

tidings!

February, 2007

MARK YOUR CALENDAR

February 28-March 2, 2007
Catholic Health Care Ethics:
The Tradition and
Contemporary Culture
Loyola University, Chicago
FFI: 708-327-9209

March 2007 - TBD
CHA-MN Meeting
Registration forthcoming
FFI: 651-503-2163

April 23-29, 2007
Cover the Uninsured Week
FFI: www.covertheuninsured.org

June 17-19, 2007
92nd Catholic Health
Assembly
Marriott Downtown, Chicago
FFI: www.chausa.org

AS I SEE IT

Legislative Session and the Groundhog

The legislature is off to a running start this year and with the introduction of the Governor's budget, things are starting to move. Having received what many prognosticators have said is the message to get things done, the legislators have introduced a variety of measures in the healthcare committees.

The Governor outlined his healthcare plan in his budget which included creating a Minnesota Health Insurance exchange, enabling individuals to pay premiums with pre-tax dollars, reducing the small employer burden, and providing subsidized private sector policies through MN Care II – which serves as a simple conduit to coverage for people who do not have access to employer sponsored insurance.

The Governor is also renewing his commitment to substantially reform, expanding and improving mental health services and infrastructure through a \$45 million set of initiatives.

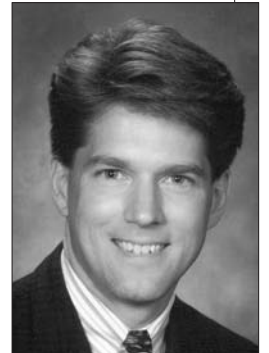
For long term care, the Governor proposes \$92 million, which will be increased payments of up to 2% each year for long-term care providers. This plan continues the current policy of providing a portion of the increase for

nursing facilities to performance measures in order to ensure individuals receive quality care. Facilities will receive 1.5% each year and can earn another .5% if they meet the performance measures.

The Governor's budget usually sets the parameters around which the legislature works. Many are saying this year that it will be the starting point for most of the negotiations. Many analysts say that the Governor's budget usually gets between 75-90% of what the Governor wants.

BILLS TO WATCH

The big bills to watch this year include: SF2 (Berglin) and HF297 (Huntley); these are looking like the mock ups for the Health and Human Service omnibus bills. They include much of what the Democrats want to do in healthcare, that being to increase MN Care rates, expand eligibility, decrease barriers to access, and simplify forms. Other bills include HF34/SF100 – Stem Cell Research, SF238/HF305 – Smoking Ban, HF1/SF15 – Children's Healthcare, and HF298 Increased Family Planning



*Toby Pearson,
CHA-MN
Executive Director*

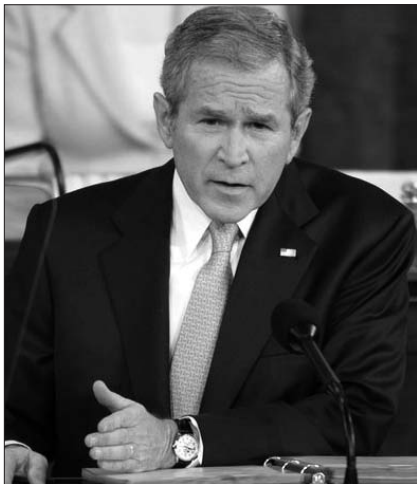
Pearson *cont. on page 2*

President proposes health coverage changes through tax code revision

By Clay O'Dell

President Bush made health care a focal point of his domestic policy agenda in the January 23 State of the Union speech, asking Congress to approve his plan to expand coverage by changing the tax code to include health coverage as taxable income.

Under the administration's proposal, families would be given a health coverage deduction of \$15,000 per year, and individuals a \$7,500 deduction. The deduction would apply to a qualified insurance plan, either purchased individually or through participation in the workplace. Insurance premiums



President Bush at the January 23 State of the Union Address. Reprinted with permission from the CHA-USA.

