

The
Catholic
health
ministry



Living Icons of Compassion



National
Dialogue
Findings

National Dialogue Mandate

That the Catholic Health Association of Canada (CHAC) sponsor a national dialogue on a preferred future for the Catholic health ministry in Canada. This will be done in collaboration/consultation with the Canadian Conference of Catholic Bishops (CCCCB), member provincial associations, sponsor organizations, and other interested parties.

CHAC Annual Assembly, May 2002

A Report of the National Dialogue Steering Committee



Prepared by the

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April 2003

Introduction

Since October 2002, the Catholic health ministry in Canada has been engaged in a Dialogue on a preferred future for the ministry. Appreciative Inquiry is the approach that was selected to assist us in developing such a vision for the future.

Appreciative Inquiry provides people with a new way of approaching organizational challenges. It involves one-to-one dialogues to identify the strengths and assets of people and organizations, and uses this information to assist in developing a shared vision, action plans and commitment to action.

This document presents the findings from 675* one-to-one dialogues (received by March 17) that have been conducted among a broad range of individuals from throughout Canada. This *Findings Document* will guide the visioning process that will be undertaken at the CHAC 2003 Convention (*National Forum*).



National Dialogue on a Preferred Future for the Catholic Health Ministry in Canada



* As of April 7, 1,378 responses had been received. The responses received after March 17 will be incorporated into the Findings presentation that will be given during the National Forum in Montreal.

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New Horizons

In the Winter of 2002, the CHAC Board of Directors recommended that now is the time for a thorough reflection and dialogue on the nature and future of the Catholic health ministry. A time for exploring new horizons.

The ministry faces important challenges and opportunities:

- A broader understanding of the Church's health ministry
- Religious congregations are leaving the hospital and long-term care ministry
- New forms of sponsorship of Catholic health organizations
- Governance structures and ethical pressures that threaten Catholic identity
- Issues of leadership recruitment and education
- New directions in health care reform nationally and provincially
- Financial constraints
- The impact of change in the world and in the Church



*A critical turning point...
A time of amazing opportunities*

Purpose of the Dialogue

1. This project will give us a road map (a vision) for the Catholic health ministry that we are involved in each day. That vision will prepare us for the challenges and opportunities that we face today and will encounter in the future.
2. The dedication and commitment of individuals in the Catholic health ministry has played a significant role in Canada from its earliest days as a nation. The Dialogue will help us to identify what leadership roles we can continue to provide in the future.
3. People involved in this ministry share a deep sense of identity and community. The Dialogue is intended to deepen that experience of belonging and purpose.
4. The Catholic health ministry faces real challenges. The Dialogue aims to ensure that the ministry will be vital and dynamic in the years ahead.



“Taking part in an interview made me stop and really think about what else I could do, and how to involve people who do not realize they have a special gift to share.”

A National Dialogue participant

The Process: Appreciative Inquiry

The approach selected to assist us in this process of reflection and dialogue is Appreciative Inquiry.

Appreciative Inquiry provides a large number of people an opportunity to participate in building a bold vision and making it come true.

The process involves dialogues and storytelling to draw from the best of the past. It aims to capture and express the qualities of a desired future. Building on the strengths and successes of people and organizations, it assists organizations to develop a preferred vision, action plans and commitment to action.

*Bridge the best of “what is”
with “what might be”*

Step 1: The Interviews

(Oct. 2002 – March 2003) As many people as possible were invited to share their peak experiences of the ministry, and to identify the strengths, values and life-giving factors that describe the ministry at its best.

This initial step in the Dialogue unfolded through a series of one-to-one dialogues that were conducted in every province of the country.

Step 2: Findings Document

(April 2003) The input from respondents has formed the basis for this report – the *Findings Document*. It identifies the key strengths and characteristics of the ministry. This document will guide the visioning process that will be undertaken at the CHAC 2003 Convention (*National Forum*) in Montreal.

Step 3: CHAC 2003 Convention (*National Forum*)

- **Review of the Findings** — The Convention participants will review and confirm the life-giving factors of the ministry as presented in the *Findings Document*.
- **Visioning Process** — Participants will articulate vision propositions (bold statements) about what the ministry could look like in the future.
- **Strategic Planning** — Participants will gather in stakeholder groups to identify strategies, actions and commitments required for implementing the vision.

