

NEW COVENANT IN PRACTICE

*The New
Covenant
Initiative
Has
Widespread
Regional
Impact
Despite
Ongoing
Challenges*

BY CHRISTOPHER
ROOT

In 1996, Robert Smith, the director of the Department of Catholic Charities for the Diocese of Lansing, introduced the concept of *New Covenant* to Bishop Carl Mengeling. Interested in implementing *New Covenant*, the bishop called together the directors of the local Catholic social service agencies and key leaders of the two Catholic health care systems in the diocese, Genesys Health System and Saint Joseph Mercy Health System. All agreed that collaboration was essential to better respond to the needs of individuals and communities and supported further efforts to create a local *New Covenant* initiative.

Under Bishop Mengeling's guidance, a steering committee was formed to explore collaborative efforts. The first challenge was to understand *New Covenant* itself. Sr. Mary Lou Stubbs, DC, from the Archbishop's Commission on Community Health in St. Louis, MO, and James McCormack, PhD, coordinator of the Diocesan Community Health Alliance in Albany, NY, were invited to speak to the committee. They shared their vision of *New Covenant* and their successes and challenges. Encouraged by this vision, the Diocese of Lansing and the two health systems agreed to establish and fund a *New Covenant* initiative. The position of initiative coordinator was created, and in September 1998 I was hired to fill this post.

An advisory board of directors governs the *New Covenant* initiative in the Diocese of Lansing. The board consists of representatives

from parishes, health care, social services, and education. My position as coordinator falls under the direction of the board and is housed in the Department of Catholic Charities.

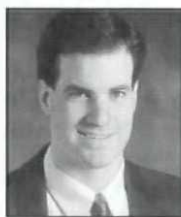
The *New Covenant* initiative is best understood in the context of Pope John Paul II's new evangelization and the universal call to holiness, which prompts the question: How can we as a church best reflect the unity of the Trinity? The Diocese of Lansing has attempted to accomplish this by using a grassroots approach. Understanding the importance of personal involvement, Bishop Mengeling was very interested in having the parishes—and more specifically, the parishioners—serve as the anchor and springboard of the initiative. Knowing the potential of the vast army of volunteers in the parishes, he wanted to know how the church could best use its resources to meet the needs of parishioners and how parishioners could become involved in meeting the needs of the community.

The bishop's desire to have parishes become central to the *New Covenant* initiative is reflected in the mission and vision statements and the role of the coordinator created by the advisory board. Mirroring that of the national *New Covenant* initiative, the mission of the diocese's initiative is to foster a Catholic-sponsored collaborative effort among Catholic parishes, health care providers, social service agencies, and educational resources and to create environments that are spiritually, physically, socially, and emotionally healthy for persons and communities whom the Church is committed to serve.

In addition to the mission, the board articulated a vision for the initiative in the diocese:

By June 2002, we envision collaborative efforts between parishes, social service agencies, health care providers, and education

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throughout the Diocese of Lansing. Parishes will serve in their unique capacity for outreach and through their connections in the community to act as the anchor and springboard for local *New Covenant* initiatives. Education, at all levels, will engage in this effort through its ability to educate the community and raise awareness for local needs. Social service agencies and health care providers will lend their assistance through their professional talents and resources.

The role of the coordinator also reflected Bishop Mengeling's hope for a ground-level movement. My role as coordinator is to promote a sense of "common mission" among the participants; encourage regions to convene to address matters of concern as identified by assessments related to their communities; staff the steering committee and carry out its recommendations; build relationships with and between parishes, health care, social services, and education; explore ecumenical opportunities for collaboration; maintain and communicate a repository of outcomes, achievements, and measures of regional efforts; promote knowledge of resources in the regions; and serve as an *ex officio* member of local *New Covenant* initiatives.

As Bishop Mengeling directed, my role was to help parishes serve as the anchor and springboard of the local initiatives. When we launched an initiative in a new region, I contacted each parish priest, explained the *New Covenant* concept, answered questions, and expressed a hope to invite interested staff and parishioners to participate in the regional initiative. We sent out invitations to individuals that the priest believed would be interested in participating and also solicited additional members from the Diocesan Directory and the Regional Parish Social Ministry Directory. This group of individuals helped identify needs in their parishes and communities through various assessment tools and then engaged in a problem-solving process to determine how Catholic parishes, health care providers, social service agencies, and educational resources could collaborate to meet the identified need. The regional group then helped to facilitate the collaborative effort and evaluate the results.

REGIONAL INITIATIVES

The following are examples of regional *New Covenant* initiatives in the diocese. Each of the six regions of the diocese is unique and has different strengths, weaknesses, needs, and resources. Each region's initiatives reflect its own culture and environments.