CHA President and Chief Executive Officer Sr. Carol Keehan, DC, commended the president for making health care a domestic priority in the State of the Union speech. However, Sr. Carol said the president's plan "falls short of a significant coverage expansion and of truly addressing the weaknesses of our health system." She said the proposal would not help expand coverage to low and middle-income families, "who

cannot afford monthly premiums or wait for an end-of-the-year tax deduction to help finance their health care." exceeding the deduction amounts would be subject to taxation, a move the administration says would garner additional revenue from upper-income taxpayers with generous health plans. The administration estimates that the plan would help approximately 3 to 5 million of the estimated 47 million uninsured to purchase health coverage.

In a statement following the address,

cannot afford monthly premiums or wait for an end-of-the-year tax deduction to help finance their health care."

The administration's health proposal would allow states to use disproportionate share hospital funds to provide subsidies or pooling arrangements for low-income families to purchase insurance. However, Sr. Carol noted that taking funds from providers currently caring for low-income populations for this proposal would amount to cost-shifting that could "hurt the quality and quantity of care available to the most vulnerable."

The CHA statement also highlighted two of the ministry's coverage initiative priorities for this year, reauthorization of the State Children's Health

Insurance Program (SCHIP) and the recently released coverage proposal by the Health Coverage Coalition for the Uninsured (HCCU), neither of which was mentioned in the president's address. Sr. Carol recommended the HCCU proposal as a "consensus-building process that ... could be a model for the administration, Congress, and the health care community to move forward in coming months on SCHIP and other coverage initiatives."

© 2007 by the Catholic Health Association.

Reproduced from *Catholic Health World* with permission.

CHA is disappointed that the president's plan falls short of a significant coverage expansion and of truly addressing the weaknesses of our health system.

Pearson *cont. from page 1*

Grants. Also, there are several bills related to a Constitutional Amendment on the Right to Healthcare.

For long term care, the bills to watch include the SF139 and HF178, 55 and 173 – which increase the nursing facility rates to geographic group III median rate (geographic group III is the metro rate). Currently, it looks like this will be another difficult year for long-term care and the payments the facilities receive.

The word on the February forecast is that there will be "no significant change" in the forecast so the legislature will have to find a way to work within the existing surplus and cannot plan on a significant difference from the existing numbers. I am not sure if there is any correlation to Puxatawney Phil seeing or not seeing his shadow, but at the legislature the forecast might be for a long and exciting session for healthcare and healthcare related issues.

The ongoing story of sponsorship

Can the Ministry Collaborate for Formation of the “Next Generation of Sponsors”?

Catholic Health Care May Need a Ministry-Wide Formation Program

Sr. Theresa Stanley, CCVI, PhD

The formation of sponsors – both religious and lay – is an important issue in the continuation of sponsored ministry of Catholic institutions. As this ministry continues to evolve, and as sponsoring groups determine how best to prepare new sponsors to undertake the roles and responsibilities involved, might this not be a good time to think about ways to pool the ministry’s collective wisdom on formation?



*Sr. Teresa Stanley, CCVI, PhD
Sr. Teresa is senior director, sponsor services, Catholic Health Association, St. Louis.*

CHA has conducted research on the biggest challenges the ministry will be facing in the next decade. The formation and education of lay leaders (and also of new congregational lead-

ers who assume the sponsor role) is a concern many place at the forefront of these challenges.

“[Sponsors] anticipate a future in which sponsorship will be transferred to a new generation of sponsors, but they also recognize that the current sponsors must truly understand sponsorship before they can pass it along.”

Is there a desire on the part of congregations and sponsoring bodies to address this need for formative programs jointly? If so, who might want to gather to discuss possibili-

ties? Rather than try to answer those questions here, I will provide information about the ministry of sponsorship and about current trends in formation/development programs, including some collaborative ventures already in place. Sponsors interested in discussing collaborative efforts are asked to go to www.chausa.org/sponsorformation and register as interested parties; CHA can then gauge interest in pursuing further joint ventures in formation.

WHAT IS SPONSORSHIP?

