OUR VISION
FOR THE NEXT DECADE

CATHOLIC HEALTH MINISTRY

STEEPED IN TRADITION. FOCUSED ON THE FUTURE.
June 14, 2010

Dear Friends,

We have successfully accomplished the charge of developing a national vision of the future of Catholic health ministry and strategies for advancing the vision. We are tremendously grateful to those who led this effort for the commitment and courage with which they gave themselves.

The vision being brought forward will become real only if those who lead the delivery of Catholic health care accept, actively promote and work toward the achievement of this vision. We call upon those within the ministry — sponsors, trustees and colleagues — and those who are in relationship with us through the community of the Church — the U.S. Conference of Catholic Bishops, Catholic Charities USA, the Leadership Conference of Women Religious, the Conference of Major Superiors of Women Religious, the Conference of Major Superiors of Men and the Catholic Health Association — to work TOGETHER to achieve the highest possible integration and implementation of the vision and strategies, and to lead the planning within their respective settings and throughout the entire Church.

The Vision 2020 Steering Committee presents this document with the unanimous personal endorsement of each of its members. Each of us individually and collectively commits to supporting this vision and the strategies offered, and to actively promote dissemination and implementation of this report.

With highest respect and gratitude,
The Vision 2020 Steering Committee
OUR VISION FOR THE FUTURE.
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PREFACE

In the early to mid-1980s, major superiors of congregations who sponsored health care entered into a serious dialogue about changes that were occurring in the Church and in society that were having a profound impact upon the Catholic health ministry.

They felt compelled to find a forum where they could plan the future and from which they could voice their concerns and dreams. They felt that they could not simply allow the future to happen, but rather should become active agents of change.

In 1986, the major superiors established a Steering Committee on Catholic Health Ministry, and in 1987 they established the Commission on Catholic Health Ministry (the “Commission”). The Commission was charged with developing a vision for the health care delivery system that was firmly rooted in the Gospel. They designed a dialogic process that included, among others, representatives from the U.S. Conference of Catholic Bishops and the Catholic Health Association (CHA). In addition, the process afforded the whole U.S. Church the opportunity to confer on the future of the Catholic health care ministry.

That Steering Committee and the Commission members represented the broad landscape of the Church they desired to involve in shaping the vision of the future. They believed that the nucleus of the vision lay within the aspirations and imaginations of those responsible for Catholic health care, along with options and strategies for advancing that vision. To that end, they developed a vision for the future through the turn of the new century that called for involvement of the entire Church community and all who shared its values. The report, *A New Vision for A New Century*, was published in the fall of 1988.

Two decades later, the National Coalition on Catholic Health Care and the Board of Trustees of CHA felt equally compelled to endorse development of a new vision for the ministry that would build on the work from *A New Vision for A New Century* and which would span another decade. In 2009, the staff of CHA was called to lead a ministry-wide, inclusive process that would result in a vision statement that calls out the PREFERRED future of Catholic health ministry in 2020 and catalyzes ministry leaders to work toward achieving that vision. Over the course of nearly one year, more than 1,200 persons participated in the process and over 150 were involved multiple times, in multiple ways.

This report outlines that vision statement and provides options and strategies to move the ministry along on its journey to 2020. The Steering Committee and CHA Board of Trustees call all who share our values to study, reflect on and endorse this vision, and to include the vision and its strategies in today’s work and in plans for the future. It is only by working together, in harmony, that the full potential of this vision can be achieved.
ACKNOWLEDGEMENTS

The Steering Committee and Catholic Health Association Board of Trustees wish to thank M. Colleen Scanlon, RN, JD, for chairing the Vision 2020 Steering Committee, and Elaine Bauer, FACHE, CHA vice president of strategic initiatives, for facilitating the year-long process. Without their dedication and hard work, the vision would not have become a reality.

CHA staff members in the communications, information technology and meetings departments, as well as consultants from The Camden Group (Los Angeles and Chicago) and FactFinders, Inc. (St. Louis) assisted in this process.

A complete list of Vision 2020 Steering Committee members, the CHA board, staff and consultants is included in the Appendix.
THIS PROCESS INCLUDED CURRENT AND EMERGING LEADERS RESPONSIBLE FOR STEWARDING THE MINISTRY BEYOND THE 2020 HORIZON.
INTRODUCTION

A full decade into not only a new century but a new millennium, the Catholic health ministry in the United States finds itself facing many challenges as it looks to the future. Leaders in the ministry acknowledge the vitally important role that the Commission on Catholic Health Ministry’s vision, set out in *A New Vision for A New Century* two decades ago, played in propelling the ministry forward not only to the turn of the century, but 10 years beyond. This precedent of success in the ministry’s response to that vision and the desire to identify and commit to a new vision that provides a compass for the next decade of our journey catalyzed ministry leaders to launch a fresh, year-long visioning process. This new process would include not only current leaders but those emerging leaders who would be responsible for stewardship of the ministry beyond the 2020 horizon.

This report, the result of the visioning work, describes the nature of the current environment and expresses a vision of the PREFERRED future of Catholic health ministry in the United States. It also suggests strategies that will help make the vision a reality.

This visioning work builds on the 1980s work of the Commission on Catholic Health Ministry, and our commitment to the principles outlined in *A Shared Statement of Identity for the Catholic Health Ministry*.

We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion, and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved, and most vulnerable. By our service, we strive to transform hurt into hope.

**As the Church’s Ministry of Health Care, We Commit to:**

- Promote and Defend Human Dignity.
- Attend to the Whole Person.
- Care for Poor and Vulnerable Persons.
- Promote the Common Good.
- Act on Behalf of Justice.
- Steward Resources.
- Act in Communion with the Church.

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**A Shared Statement of Identity for the Catholic Health Ministry**

We are the people of Catholic health care, a ministry of the Church continuing Jesus’ mission of love and healing today. As provider, employer, advocate, citizen—bringing together people of diverse faiths and backgrounds—our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind, and spirit.
Throughout the ages, Christians have responded to the neediest persons in society — those with incurable diseases, the mentally ill, the poverty-stricken, and those who have lost hope. It was widely known and accepted that not all work can provide a physical cure, but that the response to these needs can affirm the human dignity of each person. In the healing encounter, those receiving care and those providing it often share in the mystery of how God works.

The Church’s healing ministry in the United States began in the early 1700s. Members of religious congregations immigrated to North America out of their own commitment to meeting the needs of those coming to America, and at the request of Bishops and parish priests who knew they could minister to those in need — the sick, the elderly and the orphaned.

Over time, a network of institutions emerged — hospitals, orphanages, and shelters for the mentally ill, handicapped and aged. Schools to train nurses, physicians and other health care workers further extended the ministry and inspired those who were educated in them to a life of service. In towns and cities across the country, the first hospital or nursing school was often Catholic, and the presence of the Church in a community was most visibly symbolized by the presence of a Catholic hospital.

Those who engaged in the visioning process in the mid-1980s identified several concerns that they believed constituted a “crisis” that went to the heart of the Church’s healing mission. These concerns stemmed from the stress of dramatic transitions that were occurring in all of health care at the time, including cost pressures; increasing numbers of uninsured persons; questionable quality despite increasing investments in new technologies; and the growth of investor-owned health providers.

They also identified weighty challenges that were specific to Catholic health ministry — the decline in membership and shifting ministerial priorities of religious congregations; concern about the ability to sustain, develop and organize lay leaders’ commitment to a degree necessary to ensure the continuity of Catholic health care; the imperative to change the structure of sponsorship; the dilemmas surrounding engagement in health care’s ethical issues while upholding the principles of Catholic teaching; and finally, the questions regarding transfer of resources should the Church decline to continue institutional health care.

The *New Vision* authors painted a rather dark and ominous scenario for the future of Catholic health ministry. At the same time, they believed that the future was not inevitable, and instead envisioned a desired alternative that would prepare Catholic health ministry for what would be, rather than preserving what had been. This vision inspired the ministry to work together successfully toward a brighter and more desirable future.

