

Meeting Future Sponsorship Needs

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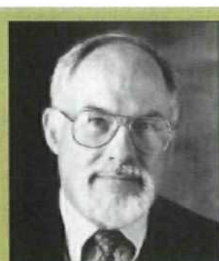
Will Catholic healthcare exist in the year 2100? If yes, who will the sponsors—accountable by law and by sacrificial commitment—be? Clearly the ratio of laypersons to religious sponsors in Catholic healthcare leadership is changing and can be expected to evolve further. What will the stages of this evolution look like? What new communities of vision, commitment, and sacrifice might we imagine and should we plan for? How much of this is of divine, how much of human, agency?

Traditionally, Catholic healthcare organizations have been “sponsored” by religious institutes or by dioceses. But until recently few of us have given serious thought to what the verb “sponsor” really means. Likewise, we have thought little about who will sponsor healthcare organizations in the future.

Many factors have given rise to these concerns. The health ministry in this country appears to be at a critical moment in its history. Through the years, religious institutes have taken opportunities to pursue ministries in addition to healthcare, thus expanding demands on their time and energy. In addition, early on, a number of religious institutes made a commitment to transformational leadership in partnership with the laity. They now celebrate a vision in which lay leaders serve in a sponsor relationship with the health ministry, but search for appropriate leadership development mechanisms. And certainly, religious institutes themselves have fewer members to carry on the traditional role of sponsor. The question is, How will we meet future sponsorship needs as the challenges to do so increase? Sponsors and ministry leaders are asking, What does it mean to be accountable for a ministry of the Church?

SPARKING THE DIALOGUE

Earlier this year, the Catholic Health Association gathered congregational and lay leaders to grapple with questions such as these. At a meeting in late January, Sr. Barbara McMullen, CDP, senior



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associate in CHA's Sponsor Services, told the participants the meeting's purpose was to begin a series of dialogues on what it means to sponsor—that is, be accountable for—a ministry of the Church.

To prepare for the meeting, those who attended studied some working definitions, one of which defined ministry and gave us much food for thought. The definition—“ministry refers to services rendered to others in Christ and because of Christ in the name of the Church and for the sake of helping the Church fulfill its mission”—applied to health organizations. Building on that definition, Sr. Jean deBlois, CSJ, vice president, Mission Services, at CHA, presented the following key ideas to frame the discussion.

- *Ministry.* Sr. deBlois spoke of ministry as a response to a perceived call—something we do to actualize our faith, to act on faith. As baptized persons, each of us receives a call to ministry. In responding to the call to minister in healthcare, we are part of an intentional community. That is, we are conscious that we are engaged in doing more than our own, individual activity. Rather, we realize that we are engaged in doing what the Church exists to do, and we are doing it in community with others. Ours is a corporate ministry that continues the mission of Jesus.

We have long collaborated with religious institutes to sustain the vision, purpose, and quality of the Catholic health ministry. Over the years, more and more partnering has occurred between religious congregations and the laity who work in their sponsored institutions. This is a positive force in furthering the mission of Jesus, which is the basis for all we do.

- *Sponsorship.* Sponsorship has typically been defined as “the ability to ensure that a particular Church ministry remains true to Catholic values and the sponsor's charism; sponsorship includes an obligation to care for, nurture, and advance the ministry in order that it may continue Christ's mission.” With this definition as background, Sr. deBlois gave us further insights about sponsor-

ship. She spoke of sponsorship as primarily *a way of being*. A “sponsor” is a community, gathered by the Spirit, within the larger community of the Church. The Church recognizes this community as a “corporate person.” In granting this canonical status, the Church validates the intentionality of the sponsor/community to continue Christ’s mission. Thus juridic structures do not make a sponsor. The sponsor is the corporate body that does the public ministry of the Church, thus making both ministry and sponsorship intentional.

At tables, participants then discussed such questions as: How do you see these assumptions about ministry and sponsorship lived out in your experience? Are there other assumptions that flow from your lived experience? In the absence of religious congregations as sponsors, what kinds of people and communities will come together in intentional communities to take up sponsorship in public ministry? How can we facilitate people and communities assuming sponsorship?

From the beginning of the discussions, participants clearly understood the willingness of religious institutes to transfer sponsorship to laypersons, using appropriate—if yet unknown—models. The sponsors saw this as part of their legacy. The ensuing conversations focused on the need to imbue laypersons with the understanding of ministry that is necessary for committed sponsorship.

