

# PORTRAITS IN COLLABORATION

*New Covenant in Action in St. Petersburg/Tampa, FL*

**T**he major collaborative partners in the St. Petersburg/Tampa Bay area are Catholic Charities, BayCare Health System, and the Diocese of St. Petersburg. BayCare Health System is composed of two Catholic hospitals, St. Joseph's and St. Anthony's. The Catholic Charities agency has regional offices throughout the metropolitan Tampa area. Also involved in collaborative efforts in the community are the St. Vincent DePaul Society, parish volunteers, Mercy Housing, and the local public schools.

The St. Petersburg/Tampa Bay region served by the Catholic Charities agency and Catholic health care is a study in contrasts. The region has a population of approximately 1.5 million people and includes the counties of Citrus, Hernando, Hillsborough, Pasco, and Pinellas. The area is racially, politically, and economically diverse. For example, the city of St. Petersburg, located in Pinellas County, is predominantly composed of elderly, white, and politically conservative residents. Hillsborough County includes both the city of Tampa and a large area devoted to agriculture. The rural section of the county includes a significant number of Spanish-speaking migrant farm workers among its residents. A number of urban problems, such as poverty, a high incidence of HIV/AIDS, the lack of affordable housing, and limited access to preventative health care for low-income residents are significant challenges for the city of Tampa.

In 1997, in response to pressure from for-profit managed care organizations, St. Joseph's Women's and Children's Hospitals, St. Anthony's Hospital, and Morton Plant Mease Hospital merged to form the nonprofit BayCare Health System. With the merger, each entity maintained an independent board of directors that reviewed its individual mission statements in light of its new

role as a member of the BayCare System. Around the same time, the Catholic Charities agency appointed a new executive director who sought to reinvigorate the agency and embraced collaboration as one of the key tools in achieving this goal.

During this period, Bishop John C. Favalora, bishop of the Diocese of St. Petersburg, brought the Catholic Charities agency, hospitals, and the larger Catholic community together to discuss the health and social service needs of the area's most vulnerable residents. He inspired a spirit of collaboration in the Catholic community with his motto: "You can't make community without humility." His skillful work with parish priests, the Franciscan Sisters of Allegany (St. Joseph's and St. Anthony's sponsors), the lay leadership of Catholic Charities, and parishioner retirees fostered a spirit of commitment to collaboration in both Pinellas and Hillsborough counties as well as the cities of Tampa and St. Petersburg.

## COLLABORATION

Although the bishop's leadership set the tone for collaboration, two other factors contributed to the readiness of the partners to work collaboratively on behalf of the community. First, it was recognized that the health and social service needs of the poor in the area were too complex and costly to be addressed by any one organization. Second, as a result of the Catholic organizational focus on mission and community needs, direct services staff felt empowered to work collaboratively in whatever ways possible to support the Catholic mission and be responsive to community needs.

The phrase "trust-based partnerships," used by one of the hospital staff, illustrates how the various Catholic stakeholders approach collaboration. Other factors that promote working together include mutual respect for the contributions of



NEW COVENANT

each individual or organization, a philosophy of open communication, and assurance of follow-through on promises. This collegiality developed over a long period of time and was nurtured by experiences with small but successful collaborative projects. Relationships were established and often flourished as a result of the mutual board and committee participation of partners. The director of

Catholic Charities invested a tremendous amount of energy in encouraging collaboration, which paid off by creating a dynamic, growing agency that was able to use the resources generated by its growth to develop more collaborative efforts. Finally, BayCare Health System's commitment to the continuation of its charitable endeavors was an essential contribution to the collaboration efforts.

Although each of the collaboration projects was created and implemented in its own unique way in accordance with the community need identified and the resources available, commonalities do exist regarding the project development process. First, a community need is identified either through a formal needs assessment process or through the presence of indicators that reveal deficiencies, gaps, or problems in the health and social services system. Next, a small number of individuals come together to discuss and research the problem, explore potential resources, and develop strategies to address the need. Finally, a committed, broad-based group—a task force, committee, or coalition—emerges to assume leadership of the new collaboration. Once launched, each collaborative establishes governance, management, and funding mechanisms. In some instances, a 501(c)3 corporation is formed to administer and execute the project.

