

# CONNECTING THE DOTS: MISSION AND ADVOCACY

**M**ission leaders sometimes describe their ministry as helping people connect the dots. In other words, mission leaders facilitate the process of connecting an organization's Gospel-inspired values to the activities, processes and decisions that answer the needs of the communities in which they serve. That process includes advocacy.



**BRIAN SMITH**

On the Catholic Health Association website (chausa.org), here's how CHA defines its advocacy activities:

"CHA's advocacy efforts strive to shape the impact of federal legislation and policies. Working together with advocates from Catholic health systems and facilities nationwide, CHA's Washington, DC-

based advocacy team focuses on initiatives to strengthen the viability of the Catholic health ministry as not-for-profit providers and support the ministry's emphasis on creating a more just and compassionate health care system. In addition to working with our health ministry partners on key initiatives, CHA also collaborates with other Catholic partners, health and other organizations in addressing areas of mutual concern."

This definition broadly describes the intersection between the values of the Catholic health ministry and the real, practical issues of the people we serve. Our Gospel-inspired foundation of creating a more just and compassionate health care system is coupled to working collaboratively as an association and partnering with other organizations on federal and state issues of mutual concern. But beneath this broad definition is a series of dots that need connecting in order for advocacy in Catholic health care to be effective.

The mission leader is crucial to making those connections.

There are some Catholic health organizations in which the advocacy department reports to the mission executive, or the mission leader is the one who performs the advocacy activities. That kind of organizational structuring ensures that mission and the advocacy agenda connect, but it is an unusual arrangement because the advocacy role

requires a unique set of legal and communication competencies.

In most systems, mission, advocacy and communication departments work collaboratively to advance the mission of the organization through the policy issues being considered at the local, state and national levels. Each department brings an expertise and skill necessary for advancing the social, economic and health-related policies that will better the lives of the people we serve.

Here are some of the specific competencies and functions mission leaders can bring to this collaborative effort in advocacy.

**Provide a scriptural and theological context.** When approaching advocacy's modern-day issues, mission leaders hear the cry of the prophets — "If you bestow your bread on the hungry and satisfy the afflicted; Then light shall rise for you in the darkness, and the gloom shall become for you like midday." (Isaiah 58:10), and "You have been told, O man, what is good, and what the Lord requires of you: Only to do the right and to love goodness, and to walk humbly with your God." (Micah 6:8). They also hear the call of Catholic social teaching — human dignity, care of the poor, common good and responsible stewardship.

This scriptural and theological background gives mission leaders a firm foundation as to why the Catholic health ministry advocates on behalf of the poor, women and children, the mentally ill, prisoners, the marginalized, undocumented immigrants and the environment. Catholic health care's advocacy efforts are a continuation of a rich background that includes the Hebrew prophets, the teachings and example of Jesus and the Catholic social tradition. Mission leaders can bring this context to the table when advocacy and communication departments are framing their strategic and communication plans.

**Advocate within the organization.** Advocacy involves more than trying to change public policy. Advocacy starts at home, beginning with a close examination of policies and processes in our own institutions.

Mission leaders are called to be a prophetic voice and to be an advocate within the institution for the poor and marginalized of the community, as well as for employees who may fall into these categories. Advocacy issues within our own organizations might also be called “organizational ethics.” Among them are charity care and bad-debt policies; processes to assist patients and residents who cannot afford the care they need; an examination of quality outcomes to see if there is disparity in the care offered to minority populations; procedures followed when undocumented immigrants come for care; protocols in ERs and clinics to screen for human trafficking; paying our associates a living wage, with health benefits that are affordable to all levels within the organization.

What these issues have in common is how we foster human dignity and right relationships

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within our own walls. Generally there is much work to do. Mission leaders are usually part of the senior leadership team, so they can make sure these issues are being examined, that values-based decision-making processes are helping to discern solutions and that the implemented policies and practices truly reflect core values and the Catholic social tradition. It goes without saying that as we advocate for social change at the local, state or national level, we had better make sure we are putting our own houses in order. Integrity and credibility go hand in glove.