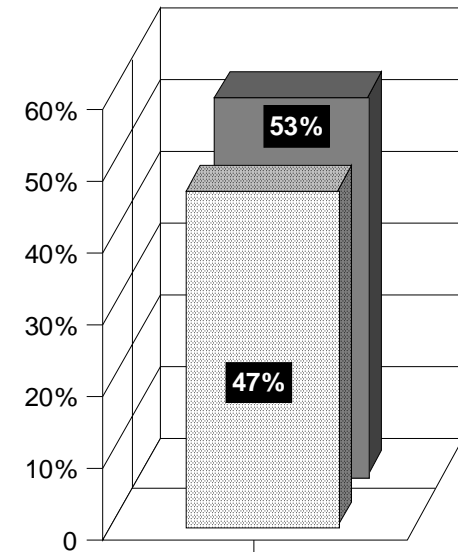


Profile of Respondents

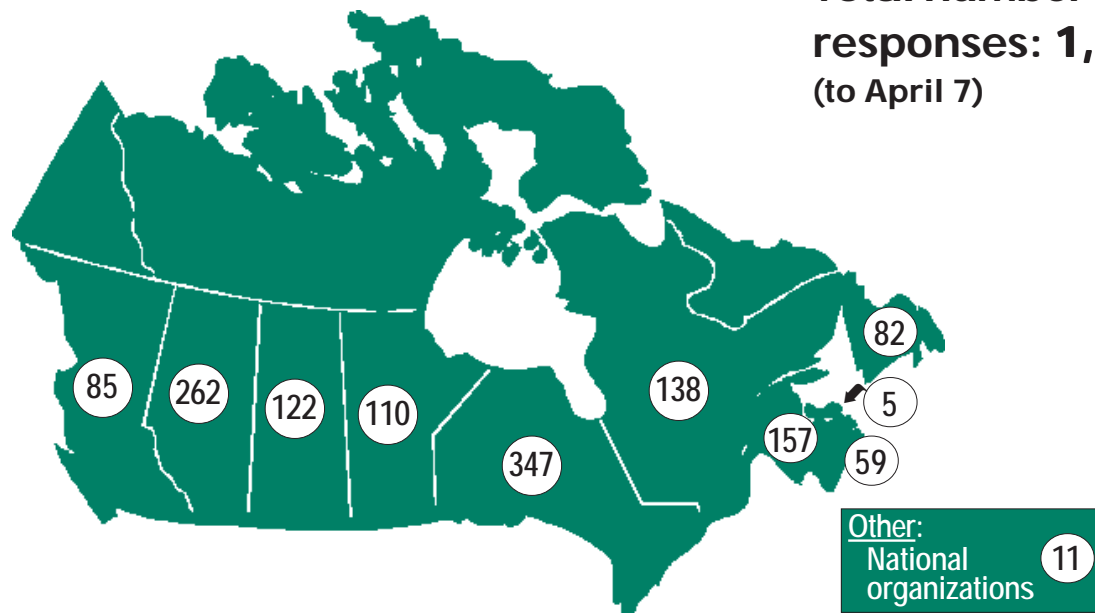
As of April 7, 2003:

- Number of interview response forms received by the CHAC office: 1,378
- Interviews within Catholic health care organizations involved individuals from all sectors of the organization: managers (76); nurses (55); CEOs and senior administration (48); Volunteers (58); Pastoral Care (47), etc.
- Number of trustees from Catholic health organizations engaged in interviews: 84
- The Dialogue included interviewees from Catholic social service organizations, Catholic Women's League, Knights of Columbus, parishes.
- Number of dioceses in Canada that appointed coordinators to organize National Dialogue interviews: 15
- Number of CWL members who participated in interviews: 243
- Number of individuals who facilitated interviews: 77

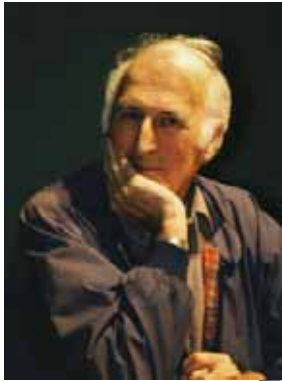
- % of interviews from Catholic health care organizations
- % of interviews from other Catholic organizations and settings (CWL, social services, parishes, etc.)



Total number of responses: 1,378
(to April 7)



Findings



“It is often the daring risk-takers who have the most positive impact in responding to unmet needs.”

A National Dialogue participant

Preamble

More than 1000 people from across the country have responded to the invitation to tell us what they think about a preferred future for the Catholic health ministry. CHAC staff coded and categorized the many moving stories, comments and hopes received. This has been done according to common themes and major units of meaning. Dr. Leo Klug, past-chair of the CHAC Board of Directors, psychologist and former staff person at Caritas Health Care, Edmonton, undertook the initial analysis and writing.