HIV/AIDS The Washtenaw Region began one of

the first *New Covenant* pilot projects in 1999. Its members learned that they had the second highest rate of HIV/AIDS infection in the state. They gathered parishes, local HIV/AIDS groups, and other faith communities and created the Washtenaw AIDS Interfaith Alliance. In 1999, they held an HIV/AIDS awareness program on World AIDS Day at the University of Michigan. It included testing, educational material, and pastoral assistance. Their work has become an annual event. Since then, this regional *New Covenant* initiative has collaborated with Catholic Charities USA to help seven parishes establish HIV/AIDS ministries.

The Aging Another project in the Washtenaw region was designed to meet the needs of their aging population. The region's members gath-

NEW COVENANT: PHASE IV

For many in Catholic health care, *New Covenant* conjures up images of a meeting held in the mid-1990s to explore collaboration across Catholic health care systems in a marketplace that was fiercely competitive. Although these market forces have not dissipated, *New Covenant* has evolved to embrace a much wider sphere of interministry collaboration between Catholic health care, social services, education, and the various diocesan offices and parishes.

With a new emphasis on local efforts, Phase IV of *New Covenant* is seeking ways to support a coming together of various Church ministries in a manner that better supports local needs. The vision of these interministry collaborative efforts is based on four goals. They are:

- Examining traditional structures, models, and approaches to ministry
- Advocating more effectively by speaking as one voice on high-priority social and health policy issues
- Linking collective ministries to other community organizations that share our vision
- Leveraging the gifts and talents of all leaders in ministry.

The Catholic Church is rich in institutional presence. In the recent past, however, these institutions—whether health care, education, or social services—tended to work in isolation from each other. Although they knew of each other's work, their collaboration tended to be at the fringes. The complexity of today's world, the entrenched poverty and lack of access to health care, and our own Catholic tradition present an opportunity to explore avenues that support more holistic care and respond to the needs of the community.

The national *New Covenant* initiative is working on tools that will tell the story of how the vision of *New Covenant* is being played out in local communities. It is hoped that these stories, as well as the additional tools in development, will support more dialogue and appropriate interministry collaboration. The work of the Diocese of Lansing paints a picture of one community's effort to leverage the gifts, strengths, and talents of the broader church to benefit parish life.

—Jane Stenson
Director of Community Services
Catholic Charities USA, Alexandria, VA

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ered all the senior resources in their community and collaborated with Saint Joseph Mercy Health System to sponsor an Older Adults Resources Day, hosted by St. John the Evangelist Parish. Their guest speaker was Fr. Roger Prokop, a parish priest with a doctorate in geriatrics. He discussed aging, both academically and spiritually, and how the Church can play a part in the process of assisting the elderly and their caregivers.

Minority Health Fair In the Lansing region, Fr. Fred Thelen, pastor of Cristo Rey Parish, referred to me some of his parishioners who wanted to have a Hispanic health fair. The *New Covenant* initiative assisted them in organizing their first health fair in 1999. The fair, which educated parishioners on health issues and linked them with needed resources, was a great success, and members of the region are now in the process of planning their third annual Hispanic Health Fair.

Depression in the Elderly Another activity in the Lansing region was developed when a rural parish priest informed me that a number of elderly parishioners were requesting help for depression. The priest was reluctant to work with the two Catholic social services agencies in Lansing, and so I acted as a liaison between the parish and Catholic social services. Together, they coordinated and completed a 12-session seminar titled "Understanding Depression." Attendance averaged 24 people per session. Participants were trained to facilitate the group, and they continue to meet at the parish with support from *New Covenant*.

Parish Health Ministry The initiative has been involved in developing parish health ministries in four regions. Many parishes wanted to start a parish nursing program, and I encouraged them to incorporate parish nursing, behavioral health, various listening ministries, St. Vincent de Paul Societies, and other ministries into the program. As part of this ministry, the Genesee/Owosso region has held five health trainings, with a sixth being planned. Suggested by priests, parishioners, and attendees, topics have included resource evaluation and best practices, medical assistance and resource list, responding to

older adult needs, responding to family needs, grief ministry, and managing the aftermath of crisis. For the grief ministry training, the *New Covenant* initiative created and distributed a resource brochure for grief. Churches, agencies, and participants requested four thousand copies.

Catholic School Faculty The Genesee/Owosso region has established several other *New Covenant* activities as well. The principal of one Catholic school requested assistance from the regional *New Covenant* initiative to help faculty who were experiencing difficulty with discipline and didn't understand age-appropriate behavioral expectations. The initiative members arranged for a social worker from Catholic social services to conduct a six-week training on cooperative discipline.

Natural Family Planning Another parish requested help scheduling a physician to present natural family planning to a confirmation class. The initiative staff arranged for a physician to make the presentation, which also included a staff member from Heartbeat of Greater Flint, an agency that assists women after childbirth.

Medical Ethics Education Catholic health care is currently working with the religion and science departments of a Catholic high school to educate junior and senior students on a variety of issues surrounding medical ethics. The first presentation, held in 2002, covered the Catholic perspective on stem cell research. Next year the school plans to have quarterly presentations.