Sponsorship of Catholic health care involves animating, promoting, and ensuring Jesus’ healing mission. It is a dynamic approach to providing ministry, particularly complex ministry on an institutional scale such as a health care system, hospital, or university. “Although the duties of sponsorship have something in common with those of governance, they arise from a different source (a relationship with the Catholic Church).”

Sponsors act not only in the name of the health care institution (or

other ministry) but on behalf of the faith community engaged in continuing the compassionate healing ministry of Jesus. Sponsors of Catholic health care act publicly on behalf of the Roman Catholic Church. All those who sponsor have been entrusted by the proper ecclesiastical authority with serving the church by guiding and overseeing a specific institutional ministry in a formal and public way. Just how that authority is carried out can vary, depending on the reserved powers of the sponsor and the structure/model of sponsorship.

In Catholic ministry, and particularly health care ministry, sponsors carry out their responsibilities through a multiplicity of organizational relationships. Congregational leadership teams once served as the sponsor of an institution; however, many changes have taken place in the past decade and many more are on the horizon.

The sponsoring congregations of five health systems have been granted distinct canonical recognition as public juridic persons (PJPs) by the Holy See (another has received informal approval).

These PJPs include laity as sponsors. Many congregations with single or cosponsored health systems have empowered bodies, such as corporate members or sponsor councils, to assume most of the canonical responsibilities previously assumed by the executive leadership of the congregation. There is also a growing challenge to boards of trustees to assume the responsibilities for mission and

Sponsorship of Catholic health care involves animating, promoting, and ensuring Jesus’ healing mission.

identity and for all dimensions of the ministry. To accomplish this, there is a constant need for formation.

Just as structures differ, so, too, do the criteria that guide who will be called to join a sponsoring group – especially in response to the Second Vatican Council’s call to the laity to assume their rightful responsibility in the church. Some of these criteria – religious, lay, Catholic baptized, Christian baptized, other-than-Christian, and so forth – are constantly critiqued and changed. There are, however, several core elements that are incorporated into the majority of sponsor competency sets. These elements, identified by a committee of ministry members and reviewed by hundreds of sponsors and other ministry

leaders, were published in 2006 by CHA in *Core Elements for Sponsorship: A Reflection Guide*. The elements are:

Mission Oriented – Sponsors are faithful to the call to build upon the legacy given in the church’s rich history and heritage of commitment to the common good, as expressed through works of justice, mercy, and compassion.

Animated – Sponsors encourage, inspire, and challenge the ministry of health care to be true to the healing mission of Jesus.

Theologically Grounded – Sponsors engage in theological reflection about the ministry of Catholic health care and articulate the principles of Catholic health care to, and for, the ministry, especially in the context of a pluralistic society.

Collaborative – Sponsors initiate relationships marked by mutuality, respect, and integrity for the sake of the ministry.

Church Related – Sponsors, in communion with church leadership, work in mutually respectful and accountable relationships for the common good.

Accountable – sponsors give an account to the church (at large), the communities served, and the congregation(s)/dioceses regarding the quality of service and the ministry’s integrity and fidelity to the mission.

These core elements are lived out by sponsors in various ways, depending on the situation and relationships with their partners in governance and executive leadership. In some cases, the sponsoring body/corporate member carries out the reserved powers – those decisions that are relegated to sponsors alone – but only after reflection and recommendation from the board of trustees.

New sponsors who are thinking about convening dialogues on possible areas of collaboration in formation may find in these core elements (along with examples of the way the elements are lived out) an outline they can use in their personal and professional development.

LEADERSHIP DEVELOPMENT ACTIVITIES

Our Catholic health ministry depends on leaders who can create and steward organizational cultures that incarnate Jesus’ healing. Such people are leaders who hear and respond to a call to service – a call that comes from God and from the communities in which these leaders live and flourish.

The leadership they demonstrate – identified, nurtured, and inspired through opportunities for their development – profoundly changes the Catholic health ministry and, more importantly, the lives of those we serve.