All Dialogue participants responded to the same questions. The responses from different sectors reveal an amazing common affirmation of the major themes and shared hopes. Because of the anonymity of the response sheets, so as to protect confidentiality, it is not possible to track specific responses to specific respondents. No major theme, however, has emerged as the unique emphasis of a particular sector.

At the same time, the particular contexts and challenges of different sectors in the ministry are evident in the findings. Responses from hospitals, for example, often focus on issues related to staff relations, finances and leadership. In Quebec, a province with very few Catholic hospitals, a focus on pastoral care issues is evident. Responses from the CWL, a group with a strong sense of identity and purpose, highlight the potential for a broader health and healing ministry that exists at the parish level.

The CHAC Board, the National Dialogue Steering Committee and the provincial Catholic health care associations were all actively involved in reviewing the findings. This section of the *Findings Document* groups and summarizes the responses under four headings:

We Believe — Those factors that enable the Catholic health ministry to be its best.

We Hope — The hopes for the ministry that were shared by respondents.

We Can Do Better— Those areas where we could do better in our ministry.

We Suggest the Following Actions — The actions that are required for creating a preferred future for the Catholic health ministry.

PART ONE: **We believe** the Catholic health ministry is at its best...

Introduction

During the dialogues, participants were invited to share significant experiences they had in the healing ministry, and to identify those factors that made such experiences possible.

In their responses, participants identify deeply held beliefs about the values, attitudes and behaviours that need to be lived in order for the ministry to be at its best.

What follows is a summary of these beliefs.

When we honour the ministry's rich legacy.

A fundamental belief, mentioned or implied by many, is that the health and healing ministry is central to the Christian faith tradition.

There is a deep appreciation for the spirit, traditions and example of the Sisters. Their faith, love and compassionate service provide us with a model and inspiration. They dared to risk and persevered under great hardships. We have reason to be confident in our values and to believe we can make a difference.

Quotable quotes

"The groundwork of the Sisters is the cornerstone for the future."

"As a new, young Protestant employee, my supervisor was a Sister. She taught me to strive for what was best for the residents. She gave me the inspiration to obtain a higher education and the courage to be visionary. Her support and remarkable love and compassion made me want to continue to work in a Catholic health care facility."

When we keep a vibrant faith and conviction about the healing power of God.

Many Dialogue participants have a deep faith in God as Healer. This faith nurtures their sense of calling, deepens their trust in Providence, and enables them to see Christ in those who are sick and dying.

Many indicate a belief that all healing is from God; we are God's instruments. Many stories reveal a deep belief in the power of prayer.

Quotable quotes

"It was a force that compelled me to go into that man's room – perhaps divine intervention – but I felt that I needed to go."

We believe the Catholic health ministry is at its best...

When we serve out of a sense of calling.

Many respondents feel that working in the health ministry is not a question of merely doing a job, no matter how well it is done – it is a calling. They identify a number of sources for this sense of calling: their baptism, the organization's mission, and the opportunity to be part of, and to contribute to, something bigger.

Quotable quotes

"It is plain and simple – it is a way of living my truth."



Photo courtesy of Misericordia Hospital, Winnipeg

When the dignity of persons is respected and promoted.

Repeatedly, respondents highlight the importance of dignity as a fundamental value, one that is central to Catholic health care. Respect for the dignity of others is required in many contexts and situations: relations with staff; cultural and religious differences; socio-economic differences; patients and residents; families; holistic care; etc.

Quotable quotes

"The total organization treated the homeless man as a 'person' and not as another statistic on the street."

"Respect and dignity are the core of caring and justice."

When we live the values of caring and compassion in all of our relationships.

Quality relationships and the values of caring and compassion are at the heart of the Catholic healing ministry. Respondents overwhelmingly state that these two values provide them with a deep sense of meaning and purpose. They tell us that compassion and caring motivate them to see and to act beyond the limits of what is possible, to be truly present and to journey with those who suffer.

The ministry is at its best when caregivers are able to spend sufficient time with those who are sick and suffering so that they are able to respond with compassion and attentiveness.

Quotable quotes

"I listen with compassion even when the situation appears hopeless."

"We tend to humanize our tasks."

We believe the Catholic health ministry is at its best...

When we strive to create vibrant and relevant health care organizations.

The Catholic health care ministry has been lived out primarily through hospitals and long-term care organizations. Dialogue participants believe the work of such health care organizations is a central aspect of the overall health and healing ministry. They also believe strongly that such organizations must be characterized by: just treatment and support for staff; good communication; quality spiritual/religious care and care for the dying; leadership by example; vision and openness to change; and above all, a clear living of our core values.

