

# CATHOLIC HEALTH CARE RISES TO MEET CHALLENGE

To say that things have changed since my last *Health Progress* article would be a colossal understatement. As a newcomer to the Catholic Health Association, I was barely getting my feet wet, getting to know my colleagues, trying to get a handle on the many programs and projects I would lead or partner on, and just figuring out a new daily routine when everything came to screeching halt. I was visiting our Washington D.C. office for the first time when I began to hear talk about “working from home” and the possibility of states issuing stay at home and quarantine orders. Initially, I brushed it off as hype. Soon, however, the world was indeed turned upside down as CHA, along with businesses and organizations across the country, closed their office doors and sent their employees to work from home.



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Early on, I was worried about how to keep myself busy since all in-person programs, meetings and ministry visits were cancelled or postponed indefinitely. We discovered Zoom as a lifeline to keep our team and members connected and the lines of communication open as the COVID crisis unfolded at an exponential rate. My concerns about lack of activity rapidly dissipated as CHA ramped up our member outreach and convened more groups, led more discussions and hosted more webinars and networking calls than ever before. We found that in the midst of this crisis, with most of us isolated in our homes, we actually grew closer. The Mission team had daily “touch base” Zoom calls, and Sr. Mary Haddad, RSM, CHA’s president and CEO, invited us to regular all-staff meetings. Our goal: listen to, learn from and support our members across the ministry.

To that end, we took advantage of every opportunity to pose three important questions to our members: How are you doing? What are your main challenges? And, how can CHA help? Early in the crisis, the majority of requests tended to center around ethical questions pertaining to clinical issues such as the allocation of PPE and ventilators if and when the health systems were overwhelmed. Our Ethics team did a marvelous job of responding to questions and furthering discussions. Later, we

answered requests for more resources needed for spiritual care and prayers related to the COVID crisis, not only for patients and families but also for staff and caregivers. Important questions about how the sacraments could be administered arose, as patients were isolated from visitors, chaplains and clergy. My colleagues worked diligently to provide additional resources on our website, hosted networking calls and collaborated with the U.S. Conference of Catholic Bishops, the National Association of Catholic Chaplains and others to address a host of critical spiritual and ecclesial questions.

As weeks turned to months, we heard increasing concerns about the effects of the crisis on health care professionals, especially those at the lower end of the pay scale who also tend to be people of color. The pandemic has completely

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changed the health care world, and staff were scrambling to keep up and adapt. Our colleagues providing and supporting patient care on the ground were faced with PPE shortages, overflowing emergency departments, scarce ICU beds and fears of ventilator shortages. Others were struggling to adjust to virtual work, homeschooling

their children and living under the shadow of pay cuts, furloughs and layoffs. The short- and long-term effects of the crisis on the overall well-being of health care personnel quickly rose to the forefront as ministries looked for ways to care for caregivers — body, mind and spirit.

To start, CHA reached out to our members and asked if they would be willing to share what they were doing to address caregiver well-being in their organizations. The response was amazing! My email was flooded with messages from leaders throughout Catholic health care, outlining the efforts being organized to address moral distress, compassion fatigue and burn-out. We were stunned at the many creative, generous and compassionate steps being taken around the ministry to support our associates.

A new focus area on well-being was created on the CHA website where you can find many resources shared by our members, as well as a wealth of external tools and resources from around the country. This focus area arose in the midst of the COVID crisis, but it is not limited to this period; we hope our members will find it valuable beyond the current situation.

CHA then hosted a four-part webinar series on well-being, inviting three of our members to share in greater detail their efforts to meet the needs of their staff — physically, mentally and spiritually. SSM Health, Providence St. Joseph Health and SCL Health agreed to participate and generously shared their experience, challenges and resources with more than 500 health care professionals who logged on for the sessions. The fourth webinar was a presentation from CredibleMind, highlighting the mental health impact of the COVID crisis and providing evidence-based methods to address the well-being of caregivers along every level of Maslow's hierarchy of needs. I would encourage you to visit their website at [crediblemind.com](http://crediblemind.com). You'll find a multitude of evidence-based literature, tools and resources there for every aspect of whole person care.

We know the very real toll COVID-19 is taking on health care providers and other essential workers. In early July, the Johns Hopkins Coro-

navirus Resource Center counted more than 10.5 million confirmed cases worldwide and more than 500,000 deaths around the globe. Sadly, the United States has seen a significant surge in cases, particularly in the South and West. Health care leaders continue to express great concern about the spread of the virus as we go through the summer and into the fall. We must all remain vigilant

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as it becomes clear that the crisis shows few signs of diminishment.

Moving forward, I will facilitate a new CHA task force that will focus on associate and caregiver well-being. While the group's work will undoubtedly focus on the pandemic, we anticipate that the conversation will expand to address other major issues such as socioeconomic health disparities, social determinants of health and the impact of systemic racial injustices, among others.

Whatever the signs of the times may be, I am confident of one thing: our Catholic health care ministry will rise to meet the challenge. We were literally born for this. Most of our ministries were founded in the midst of epidemics, wars and social injustices. The brave religious women and men who founded Catholic health care have left us a proud heritage designed and equipped to meet the current COVID crisis and whatever is yet to come. Our light has always shone brightest in the darkness, which is both the legacy we inherited and the one we hope to pass along to those who come after us.

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