Nearly two-and-a-half decades later, Catholic health care systems and facilities are present in all 50 states and the District of Columbia, providing acute care, skilled nursing and other services that include hospice, home health, assisted living and senior housing. In 2008, 5.6 million patients (or one in six inpatients) were cared for in one of more than 600 Catholic hospitals in the United States.
In 2008, Catholic hospitals treated over 18 million persons in their emergency departments. Nearly 15 percent of outpatient visits are made to a Catholic provider and tens of thousands of days of care are provided in Catholic aging service facilities. Often, Catholic health care providers are the “safety net” to thousands of persons in the communities they serve who cannot afford health care coverage.

Catholic hospitals employ more than three-quarters of a million full- and part-time workers within their ministries. Thousands of trustees help steward these organizations which are under the sponsorship of some 203 religious congregations, 90 dioceses, 15 Private and Public Juridic Persons (PJPs) and three other sponsor types. Agencies and programs organized at diocesan and parish levels contribute to the overall health ministry.
In the United States today, health care consumes nearly 17 percent of the Gross Domestic Product (GDP). The population is graying rapidly — in 2010, approximately 13 percent of the population is over the age of 65 and by 2020, that percentage will grow to over 16 percent of the population. In addition to aging, the population of the U.S. is becoming more diverse. In 2009, 32 percent of the population was made up of minorities and that percentage is expected to increase to 36 percent by 2020. Over 45 percent of the population has at least one chronic disease and over 68 percent is overweight or obese. The incidence of both chronic disease and obesity are exacerbated in the elderly and in minority populations.

In the spring of 2010, the Patient Protection and Affordable Care Act was signed into law. Following years of focused advocacy for the common good, most of the Catholic health ministry’s health care reform principals were adopted. Phased implementation of this legislation, over the better part of the next decade, is designed to significantly reduce the number of uninsured, improve access to health care and reduce the cost of the health care burden in the United States — primarily through a series of health insurance payment reforms and quality improvement initiatives.

The aging of the general population translates to an aging workforce as well. Over 55 percent of nurses are expected to retire by the end of the decade. One-third of the primary care physicians practicing today are expected to retire by the middle of this next decade. Other health professions, such as medical technology, radiology and pharmacy will be reeling from retirement losses unless something can be done.

A combination of emerging technologies and pressure to drive health care delivery costs down will enable care to be delivered in less expensive, non-institutional settings. Development and implementation of electronic health records are expected to enable a reduction in health care costs by eliminating redundant diagnostic tests, as well as the cost of paper records, and to streamline care, enabling higher quality outcomes.

In Catholic health care, the membership of sponsoring congregations is shrinking — aging more rapidly than the number of new vocations. Lay leaders in the ministry are aging as well, and by 2020, very few leaders will have had the privilege of working alongside a sister.

Within the United States Catholic Church, the ministers of the future will be increasingly diverse. About one-sixth of the roughly 40,000 priests serving in the United States today are from abroad, reflecting the vitality of the faith in places such as sub-Saharan Africa, Southeast Asia and Central and South America. By 2020, the corps of professional lay ministers will exceed the number of priests. The ministers of the Catholic future will be increasingly “evangelical.” There is an inner core of practicing young Catholics who are the ones most likely to pursue a vocation to the priesthood or religious life, or to make a career in the Church as a lay person. This younger cohort is attracted to spiritual practices, has a generally positive attitude toward authority including the papacy, and is less inclined to be critical of Church teaching. More and more, the Church’s ministerial workforce will be defined by this evangelical ethos.

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1 www.census.gov/population/www/projections/summarytables.html
3 www.cdc.gov/nchs/nhanes.htm
At the same time, there are two significant demographic trends impacting the Catholic Church. First, the aging of the Catholic population mirrors that of the aging population in general. Sociologists report that someone who is marginally religious at 35 will become more progressively religious as they age, so that those who are 65-plus are more inclined to practice their faith and most willing to devote their time and “treasure” to religious causes. Secondly, the Church in this country will become less educated, less affluent and increasingly ethnic. A Pew study found that by 2030, whites will represent 48 percent of the Catholic population, Hispanics 41 percent, Asian-Americans 7.5 percent and Africans and African-Americans 3 percent. Hispanics are seven times less likely than whites to have completed high school and two and one-half times more likely to earn less than $30,000 per year.

These trends within the larger Church provide both opportunities and challenges for the Catholic health ministry, which holds dear the value of respect for the dignity of each human being. How we respond to these trends at a national level, and more importantly at a local ministry level, may be one of the key differentiators of the ministry from other health care providers.

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4 http://ncronline.org/print/18095 - American Catholic demographics and the future of ministry, John L. Allen, Jr., April 30, 2010
4 Pew Forum on Religion and Public Life, 2007
CLOSER EXAMINATION OF EACH ELEMENT OF THIS VISION WILL REVEAL ITS IMPORTANCE TO THE FUTURE OF CATHOLIC HEALTH MINISTRY.
After months of deliberation regarding the details of the trends highlighted above, examination of various scenarios of the future, and discernment around the desired characteristics of the ministry in 2020, the following statement describing the PREFERRED future of Catholic health ministry in 2020 was authored:

**VISION 2020**

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)
Closer examination of each element of this vision will reveal its importance to the future of Catholic health ministry. Some elements of this vision are already partially achieved; successful achievement of others will require significant work and a shift in perspective and commitment.

**Inspired by the Gospel, and grounded in our beliefs and values,** The basis for Catholic health ministry is the inspiration received from the Gospel — stories of Jesus’ healing among the people, carried on by his disciples, and of working for justice and loving our neighbor as our self. We carry out our work, consistent with the beliefs and values described in our *Shared Statement of Identity* — “…every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.”

**...the Catholic health ministry will serve as a compass to guide our nation through the complexities of an evolving health care system.** Measures included in the recently passed *Patient Protection and Affordable Care Act* will significantly change how health care will be delivered and paid for in the United States. We have an opportunity and an obligation to provide guidance to officials as they write the details of the regulations to implement that Act.

The Catholic health ministry should set an example for the rest of the health care sector to ensure that the interpretation and execution of the law’s provisions are done in a way that treats all persons fairly, respects their dignity and provides the highest quality of care yielding the best possible outcomes.

**Over the next decade,** We must not wait to begin this work “just in time” if we are to have it completed by 2020. Some of our ministries are well along in their journey toward full implementation of some aspects of this vision statement, some are in the infancy stages and others have yet to begin.

**...we will collaborate, promote innovation and generously share knowledge...** In order to successfully accomplish the great amount of work that needs to be done, Catholic health ministries must proactively find ways to work together. This collaboration can be done through formal and informal agreements with other Catholic health ministries, other Catholic ministries of the Church and with other-than-Catholic entities who share our same values.

Successful and rapid innovation will be critical for the Catholic health ministry to remain relevant in the exploding information age. Sharing knowledge and expertise gained in local ministries around innovative endeavors, whether they are clinical, operational or strategic, will shorten the learning curve and reduce the time to implement, especially for the ministries with resource constraints. A commitment to share knowledge intentionally will strengthen the Catholic health ministry’s relevance and future.

In local communities across the country which are fortunate to have more than one Catholic health ministry, efforts should be made to offer services that complement one another and to work together to provide services that meet the needs of the vulnerable populations in that market.

**...to improve the health of individuals and communities.** The health and well-being of each person is intertwined with the health and well-being of the broader community. Access to health care is an essential element contributing to the common good, alongside others such as education, employment and a safe environment.
Historically, health care has focused a large proportion of resources on curative measures. Chronic disease has placed a tremendous burden on the health care delivery system in the United States. National efforts such as Healthy People 2010 have helped to direct the public’s attention to the importance of addressing issues such as smoking cessation, better nutrition and the impact of exposure to toxins in the environment. Catholic health ministries have a responsibility to steward our natural resources, continuously striving to reduce our environmental footprint through sustainable building practices and operational initiatives.