Quotable quotes

“It is ‘different’ at a faith-based facility.”

“I feel really lucky to work in this environment.”

When we have strong, visionary leaders, rooted in the mission and values of the ministry.

One element of the legacy left to us by women religious has been dedicated and competent leadership. Respondents highlight the importance of developing strong lay leaders who understand and live the values of Catholic health care.

Such leadership, at every level of the organization, “walks the talk”, respects everyone, empowers staff, and has the courage to risk for the mission. Educational programs to form such visionary leaders are an integral part of Catholic health care.

Quotable quotes

“What a joy it is to work with leaders who are good news for their teams, who value the uniqueness of each person and who teach by example. These leaders show humility, mercy, compassion and belief in the ability to help patients, and know how to treat others with dignity.”

When we journey with the dying and their families.

Many respondents indicate a passionately held belief that we are called to journey with dying people and their families. This ministry includes the care that families provide at home as well as the excellent care typically provided in palliative care and hospice programs. Respondents are resolute in their conviction that no person should die alone or in pain.

Quotable quotes

“One of our patients, who was engaged to be married, was only days away from death and longed to be married. We got fully involved and found her a wedding gown, booked our chapel, arranged for an earlier marriage date, and we participated fully in this special and moving event.”

We believe the Catholic health ministry is at its best...

When we emphasize the importance of providing spiritual/religious care.

A very large number of the responses indicate that spiritual/religious care is a primary value that permeates everything we do in the healing ministry. The importance of care of the whole person, especially the spiritual dimension, involves all aspects of care, whether that is in a hospital, long-term care facility, or some other setting. Respondents clearly believe the centrality of spiritual/religious care must be maintained.

Quotable quotes

“One of our patients was a young native man, a homeless street person, out of touch with his family and his native roots. He was also a quadriplegic, and struggled endlessly with “God questions”. We were able to gently guide him into a fuller discovery of his spiritual roots and practices, and he also reconnected with his family.”

When the Church community and its leadership assume responsibility for the health care ministry.

Many respondents emphasize that the healing ministry belongs to the whole Church. We are all responsible. Church leaders, especially Bishops, have a special accountability for the health care ministry. Their leadership role includes presence, visibility, and support of lay people engaged in this ministry.

Respondents also highlight the important contribution pastors can make by: visiting hospitals; educating and encouraging parish involvement; and reaching out to those in need.

Quotable quotes

“If Catholic health care is a sharing in the healing ministry of Jesus, then the greater Catholic community needs to be brought into this ministry.”

When we are committed to advocating for just relationships and structures.

Justice is a major theme that is mentioned often, and implied in many other comments. This includes: advocating for the poor and vulnerable; supporting Medicare and specific health care reforms; promoting Catholic health care as an important part of the health care system; and pressing government for more funding in all these areas.

Quotable quotes

“As leaders in health care, board members and senior managers must be advocates for individuals who are facing injustice. As Canadians, we must be strong advocates for the principles of Medicare.”

We believe the Catholic health ministry is at its best...

When we make every effort to identify and meet the unmet needs of persons who are vulnerable or suffering.

Catholic health care was founded as a response to unmet needs. Religious women showed us the way. We are at our best when we act similarly today.

Respondents from all sectors affirm this belief. They also affirm the importance of being ready to take the risks that may be required.

Quotable quotes

“The hospital board was approached to provide palliative care for persons with AIDS who were in the dying stage. Despite fear of the unknown, and ignorance around it, the board decided to say yes and to meet this unmet need. This service still continues today.”

“A culture based on a history of going beyond immediate needs.”

When we promote collaboration and create partnerships, both within and outside the Catholic community.

The respondents note that we are stronger when we are united as a ministry and when we work together with others in service to those in need.

This collaboration applies to Catholic health and social service organizations, internally and between organizations. It includes links with parishes, and cooperation with health boards and ministerial associations. It also applies to ecumenical partnerships.

Quotable quotes

“Together we are stronger.”

“When working together to solve health care problems, set aside political agendas.”



Photo courtesy of St. Boniface Hospital, Winnipeg

We believe the Catholic health ministry is at its best...

Quotable quotes

“The team of a hospital geriatric rehabilitation unit arranged to help a couple continue to live together following the discharge of the husband. A social worker assisted the couple to relocate to more affordable housing. Nursing staff donated clothes they had collected. The material management team refurbished and donated an old hospital bed. Rehabilitation Services arranged for a ramp to allow for wheelchair accessibility. Many phone calls were made during work and personal time.”

“No one can do everything, but everyone can do something.”

