In 1990 the Catholic Health Corporation (CHC), Omaha, began developing a grassroots network to pursue advocacy efforts on healthcare-related public policy issues. A survey of leaders associated with the system, conducted in the summer of 1990, revealed a consensus that CHC should take a more active role in shaping public policy.

In response to the survey finding, system leaders decided to assign responsibility for CHC public policy efforts to one of the system’s senior vice presidents. CHC also decided to concentrate solely on national public policy issues that had an impact on the system’s facilities. The system initiated its advocacy program in December 1990.

Grassroots Organizing
Planners agreed that the first step in developing a grassroots network should be to specify a contact person at each facility who would be responsible for organizing public policy activities. Depending on the size of the organization, the contact person could be either the facility’s chief executive officer (CEO) or someone designated by the CEO. This person would initiate public policy efforts through the local organization and any network the organization was involved with.

System planners also decided it would be more effective to encourage local community members to contact elected officials on health policy issues than for the system to engage directly in advocacy efforts. Corporate officials would be responsible for monitoring and assessing changes and developments in national healthcare policy and initiating advocacy efforts.

To improve contact between the system and members, CHC established two different forms of communications to be issued by the corporate office. For issues that required immediate attention, such as pending votes in Congress that affect healthcare, CHC would release a “Public Policy Alert” to contact persons throughout the

Summary
In 1990 leaders at the Catholic Health Corporation (CHC), Omaha, decided that the system should take an active role in advocacy efforts on health policy issues. CHC determined that developing a grassroots network would be the most effective way to pursue advocacy initiatives. The system also decided that it should concentrate solely on national health policy issues with potential impact on CHC facilities.

Planners determined that the first step in creating a network would be to specify a contact person at each of the system facilities. They also decided that it would be more effective to encourage local community members to contact their elected officials on health policy issues than for the system to engage directly in advocacy efforts. The system itself would monitor and assess changes and developments in national healthcare policy and initiate advocacy efforts. Finally, a steering committee of facility chief executive officers (CEOs) would act as a liaison between system affiliates and the corporate office.

CHC corporate staff now establish a public policy agenda that identifies initiatives the system will focus on each year. The system sets performance goals for CEOs and encourages them to participate in strategic planning for public policy initiatives.

Mr. Hanson is senior vice president, northwestern region, Catholic Health Corporation, Omaha.
system. For general information and updates regarding trends or changes in public policy directives, such as changes in Medicare rules or physician payment reform, the system would issue a “Public Policy Update.”

A steering committee composed of the executive committee of 10 system CEOs was also created. Because the executive committee meets formally twice a year with CHC senior officials and frequently communicates via conference calls, planners determined it would provide the most effective link between the corporate office and CEOs for input on public policy issues. The committee would also provide an opportunity for timely interaction on fast-developing public policy issues.

PUBLIC POLICY ISSUE AGENDA
Each January CHC corporate staff establish a public policy agenda that identifies the key initiatives the system will focus on each year (see Box). The initiatives, which are developed with input from the CEOs’ steering committee and endorsed by the CHC board, address only major issues such as healthcare reform, not-for-profit facilities’ tax-exempt status, and Medicare reimbursement.

CHC involves as many individuals as possible at the local level to pursue these initiatives.

System leaders believe that two management tools offer the most promise for effectively directing local activities: setting performance goals for CEOs and engaging in strategic planning. The system’s regional senior vice presidents communicate corporate staff positions on public policy issues through these two mechanisms. CHC requires that the regional senior vice president ensure that each CEO participates in a performance plan and evaluation each year. Public policy efforts are incorporated into both activities with regular progress reports from the CEO to the CHC board and regional vice president.

System efforts to coordinate a public policy advocacy program have convinced many boards at CHC-affiliated institutions to become more involved in important healthcare issues and to use their influence to get local constituents involved as well. CHC has also discovered that effective education on the impact of public policy is a powerful tool for shaping attitudes of local communities. The system now offers several sessions each year to assist facilities in setting up educational programs targeted to specific public policy issues.

LESSONS LEARNED
In the two years CHC has actively been pursuing its advocacy efforts, system leaders have learned a

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HC puts leaders at its affiliates in contact with advocacy experts.

number of valuable lessons. The experience has, first of all, confirmed the wisdom of CHC's commitment to avoid becoming involved in local health policy issues and to focus solely on prominent national issues.

The system has also learned the importance of timing in communicating with Congress on key healthcare-related public policy questions. In certain instances, for example, CHC may delay input or emphasis on an issue even when popular interest in it is growing. Leaders of the system's advocacy efforts have come to consider the Catholic Health Association an excellent resource in determining the timing for effective input.

In addition, CHC now recognizes the importance of putting leaders at system affiliates in contact with experts in advocacy. CHC has invited the primary lobbyists for the major national healthcare associations to its semiannual CEO meetings to enable these persons to become acquainted with the system and leaders within the system. These meetings have also encouraged local CEOs to forward their input on healthcare issues to key lobbyists.

AN EFFECTIVE FORCE

Since initiating its program, CHC has been able to rally approximately two-thirds of its facilities to respond on any given issue. The method of working closely with local facility CEOs and boards has enabled CHC to achieve its vision of becoming an effective force in providing input on key public policy issues and a responsible steward of community healthcare.

Pastoral Care Policies and Procedures for the 1990s

Now from CHA a complete guide to pastoral care policies and procedures covering five essential components of pastoral care management:

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Copies of Pastoral Care Policies and Procedures for the 1990s are available from the CHA Order Processing Department for $20.00 each. Call Karen Kaltenbach at 314-427-2500, ext. 258.