Catholic hospitals have addressed wellness issues and undertaken health improvement initiatives as part of their Community Benefit programs. Elements of the Patient Protection and Affordable Care Act call for a heightened level of attention to overall health improvement at both an individual and a community level. More preventive services will be accessible to individuals through funding and insurance mandates provided for in this legislation. However, there will still be gaps, particularly at the community level (e.g., clean water and air, affordable housing, sanitation and access to affordable, nutritious food) and Catholic health ministries have a role to play in advocating for and meeting those community-level health needs.

Together, we will... TOGETHER we are a strong force — a force for change, a force for improvement. When we speak with ONE voice, we are not only louder, but also more credible and influential. TOGETHER, we WILL achieve (not “strive for,” or “hope for” or “dream about”) our preferred vision of the future!

Continue to champion the sanctity of life from conception to death. Because each person is created in the image of God, each life is sacred and possesses inalienable worth.

Health care is essential to promoting and protecting the inherent dignity of every individual from conception to death. Catholic health care is rooted in the belief that every life is a sacred gift and every human being is a unity of body, mind and spirit. We have an opportunity to expand our leadership in hospice and palliative care. We must rise to the challenge of upholding our values in the face of new reproductive technologies and genetic innovations in order to respect the sanctity of life, even if it means we cannot offer every health service available.

Lead the development of sustainable, person-centered models of care across the continuum. Catholic health care providers have ministered to the physical, psychological and spiritual needs of people in their communities for decades. Over time, competitive pressures to be financially successful have motivated strategic and operational decisions that served the institution's needs. Over the next decade, Catholic health ministries should seize the opportunity to lead the development of sustainable (replicable across organizations, financially viable, consistently high quality outcomes) person-centered (what the person needs, when they need it, and considers each person in the context of who they are, where they are in their life cycle and the persons who matter most to them) models of care across the continuum (including integration of other-than-institutionally-based services).

Meet the current and emerging needs of vulnerable persons. The moral measure of society is how it treats the poor and vulnerable who are particularly marginalized by a lack of access to health care. As today’s expression of Jesus’ healing ministry, we are reminded of the
parable of the Good Samaritan and are asked “Who is our neighbor?” The Patient Protection and Affordable Care Act is estimated to provide access and funding for health care services to approximately 60 percent of those who are uninsured or under-insured in 2010 over the following eight years. The remaining 40 percent are undocumented immigrants; people eligible for, but not enrolled in Medicaid; people for whom the cost of coverage would be too large a share of their income (and therefore they don’t have to purchase it); and, those who elect not to purchase it and pay a penalty. Catholic health ministry’s continued vigilance in monitoring access to care coupled with advocacy for the vulnerable will be critical. Our tradition of preferential options for the poor and Catholic social tradition call Catholic health providers to step up to meet the health needs of these and other vulnerable populations.

While the legislation is designed to remove cultural, geographical and financial barriers to access, it does not address other barriers, including the looming physician shortage in the United States by the middle of the decade. There simply may not be enough physician capacity in the system to accommodate the demand. Catholic health ministry can provide leadership in collaboration with medical schools across the country to train and form future physician leaders and can advocate for funds to support training of physicians and physician extenders. Catholic health ministry is committed to closing the gap to enable access to care for persons in our communities.

Engage all who are called to serve through a ministry-wide commitment to formation. In the mid-1980s, the Commission on Catholic Health Ministry identified in A New Vision for A New Century the development of “creative, committed leadership” as one of the seven elements in its vision. They recognized then the shrinking number of vowed religious, and called for new programs of leadership formation that would empower and prepare those who would guide the ministry (sponsors, trustees, administrators, medical staff leaders, religious and laity) for their roles in a deliberate and organized way.

Since then, many health systems and the Catholic Health Association have developed leadership formation programs. Many sisters, brothers, priests and bishops have served as faculty and resources to these programs. By 2020, most of those who work in Catholic health ministry will never have experienced firsthand the joy, inspiration or passionate commitment of a member of a sponsoring religious community. The responsibility of passing along the traditions and beliefs so integral to Catholic health ministry will fall to lay leaders. The opportunity to align ministry formation programs across the country and develop core curriculum, faculty and competencies is critical work for our future.

Broaden and deepen our relationships within the community of the Church. Catholic health care is but one ministry of the Church. In some communities, outside of the local parish Church, a Catholic hospital is the most visible expression of the Catholic Church. In others, neighborhood parish Churches and schools are more numerous. Other ministries of the Church — Catholic Charities, Catholic Relief Services and others — seek to serve the marginalized and vulnerable. All Catholic ministries share the same commitment to serve the poor and seek justice. These are strong common bonds that can serve as a solid foundation upon which to build working relationships.
A ROADMAP TO THE FUTURE
Strategies to Achieve the Vision

Strategies to achieve this vision across the ministry include:

• Actively participate in shaping the details of regulations to implement the Patient Protection and Affordable Care Act.

• Actively advocate for additional legislative measures that expand health care access, reform payment mechanisms and address social justice issues.

• Collaboratively develop leadership formation programs (preparing persons for roles in management/governance/sponsorship) and establish a registry of persons who are prepared for those roles throughout the ministry.

• Develop demonstration programs/pilots of sustainable models of person-centered care.

• Aggressively share knowledge and best practices across the ministry to reduce cost and speed implementation while improving quality and service satisfaction.

• Explore and develop models for accepting risk and accountability for outcomes.

• Convene community forums to identify opportunities to work collaboratively with other ministries of the Church that share our agenda and within parishes on health ministry initiatives.

• Collaborate with Catholic colleges and universities to find synergies between educational needs and educational resources.

• Identify pockets of vulnerable persons across the country and work to improve their health status and access to wellness/prevention services.

• Develop metrics that enable measurement of progress and benchmarks that represent standards of performance for each of the elements of Vision 2020.
BY WORKING TOGETHER, WE CAN ACHIEVE THIS VISION.
A CHALLENGE TO THE MINISTRY

While there are many elements that contribute to the uniqueness of each Catholic health ministry — the tradition and charism of its founders, its rich history in the community, the type of services it provides, and local market challenges — there is much in common throughout the entire Catholic health ministry across the United States. Vision 2020 was created out of a shared perspective of what we believe the Catholic health ministry must be, and the impact it can have on each community and the country as a whole.

By working TOGETHER, we CAN achieve this vision. It will take determination, perseverance and courage to cast aside the traditional boundaries, and perspectives and forge ahead into untried waters. In the words of a prayer to celebrate the life of the late Archbishop Oscar Romero:

It helps, now and then, to step back and take a long view.

The kingdom is not only beyond our efforts, it is even beyond our vision.

We accomplish in our lifetime only a tiny fraction of the magnificent enterprise that is God’s work.
Nothing we do is complete, which is a way of saying that the kingdom always lies beyond us.
No statement says all that could be said.
No prayer fully expresses our faith.
No confession brings perfection.
No pastoral visit brings wholeness.
No program accomplishes the church’s mission.
No set of goals and objectives includes everything.

This is what we are about.
We plant the seeds that one day will grow.
We water seeds already planted, knowing that they hold future promise.

We lay foundations that will need further development.
We provide yeast that produces far beyond our capabilities.

We cannot do everything, and there is a sense of liberation in realizing that. This enables us to do something, and to do it very well. It may be incomplete, but it is a beginning, a step along the way, an opportunity for the Lord’s grace to enter and do the rest.

We may never see the end results, but that is the difference between the master builder and the worker.

We are workers, not master builders; ministers, not messiahs.
We are prophets of a future not our own.
Amen.

This is our challenge!

