

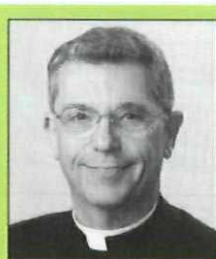
Telling Your Story: The Importance Of Communications

BY REV. MICHAEL D. PLACE, STD

What does your community think of your healthcare facility or system? How are you portrayed in the media? And are these questions even relevant when your mission calls for you to carry forth Jesus' healing ministry, not to win a popularity contest?

In today's environment, the answer is that we must be concerned about public perception and media coverage. Effective communications are critical to our ability to continue to thrive, to form collaborative relationships in response to market forces, and to remain competitive in a rapidly changing healthcare market. Communications are often the make-or-break factor in mergers, cultural integration, physician relations, effective advocacy, community relations—in so much of what we do to fulfill our mission in the community.

Why, then, are Catholic healthcare organizations sometimes reluctant to proclaim the good they do and to challenge misperceptions and false allegations about them? Before the Second Vatican Council, the Church saw itself as apart from society and therefore did not place great premium on communications outside its boundaries. In the history of the U.S. healthcare ministry, the sustaining force was religious women and men whose spirituality put the focus on the face of Jesus, not their own accomplishments. Especially in communities where Catholic healthcare facilities operated with little or no competition, communications were straightforward and largely uncomplicated.



Fr. Place is president and chief executive officer, Catholic Health Association, St. Louis.

Obviously, times have changed. In the wake of Vatican II, the Church is still struggling to figure out how it can be "in" the world but not "of" it. And as the numbers of men and women religious decline, the laity are becoming increasingly responsible for carrying the ministry forward. In fact, CHA statistics from 1998 show that about 70 percent of Catholic healthcare systems and 91 percent of Catholic acute care facilities are headed by lay men or women.

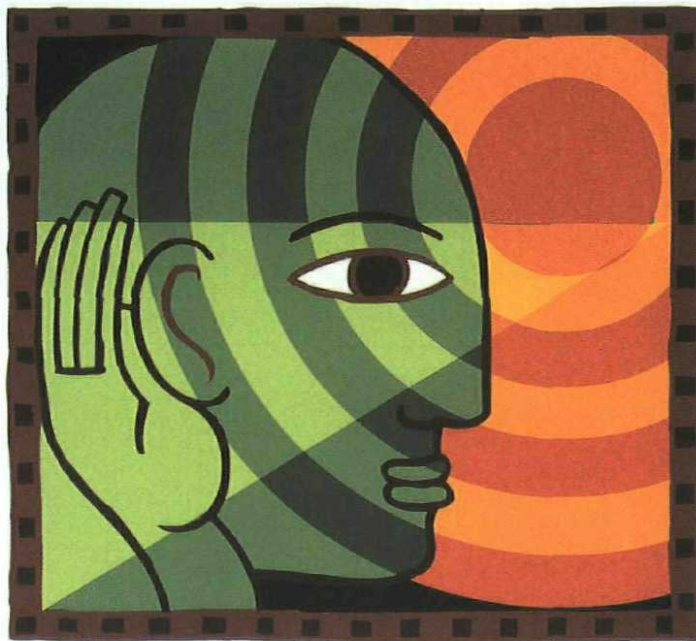
Change within Catholic healthcare is further complicated by profound changes in American healthcare and society in general. We are serving an increasingly diverse population, whose beliefs and values are just as diverse. The question of whether not-for-profits provide community benefits commensurate with their tax-exempt status is raised periodically on local, state, and national levels. And mergers or other collaborative arrangements between Catholic and other-than-Catholic entities have met with organized and

vociferous opposition in a number of communities across the nation.

In the final analysis, we in Catholic healthcare must overcome any reluctance to "blow our own horn" and declare, in a positive way, our importance to the community. CHA's Board of Trustees, with input from a variety of membership groups, has defined a number of ways in which CHA will begin to facilitate this process.

STRENGTHENING LOCAL COMMUNICATIONS

Many people in our communities—even those who have used our facilities for years—have a narrow or



mistaken understanding of what the Catholic health ministry is and how it serves them.

In May and June 1998, and again in March 1999, CHA staff commissioned a public opinion firm to conduct focus groups in cities where partnership discussions between Catholic and other-than-Catholic facilities had been taking place. The focus groups, involving more than 100 people, revealed:

- Participants believe that hospitals have changed in the past five to 10 years—and generally for the worse.

- Although Catholic hospitals are generally well perceived, some participants believe that Catholic hospitals have lost their caring, religious focus. They think Catholic hospitals are just as business oriented as any other hospital.

- Hospitals are seen as “merger happy,” like banks.

- Nevertheless, participants did give Catholic hospitals some credit for the charitable work they do.

These findings, along with others related to mergers and the provision of reproductive services, helped shape CHA's recently published workbook, *Telling Your Story: A Communications Resource for Catholic Healthcare*. The workbook provides guidance on how to explore your tradition, conduct survey research, and then frame your message, as well as how to organize a communications campaign to deliver the message most suitable for your situation and your community. (Copies of *Telling Your Story* have been mailed to all members, and members may gain access to it through CHA's Web site, www.chausa.org.)

Clearly, on the local level, it is critical that those responsible for communications prepare themselves to speak effectively and assertively on behalf of the ministry. Catholic identity is complex and not easily boiled down into the sound bites preferred by today's media. And there is no one-size-fits-all solution to communications. Each community has different biases and predilections, different financial and social pressures, different challenges and opportunities. For some, the imperative for well-crafted communications may be less urgent than for others. All, however, can benefit by establishing productive relationships with internal audiences (including employees, medical staff, trustees, sponsors, system or corporate staff, and volunteers), external audiences (including the community at large, patients and families, donors, state and local government, civic leaders and businesses, schools, parishes, and diocesan leadership), and the media.

