



# SPONSOR LEADERSHIP FORMATION

**F**ew things are as critical to the future of Catholic institutional ministry as the identification and formation of the next generation of persons to serve in the role of sponsor. Until recently, most individuals assuming the responsibilities of sponsorship were leaders within religious congregations. Elected to govern their religious institutes, these women and men found themselves also serving in a sponsorship role in their institutional ministries by virtue of their leadership position. Today, however, health care leaders have identified succession planning for sponsorship as an imperative if a strong and viable Catholic presence in health care is to continue.

The impetus to invite and engage laity in increasingly more significant roles in church ministries, particularly after the Second Vatican Council, stemmed from two sources. First, the universal call to holiness and to greater service within and for the church opened up opportunities for laity to study theology and to take greater roles in parish settings, schools, colleges, hospitals, and many other areas of church life. Additionally, the decades after the council, concurrent with changes in health care in the United States (Medicare and Medicaid, the establishment of governing boards, etc.) saw large numbers of religious women and men select non-institutional-

## *Qualifications for the Next Generation of Sponsors*

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ly based ministries (such as world and rural ministries, homeless shelters), thereby creating opportunities for laypersons to move into administration and management. Today, the inclusion of laity and the evolution of their roles have created the opportunity for qualified laypersons to minister in a sponsorship role. This, in turn, requires preparation, selection, development, and evaluation of these potential sponsor representatives.

A recent study by the Association of Governing Boards for Colleges and Universities, "Relationship Revisited," addressed this same sponsorship question for Catholic higher education. The authors of a recent article in *Commonweal* observed that colleges and universities have three alternatives: becoming secular institutions, becoming more broadly Catholic, and (a rare few) remaining within the tradition and culture of the founding congregation.<sup>1</sup> Although the number of mergers in Catholic higher education has not kept up with mergers and consolidations in health care, the same need for consolidation and collaboration is present in both ministries.

The first alternative, becoming secular, is the least desirable because it abandons the roots of the organization as well as the Catholic tradition. Becoming secular is often identified as the last resort.<sup>2</sup> The second alternative, moving to a more broad-based Catholic identity, places less emphasis on the unique identity of the founders—especially at the system level. However, the local facilities often preserve the founding culture.

The same *Commonweal* article concludes with the advice that these institutions "must construct serious and sustained formative experiences for the lay people who will be in charge of them [Catholic colleges and universities]. More important, they must create conditions under which lay people are both willing and able to embrace this process."<sup>3</sup> Higher education and health care insti-



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tutions share the same concern: how to identify and prepare for future generations of sponsors—those holding in trust the very integrity and future of the ministries.

Another force affecting health care sponsorship—the shift away from the tradition of a single sponsoring congregation—deserves both careful and prayerful reflection. What does it mean to move away from the original single congregation sponsorship identity? How is this move experienced? As a loss? Or is it seen as a natural evolution from the particular identity enjoyed when larger numbers of the sponsoring congregation were available to serve as staff, administration, and faculty? Or is the change stretching staff and administration to think more broadly about the wider context of the church's ministry? The authors of the *Commonweal* article conclude with

a plea for formation efforts, a refrain common in Catholic health care circles as well.

### QUALIFICATIONS

As lay sponsorship models emerge in both health care and education, emphasis on the qualifications needed in the next generation of sponsors becomes significant. As part of its Ministry Leadership Development initiative, the Catholic Health Association (CHA) explored replicating the efforts previously undertaken to define the competencies for executive leadership to identify those competencies required for sponsors. In consultation, as well as with both external experts in competency identification as well as those individuals charged with the formation of this next generation in the four newer sponsorship models of Catholic Health Initiatives, Catholic Health

## NEWER PUBLIC JURIDIC PERSONS

System	Public Juridic Person,* Date Established	Member Organizations	Composition of Sponsorship Group
Catholic Health East (CHE)	Hope Ministries, 2000	Hope Ministries is the sponsor of Global Health Ministry and will be sponsor of institutional ministries as current sponsoring congregations move out of this role and as new ministries of CHE need canonical sponsors.	The Membership consists of five people (lay/religious). In addition, CHE is cosponsored by 13 religious communities/congregations.
Catholic Health Initiatives (CHI)	Catholic Health Care Federation (CHCF), 1991	CHCF is the sponsor of those organizational members of CHI that have been canonically alienated <sup>†</sup> by original congregational sponsors.	14 people (7 lay/7 religious) and CEO ex officio; governing board is the same composition as the membership corporation.
Covenant Health Systems (CHS)	CHS, 1996	All facilities of Grey Nuns of Montreal in CHS; facilities transferred to, acquired by, or in shared sponsorship arrangements are sponsored by CHS.	Currently 11 (same composition as governing board); 51% must serve or have served on a local CHS board.
Trinity Health	Catholic Health Ministries (CHM), 2000	CHM is sponsor of ministries of Trinity Health and will have responsibility for assets after the founding congregational sponsors alienate their organizations.	Seven people (currently all religious while formation plan is completed and implemented) with reserved powers in a bicameral membership corporation.