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Oscar A. Romero, Archbishop of San Salvador, in El Salvador, was assassinated on March 24, 1980, while celebrating Mass in a small chapel in a cancer hospital where he lived. The prayer was composed by Bishop Ken Untener of Saginaw, drafted for a homily by Cardinal John Dearden for a celebration of departed priests.
APPENDIX

Vision 2020 Steering Committee

DAVID W. BENFER, FACHE
Managing member of The Benfer Group and past President and Chief Executive Officer of Saint Raphael Healthcare System and Hospital of Saint Raphael, New Haven, Conn.

MR. BENFER serves on the boards of the Community Soup Kitchen, Merchants and Manufacturers Bank and Stereotaxis, Inc. He is a Fellow in the American College of Healthcare Executives (ACHE) and Past Chairman of the ACHE. He served on the Board of Trustees of the Catholic Health Association from 2003 to 2009. He received his bachelor of science degree in business administration from Wittenburg University, Springfield, Ohio, and his master of business administration from Xavier University, Cincinnati.

SANDRA BRUCE, FACHE
President and Chief Executive Officer of Resurrection Health Care, Chicago.

MS. BRUCE is a voting member of the board of directors and is fully responsible for the management and operation of the largest Catholic Health Care System in Illinois and one of the two largest health care systems in Chicago. Resurrection Health Care is the parent company of eight hospitals, nine nursing and rehabilitation centers, four retirement communities, a home health company, a medical equipment company, a surgery center, behavioral health network, a sleep center network and multiple ambulatory care and physician facilities. The Resurrection Health Care family includes 15,000 employees and 3,100 physicians. She is past chair of the CHA Board of Trustees, the Michigan Health and Hospital Association, and the Idaho Hospital Association. In Idaho, Ms. Bruce served on the Governor’s Health Quality Planning Commission and is a past member of the American Hospital Association (AHA) Region VIII and Region V Policy Boards. She was one of five hospital CEO members of the American Hospital Association’s 25-member Commission on Workforce, and chaired the AHA Section for Aging and Long-Term Care Services. She is a Fellow in the ACHE, a member of the American College of Health Care Administrators and the American Society for Aging. She has just recently been appointed to the Commission on a High Performance Health System (The Commonwealth Fund). She holds a master of science degree in health administration from the University of Notre Dame and a bachelor’s degree from Western Michigan University.
JAMES CORBETT, M. DIV., JD
Vice President of Mission for Caritas Christi Health Care System, Boston.

MR. CORBETT is interested in the intersection of public health law and ethics and community development. At Caritas, he provides oversight to Mission, Spiritual Care and Community Benefit. Prior to Caritas, Mr. Corbett served as the vice president of Mission Effectiveness at Mercy Health System in Portland, Maine, where he provided leadership in ensuring that the mission and values of the Sisters of Mercy and Catholic Health East were practiced throughout the organization and in service to the Greater Portland community. His diverse career has reflected a commitment to serving the poor and disadvantaged through community outreach and development in both the U.S. and abroad. He has traveled twice to Haiti on medical mission trips with groups representing Duke University Medical Center and Duke Divinity School. Mr. Corbett has also taught Health Care Ethics at the University of Maine Law School. He graduated with a bachelor of arts degree from Syracuse University, a Juris Doctor from Saint John’s Law School, and a master of divinity from Duke University.
SISTER KARIN served as executive director of the Supportive Care Coalition: Pursuing Excellence in Palliative Care, from 2005 through 2009. Headquartered in Portland, Ore., the coalition is sponsored by 20 Catholic Health organizations located throughout the U.S. to advance excellence in the care of persons with life-threatening illness through knowledge transfer, advocacy and partnerships.

Sister Karin is past chair of the CHA Board of Trustees. She also served as full-time chairperson of the Board of Directors of the Providence Health System from 1991 to 2002, vice-president of mission leadership from 2002 to mid-2005, and from April 1996 -1997 served as acting president and CEO. She serves on the boards of the US Catholic China Bureau; the Patient Safety Institute, the Ministry Leadership Center (West Coast Catholic Collaborative), and the Washington Health Foundation. Her former board service includes the Catholic Health Initiatives Board of Stewardship Trustees; on the Washington State Hospital Association, chair in 1996 and director with the Boards for Summit Medical Center and Providence Services. She was a member of the Seattle University School of Nursing Advisory Board; University of Washington Master of Health Administration Advisory Committee, a member of the Health Status and Health Systems Project Advisory Panel of King County, Wash., and the Advisory Board of GOVERNANCE 100. She serves on the Jesuit Volunteer Corps Northwest Board of Directors. She chaired the CHA Systems Task Force and was a member of the National New Covenant Steering Committee. She also served on the American Nurses Association Committee on Ethics and Cabinet on Nursing Services. Sister Karin has a bachelor of arts degree in social science, a bachelor of science degree from Seattle University, Seattle and a master of medical/surgical nursing and doctorate degree in gerontology from Case Western Reserve University, Cleveland.
ERIC ENGLER
Vice President of Strategic Development for Ascension Health, St. Louis.

MR. ENGLER is responsible for ongoing development, implementation and management of Ascension Health’s Strategic Direction towards realizing the organization’s Vision by 2020. He provides ongoing management support to the Strategic Development Committee of the Ascension Health Board of Trustees.

Prior to joining Ascension Health, Mr. Engler served as the director of Financial Planning and Analysis for Reuters, and Bridge Information Systems, Inc., both providers of financial market data services. Prior to that tenure, he served as a transaction services director for PricewaterhouseCoopers LLP, leading merger and acquisition transactions for large public companies and private equity funds. He is also a former equity research associate with Morgan Stanley & Co., Inc. He began his career in the Assurance and Business Advisory Services practice of Price Waterhouse. Mr. Engler is a CPA and holds a bachelor of science degree in accountancy from the University of Illinois at Champaign/Urbana and a master’s degree in business administration from the University of Chicago Booth School of Business.

SISTER DORIS GOTTEMOELLER, RSM, PH.D.
Senior Vice President for Mission and Values Integration, Catholic Healthcare Partners, Cincinnati.

SISTER DORIS, as a member of the Institute of the Sisters of Mercy of the Americas, served in congregational leadership and on numerous health care, higher education, seminary and social service boards. She was the first president of the Sisters of Mercy of the Americas (1991-1999), the provincial of the Sisters of Mercy of the Cincinnati Province (1983-1990), the president of the Leadership Conference of Women Religious (1993), a delegate to the International Union of Superiors General, and an auditor at the Synod on Consecrated Life. She is a member of the steering committee for the Catholic Common Ground Initiative, founded by the late Cardinal Joseph Bernardin. She also serves on the National Coalition on Catholic Health Care Ministry. She previously chaired the boards of both the Catholic Health Association and the Sisters of Charity of Leavenworth Health System. Other ministry experience includes writing and lecturing throughout the United States and abroad on topics of ministry, ecclesiology and religious life. She holds a master of science degree in chemistry from the University of Notre Dame and a master of arts degree and doctorate in theology from Fordham University.
SISTER CAROL KEEHAN, DC, RN, MS
President and Chief Executive Officer of the Catholic Health Association of the United States, Washington, DC.

