

# Ministry Identity and How We Measure It

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Identity is never static. We know that our individual identity evolves over time; the person we are at age 4 is not who we are at ages 24, 44 and 84. Traditions, values, personality and the circumstances of life contribute to identity, which is not to imply that our identity is ungrounded. It simply recognizes that we are not insulated from others or the things happening around us — and we don't know who we really are and what we stand for until we are tested by encountering people with different ideas and values and until we have had experiences that develop or challenge us.

Our vocations also teach us about identity, because we must renegotiate them over time — they require more than a one-time vow or commitment. We reaffirm our vocational identity by the small and big decisions we make to be faithful to that commitment. Our vocations often are tested, and the circumstances of life can threaten our resolve, but we learn from such experiences. They allow us to grow deeper in our vocational identity and our commitment.

Similarly, we know Catholic ministry identity never has been static. Traditions and values have been passed down, but each generation has had to recommit itself to the ministry amid its own reality and complexities.

In a 1995 article that for decades has influenced the discussion, Rev. J. Bryan Hehir, ThD, wrote about reweaving and renewing the Catholic health ministry.

“The fashioning of one's identity in an ecclesial institution like the Catholic Health Association is a theological task, but one that must be carried out in the context of the rational demands, the secular setting, the pluralistic context and the scientific requirements of the world of healthcare,” he said. “If we do not have a religiously grounded, theologically articulated understanding of who we are and what we are, we will lose our way in this

complex context. At the same time, if we specify our identity but we cannot meet the standards of a rational, secular, pluralistic world, then our identity will not be effective.”<sup>1</sup>

## FORTY YEARS OF IDENTITY ASSESSMENT

Until 40 years ago, Catholic identity was assumed to be assured because priests and vowed religious were overseeing the ministry. The question of how to maintain Catholic identity arose as Catholic health care institutions moved from being governed and operated by religious sisters, brothers and priests to becoming ministries shared and led by the laity.

As the laity's role emerged, Catholic health

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care began to reflect on what it means to be a ministry of the church and what outward signs, actions and behaviors bear witness to the healing ministry of Jesus. In short, how are institutional identity and integrity congruent.

In 1977, the Catholic Health Association's Board of Trustees recommended that CHA develop "and periodically update objective criteria and processes for utilizing [evaluative criteria] in order that Catholic hospitals and other Catholic health care facilities and organizations can evaluate their effectiveness as ecclesial organizations, and that these criteria be communicated to the membership."<sup>2</sup>

Since then, CHA and its members have continuously discerned what are the objective criteria for assessing ministerial effectiveness. Starting in 1978, CHA's Christian Criteria Committee began looking at what Gospel principles should guide the evaluation of Catholic identity for health care facilities. The process led to a meeting of representatives from 50 health facilities of various sizes, regions and sponsorship to review and give feedback on eight evaluative criteria. The document that resulted, *Evaluative Criteria for Catholic Health Care Facilities*, was published in 1980 as a reflective tool for individual facilities to use.

In the 1990s, many Catholic health systems developed their own mission assessment processes and typically conducted regular self-assessments between once a year to every three years. Many systems followed the National Catholic Educational Association's school assessment model. Some systems even followed the NCEA's practice of having a visitation committee — a mission leader, clinical executive and operations leader from sister facilities within the system — to verify the institution's own self-review.

Assessments generally resulted in commendations, recommendations and an action plan that usually became the mission leader's responsibility to oversee until the next assessment. Although these tools helped grow awareness of mission integration throughout the organization, these action plans usually were not incorporated into strategic and operational planning and did not become part of any continuous process improvement plan.

The ministry continued to reflect on what

the core elements of a Catholic health ministry should be. In the early 2000s, CHA engaged the ministry in a three-year process regarding Catholic identity. The result was "A Shared Statement of Identity for the Catholic Health Ministry"<sup>3</sup> with its seven core commitments: promote and defend human dignity, attend to the whole person, care for poor and vulnerable persons, promote the common good, act on behalf of justice, steward resources and act in communion with the church.

From 2005-2015, a few members worked with outside institutions to develop assessment tools measuring ministry identity. The evaluative criteria are grounded in Gospel values and Catho-

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lic social teaching, and the scoring criteria use a variation of the Baldrige Performance Excellence Program, a 1-5 scale, measuring a core value's presence from little/none to the top score signifying a mature presence of the core value, with embedded processes and procedures across all levels of the organization to ensure its existence.