A multitude of programs have been implemented to aid executive leaders in their professional and personal development. Many health care organizations host system-based programs, such as Foundations of Catholic Health Care Leadership, or utilize CHA’s annual offering of this curriculum. Other organizations have created their own programs and academies, typically spanning from six months to two years. Teaching modules are provided through online study, in-person sessions, and personal and

group reflection. Retreats are also a common component.

In whatever form they take, these programs teach leaders about the institution and Catholic health care as a ministry rooted in Jesus. They also communicate the leaders’ role in helping other associates connect the dots between their daily work and the ministry.

A more recent approach has involved partnerships between health care systems and Catholic seminaries and universities. Ascension Health and the Aquinas Institute of Theology, both based in St. Louis, have developed a two-year program that is annually offered to 25 outstanding leaders from across the ministry. The program includes 18 months of coursework, taught by Aquinas faculty, and retreat days. Following that, participants complete a six-month applied learning project in their home setting.

While these examples are individual ventures for specific systems, a well-known collaborative venture in the West offers insight into how systems can join together to

The Second Vatican Council of the early 1960s occasioned many changes in the Catholic Church, some of them anticipated, others unanticipated... one significant unanticipated change has been the shortage of sisters in health care.

provide development programs. The California Collaborative Initiative on Ministry Leadership Formation is a joint venture undertaken by Catholic Healthcare West, San Francisco; Daughters of Charity Health System, Los Altos Hills, CA; Providence Health System, Seattle; Sisters of Charity of Leavenworth Health System, Lenexa, KS; and St. Joseph Health System, Orange, CA. Senior system and facility executives from these organizations participate in a three-year program of spiritual and intellectual formation that focuses on leadership spirituality, institutional identity, social justice, and church relationships.

SPONSORSHIP FORMATION ACTIVITIES

The potential for successful collaboration between sponsors has already been demonstrated by the Collaborative Formation Program for Public Juridic Persons.

Initiated by Catholic Health Ministries (Trinity Health, Novi, MI), Hope Ministries (Catholic Health East, Newtown Square, PA), Catholic Health Care Federation (Catholic Health Initiatives, Denver), and Covenant Health (Covenant Health, Inc., Lexington, MA) – and now including Bon Secours Ministries (Bon Secours Health System, Inc., Marriottsville, MD), and St. Joseph Health System, Orange, CA – the program offers an operational plan that could be adopted by others.

The Collaborative Formation Program consists of four weekend seminars held over an 18-month period. The program's curriculum was created by representatives of the six participating organizations. The representatives meet regularly by phone and periodically in person (in one-day meetings at O'Hare International Airport, Chicago, the expenses of which are assumed by each participant) to determine the program's agenda, discuss details, and divide responsibilities (e.g., contacting faculty members, serving as facilitator, making arrangements with the hotel where the program will be held). The six partners share the costs of the hotel, reading materials, speaker stipends, and food by prorating it by the number of participants each has in the program.

In addition to the programs mentioned, several annual, ministry-wide opportunities exist for people interested in sponsorship. CHA, for example, hosts both a Sponsorship Institute each spring and a one-day program preceding the Leadership Conference of Women Religious Assembly.

WHY IS THERE A NEED FOR SPONSOR FORMATION?

The Second Vatican Council of the early 1960s occasioned many changes in the Catholic Church, some of them anticipated, others unanticipated. In the United States, one sig-

nificant unanticipated change has been the shortage of sisters in health care. Because the Catholic health ministry in this country was largely the creation of women religious, congregations have responded to the shortage challenge by developing laypersons for leadership. Many congregations have sisters who, although they have not had preparation in health care, can fulfill a sponsor role; in addition, some want to incorporate laypersons as sponsors. Thus the need for lay and religious sponsor formation.

Stepping up to this new role, with its risks, demands, and accountability, is an awesome responsibility, one for which many laypeople judge themselves to be unprepared. In *Partners in the Between Time: Creating Sponsorship Capacity*, their second book on sponsorship, Kate Grant and Sr. Pat Vandenberg describe sponsorship as an invitation to co-create a future even greater than the past. Because it believes this to be true, the ministry is increasingly putting its energy into the identification and preparation of sponsors.