“The person interviewed was diagnosed with breast cancer for five years. Her parish priest put her in touch with another woman who had gone through the same experience. That led to the community praying with her, and supporting her during her treatment.”

“A newborn was abandoned on the steps outside the hospital. The baby was found by staff and cared for. Staff went on a search for the mother and finally found her, and she was also admitted. The two were discharged in due course, with the mom saying: *I have never been treated so kindly before.*”

“Family members were gathered around the bed of a very sick loved one who had been in an accident. The male physician was by the bed, holding the hand of the young man, and he gently explained the diagnosis and prognosis.”

“A disoriented woman had put her fur coat on backwards, and seemed to be in deep despair and confusion. The kindness of staff seemed to stabilize her and ease her confusion.”



PART TWO: We Hope

Introduction

During the Dialogue, participants expressed sincere hopes for the ministry. A strong hope is that its traditional strengths, and the qualities identified as enabling the ministry to be at its best, will continue to be lived vibrantly and boldly in these changing times.

This part of the *Findings Document* summarizes the hopes for the Catholic health ministry under eight headings.

A legacy of caring

It was tenacity of purpose on the part of religious women and other health care pioneers in Canada that kept the Catholic health ministry unified and innovative for generations. Qualities like risk-taking, courage, dialogue, openness to change, collaboration with the community, and mission-centredness were at the heart of their mission. We hope that, in fitting tribute to them, these same qualities will live on and thrive.

A particular set of values, rooted in the Gospel, has always enlivened this ministry. A shared belief in these values has enabled us to remain united and committed to our legacy of caring.

We trust that these core values: heart to heart compassion, respect for the dignity of all, justice, fairness, understanding, patience, acceptance, and generosity will be sustained and strengthened.

In moving into the future the qualities of collaboration, openness to partnerships, trusting relationships, the promotion of spirituality, interdisciplinary respect, and communication will be essential in retaining a culture of caring.



Photo courtesy of the Filles de la Sagesse

“Be tenacious in your convictions as we move into the future.”

A National Dialogue participant

We Hope

Instruments of God's healing power

A strong faith in God and a firm belief in the efficacy of prayer are hallmarks of the healing ministry. These give rise to a passionate desire to give hope to the sick and to one another. When we exhibit such faith it not only sustains those who are sick, it also provides inspiration, life and energy to those who care for the sick.

We hope that our trust in the Spirit, and immersion in the Scriptures, will enable us to be instruments of God's healing power.

Commitment to quality

A commitment to high quality service is an enviable quality that Catholic health care organizations can justifiably celebrate. This commitment is expressed in many ways, for example by: multidisciplinary teamwork; ensuring caregivers have adequate time to "be present to" people who require care; encouraging community involvement; providing healthy food; making religious services available; instilling a good work ethic; and by

doing all of these things consistently.

We hope a high standard of quality remains a defining feature of our health care organizations.

The broader Church community

A more explicit involvement of the institutional church in the healing ministry might look as follows: bishops would encourage clear and effective working relationships between parishes and health care organizations; parishes would routinely have health care ministry teams; clergy and pastoral care visitors would be more openly empowered to be involved in this ministry; and the laity at large, including our youth, would receive more education on the primacy of health and healing.

The achievement of such a vision would require, on a continuing basis, that there be formal and informal programs for the training, education and formation of clergy and laity, emphasizing the Church's healing mission and the centrality of spiritual/religious care.



“The whole Church must be in the healing ministry.”

A National Dialogue participant

We Hope

Advocacy

Justice is a theme that underlies much of the vision of the Catholic health ministry. That sense of justice manifests itself at various levels. At the national level it means working to protect equity and universality in the health care system; responding to ethical issues in society; illustrating the link between health and the environment; working to influence public policy and to protect and promote human dignity.

Provincially, it means promoting the place of Catholic hospitals and long-term care organizations in the health care system, and advocating for just social structures.

Health care organizations also have an advocacy role to play. For example, by working to safeguard patient rights and spiritual/religious care, and being a voice for those who are marginalized and vulnerable.

As individuals we, too, can help to ensure that no one 'falls through the cracks' in our privileged encounters with those who are suffering.

In the years ahead we can bring a united, moral voice to health and social issues as they are debated in society, and where the dignity of the person and the common good can be served.

Leadership

The dedication shown by the founders of Catholic health care in Canada, and the many religious and lay people who followed them, provides a model for all leaders in health care today. Such leaders must be actively recruited, soundly formed, respectfully mentored, adequately supported, and clearly empowered to lead the ministry into an uncertain future.