SISTER CAROL assumed her duties as of October 2005. She is responsible for all association operations and leads CHA’s staff at offices in Washington, DC, where she is based, and in St. Louis. Sister Carol has worked in administrative and governance positions at hospitals sponsored by the Daughters of Charity for more than 35 years. Most recently, she was the board chair of Ascension Health’s Sacred Heart Health System, Pensacola, Fla. Previously, she served for 15 years as president and chief executive officer of Providence Hospital, which includes Carroll Manor Nursing and Rehabilitation Center, in Washington, DC. Currently, Sister Carol serves on the boards of St. John’s University, Queens, N.Y., and the University of St. Thomas, St. Paul, Minn. She has served on the boards of the District of Columbia Hospital Association, of which she is a past chair; Care First/Blue Cross of Maryland and the National Capital Area, Owings Mills, Md., and its affiliate, Group Hospitalization and Medical Services, Inc. In addition, she has previously served on the nominating committee of the American Hospital Association; the finance committee of the Maryland Hospital Association; and is a past chair of the Florida State Human Rights Advocacy Commission. Sister Carol received an honorary doctor of laws degree from Niagara University, N.Y.; an honorary doctorate in public service from the College of the Holy Cross, Worcester, Mass.; an honorary doctorate from St. John’s University, Queens, N.Y., and an honorary doctor of science degree from The Catholic University of America, Washington, DC. She earned a bachelor of science degree in nursing from St. Joseph’s College, Emmitsburg, Md., where she graduated magna cum laude, and a master of science degree in business administration from the University of South Carolina, Columbia, S.C., from which she received the School of Business Distinguished Alumna Award in 2000.
DAVID R. LINCOLN, FACHE
President and Chief Executive Officer of Covenant Health Systems, Lexington, Mass.

MR. LINCOLN has held this position since 1989, providing leadership to the diverse health and human service organizations which comprise the system, including services for older adults, assisted living, skilled nursing, elderly housing and acute care. He is responsible for developing and implementing corporate strategies, system integration and operational performance. Mr. Lincoln has repositioned Covenant Health Systems to capitalize on its significant strengths in Elder Care. He is a member of the Board of Directors of Covenant Health Systems.

Prior to his current position, Mr. Lincoln was Covenant’s COO and vice president of planning and had originally joined the senior management team of Covenant in 1984. Mr. Lincoln is a member of the National Coalition on Catholic Health Care Ministry. In addition, Mr. Lincoln has served as adjunct faculty at Notre Dame and the University of Lowell, teaching graduate students strategic business planning. Mr. Lincoln serves on numerous boards of not-for-profit organizations involved in health care delivery, including Catholic Health Initiatives and Catholic Healthcare Partners. He has served as past president of the American Hospital Association’s Society for Health Care Planning and Marketing, and he currently serves as a member of the American Hospital Association’s Section for Health Care Systems Governing Council. He is a past officer of the Board of Trustees of the New England Healthcare Assembly, is currently the chairperson of Yankee Alliance and is the former chairperson and speaker of the Membership Assembly of CHA. He is a Fellow in the ACHE. Mr. Lincoln received a bachelor of arts degree, cum laude, from Middlebury College and master’s degrees in regional planning and health care administration from the University of Iowa.
JOSEPH D. MCDONALD
President and Chief Executive Officer of Catholic Health, Buffalo, N.Y.

MR. MCDONALD leads one of the two largest health systems in Western New York with a team of 8,200 associates and 1,200 physicians working to transform health care throughout the region. With annual revenues of $763 million, Catholic Health includes a complete continuum of services including three hospitals on four campuses, five skilled nursing facilities, two adult homes, three home care agencies, 12 primary care centers, six diagnostic and treatment centers and a unique senior living community.

Since coming to Buffalo in 2002, Mr. McDonald has launched Catholic Health in a new strategic direction. Today, Catholic Health programs, services, and its relationships with the medical community, are better aligned to ensure the continued success of its mission “to reveal the healing love of Jesus to those in need.” During Mr. McDonald’s tenure, the system has experienced a growth in services, the introduction of advanced technology, improved quality and safety and a return to fiscal stability. As CEO, he has lead efforts to turn Catholic Health’s fiscal situation around, finishing the last six years with a positive operating margin, while increasing the health system’s charity care and community services contribution to more than $37 million annually.

He is a board officer of the Healthcare Association of New York State, and serves on its Executive, Compensation, Audit and Solutions Committees. Mr. McDonald serves on the regional policy board of the American Hospital Association and is a member of the board of directors of WNED, and the HSBC Advisory Board.
STEPHANIE A. MILLS, MD, MHCM
Chief Information Officer of Franciscan Missionaries of Our Lady Health System, Baton Rouge, La.

DR. MILLS leads information technology and clinical transformation initiatives for the system. She also serves as a physician leader, liaison and collaborator to engage health care providers in the development, implementation, adoption and use of information systems as a means to foster quality improvement initiatives. Her role involves facilitation of clinician, IT and administrative leaders and advisory groups in the design, implementation and enhancement of clinical and business systems to support excellence in patient care and operational performance for the health system’s five acute care hospitals. A native of Lafayette, La., Dr. Mills holds an undergraduate degree from Louisiana State University, and earned her doctor of medicine at the Johns Hopkins University School of Medicine in 1995, followed by residency training in pediatrics at Baylor College of Medicine and Texas Children’s Hospital in Houston. In 2005, Dr. Mills completed a master’s of health care management at Harvard University, with the goal of broadening her education and experiences in health care management and public health, as a means to advance the quality of medical care within her home state of Louisiana.

P. TERRENCE O’ROURKE, MD
Executive Vice President and Chief Clinical Officer,
Trinity Health, Novi, Mich.

DR. O’ROURKE is responsible for advancing clinical effectiveness and quality, as well as patient safety across the system. Dr. O’Rourke works with Trinity Health’s clinical leaders to improve care coordination and incorporate evidence-based practices into the care delivery system. He serves as an advocate for Trinity Health’s nursing and medical staffs and is working to advance physician alignment initiatives throughout the organization. Dr. O’Rourke is a member of the American Medical Association, Fellow of the American College of Surgeons, the Western Surgical Association and the Denver Academy of Surgery. Dr. O’Rourke was appointed to the Michigan Peer Review Organization’s Board of Directors for a three-year term commencing July 1, 2009. He was a member of the Board of Trustees of Centura Health and chaired the Centura Board for seven years. He is a past member of the CHA Board of Trustees and chairs the Physician Committee of CHA. He is also a past member and vice-chair of the Holy Cross Health System Board. He has been a member of the Executive Advisory Committee of the Diocese of Colorado Springs and has also been a member of the Advisory Board of the College of Letters, Arts, and Sciences of the University of Colorado at Colorado Springs. He has served on the board and is a past president of the El Paso Unit of the American Cancer Society. He received the Sword of Hope Award from the American Cancer Society in 1992 and was recognized as one of the “Best Doctors in America” in 2000.
ROSARIO PEREZ, RN
Vice President of Mission Integration and Outreach Services for CHRISTUS Santa Rosa Health Care, San Antonio.

MS. PEREZ holds an undergraduate degree in sociology and a masters of arts in health care mission from the Aquinas Institute of Theology in St. Louis. She was a member of the congressionally mandated committee, the Citizen’s Health Care Working Group, for three years. This committee provided recommendations to the president and Congress on Health Care for All Americans. She was honored as the first woman to be named Humanitarian of the Year by the Houston Community College Hispanic Education Leadership Committee. She previously served as director of community outreach at CHRISTUS St. Joseph Hospital of Houston, where she ran a mobile health clinic serving undocumented workers, the elderly and the indigent. She has served on the Houston Mayor’s Hispanic Advisory Committee, and was a founding member of the Hispanic Health Coalition of Houston. She has worked with the Baylor College of Medicine and the University of Texas to increase community participation in clinical studies. Ms. Perez also works as a diabetes educator for the blind. In 2004, the Houston Chronicle chose her as one of Houston’s top 10 nurses.

ANTHONY D. PFITZER, FACHE
President and Chief Executive Officer of St. Joseph Health System, Bryan, Texas.

MR. PFITZER joined St. Joseph Health System (SJHS) in 2006 and has served as CEO of the system’s largest hospital, St. Joseph Regional Health Center. As president of SJHS, he provides leadership and strategic direction for system organizations, which include four hospitals, a rehabilitation center, two-long term care facilities, a physician services corporation, a managed care corporation, eight rural health clinics, and St. Joseph Foundation.