\* These are the official names of the public juridic persons; however, they are not often used in public discourse, with the exception of Hope Ministries. All are of pontifical right, which means that the public juridic person's purpose is for the common good, its property is church property, and it can speak on behalf of the church at large.

<sup>†</sup> "Alienated" means that the ownership or significant encumbrance of church property (or temporal goods of the church) has been transferred to someone else.





East, Covenant Health Systems, and Trinity Health (see box on page 25), CHA's proposed leadership development initiative did not seem feasible for a number of reasons.

Sponsorship is exercised when the individual sponsor representatives, or trustees, are actually acting in that designated role. In other words, one is a sponsor representative or a trustee when officially—and collectively—acting in that capacity. The process of identifying and testing competencies is an exacting science with technical requirements, discipline and rigor, and as such is extremely complex, time consuming, and often costly. In the spirit of stewardship, the best application of this effort is with full-time positions such as administration, mission leadership, and the like—not for a role that is only periodically exercised.

Therefore, CHA staff has adopted an alternative approach: to observe the national and international trends in the evolution of sponsorship, to partner with the newer models to discern the elements that constitute faithful sponsorship, and to begin to describe the qualifications of new sponsors.

What are the qualifications needed in the future generations of sponsor representatives? In addition to a fundamental understanding of governance and health care, among the most commonly sought attributes are:

- Appreciation for mission integration
- Commitment to justice and service to the poor
- Understanding of Catholic teaching and identity and how the church operates (including the history of the health care ministry)

- Basic understanding of canon law and theology
- Comfort with being a spiritual leader

Other qualifications sought in candidates for this newer model revolve around critical success factors in the communal exercise of sponsorship:

- Skills in dialogue and negotiation
- Ability to work for win-win situations
- Communal practice of "mission-based discernment"—a defined process for decision-making rooted in mission and values

The above list is a composite of the qualifications identified by the four newer public juridic persons (the sponsors of CHI, CHE, Covenant, and Trinity)\* in their initial consideration of laypersons as future sponsor representatives.<sup>4</sup>

\*CHA staff have been wrestling for several months to find the correct way to describe these new models. Most sponsored health care ministries are the responsibility of a public juridic person, a religious institute, a diocese, etc. In the absence of a way to better identify these recently created models, we refer to them as "newer public juridic persons."

## The preparation of the next generation of sponsors is one of the most critical tasks facing institutional ministries today.

### FORMATION

After potential candidates are screened for the necessary qualifications, the process of formation, or development, begins. Various approaches to formation exist. Covenant integrates a formation component into each meeting of the board; formation occurs at CHI as the group coalesces around issues and engages in theological reflection. Outside services and resources are used at Trinity Health to complete the design and process and implement components on a phased-in basis. At CHE, theological reflection on the meaning of sponsorship is integrated into each meeting of the sponsors, and expert theologians and canonists give presentations on critical issues. In each instance, formation is shaped by the unique characteristics of the individual model.

Leaders of the newer sponsorship models and CHA staff gather periodically to continue to explore avenues of collaboration. The continuing need for elements of initial formation and the identification of necessary qualifications as outgoing representatives are replaced offer opportunities to develop processes together. Additionally, as the need for qualified sponsors grows and as the number of experienced sponsors whose terms of office prohibit reappointment increases, the feasibility of developing and maintaining a database of this pool offers yet another opportunity to shape the future of the ministry together.

Catholic ministries—education, social services, and health care—have an opportunity to collaborate in this vital work for the future of the church's institutional ministries. The preparation of the next generation of sponsors is one of the most critical tasks facing institutional ministries today. Collaboration that enables the creation of communities of persons committed to understanding, securing, and preserving faithful sponsorship will ensure a future for institutional ministries while continuing the service and transformation mission of Jesus. □

### NOTES

1. Melanie M. Morey and Dennis H. Holtschneider. "Keeping the Faith on Campus," *Commonweal*, April 2, 2001, pp. 20-23.
2. In some instances, even when the organization is no longer Catholic, a symbolic effort is undertaken to keep the memory of the original, founding sponsor in such forms as a heritage wall or a garden.
3. Morey and Holtschneider, p. 23.
4. Mary Kathryn Grant & Patricia Vandenberg, *After We're Gone: Creating Sustainable Sponsorship*, Ministry Development Resources, Mishawaka, IN, 1998.

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