A key aspect of leadership today is nurturing the strengths, assets and abilities of all who work in the health care ministry, whether paid or as volunteers. This includes: respect and true empowerment; opportunities for ongoing education; mentoring and sincere encouragement; a just and supportive environment; attentiveness to personal growth; providing spiritual care for the caregiver; and communicating in a transparent manner.

“Continue to advocate for fairness, equity, and universality in health care for all Canadians.”

A National Dialogue participant



We Hope

Unmet needs

Vatican II called the Church to set its sights on “the joys and the hopes, the griefs and the anxieties of the men and women of our age, especially those who are poor or in any way afflicted.” (Documents of Vatican II, *Gaudium et Spes*) This vision challenges us to never be satisfied with the *status quo*, and to seek ways of expanding the ministry to meet new needs.

This requires sensitivity and attentiveness as we attempt to read the signs of *our* time. As we look to the future, whose needs are not being met and who requires our attention? The respondents have identified several important groups of people: those who are addicted; the mentally ill; people with dementia; young people who may be feeling lost and in need of solace; the elderly; and lonely shut-ins. It is important for us to be involved where decisions about policy are made and to ensure that financial and human resources are allocated to enable us to meet these needs.

Respondents also identified the need for: pastoral care among the healthy;

home care for the dying; respite care for family members; and support for the homeless.

Community and social support

The broader determinants of health and the social needs of those who are sick, dying and isolated suggest that the promotion of health and wellness, and the healing of illness, requires strong community involvement. This highlights the need for heightened collaboration within the Catholic health ministry and with others, in working to develop spiritual and social supports, and a continuum of care.



PART THREE: We Can Do Better

Introduction

In sharing their hopes for the ministry respondents clearly indicate that we are not always at our best. This should not surprise us. These forthright comments help us to see areas where improvements are needed.

Many respondents believe that, while we can be duly proud of our ministry, we are not beyond criticism. The cliché “walk the talk” was used a number of times by Dialogue participants, reminding us that we cannot rest on our laurels.

Among the explicit references made, the following are some of the areas mentioned where we can do better:

- creating a more supportive, just environment for staff in Catholic health care organizations;
- building a better sense of community within these organizations;
- being willing to risk in order to live our mission values, even when there are financial implications;
- having the Church hierarchy more fully involved in the ministry;
- educating Catholics and the public about the healing ministry;
- communicating and collaborating better among ourselves;
- reaching out to dioceses and parishes as part of the ministry;
- investing in leadership education to prepare for the future;
- reaching out to youth.



Photo courtesy of St. Patrick's Home, Ottawa

Quotable quotes

“Show more pride in being Christian.”

“More communication between Catholic agencies required.”

“Conscious attention needs to be paid to ethics.”

“Don't always do things for economic interests.”

“Parishes, as communities, must recognize their role in the health ministry and organize accordingly.”

“Self-care within health care is often a low priority.”

PART FOUR: We Suggest the following actions...

“Happy are those who dream dreams and are ready to pay the price to make them come true.”

L. J. Cardinal Suenens



Introduction

The National Dialogue questionnaire (See Appendix 2) asked participants to identify the unique strengths that characterize the ministry. A summary of those strengths has been presented in the previous sections of this *Findings Document*. The questionnaire also asked them to express their wishes for the future and to suggest actions for creating a preferred future.

This section presents a summary of the suggested actions. What became evident to the Steering Committee in reviewing the material is that the suggestions could be grouped within four themes or emphases.

- To excel in the hospital and long-term care ministry
- To develop greater collaboration and diverse partnerships
- To establish a broader Catholic health ministry
- To create new Catholic health structures

We have grouped the suggested actions according to these emphases not to restrict the scope of the discussions but to encourage further reflection that is both visionary and practical.

At the CHAC 2003 Convention (*National Forum*) participants will identify and develop strategies, action plans and commitments required to implement the shared vision that will emerge during the Forum. This section of the *Findings Document* is intended to assist participants as they prepare to undertake this visioning and action planning exercise.

What are the most enlivening and exciting possibilities for our ministry?

We Suggest the following actions...

To excel in the hospital and long-term care ministry

This emphasis affirms the importance of quality Catholic hospitals and long-term care organizations as essential to the future of the ministry. These organizations should be “employers of choice” known for excellence in the following areas:

- a just and supportive working environment;
- spiritual/religious care that is sensitive to cultural, religious differences;
- an environment that supports ethical reflection;
- compassionate end-of-life care;
- leadership by example;
- a values-based culture;
- a ministry that engages in provincial advocacy for the continuance of Catholic health care organizations, and national advocacy related to Medicare and ethical and social issues.