Mr. Pfitzer has previously served in leadership roles for hospitals in Illinois, Montana and Missouri during his 28-year health care career. He holds a master’s degree in business administration from Southern Illinois University and a master’s of health administration from Saint Louis University Medical Center. During his career he has worked closely with physicians in a variety of settings, including community hospitals, clinic operations and multi-specialty group practices. He is a Fellow in the ACHE.
MARK REPENSHEK, PH.D.
Health Care Ethicist at Columbia St. Mary’s, Milwaukee.

DR. REPENSHEK serves on an Institutional Review Board, multiple ethics committees and offers numerous educational opportunities for medical faculty and staff. He earned his doctorate in health care ethics at Saint Louis University at the Center for Health Care Ethics. In addition to his role at Columbia St. Mary’s, he teaches at the Medical College of Wisconsin in the Medical Ethics and Palliative Care Course, University of Wisconsin-Milwaukee and at the Columbia College of Nursing. His research focuses on ethical issues in death and dying, social justice and the under/uninsured, the intersection of Catholic moral and social teachings and modern debates in bioethics, and organizational ethics for faith-based health care ministries.

Dr. Repenshek has published articles in The Hastings Center Report, Health Progress, Healthcare Ethics USA, the Journal for Medical Ethics and Bioethics and the Journal for Analytic Teaching. He has co-authored a book titled, An Introduction to Healthcare Ethics: Theological Foundations, Contemporary Issues, and Controversial Cases, through St. Mary’s Press, which was released in August of 2007. He is also a member of the American Society for Bioethics and Humanities, Catholic Theological Society of America and the Society for Christian Ethics.

M. COLLEEN SCANLON, RN, JD
Senior Vice President of Advocacy at Catholic Health Initiatives, Denver.

MS. SCANLON has responsibility for directing the development and integration of a comprehensive advocacy program within one of the largest Catholic health care systems in the country. Prior to this, she was the director of the American Nurses Association Center for Ethics and Human Rights in Washington, DC, and served as a clinical scholar in the Center for Clinical Bioethics at Georgetown University Medical Center. Ms. Scanlon serves on a variety of boards and professional associations. She served as the 2009-2010 chair of the CHA Board of Trustees, and currently is speaker of the CHA Membership Assembly. She serves on the Board of Visitors of Georgetown University School of Nursing and Health Studies and the Catholic Medical Mission Board. She has received several awards including an Honorary Doctorate and Distinguished Alumna Award from Georgetown University, the Mara Mogensen Flaherty Award from the Oncology Nursing Society and the American Cancer Society Lane Adams Award. Ms. Scanlon received her bachelor’s degree in nursing from Georgetown University, a master of science degree in gerontology from the College of New Rochelle and a juris doctor degree with a health law and policy certificate from the Pace University School of Law.
KEVIN J. SEXTON
President and Chief Executive Officer of Holy Cross Hospital, Silver Spring, Md.

MR. SEXTON serves as CEO of the largest acute care facility in suburban Maryland. Since becoming CEO in 1998, Holy Cross has grown dramatically and returned to strong financial performance. It has substantially increased its community service and has won designation as a “Best Place to Work” by the Maryland Work Life Alliance for 10 consecutive years. Mr. Sexton also currently serves as vice chair of the Maryland Health Services Cost Review Commission and is a member of the Board of the Council of Teaching Hospitals.

Prior to joining Holy Cross, Mr. Sexton was senior vice president and director of the Healthcare Organizations practice of the Lewin Group, a nationally recognized health care policy and consulting firm. His clients included large academic medical centers, Catholic systems, and associations such as CHA and the University Healthcare Consortium. He served the Metro Health System, Cleveland, as senior vice president, executive vice president and president of Metro Health Medical Center. During his tenure, Metro Health, a 1,000 bed public teaching hospital, reconstituted its physical facilities, grew dramatically and won the Foster McGaw Prize for Community Service. Mr. Sexton has a business administration bachelor’s degree from Georgetown and a master of public administration degree from Harvard University.

ANTHONY TERSIGNI, ED.D., FACHE
President and Chief Executive Officer of Ascension Health, St. Louis.

DR. TERSIGNI is the 2010-2011 chair of the CHA Board of Trustees and has served on the CHA board since 2006. In his role at Ascension Health, he is responsible for managing the largest not-for-profit and the largest Catholic health system in the U.S., operating in 20 states and the District of Columbia. He is currently a board member of the Legatus International Board of Governors, the Detroit Economic Club, the National Catholic Bioethics Center, serves as national development co-chair for the Society of St. Vincent DePaul and is a member of the Coalition to Protect America’s Health Care. Dr. Tersigni also serves on the boards of the United Way of Greater St. Louis, Inc., the St. Louis Regional Business Council and is a member of the Board and Executive Committee of the St. Louis Regional Commerce and Growth Association. He holds a doctorate in leadership/organizational development from Western Michigan University, Kalamazoo, Mich.
ELAINE I. BAUER, FACHE
Vice President of Strategic Initiatives for the Catholic Health Association of the United States, Washington, DC.

MS. BAUER is responsible for leading CHA’s strategic planning process and implementation of strategic initiatives. Prior to joining CHA in 2008, Ms. Bauer was the vice president of strategy development for Catholic Health East for nearly a decade. She has held senior-level strategy roles in two other not-for-profit health care systems – Sutter Health in Sacramento, Calif., and the Sisters of Mercy Health System headquartered in St. Louis. She currently serves on the Board of St. Ignatius Nursing Home in West Philadelphia, Pa., the Sponsors Council of the Sisters of Mercy Mid-Atlantic Community, and the Advisory Council of the Healthcare Graduate Program of Immaculata University in Malvern, Pa. She holds a bachelor of science degree in medical technology from Kansas State University and master’s degrees in finance and health services management from Webster University in St. Louis. She is a Fellow in the ACHE.
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Bellevue, Wash.

Episcopal Liaison

MOST REV. KEVIN W. VAN
Bishop of Fort Worth  
Diocese of Fort Worth, Texas
CHA STAFF AND CONSULTANTS

Other CHA staff who contributed to this process include:

KIM VAN OOSTEN
Director, Communications

STEVEN PRIEFER
Network Support Specialist

CONSULTANTS — THE CAMDEN GROUP

Engagement leadership was provided by two persons – Blair Contratto and Brian Silverstein.

BLAIR A. CONTRATTO, is a vice president of The Camden Group with more than 25 years of executive health care experience, particularly in the areas of hospital management and governance. She has considerable expertise in organization-wide strategic, business, and service line planning, strategic partnering, physician-hospital relationships, leadership development, and the facilitation of retreats and meetings. Ms. Contratto has extensive experience in working with multiple hospitals and physician organizations to design and implement regional strategies, and enhance financial and operational performance. Additionally, in her role as a health care executive, Ms. Contratto has served on over 12 governing boards.

Ms. Contratto brings 25 years of leadership in Catholic health care to this project. She completed the California Ministry Leadership Formation program in 2006 as the initial class, while serving as CEO of Providence Health & Services Little Company of Mary Southern California region. She has served the ministry as a strategic planner, mission leader, and architect of Little Company of Mary Hospital/Providence Health & Services’ affiliation and End of Programming. She earned a bachelor of science degree in public health from the University of California, Los Angeles, and a master’s of public health degree from the University of Tennessee.

BRIAN J. SILVERSTEIN, MD, is a senior vice president at The Camden Group. He has over 12 years of experience in the health care industry with extensive expertise in the areas of national health care trends, changing clinical practices, future care delivery models, medical technology innovation and adoption, and alignment of hospital and physician interests. A highly respected industry thought leader and national keynote speaker, Dr. Silverstein has provided advisory services for a variety of hospitals — from small, rural community hospitals to large non-profit hospital systems. In addition, he has consulted for various academic medical centers, integrated delivery networks, physician groups, and other health care organizations. He is also an advisor to the Medical Leadership Institute.