The conversations also revealed that the veteran lay leaders present were willing to accept—and appreciated—the enormous responsibility of sponsorship. They noted that, as laity, they do not want to “represent” congregations; they need to “be” congregations in the sense that they take upon themselves the sponsoring responsibility and accountability.

PRESUMPTIONS, ACTIONS TO GUIDE PROGRESS

From these discussions two streams of thought emerged. The group identified the following *presumptions about the future*:

- The grace of healing ministry is not waning, but we must find the forms through which it can bless the future.
- New lay charisms are evolving and will shape the future.
- We are entering a time that calls for risk and experimentation, with the expectation that we will make mistakes.

Lay
leaders are
ready to
accept
responsibility
for
sponsorship.

- Building new communities of vision, commitment, and sacrifice will be central to our future.

- We need to build a new infrastructure of education and accountability.

- Selection of future leaders is even more important than education programs.

- Canonical structures will be essential but not the central challenge to effective sponsorship.

The participants agreed that for *future progress*, we need to:

- Identify sustained, planned work on these issues as a vital concern of Catholic leadership

- Develop a strategic plan

- Develop programs for selection of future leaders

- Develop programs for education, monitoring, and development of collaborators on all levels—especially leadership

- Deepen our theological reflection on health ministry and sponsorship

- Identify areas for planned experimentation

- Develop a website for dialogue and gathering best practices

- Use CHA’s annual assembly as an opportunity for tapping creative forces and sharing information

- Engage the larger Catholic community, including dioceses, Catholic Charities, and education, in this effort

RECOMMENDATIONS FOR NEXT STEPS

Participants made recommendations for next steps in the project:

- Address ways laypersons can move from collaborators with current sponsors to codeterminers.

- Adjust problematic language (e.g., “formation” carries a connotation of religious life) to apply more appropriately to the laity.

- Explore ways to create environments in the future for groups to come together as intentional communities.

- Study other faith-based healthcare organizations for lessons on how “sponsoring” occurs in the absence of religious communities.

- Explore further the theology of ministry and its implications for sponsorship.

- Identify opportunities for sponsor mentoring of lay leaders.

- Pursue further education and dialogue among sponsors and lay leaders.

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SPONSORSHIP

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- Invite lay involvement on the CHA Sponsor Services Committee.
- Develop a tool for sponsors and lay ministry leaders to use to facilitate and further this type of dialogue.
- Research ideas for experimentation with lay involvement in sponsorship as we move in these transitional times.

SUPPORT FOR CONTINUING DISCUSSION

Like CHA, which has included this sponsorship project in its strategic plan, participants were enthusiastic and committed to continuing the discussion about lay involvement in sponsorship. As many attendees said, the dialogue needs to continue, and we must see this time as an opportunity for experimentation. "We must be ready to take the risk, knowing full well that some things will not work. We must try some small things—and learn from the attempts," said Don Brennan, president/CEO, Daughters of Charity National Health System, St. Louis.

We stand on the edge of the new millennium, with challenges for healthcare on all sides. But we have the collaborative energy to strengthen and lead Catholic health ministry into the next century. As current stewards of the ministry, we must be willing to step out in faith and create the environment for communities of intention to develop and thrive. We must allow people of faith to respond to the call of the Spirit, form these intentional communities, and bring unique and new charisms to the Church's healing ministry.

Ultimately the future of Catholic health ministry will be grace—God's abiding *yes* to our hearts and history. As always, this grace will go beyond our wildest dreams and schemes. But we will be well guided by the double admonition "Work as if all depends on us; trust as if all depends on God." □

 For more information on CHA's sponsorship project, see "Ongoing CHA Project Addresses Lay Sponsorship," Health Progress, January-February 1998.



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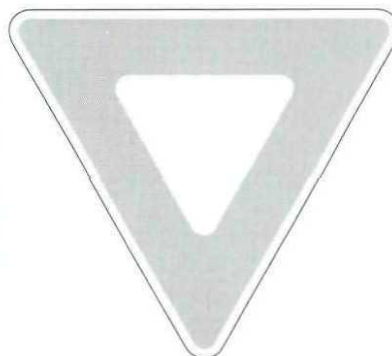
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