Photo courtesy of Providence Health Care, Vancouver

be courageous...

be bold...

be grounded in reality

We Suggest the following actions...

To develop greater collaboration and diverse partnerships

This emphasis highlights the importance of collaboration and the development of partnerships by Catholic health organizations. Participants note that such collaboration is already being pursued, however, they suggest significantly more emphasis be given to these efforts than is currently the case.

Explicit reference is made to the following:

- greater communication, collaboration and integration among Catholic health care organizations;
- closer working relationships with Catholic social services, e.g. a continuum of Catholic health care services;
- parish/hospital links;
- linkages with other denominations and faith-based organizations;
- partnerships with community agencies;
- support networks for those providing care.



be courageous...

be bold...

be grounded in reality

We Suggest the following actions...

To develop a broader Catholic health ministry

The focus of this emphasis is community and homecare, responding to unmet health and social service needs, and ministry in the parish. It harnesses energy and directs activity in new directions for the ministry.

Explicit mention is made of:

- ⊢ acting in response to unmet needs in the community, e.g. mental health, the elderly, lonely shut-ins, the homeless, poor, and those suffering from afflictions;
- ⊢ housing for seniors;
- ⊢ health ministry in parishes – supporting parish nursing, organizing retreats on health and healing, visiting the sick and shut-ins, establishing “health cabinets”, offering education and training programs;
- ⊢ compassionate care of the dying at home;
- ⊢ advocacy that addresses a broader spectrum of health and social issues in society.



be courageous...

be bold...

be grounded in reality

We Suggest the following actions...

To create new Catholic health structures

In addition to establishing new services and forms of ministry, this emphasis suggests creating new Catholic health and social service structures.

Examples include:

- Christian healing centres (perhaps organized with other denominations);
- one sponsorship body (of Catholic health organizations) for larger regional areas;
- Bishops' health reflection group (perhaps as part of the Canadian Conference of Catholic Bishops);
- sponsorship of more long-term care organizations;
- development of a local, integrated continuum of Catholic health and social services;
- support group/network for Catholics working in public health care organization and lay institutions.



be courageous...

be bold...

be grounded in reality

Conclusion

Next Step

CHAC 2003 Convention (*National Forum*)

May 3-5, 2003

Wyndham Hotel, Montréal

At the convention participants will engage in a process to bridge the best of “what is” with “what might be.” They will envision the future of the Catholic health ministry. It will be a time to push the creative edges of possibilities and to wonder about the ministry’s greatest potential. Shared visions will be articulated into bold propositions about what participants feel the ministry should look like in the future. On the final day of the Forum, participants will identify and develop strategies, action plans and commitments required to implement the vision.

A Word of Thanks

The National Dialogue Steering Committee wishes to thank all those who have participated in the Dialogue throughout Canada over the past eight months. A special word of thanks to the many facilitators who gave so generously of their time to bring together individuals from parishes, hospitals and long-term care organizations, social service agencies, other Catholic organizations, and community groups.

Appendix 1: Steering Committee

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* * * *

Facilitator

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Appendix 2: Summary of Beliefs, Hopes & Suggested Actions

We Believe the Catholic health ministry is at its best....

- When we honour the ministry's rich legacy.
- When we keep a vibrant faith and conviction about the healing power of God.
- When we serve out of a sense of calling.
- When the dignity of persons is respected and promoted.
- When we live the values of caring and compassion in all of our relationships.
- When we strive to create vibrant and relevant health care organizations.
- When we have strong, visionary leaders, rooted in the mission and values of the ministry.
- When we journey with the dying and their families.
- When we emphasize the importance of providing spiritual/religious care.
- When the Church community and its leadership assume responsibility for the health care ministry.

- When we are committed to advocating for just relationships and structures.
- When we make every effort to identify and meet the unmet needs of persons who are vulnerable or suffering.
- When we promote collaboration and create partnerships, both within and outside the Catholic community.



We Hope

- A legacy of caring
- Instruments of God's healing power
- Commitment to quality
- The broader Church community
- Advocacy
- Leadership
- Unmet needs
- Community and social support

We Suggest the following actions...

- To excel in the hospital and long-term care ministry
- To develop greater collaboration and diverse partnerships
- To develop a broader Catholic health ministry
- To create new Catholic health structures

Appendix 3: National Dialogue Questionnaire

The following questionnaire was used during the National Dialogue. Diverse groups of participants met in dyads (one-to-one dialogues) to share their responses to the questions.