Prior to joining The Camden Group, Dr. Silverstein served as vice president and national thought leader for Sg2 Health Care Intelligence. As a national keynote speaker and thought leader, Dr. Silverstein frequently presents on future trends in health care for organizations such as The Governance Institute, Radiological Society of North America, the Society for Critical Care Medicine, The College of American Pathologists, Defense Advanced Research Projects Agency.
(DARPA), Bio and VHA. Dr. Silverstein received his MD from the University of Chicago Pritzker School of Medicine and completed his internship in internal medicine with McGaw Medical Center of Northwestern University in Chicago. He holds a bachelor’s degree in business administration from Goizueta School of Business at Emory University and a bachelor’s of science degree in biology from Emory University.

Other staff from The Camden Group who contributed to this process include:

**MARC PAUL-LEE**
Senior Consultant

**DANIEL PHILLIPS**
Senior Consultant

**MICHAEL RANDALL**
Manager

**BARBRA REIGEL**
Vice President

**BENJAMIN TANG**
Director Information Technology

**ADDITIONAL CONSULTANT — FACT FINDERS, INC.**

**TIMOTHY CAPLINGER**
President, St. Louis
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Fond du Lac, Wis.

Alexian Brothers Health System
Arlington Heights, Ill.

Alexian Brothers Hospital Network
Arlington Heights, Ill.

Alexian Brothers Medical Center
Elk Grove Village, Ill.

Alexian Brothers Sherbrooke Village
St. Louis

Aquinas Medical Library
Newark, N.J.

Ascension Health
Kalamazoo, Mich.

Ascension Health
St. Louis

Ascension Health-Wisconsin
Milwaukee

Avera Health
Sioux Falls, S.D.

Avera McKennan Hospital and University Health Center
Sioux Falls, S.D.

Avera Queen of Peace Health Services
Mitchell, S.D.

Avera Sacred Heart Hospital
Yankton, S.D.

Avera St. Anthony's Hospital
O'Neil, Neb.

Avera St. Luke's
Aberdeen, S.D.

Avila Institute of Gerontology
Germantown, N.Y.

Bakersfield Memorial Hospital
Bakersfield, Calif.

Baptist Hospital
Nashville, Tenn.

Barry University Department of Theology & Philosophy
Miami Shores, Fla.

Benedictine Health Center
Duluth, Minn.

Benedictine Health System - Cambridge Office
Cambridge, Minn.

Benedictine Health System
Duluth, Minn.

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Baltimore, Md.

Bon Secours Charity Health System
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Bon Secours Health System, Inc.
Marriottsville, Md.

Bon Secours Home Care
Richmond, Va.

Bon Secours St. Francis Hospital
Charleston, S.C.

Bon Secours Virginia
Richmond, Va.

Borgess Lee Memorial Hospital
Dowagiac, Mich.

Cabrini Eldercare
Dobbs Ferry, N.Y.

CareLinc Options
St. Louis

Caritas Christi Health Care
Brighton, Mass.

Carmelite Sisters for the Aged and Infirmed
Germantown, N.Y.

Carondelet Health
Kansas City, Mo.

Carondelet St. Mary’s Hospital
Tucson, Ariz.

Carroll Manor Nursing & Rehabilitation Center
Washington, DC

Catholic Charities
New Orleans

Catholic Health Association of Canada
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Catholic Health East
Newtown Square, Pa.

Catholic Health East, Continuing Care Management Services
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Catholic Healthcare West
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Manchester, N.H.

Catholic Theological Society of America
Shaker Heights, Ohio

CHRISTUS Health
Gulf Coast Region
Houston

CHRISTUS Health
Irving, Texas

CHRISTUS Santa Rosa - City Centre
San Antonio

CHRISTUS Santa Rosa Health Care
San Antonio

CHRISTUS Spohn Health System
Corpus Christi, Texas

CHRISTUS St. Michael Health System
Texarkana, Texas

CHRISTUS St. Michael Rehabilitation Hospital
Texarkana, Texas
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Hospital Sisters Health System
Eastern Wisconsin Division
Green Bay, Wis.

Hospital Sisters Health System
Springfield, Ill.

Hospital Sisters of the
Third Order of St. Francis
American Province
Springfield, Ill.

Humility of Mary Health Partners
Youngstown, Ohio

Indiana University-Purdue
University Sociology Department
Indianapolis

Kenmore Mercy Hospital
Kenmore, N.Y.

LakeWood Health Center
Baudette, Minn.

Langlade Hospital
Antigo, Wis.

Laurel Lake Retirement Community
Hudson, Ohio

Light of Hearts Villa, Inc.
Bedford, Ohio

Little Company of Mary Hospital and Health Care Centers
Evergreen Park, Ill.

Lourdes Hospital
Paducah, Ky.

Lourdes Senior Community
Waterford, Mich.

Lourdes-Noreen McKeen Residence for Geriatric Care
West Palm Beach, Fla.

Loyola Marymount University Department of
Theological Studies
Los Angeles

Loyola University - Stritch School of Medicine
Maywood, Ill.

Marian Medical Center
Santa Maria, Calif.

Marillac Clinic, Inc.
Grand Junction, Colo.

Maristhill Nursing Home
Waltham, Mass.

Mary Immaculate Hospital
Newport News, Va.

Marymount Hospital, Inc.
Garfield Heights, Ohio

Mater Dei Nursing Home
Newfield, N.J.

Memorial Health Care System
Chattanooga, Tenn.

Mercedarian Missionaries of Berriz
Liberty, Mo.

Mercy Community Health, Inc.
West Hartford, Conn.

Mercy General Hospital
Sacramento, Calif.

Mercy Health Center
Oklahoma City, Okla.

Mercy Health Ministry
Chesterfield, Mo.

Mercy Health Partners
Muskegon, Mich.

Mercy Health Partners (Southwest Region)
Cincinnati

Mercy Health Partners Northeast Region
Scranton, Pa.

Mercy Health Plans, Inc.
Chesterfield, Mo.

Mercy Health System
Conshohocken, Pa.

Mercy Health System of Maine
Portland, Maine

Mercy Home Health
Springfield, Pa.

Mercy Homecare & Hospice
Clinton, Iowa

Mercy Hospice
Holyoke, Mass.

Mercy Hospital
Independence, Kan.

Mercy Hospital
Iowa City, Iowa

Mercy Hospital
Scranton, Pa.

Mercy Hospital
Valley City, N.D.

Mercy Hospital Anderson
Cincinnati

Mercy Hospital Grayling
Grayling, Mich.

Mercy Hospital, Inc.
Miami

Mercy Medical Center
Canton, Ohio

Mercy Medical Center
Cedar Rapids, Iowa

Mercy Medical Center
Redding, Calif.

Mercy Medical Center Merced
Merced, Calif.

Mercy Medical Center
Mount Shasta
Mount Shasta, Calif.

Mercy Medical Center-Dubuque
Dubuque, Iowa

Mercy Medical Center-Sioux City
Sioux City, Iowa

Mercy Memorial Health Center, Inc.
Ardmore, Okla.

Mercy Philadelphia Hospital
Philadelphia

Mercy Regional Health Center College Avenue
Manhattan, Kan.

Mercy St. Theresa Center
Cincinnati

Mercy St. Vincent Medical Center
Toledo, Ohio

Mercy Tiffin Hospital
Tiffin, Ohio

Mercy Willard Hospital
Willard, Ohio

Mercy-Northern Region
Toledo, Ohio

Ministry Health Care
Milwaukee

Ministry Home Care
Marshfield, Wis.

