulletin boards and in their newsletters.

Those who work and volunteer at churches are also important referral sources and marketers for you. Consider an annual luncheon for church secretaries and another for pres-

idents of church groups to recognize their contributions to the community and inform them about hospital programs and services. You may even wish to sponsor a program for these groups on how to do fund-raising, public relations, and special events, using your own hospital professionals or bringing in experts to speak.

When people move to a community, one of their first priorities is to locate a place of worship. You could coordinate a newcomers' program with churches and synagogues to provide packets of health information for new members. Include such items as first aid charts, emergency telephone stickers, wallet health cards, flyers on upcoming community educational programs and screenings, and information on a physician referral service. Include these newcomers' names in your marketing data base to receive future hospital mailings.

Catholic and other religious schools are another focus for public relations. Many of these schools require their students to volunteer a number of hours before graduation. The schools can be an important source of volunteer assistance, a place to promote health careers, and a way to provide early orientation to your hospital for students' and their families' future healthcare needs.

### THE NEED FOR COLLABORATION

The key word here is "collaboration." With diminishing dollars for marketing and public relations, hospitals must identify methods of collaborating with local clergy and religious leaders to educate and help those in the community. Through research, orientation, education, increased involvement, and continual dialogue, we can strengthen these relationships for the benefit of both the hospital and the community. □