Among the assessment tools are the 2005 Catholic Identity Matrix, which is the collaborative work of Ascension Health, St. Louis, and the Veritas Institute at the University of St. Thomas in Minneapolis, Minnesota; a tool produced in 2012 by CHAN Healthcare, St. Louis, and Dignity Health, headquartered in San Francisco; and the Promoting Catholic Identity appraisal developed in 2014 by Trinity Health, based in Livonia, Michigan.

### **RATIONALE FOR REAPPRAISAL**

Why is this a critical time to reflect on and reappraise our ministry identity? At the Second Vatican Council, the bishops reminded us: "the Church carries the responsibility of reading the signs of the times and of interpreting them in the light of the Gospel, if it is to carry out its task."<sup>4</sup> For the healing ministry to endure and flourish,

we must continue to ask: What are the signs of the times in health care today? How do we interpret them in the light of the Gospel, and how do we act in a way consistent with our identity?

“Catholic Identity and Integrity: A Critical Conversation” was a February 2016 gathering of CEOs, sponsors and system mission leaders. It focused conversation on ministerial identity and institutional integrity at a time of rapid change and challenges in health care delivery.

One sign of the times they discussed was the emergence of new kinds of relationships between Catholic and other-than-Catholic entities. This dynamic development allows the ministry to share common values and work with partners to expand to meet the ever-changing demands of the community.

At the same time, it raises questions: What distinguishes Catholic health care as a ministry of the church? How do we preserve the essential dimensions of the healing ministry? How do we measure and monitor Catholic ministerial identity, fidelity to mission and the effectiveness of our formation programs? What does ministry formation look like in new partnerships with entities that are other-than-Catholic?

The group also discussed another sign of the times: the richness of different models of sponsorship, governance and leadership formation emerging within the ministry, as well as the expanded role of the laity, and their formation process, that enable assessment of the ministry and moving it forward so it continues to flourish.

#### **CATHOLIC MINISTRY IDENTITY ASSESSMENT**

After the “Critical Conversation” meeting, a task force assembled to create CHA’s Ministry Identity Assessment. It is based on the “Shared Statement of Identity” and recommends using the Baldrige Performance Excellence Program criteria.

The Ministry Identity Assessment offers more than 100 possible key performance indicators for an organization to consider using for a variety of care settings (acute, long-term care, clinics, etc.) Each core commitment has several possible indicators to use, and they fall into two categories — measures related to patients, residents or community members, and measures related to associates, clinicians and the organization.

Some of the key performance indicators are

fundamental to Catholic health care, such as the availability of sacraments and adherence to the *Ethical and Religious Directives for Catholic Health Care Services*. Others are more aspirational, asking, for example, “How does your organization provide formation for all levels of the organization?”

Creating the key performance indicators was a consensus-building process, and participants recognized there are systems and other institutions that have created their own assessments. CHA’s ministry assessment process offers members both the ministry identity framework and the CHA process to use and adapt to their own needs.

#### **CONCLUSION**

As member organizations use the Ministry Identity Assessment, CHA will gather feedback to determine whether the assessment process is sufficiently user-friendly and gauge which key performance indicators are more reliable. As information is shared, it might become possible to benchmark key indicators across the ministry for the core commitments.

Like the processes and tools that precede it, CHA’s Ministry Identity Assessment is not intended to be the final word on what ministerial identity is and how it should be evaluated and measured. CHA members asked that as an association, we reflect and re-articulate our core commitments in light of the signs of the time. This latest iteration is one more piece of the health care ministry’s ongoing reflective process of identity and integrity.

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#### **NOTES**

1. J. Bryan Hehir, “Identity and Institutions: Catholic Healthcare Providers Must Refashion Their Identity as Actors and Advocates in the World,” *Health Progress* 76, no. 8, (November–December 1995): 18.
2. Catholic Health Association archives, Board of Trustees minutes.
3. Catholic Health Association, “A Shared Statement of Identity for the Catholic Health Ministry,” 2012.
4. Paul VI, *Gaudium et Spes*, para. 4.

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