

Toward a Common Vision for the Catholic Health Ministry

BY REV. MICHAEL D. PLACE, STD

Dear Colleagues in Ministry:

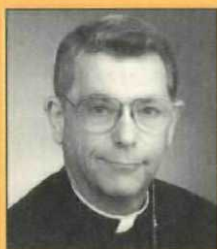
I am writing these reflections toward the end of my first week serving the Catholic Health Association and, through it, the ministry of Catholic healthcare in the United States. I hope to provide these reflections on a regular basis.

While *Catholic Health World* provides "news" about CHA and the ministry, *Health Progress* is a place for us to "think about" the ministry. I hope that my musings will contribute to what I believe is a much needed dialogue about the current and future state of the ministry.

In these reflections, I would like to discuss an issue that I believe is of vital importance: the need for an explicit shared vision of the ministry's future.

I believe as leaders in Catholic healthcare we are being challenged to articulate a shared vision of the future of the ministry. Many forces—market turbulence, reduced numbers of religious, ideological differences within the Church—make the challenge urgent, but, ironically, they also impede the development of consensus. Agreement is essential, however, if together we are going to effectively carry forward healthcare as a mission of the Church.

In fact, through the *New Covenant* process, the Catholic Health Association and its partners—the National Coalition on Catholic Health Care Ministry and Consolidated Catholic Health Care—are engaging leaders in this question of a

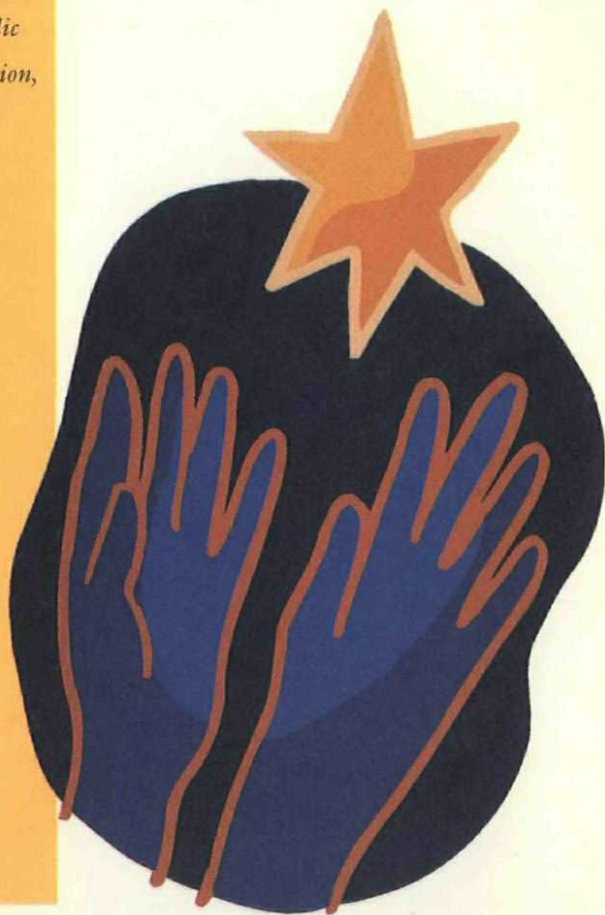


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shared vision. CHA strongly supports this effort. It is imperative that collaborative efforts such as the *New Covenant* process and the National Coalition be nurtured and strengthened.

When I think about the search for an explicit shared vision, I have some personal assumptions:

- In the midst of the variety of Catholic health ministries, leaders hold in common a set of beliefs and values that can give coherence to diverse activities and a sense of the ministry's overall direction.
- A shared vision is not an attempt to homogenize Catholic healthcare. Rather, by providing the basis for a shared commitment to the ministry's long-term vitality, it will strengthen what all mem-



PATH TO A SHARED VISION

The foundational **MISSION** never changes . . .

. . . but the forms of ministry change in response to markets, needs, and evolving institutions, requiring a continually renewed and shared vision for the future.



bers of the ministry can accomplish together.

- Only through broad, structured discussion that includes many groups will healthcare leaders create a lasting, effective vision of the future ministry.

- A shared vision should build on important work the ministry has already undertaken. We should reassess the vision that the Commission on Catholic Health Care Ministry created in 1988. The commission affirmed the need for a strong Catholic health ministry achieved through delivery networks that respond to community need. How can we bring that vision to our work today?

A CHANGING MINISTRY

I also believe that our vision must be adequate for the task of nurturing a ministry that is changing. For that to happen, we must come to some agreement on the broad outlines of what *at this time* we perceive to be the future shape of the ministry.

My thoughts on the matter are as follows: The ministry was once centered in the stand-alone acute care hospital, which was rooted in a single religious congregation or diocese and operated in a stable financial market. In the current turbulent financial environment, in which there are also fewer religious sisters, acute hospitals are members of healthcare systems that often have more than one sponsor and span several dioceses. Hospitals are partnering with other organizations in integrated delivery networks. In response to a growing emphasis on coordinated continuums of

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care and community wellness, hospitals are learning to deliver new, multidimensional services.

In light of these changes, I believe the future ministry could well be characterized by:

- A smaller number of large, transdiocesan systems
- Cosponsorship and lay sponsorship models
- Ministerial and business relationships with other-than-Catholic organizations
- Uneven development of the care continuum
- Potential competition among systems

All these realities will increase uncertainty about Catholic healthcare's foundational mission.

ELEMENTS OF THE FOUNDATIONAL MISSION

As Catholic healthcare works toward a common vision, I would suggest we must begin by thinking about our *mission*. It seems to me that our fundamental mission is quite straightforward: to serve those in need and to transform society on behalf of Jesus and the Catholic Church. This mission never changes, regardless of market pressures.

What *does* change is the *ministry*—the way in which we carry out the mission. Ministry changes in response to markets and needs. It is the reality of change that requires us to continually renew our vision for the future.

LIVING A RENEWED VISION

A vision, however, is not an abstraction. It must have concrete dimensions. Using as a basis the

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A COMMON VISION

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twofold dimensions of our mission that I just mentioned, I would identify some possible "concrete elements" of a shared vision:

To serve, we need market decisions infused with ministry values, care focused on the whole person through a coordinated continuum, continued and expanded care for the poor, and services responsive to needs of people and communities.

To transform society, two elements are essential: local delivery shaped by values-based strategies, and legislation shaped by advocacy for a just healthcare system.

But how will we realize these "elements"? I suggest that we need "vehicles" to help us achieve the vision. As a starter I can identify five core "vehicles":

- Adapted forms of sponsorship
- Committed and informed leaders
- Effective partnerships within Catholic healthcare, with other Church ministries, and with non-Catholic partners that share our commitment and values

- Integrated care continuum
- A united voice for advocacy

Over the next months *New Covenant III* will be inviting the ministry to think about its future. Your reflections will be important to the success of this process. While CHA is not the only participant in this process, its future direction must be effective in helping its members and others in ministry with whom we collaborate realize that vision.

GOALS AND PRIORITIES FOR CHA

The need to realize a vision for the health ministry prompts the questions, How should CHA think about itself as it serves the ministry? How do we describe the identity of CHA as it serves an explicit shared vision?

I will address those questions in my next column. □

To share your thoughts about the ministry, contact Fr. Place at the Catholic Health Association, 4455 Woodson Rd., St. Louis, MO 63134-3797; e-mail: mplace@chausa.org.

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