## ONE ADVOCATE'S STORY

## **Turning a Vision into Reality**

By COLLEEN SCANLON, RN, JD

ore than 17 years ago, I was offered the unique opportunity to serve as the first leader of advocacy for Catholic Health Initiatives (CHI), a recently formed organization that was in its infancy. I will admit to being somewhat intimidated, but it was not possible to pass up what felt like an opportunity of a lifetime — my lifetime. Creating an advocacy program within this large, newly developed health care system provided enormous opportunities and challenges — a prospect that was both exciting and a bit frightening.

Early on, it became clear that CHI's board and representatives of the founding religious congregations had a vision for the organization's advocacy function. CHI's program was to be framed by the church's social teachings, and it was to be a voice for, and a voice with, those persons who are most vulnerable.

CHI's leaders envisioned advocacy as more than public policy and government relations. It was to be a call to community, political and organizational activism, viewed through the lens of faith. CHI's mission and vision to nurture the healing ministry of the church, to build healthier communities and transform health care delivery served as the very foundation of advocacy.

But there was no road map or instruction manual, just a bold vision and a challenge to create it — quite a daunting undertaking. The expectations for advocacy were central to the heritage, charisms and traditions of the 12 religious congre-

Advocacy was to be a call to community, political and organizational activism, viewed through the lens of faith. gations that formed CHI. We were being entrusted with carrying their ministry into the 21st century.

What evolved was a model of advocacy that is multidimensional and dynamic, a model that continues to ground our advocacy efforts to this day. The three main areas of focus, which are interrelated yet distinct, are:

■ Individual/community advocacy that focuses on the unique needs and assets of our communities, community partnerships and programs

• Organizational/system advocacy that addresses internal justice issues, provider integrity and social responsibility

Societal/governmental advocacy that focuses on systemic change through public policy and political activism

This model reflects the varied roles that an organization like CHI assumes as a health care provider, an employer, a purchaser, an investor and a citizen. It allows us to reach out in multiple ways to benefit others — individuals, communities and society.

Bringing this model to life within CHI took time, and progress was incremental at first. There was a need to build understanding and interest in a vision that was new, innovative, untested and just beginning to take shape.

Fortunately, the breadth of this approach (along with some shameless prodding) created



enthusiasm and engagement across CHI and its partnering organizations. It also helped enormously that the leadership of CHI was deeply and publicly committed to advocacy. I also have been fortunate to work with a committed advocacy team and ministry leaders throughout CHI who have faithfully advanced the ministry's unwavering commitment to advocacy. Through a wide range of significant efforts, including community-

based violence prevention initiatives, environmental sustainability efforts and socially responsible investing, we believed we could create significant positive change. And we did.

The change often has been frustratingly slow, and at times it has been difficult to effectively measure the impact. However, we have witnessed:

Communities galvanized to address issues of violence, including bullying, teen-dating abuse and human trafficking

Ministries working to reduce their carbon footprints through waste reduction, energy efficiency efforts and meaningful recycling

Shareholders like CHI partnering with corporations on prescription drug affordability, labeling of violent video games, nutritional value of foods and access to water

Certainly, a central component of CHI's advocacy commitment is traditional public policy activism. Investment in public policy advocacy provides CHI and the Catholic health ministry the opportunity to influence future directions in health and social policy and to respond to current legislative, regulatory and administrative initiatives. Over the years, we have pursued policies on health care coverage, access, reimbursement, quality of care, delivery of services and palliative care, as well as those addressing affordable housing, minimum wage and violence against women.

One of the most significant accomplishments for the entire Catholic health care ministry was the passage in 2010 of the historic Affordable Care Act (ACA), after decades of public policy efforts to address the health care needs of the uninsured and underinsured. With leadership from the Catholic Health Association (CHA), the ministry spoke in a unified voice to effect a change that this nation so desperately needed.

I was privileged at the time not only to be the leader of CHI's advocacy efforts, but also to serve as chair of the CHA board of trustees — what great timing! While we recognize the significant accomplishments of the ACA, it is not perfect; there are still millions of people left out, so the struggle continues. Now, we work to assure

Our advocacy is strengthened through collective action within our organizations and collaboration with external partners who share similar goals.

> that the ACA fulfills our expectations of a more just system of health care access and coverage, improved quality, delivery system enhancements, reduced disparities and the protection of the sanctity of life.

> Our advocacy is strengthened through collective action within our organizations and collaboration with external partners who share similar goals. Together, we will continue our efforts to benefit others, especially those persons who are most in need.

> The passage of all these years has done nothing to diminish my enthusiasm for the vital work of advancing the church's healing ministry. In fact, the scope, diversity and evolving nature of our advocacy initiatives keep me engaged and energized.

> I am very grateful to CHI and the Catholic health ministry for providing me with an opportunity to do work I'm passionate about, with people I deeply respect. I am humbled and proud as I look back at all we've accomplished, and I look forward to the future.

**COLLEEN SCANLON** is senior vice president and chief advocacy officer, Catholic Health Initiatives, Englewood, Colo.

JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

www.chausa.org

## HEALTH PROGRESS.

Reprinted from *Health Progress*, March - April 2015 Copyright © 2015 by The Catholic Health Association of the United States