CHALLENGES

Establishing the *New Covenant* initiative in the Diocese of Lansing has not been without its challenges. Some were expected, such as "turf" and "burden" issues. Turf issues have been addressed best by articulating the benefits of collaboration. The burden issue was usually eliminated when I articulated clearly the *New Covenant* process and expectations and stated my understanding of the individual's additional responsibilities. Another difficulty has been to get people to change the way they think. Most people are content just as they are, and new ideas can make them very uncomfortable and resistant. Thus, it is imperative to remember that *New Covenant* is more about process than product. Allowing enough time for developing and nurturing each relationship has been key to overcoming many of these challenges.

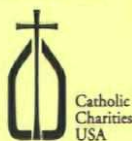
Some challenges result from the different characteristics of each region. Needs and resources within a region or from region to region vary, and some regions have many resources while others have many needs. We hope eventually to develop collaborative efforts between regions with the greatest resources and those with the greatest needs.

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Emergency Services

Catholic Charities served 5,352,376 people in 2000

- Food banks and pantries
- Soup kitchens
- Congregate dining
- Home-delivered meals
- Clothing assistance
- Emergency financial assistance
- Utilities assistance
- Medication assistance
- Disaster response services
- Short-term (up to six months) emergency shelters
- Short-term safe houses for the homeless, runaway youth, victims of domestic violence
- Intermediate housing sites (six months to two years)



NEW COVENANT IN PRACTICE

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A structural challenge to the initiative is that while many Catholic institutions are diocesan-based, Catholic health systems are often regional or national in size. When the Diocese of Lansing started its *New Covenant* initiative, it was a collaborative effort between the diocese, Genesys Health System, and Saint Joseph Mercy Health System. Genesys has since merged to create Ascension Health, and Saint Joseph Mercy has merged to create Trinity Health. The dynamics of collaboration have changed significantly because we no longer have health systems located primarily in the Diocese of Lansing.

And not insignificant, a challenge for the initiative's one-person department has been the sheer size of the diocese; I just can't be everywhere at once.

THE FUTURE

Future plans for the *New Covenant* initiative include maintaining and expanding the collaborative relationships that have been developed. Maintenance focuses on several issues: strengthening existing relationships with parishes, health care, social services, and education; encouraging continued regional and diocesan gatherings; and supporting lay involvement. Expansion involves concentrating on developing collaborative relationships with all Catholic service providers. *New Covenant* will attempt to increase collaboration by building on smaller parish-focused activities. These activities can lay the groundwork for building a positive relationship. The initiative will work to focus regional initiatives on issues that demonstrate the benefits of collaboration and will also attempt to expand collaboration by continuing to reach out ecumenically. □

REFLECTIONS

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Our shared history provides the inspiration and wisdom we will need if we are to address successfully the challenges that face us in the new century.

"Under the auspices of King Louis XV, 12 courageous women, in the spirit of St. Angela, answered Governor Bienville. On a cold, foggy morning in February 1727, in Rouen, France, they boarded the ship *La Gironde*, which was bound for the New World and New Orleans. They had no idea what might be awaiting them, but simply and humbly stepped into that vast void with faith and a sense of mission. On a hot and steamy day in August of 1727, with not even so much as a wooden sidewalk in the New Orleans colony to welcome them, the Sisters landed and went immediately to work.

"The strenuous voyage of the Ursulines from France lasted five months, during which they were plagued by terrible storms, threats by pirates, and seasickness. What food was not lost was meagerly rationed. The Ursulines met the challenge that few would have braved, and scarcely any have accomplished.

"When the Ursuline nuns arrived in New Orleans in 1727, Governor Bienville was no longer in charge and had returned to France. There were extraordinary squabbles among residents of the colony that were both political and ecclesiastical in nature. Through all of this, with characteristic Ursuline calm and faith, the nuns, under the direction of their prioress Mother St. Augustin, continued their own spiritual development and their educational efforts with boarders, day students, orphans that they had taken

in from both the city and as a result of the Natchez massacre, and with the African and Native American girls of the colony.

"The Ursulines thereby not only established the first school for girls, but also ran the first free school and the first orphanage, held the first classes for African slave and Native American girls, and organized the first retreat for ladies within the present limits of the United States. They also performed outstanding work in the military hospital in the new colony, where one of the Ursulines, Sister Francis Xavier, became the first woman pharmacist in the New World. Most important of all, by their Christian living, they so influenced the wives and mothers in the colony that this Christian spirit endures today."²

Clearly, the story of these heroic followers of St. Angela Merici is one we forget at our own peril. Their history and that of so many others provide the inspiration and wisdom we will need if we are to address successfully the challenges that face us in this new century. □

NOTES

1. *Ministering Together: A Shared Vision for Caring and Healing Ministries*, National Coalition on Catholic Health Care Ministry, Silver Spring, MD, 2000.
2. See the history of the Ursulines at www.ursulineneworleans.org/history.htm.