

# VISION 2020 — A COMMITMENT TO ANAWIM

In this issue of *Health Progress*, I am struck by Charles Strobel's poignant article and his personal story of childhood. His definition of the Hebrew word *anawim* and the use of its synonyms — the poor, those in poverty — are reflected in our Vision 2020 statement, "Together we will meet the current and emerging needs of vulnerable persons." In Vision 2020, the words "vulnerable persons" are synonymous with *anawim*.



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When the sisters came to our country — before it even was a country — in the early 1700's, they came to minister to the needs of the most vulnerable. They did so selflessly, with the fewest of resources, without a strategic plan and without an articulated long-range vision. They understood and lived *anawim* at the most intrinsic level.

But in today's operating environment, we know that making decisions about serving the *anawim* isn't enough. Developing a long-range strategic plan based on demographic, competitor and financial analyses is a necessity. Bond-rating agencies require five-year financial plans and assess each organization's potential future viability based on an algorithm of strategic and financial indicators. Ministries that serve populations whose indicators are heavily weighted toward a strong commitment to *anawim* (large populations requiring charity care, medical assistance and behavioral health, to name a few) are penalized.

The 2010 Patient Protection and Affordable Care Act will provide health care coverage for an additional 32 million people, easing the financial burden for both individuals and providers. The legislation requires health plans to provide coverage for preventive health services and incentives for state Medicaid programs to offer free preventive services. If these and other financially beneficial health reform provisions prevail through future

legislative actions, they will ease the financial burden to provide health care to certain populations. But the Affordable Care Act does not help cover undocumented immigrants, and even when fully implemented, it will leave at least 15 million people without adequate health insurance because they don't meet eligibility criteria. It won't cover all prescription costs. It doesn't address other factors that contribute to health in the broadest sense — nutrition, housing, sanitation, health literacy and social conditions.

CATHOLIC HEALTH MINISTRY



STEEPED IN TRADITION, FOCUSED ON THE FUTURE.

What does this mean for the Catholic health ministry? Will we try to continue to provide services in the way we have come to know over the past six or so decades — in hospitals, ambulatory surgery centers, institutional facilities for the elderly? Certainly, in some (maybe many) communities, these are the services that will be most needed, and a Catholic provider will be the only option for *anyone* with health care needs.

In other communities, there are many hospitals and outpatient service providers and there

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is more capacity than need. As the health reform provisions are phased in and there are fewer uninsured in those communities, what will the Catholic health ministry's role be? Does meeting people's needs along the broader dimensions of health (nutrition, housing, sanitation, health liter-



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# OUR VISION FOR THE NEXT DECADE

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acy, etc.) present opportunities for Catholic health providers' transformation? Should these needs be met in addition to traditional health services, or would it be more appropriate to transition out of the institutional settings and into alternative configurations? What happens to the physical plant assets then, and how do we deal with the accompanying debt overhead? These are the questions we will face as we create our visions and strategic plans for the next decade and beyond.

I doubt that the sisters who emigrated here from Europe, or those who traveled West on foot and by wagon across the rivers and mountains, or those who were on the Civil War battlefields, ever imagined that their humble ministries performed in the spirit of Charles Strobel's principle of *anawim* would ever become what they are today.

Our Catholic health ministry is built on a tradition of serving the poor and vulnerable, and Vision 2020 honors that tradition. As we journey towards 2020, all of the Catholic health ministry will be challenged to address the issues raised by the questions I've outlined above, all the while seeking out the vulnerable and being true to our mission and the principle of *anawim*.

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Inspired by the Gospel and grounded in our beliefs and values, the Catholic health ministry will serve as a compass to guide our nation through the complexities of an evolving health care system.

Over the next decade, we will collaborate, promote innovation and generously share knowledge to improve the health of individuals and communities.

### **TOGETHER, WE WILL:**

- *Continue to champion the sanctity of life from conception to death.*
- *Lead the development of sustainable, person-centered models of care across the continuum.*
- *Meet the current and emerging needs of vulnerable persons.*
- *Engage all who are called to serve through a ministry-wide commitment to formation.*
- *Broaden and deepen our relationships within the community of the Church.*



For more information go to  
[www.chausa.org/vision2020](http://www.chausa.org/vision2020)

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