TRIBUTE TO JUDY CASSIDY, HEALTH PROGRESS EDITOR

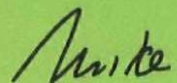
Dear Colleagues:

In associations, it is not uncommon for the journal editor to be among the most informed of staff members, with a broad knowledge of the issues, trends, ideas, people, and events important to the association and its membership.

After 18 years at CHA, Judy Cassidy, *Health Progress's* departing editor, certainly proves this rule. She leaves behind her a legacy of excellence and commitment—commitment to the ministry and its values, to the quality of the publication she nurtured, and to her colleagues, including staff, association members, and healthcare experts across the nation.

Under Judy's leadership, *Health Progress* blossomed into a leading source of ideas and inspiration in Catholic healthcare, winning numerous awards and never failing to garner kudos from members. She transformed the journal, in content and design, into a first-class publication, presenting forward-looking and provocative articles on issues such as spirituality, leadership development, justice in the healthcare system, and ethics. It is a tribute to Judy and her colleagues that *Health Progress*, more than any other journal, provides Catholic healthcare with a place for reflection, for exploration, for challenge.

I know I speak for my colleagues on the staff at CHA and for many among the membership when I thank Judy for her many contributions to the ministry and wish her well in her future endeavors.



Though no one knows your community the way you do or can craft communications to meet your particular goals, a positive impact can be made by a national, coordinated effort to project an image for Catholic healthcare that transcends system or institutional boundaries.

To this end, CHA's Board of Trustees is considering how best to bring about such a coordinated effort. More information will be available after the April board meeting (I am writing this column two weeks before that meeting). Whatever we do will support achievement of one of CHA's strategic directions, to “strengthen our ability to understand, articulate, and act on Catholic identity.” (CHA's three-year strategic plan and FY1999-2000 operations plan will be available in June 1999.)

RESPONDING TO LOCAL PRESSURES

Organized communications on the local level and a possible campaign on the national level will, we hope, galvanize community support for Catholic healthcare and stave off attempts to undermine our ability to fulfill our mission. However, some

organizations are already facing organized opposition within their communities. And, unfortunately, it appears that such opposition is growing. From the local to the national news, distorted, misleading, and biased assertions about Catholic healthcare seem to be more common. And several Catholic facilities across the country have faced vocal opposition to proposed collaborative arrangements with other-than-Catholic facilities by groups fearing a loss of access to reproductive procedures.

Catholic healthcare's response to such attacks must be both swift and convincing, bolstered by a strong, positive description of what the ministry represents, as well as by hard facts to counter the misleading statements and flawed studies underlying many of the arguments used against them. CHA is gathering such documentation to assist members, and we will continue to share it through the Web site and mailings as more information becomes available.

One important study commissioned by CHA (see Appendix B of *Telling Your Story*) challenges claims by a particularly vocal group—Catholics for a Free Choice—that growth and consolidation in Catholic healthcare are affecting access to so-called reproductive services.

Unfortunately, this group's allegations have been accepted uncritically by some in the media, who cite these claims as though they were indisputable facts. Your board and staff are committed, first of all, to working with those who form public opinion so that they have a complete and accurate understanding of who we are and the remarkable service we provide local communities and our nation. In this context we will continue to point out methodological flaws and factual errors in information the media are using.

For example, we are able to point out that:

- Collaborative activity is not a Catholic phenomenon. Seventy-six percent of all transactions during the past five years involved no Catholic hospitals.

- Catholic hospitals are maintaining their presence in the marketplace, making up about 10 percent of community hospitals and about 15 percent of community hospital beds, as they have throughout the 1980s and 1990s.

- The number of Catholic sole community hospitals designated by the Health Care Financing Administration has increased by only one since 1994, for a total of 41 hospitals. This represents only 6 percent of all sole community provider hospitals and less than 1 percent of all hospitals in the United States.

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- The availability of so-called reproductive procedures in the community is not necessarily affected by collaboration between Catholic and other-than-Catholic organizations. In fact, women's and other clinical services could be enhanced by the collaboration.

Similarly, we can challenge the mean-spirited and false assertion that 82 percent of Catholic hospitals do not provide emergency contraception in the case of rape. The methodology and conclusions of the report that made this allegation were flawed, misleading, and manipulative, ignoring the Catholic health ministry's historic commitment to reach out compassionately to the weak and vulnerable, especially victims of rape.

Not surprisingly, that report failed to appreciate the true significance of Directive 36 of the *Ethical and Religious Directives for Catholic Health Care Services*, which reads:

A female who has been raped should be able to defend herself against a potential conception from that sexual assault. If, after appropriate testing, there is no evidence that conception has occurred already, she may be treated with medications that would prevent ovulation, sperm capacitation, or fertilization.

Those writing the report also ignored the efforts of many Catholic hospital emergency departments to provide patient advocates, specially trained to help rape victims navigate the complex and, at times, impersonal emergency room protocols required by law enforcement agencies.

A MINISTRY-WIDE RESPONSE

CHA is continuing to gather resources and input from members to enable us to effectively challenge misleading assertions and present our ministry in a positive light. Over the next year staff and members will be working together to develop and implement a ministry-wide approach to communicating more effectively the many contributions of Catholic healthcare to local communities and to the nation.

If you have developed resources that might be helpful in telling the story of Catholic health ministry, please e-mail them to CHA at MemberResponse@chausa.org. I would also ask you to send us your e-mail address if you are interested in receiving updates. Further information is available on CHAusa, www.chausa.org. □