Topic 1: Continuing the Healing Ministry

Each day we see people who demonstrate dedication, perseverance and devotion in the compassionate care that they provide. Such persons radiate commitment and enthusiasm. The Catholic health and healing ministry, rooted in gospel values, is at its best when it strives to free people from physical and spiritual suffering, enabling them to live more fully.

1. Share a significant experience you have had in the healing ministry, or that you are aware of, that enabled someone to live more fully.
2. What made this experience possible? What was it about you, the other people, the organization, the situation, etc. that contributed?

Topic 2: Daring to Meet Unmet Needs

Throughout the history of our country, women and men of deep faith have responded to unmet health and social needs. These pioneers shaped the future of the Catholic health ministry and of health and social services in Canada. We remember their daring, creativity and determination. Moved by the needs of their day, they planned wisely, trusted in God, and acted with confidence and hope.

1. Tell me a story about someone who inspired you by their daring, trust or creativity in the healing ministry.
2. Share about a time when you, or your organization, lived this same spirit.
3. What made that experience possible? What was it about you, the people with you, the organization, the situation, etc. that contributed?

Topic 3: Attentiveness to the Whole Person

We all have physical, social and spiritual needs that require attention. Healing takes into account the wholeness of the person, recognizing the interrelationship of body, mind and spirit. Such an understanding of healing affirms the dignity of persons and recognizes that healing is more than simply curing disease. It can mean restoring confidence and pride, providing a sense of community, or helping someone to forgive. Those of us engaged in the Catholic health ministry strive to nurture health and healing by providing compassionate and holistic care.

1. Tell me a story or share an experience when you gave or witnessed such attentiveness.
2. What enabled that experience to happen? What was it about you, the other people with you, the organization, the situation, etc. that contributed?

Topic 4: The Promotion of Justice

The Christian tradition views healthy relationships, the protection of individual human rights, and the common good as basic to a healthy, peaceful and just society. It emphasizes the link between promoting health and working to overcome injustice. The vision of the Catholic health ministry seeks not only to respond to sickness and suffering, but also works to counter the causes of injustice.

1. Share an experience you had or witnessed that exemplifies justice being lived in the Catholic health ministry.
2. What enabled that experience to happen? What was it about you, the other people with you, the organization, the situation, etc.

Topic 5: Acting on Our Strengths

Engaging and envisioning provides an opportunity to go beyond what we thought was possible. It is a time to push the creative edges of possibility and to wonder about the ministry's greatest potential.

1. You have identified some unique strengths that characterize the ministry. How do you think we could best act on these strengths as individuals, organizations and parish communities?
2. What are your 3 wishes, that would make the Catholic health ministry even more exceptional and unique?



Appendix 4: Statistics (to April 7, 2003)

Province	Individuals associated with Catholic health care organizations (CHAC members)	Individuals <u>not</u> associated with Catholic health care organizations	Total
Newfoundland & Labrador	18	64	82
Nova Scotia	28	31	59
PEI		5	5
New Brunswick	54	103	157
Quebec	30	108	138
Ontario	154	193	347
Manitoba	88	22	110
Saskatchewan	114	8	122
Alberta	189	73	262
British Columbia	43	42	85
Ntl. Organizations	7	4	11

TOTALS	725	653	1,378
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53% of respondents work in / or are associated with Catholic health care organizations

47% of respondents are from other Catholic and non-faith based organizations (CWL, parishes, religious congregations, social services, etc.)

Appendix 5: Facilitators

Monica Beavis
Sr. Zoe Bernatsky
Fr. Jean Gagné Boissoneault
Danielle Brabant
Deacon Robert Britton
Betty Anne Brown
Marlene Boyko
Sr. Thérèse Castonguay
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Gilles Cloutier
Joyce Coffey
Sr. Anne Collins
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Nancy Cordell
Pierre Côté
Jeanette Despatie
Ann Doucet
André Drapeau
Mary Foshay
Charles Gagné
Marie Garrett
Alice Germann
Ethel Gravelle
Mary Hagen

Dianne Hartell
Richard Haughian
Cecelia Hickey
Susan House
Margaret Ann Jacobs
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Anne Madden
Sr. Theresa March
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Helen Purdy
Sr. Cécile Robichaud
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Claudette Savard
Msgr. Peter Schonenbach
Jacques Sévigny
Charlene Shevlen
Sr. Diane Smyth
Sr. Noëlla St-Laurent
Madeleine St-Michel
Robert St-Pierre
Sr. Jacqueline St-Yves
Bob Stewart
Roxanne Stringer
Sr. Alma Sutton
Sr. Yvonne Vigneault
Anne Marie Webster
Halina White
Camille Wolfe
Trish Young
Brian Zimmer