**Collaborate with community partners.** One of a mission leader’s most important roles is to be an ambassador for the Catholic health organization and seek out partnerships in the region where

there is mutual interest on advocacy issues both with other Catholic entities, such as parishes and Catholic Charities, and other-than-Catholic organizations, such as hospitals, clinics and long-term care centers, other faith communities, United Way recipients, homeless shelters, mental health agencies, nonprofit organizations, etc.

In addition, the mission leader and the CEO should have a strong relationship with the diocesan bishop and apprise him of the advocacy issues the Catholic health organization is trying to advance. Many of these issues will be the same ones the Catholic bishops’ conference in that region is working on. But some of the issues specific to health care may be new to the diocesan bishop, and the mission leader can help keep the bishop informed on these advocacy efforts.

Finally, the mission leader has a unique opportunity for influencing local business and political leaders. In each of the ministries where I served as mission leader, I cultivated cordial relationships with business leaders and politicians. Some of this was done by serving on boards of local nonprofit agencies, joining the ministerial alliance, volunteering in the community and attending community celebrations and charitable events. As relationships developed over time, opportunities to discuss advocacy issues were easier to find because we knew and trusted each other. They knew I was a part of the community and had a desire to make the region a better place for everyone to live. So when I approached them about an issue and asked for their support, they knew I was not looking only for what was good for the Catholic institution where I worked, but also for what was good for the people in the community.

**Communicate and collaborate within the organization.** The mission leader’s role is to make sure the mission and values of the organization are integrated throughout and in all aspects of the organization. He or she can’t do this alone; it takes collaboration and effective communication among all departments, as well as the senior leadership team, the board of trustees, foundation board, medical staff, front-line associates and volunteers.

Everyone who works within the organization needs to know the internal and external advocacy

issues that the Catholic organization is advancing. This is a perfect opportunity to communicate, in concrete ways, how the organization is applying its mission and core values to the needs and circumstances of our day.

Mission leaders can help the communication department translate the scriptural and theological principles into layman's terms so everyone can understand there are well-thought-out reasons behind policies, procedures and the advocacy agenda. Internal collaboration and communication are an expression of right relationships.

Everyone in the organization also needs to understand that not only is it up to them to implement the policies and procedures on a daily basis, but that policies and procedure reflect mission, core values and the social teaching of the Catholic Church only when they are acted upon in the moment of sacred encounter between patient or resident and staff member.

The mission leader can be one of the organization's means of monitoring implementation through talking to patients and family members, front-line staff and listening to the word on the street from community members.

#### **ADVOCACY AND VOTERS**

It is good practice to keep staff informed about legislative issues that have an impact on Catholic health care and the communities we serve. It also is important to instruct them how they can contact their elected officials in order to voice their positions.

I once was talking to the U.S. representative from the region where our health system was located. He told me, "If my office is contacted by 20 or more constituents on a particular issue, I take notice and start listening to the will of the voters."

Think of the hundreds of people who work in our facilities and the hundreds of thousands of people who work in the Catholic health care ministry of the United States. We have the potential for communicating the mission-based rationale and moral imperative for our advocacy agenda

and encouraging our associates to influence the public policy their elected officials vote upon. Mission leaders can help craft and deliver that message to a wide variety of audiences because of their position within the organization and community.

Advocacy is part our rich Judeo-Christian heritage. The Scriptures and theological tradition

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within the Catholic Church always have been the foundation from which the Catholic health ministry draws inspiration and guidance. Although the founders and foundresses of Catholic health care in the United States probably never called their ministry "advocacy," they identified human need, especially among the poor and marginalized, and delivered care and advocated for change to address the root causes of poverty, social injustice and attacks on human dignity.

Continuing this legacy of answering immediate needs and creating a more just society is at the center of mission integration. The mission leader should be part of the collaborative advocacy efforts within the Catholic health ministry. Their unique competencies, position on the senior leadership team and collaborations with both internal and external partners allow them to connect the dots of Scripture, theology, politics, community building and organizational change that are all part of an effective advocacy effort.

Articulating these connections helps our organizations realize advocacy is really about making the mission incarnate.

**BRIAN P. SMITH, MS, MA, MDiv**, is senior director, mission integration and leadership formation, the Catholic Health Association, St. Louis.

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