CHA programs on the theology of – and the competencies and responsibilities involved in – sponsorship always lead to questions about formation and how it should be done. Evaluations collected after these programs suggest that many people in Catholic health care wish there were a ministry-wide formation program in addition to the Collaborative Formation Program for Public Juridic Persons, since participation in that program is limited. But, so far, no concrete suggestions for the creation of such a program have been offered.

WHO IS INTERESTED?

If they should be asked about the need for collaboration in the formation of future sponsors, most people in the ministry will answer yes. The question is: What would such a collaborative project entail?

If you, the reader of this article, are a member of a sponsoring body (congregational leader, corporate member, or member of a sponsor council) in Catholic health care and are interesting in nominating persons to join a representative group that would discuss possibilities for collaboration in sponsor formation, please go to www.chausa.org/sponsorformation and complete all sections of the nomination form.

Reprinted with permission by the CHA- USA.

© 2007 by the Catholic Health Association.

Reproduced from Health Progress with permission.

MISSION:

BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



Catholic Health Association of Minnesota
P.O. Box 65217
St. Paul, MN 55165-0217

News & Notes

- To assist Catholics of the state who wish to have an advance directive, the Catholic Bishops of Minnesota have recently prepared an official **Minnesota Catholic Health Directive**. For a complete copy of the directive and guidelines, visit www.mncc.org, or contact the **Minnesota Catholic Conference** directly to order copies.
- **Catholic Charities USA** launched an initiative, “**The Campaign to Reduce Poverty in America**,” at a Capitol Hill briefing January 10. Their ambitious goal is to cut poverty in half by 2020. “CHA is pleased to again stand with Catholic Charities USA in a campaign that is critical to the millions who struggle daily to exist in our country,” said Sr. Carol Keehan, DC, CHA president and chief executive officer.
- A diverse coalition of 16 leading, national health care organizations – the **Health Coverage Coalition for the Uninsured (HCCU)** – have recently come together to forge a historic agreement that would significantly expand health coverage for America’s nearly 47 million uninsured. For the first time, the groups forged consensus on an agreement that sets aside political and ideological differences to expand coverage for America’s uninsured; **CHA-USA** has agreed to be a part of this new coalition.
- **CHA-USA** has recently made available their **Advocacy Directory** which provides access to information about members of Congress and the Catholic health organizations in their home states and districts. Visit the new directory at www.chausa.org which allows you to search for members of Congress and their staff, as well as congressional representation by specific CHA member systems and facilities, congressional districts and states.

Catholic Health Association of Minnesota Board of Directors

Sr. Mary Heinen, CSJ, President
Carondelet LifeCare Ministry, St. Paul
(651) 690-7028

Ms. Phyllis Novitskie, President-Elect
HealthEast St. Joseph’s Hospital
(651) 232-3434; pnovitskie@healtheast.org

Mr. Mark Cairns, Secretary-Treasurer
Madonna Towers of Rochester
(507) 288-3911; mcairns@bhshealth.org

Ms. Linda Doerr, Past-President
St. Benedict’s Senior Community
(320) 252-0010; DoerrL@centracare.com

Sr. Mary Eliot Crowley, OSF
St. Marys Hospital-Mayo Clinic
(507) 255-6166; mecrowley@mayo.edu

Mr. Thomas Crowley
St. Elizabeth’s Hospital, Wabasha
(612)565-4531, stetomc@wabasha.net

Mr. Lowell Larson
Benedictine Health System
(763) 689-1162; lowell.larson@bhshealth.org

Mr. Chris Leifeld (ex-officio)
Minnesota Catholic Conference, St. Paul
(651)227-8777; cleifeld@mncc.org

Mr. David Nelson
St. Francis Medical Center, Breckenridge
(218) 643-3000; davidnelson@catholichealth.net

Mr. Bret Reuter
St. Cloud Hospital/St. Benedict’s Senior Community
(320) 251-2700; ReuterB@centracare.com

Ms. Kathy Tomlin
Catholic Charities – St. Paul/Mpls
(651)291-4537; ktomlin@osjpm.org