The usefulness of this process is illustrated by efforts to meet the health needs of undocumented migrant farm workers. Undocumented workers in need of primary and emergency medical care had relied on local clinics and hospital emergency rooms to obtain health services. Lack of access to adequate preventive health care and nonemergency care was costly to the health care system and the community. A handful of Catholic physicians became aware of this situation through

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## ndocumented workers had relied on emergency rooms.

a sermon by the bishop and came together to discuss how best to meet the health needs of this transient population. They recruited colleagues from other parishes, the Catholic Medical Association of Florida, and the Catholic hospitals to work with them. A two-year deliberative process followed, whereby the volunteer doctors researched various health clinic models and other strategies to address

this problem. Focus groups were conducted with the migrant workers and their families to obtain their ideas on ways to improve access to timely and effective medical care. Finally, a collective decision was made to obtain and support a mobile health clinic. A task force was formed to develop the project, and each of the partners contributed resources to staff and equip the clinic.

### RESULTS

A number of successful programs have evolved from this collaborative process. Several of these are summarized as follows:

**The San Jose Mission** This is a 96-unit residential community (under construction) that will provide comprehensive on-site services to poor farm-worker families in the Dover/Plant City area. Services provided at the mission will include a migrant Head Start program administered by the Redlands Christian Migrant Association, which was founded by Mennonites. Other services to be provided include adult education programs; English as a Second Language classes; a food pantry and clothing closet; a mobile medical unit; and job, financial, and family counseling. The mission is a partnership involving 12 social service and religious organizations, including Catholic Charities, BayCare Health System, the Catholic Physicians' Association, the St. Vincent de Paul Society, and local parish volunteers.

**Christopher Center** The center is a three-story, 16-unit residence for persons living with AIDS. The first floor of the building houses the St. Anthony's Health Care Clinic, which provides health services to the residents of Pinellas County. The clinic staff also provide medical care to center residents.

**Parish Elder Program** This Catholic Charities program

provides consultation, technical assistance, and training to parishes seeking to develop or refine parish-based volunteer programs for the elderly. The program links parishes to community organizations and health care providers serving elders. Activities include hosting conferences, conducting regional training, and organizing forums on elder issues.

**HUD Section 202 Elder Housing Services** This program integrates volunteer, parish-based elder services (noted above)

into eight parish-sponsored HUD 202 residences for low-income elderly. The Catholic Charities agency provides social services on-site. Efforts are underway to integrate services from local Catholic health care organizations into the program.

**Catholic Charities' Refugee Training for Health Care Professionals** This program falls under one of six national pilot projects facilitated by the Catholic Collaborative Refugee Network to demonstrate the benefits of collaboration in meeting the health and employment needs of refugees.

**Housing Assistance for Nursing Shortage** This is an incentive program designed to encourage nurses and medical technicians to establish or return to careers in Catholic hospitals. Employer-leveraged down payment assistance and low-interest loans are provided to nurses working in BayCare hospitals.

**LESSONS LEARNED**

**Seek Synergy** Create synergy around the collaborative process. Representatives of each of the partner organizations serve on the governance or advisory boards of the other partner organizations. Ideas are generated at board meetings, and the sharing of information and participation in discussions about these ideas strengthens relationships and brings synergy to the process.

**Learn from Mistakes** Failure can be a useful learning experience. An early effort to establish a full ambulatory care service on the Catholic Charities campus brought the partners together in an intensive and collaborative strategic planning process. Later, when financial considerations made the project impossible, the shared disappointment solidified relationships and strengthened a common commitment to future collaborative projects.

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**Be Open about Turf Issues**

Turf is always an issue when working with others. However, if this fact is acknowledged and attended to early in the process, problems can be effectively managed. The partners understood that mergers are always difficult, even when everyone agrees that it is the right course of action. The two hospitals merged under BayCare Health System had to find a way to maintain their

individual integrity while crafting a common vision and mission for the new hospital system. Similar issues were experienced in the development of relationships among BayCare, the Catholic Charities agency, and the diocese. The key to successful management of the turf issues related to these changes was the willingness of the leadership of each organization to speak openly and candidly about their concerns.

**THE FUTURE**

In addition to the collaborative efforts described, community partners are also engaged in strategic discussions around an array of other issues. These include the establishment of a family resource center on the campus of San Jose Mission, the development of additional low-income and HUD 202 assisted living housing units, the promotion of access to dental care, the expansion of joint advocacy efforts, and increased availability of HIV/AIDS services in Pasco and North Pinellas counties.

All partners view collaboration as an ongoing process in which they are continually learning. They think comprehensively regarding the health and social issues of their community and are always on the lookout for funding opportunities to foster collaborative efforts that will meet the community's current and emerging needs. Because many collaborative initiatives spin off into separate 501(c)3 organizations, the partners do not become overwhelmed with the management of multiple projects. Rather, they can focus on acting as the incubator for new ideas that will foster the Catholic mission in the St. Petersburg/Tampa area and improve the health and well-being of the community as a whole. □

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