Ministry Leadership Center
Sacramento, Calif.
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<td>Notre Dame Convalescent Home, Inc.</td>
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<td>Notre Dame Long Term Care Center</td>
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<td>O’Connor Hospital</td>
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<td>Our Lady of Fatima Villa</td>
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<td>Pallottine Health Services, Inc.</td>
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<td>PeaceHealth Lower Columbia Region</td>
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<td>Penrose-St. Francis Health Services</td>
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<td>Providence Adult Day Health</td>
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<td>Mount Angel, Ore.</td>
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<td>Providence ElderPlace at The Marie Smith Health &amp; Social Center</td>
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<td>Providence Health &amp; Services Renton, Wash.</td>
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<td>Providence Health System Foundation</td>
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<td>Providence Hood River Memorial Hospital</td>
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<td>Providence Hospital Columbia, S.C.</td>
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<td>Providence Hospital and Medical Centers Southfield, Mich.</td>
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<td>Providence Medford Medical Center Medford, Ore.</td>
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<td>Providence Medical Group</td>
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<td>Providence Mount St. Vincent and St. Joseph Residence</td>
<td>Seattle</td>
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<td>Providence Park Hospital</td>
<td>Novi, Mich.</td>
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<td>Providence Seaside Hospital</td>
<td>Seaside, Ore.</td>
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<td>Providence St. Peter Hospital</td>
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<td>Providence St. Vincent Medical Center</td>
<td>Portland, Ore.</td>
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<td>Providence Tarzana Medical Center</td>
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<td>Resurrection Medical Center</td>
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<td>Resurrection Retirement Community</td>
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<td>Rush University College of Nursing</td>
<td>Chicago</td>
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<td>Sacred Heart Health System</td>
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Sacred Heart Hospital on the Emerald Coast
Destin, Fla.

Sacred Heart Medical Center at RiverBend
Springfield, Ore.

Saint Alphonsus Regional Medical Center
Boise, Idaho

Saint Anthony Hospital
Chicago

Saint Anthony Memorial Health Centers Saint Anthony Campus
Michigan City, Ind.

Saint Elizabeth Regional Medical Center
Lincoln, Neb.

Saint Francis Hospital
Evanston, Ill.

Saint Ignatius Nursing Home
Philadelphia

Saint John’s Health System
Anderson, Ind.

Saint Joseph Health System
Lexington, Ky.

Saint Joseph Hospital
Chicago

Saint Joseph’s Hospital of Atlanta, Inc.
Atlanta

Saint Louise Regional Hospital
Girard, Calif.

Saint Mary’s Health Care
Grand Rapids, Mich.

Saint Michael’s Medical Center
Newark, N.J.

Saint Raphael Healthcare System
New Haven, Conn.

Saint Thomas Hospital
Nashville, Tenn.

Saint Vincent Catholic Medical Centers of New York
New York, N.Y.

Saint Vincent Health Center
Erie, Pa.

Saint Vincent Health System
Erie, Pa.

Saints Mary and Elizabeth Medical Center Saint Mary Campus
Chicago

Schervier Nursing Care Center
Riverview, N.Y.

School Sisters of St. Francis
Milwaukee

Scripps Mercy Hospital
San Diego

Seton Center
Kansas City, Mo.

SETON Family of Hospitals
Austin, Texas

Seton Health System, Inc.
St. Mary’s Division
Troy, N.Y.

Seton Medical Center
Daly City, Calif.

Sisters of Bon Secours, USA
Marriottsville, Md.

Sisters of Charity Health System
Cleveland

Sisters of Charity of Leavenworth Health System
Lenexa, Kan.

Sisters of Charity of Leavenworth, KS
Leavenworth, Kan.

Sisters of Charity of Montreal (Grey Nuns) St. Joseph Province
Lexington, Mass.

Sisters of Charity of New York
Bronx, N.Y.

Sisters of Christian Charity
North American Eastern Province
Mendham, N.J.

Sisters of Holy Cross
American Regional Office
Manchester, N.H.

Sisters of Mercy Health System
Chesterfield, Mo.

Sisters of Mercy
Mid-Atlantic Community
Merion, Pa.

Sisters of Mercy West
Midwest Community
Omaha, Neb.

Sisters of Notre Dame
Covington Province
Covington, Ky.

Sisters of Providence
Holyoke, Mass.

Sisters of Providence Health System, Inc.
Springfield, Mass.

Sisters of Providence Mother Joseph Province
Renton, Wash.

Sisters of Saint Francis
Syracuse, N.Y.

Sisters of Saints Cyril & Methodius
Danville, Pa.

Sisters of St. Joseph of Carondelet Province of Albany
Latham, N.Y.

Sisters of St. Joseph of Carondelet Province of St. Louis
St. Louis

Sisters of St. Joseph of NW Pennsylvania
Erie, Pa.

Sisters of St. Joseph of Orange
Orange, Calif.

Sisters of the Holy Family of Nazareth, USA, Inc.
Des Plaines, Ill.

Sisters of the Humility of Mary
Villa Maria Community Center
Villa Maria, Pa.

Sisters Servants of the Immaculate Heart of Mary
Monroe, Mich.

SMP Health System
Fargo, N.D.

Society of the Sacred Heart
St. Louis

Springfield Regional Medical Center
Springfield, Ohio

SSM Health Care
St. Louis
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St. Mary’s Hospital
Amsterdam, N.Y.

St. Mary’s Hospital
Galveston, Texas

St. Mary’s Hospital
Passaic, N.J.

St. Mary’s Hospital of Superior
Superior, Wis.

St. Mary’s Manor
Blue Springs, Mo.

St. Mary’s Medical Center
Duluth, Minn.

St. Mary’s Medical Center
Knoxville, Tenn.

St. Mary’s Medical Center, Inc.
Huntington, W. Va.

St. Mary’s of Michigan
Medical Center
Saginaw, Mich.

St. Mary’s Regional
Medical Center
Lewiston, Maine

St. Mary’s/Duluth Clinic
Health System
Duluth, Minn.

St. Nicholas Hospital
Sheboygan, Wis.

St. Patrick Hospital and Health
Sciences Center
Missoula, Mont.

St. Paul Elder Services
Kaukauna, Wis.

St. Peter’s Addiction
Recovery Center (SPARC)
Guilderland, N.Y.

St. Peter’s Health Care Services
Albany, N.Y.

St. Rose Dominican Hospitals
Rose de Lima Campus
Henderson, Nev.

St. Stephen Church
Sanford, N.C.

St. Thomas More Hospital
Canon City, Colo.

St. Vincent Charity
Medical Center
Cleveland

St. Vincent Health
Indianapolis, Ind.

St. Vincent Health System
Little Rock, Ariz.

St. Vincent Medical Center
Los Angeles, Calif.

St. Vincent’s Birmingham
Birmingham, Ala.

St. Vincent’s Health System
Birmingham, Ala.

St. Vincent’s HealthCare
Jacksonville, Fla.

St. Vincent’s Medical Center, Inc.
Jacksonville, Fla.

Sts. Mary & Elizabeth Hospital
Louisville, Ky.

Supportive Care Coalition
Providence Medical Center
Portland, Ore.

Susquehanna Health
Williamsport, Pa.

The Camden Group
Chicago

The Camden Group
El Segundo, Calif.

The Carmelite System, Inc.
Germantown, N.Y.

The CCHC Forum
Lisle, Ill.

The Willows
Mason City, Iowa

Trinity Health
Novi, Mich.

Trinity Medical Center West
Steubenville, Ohio

Unity Family Healthcare
Little Falls, Minn.

University of Notre Dame
Notre Dame, Ind.

UPMC Mercy
Pittsburgh, Pa.

Via Christi Health
Wichita, Kan.

Via Christi Hospital
Pittsburg, Kan.

Via Christi Hospital
St. Joseph Campus
Wichita, Kan.

Villa St. Vincent
Crookston, Minn.

Vincentian Collaborative
System
Pittsburgh, Pa.

W.W. Grainger, Inc.
Lake Forest, Ill.

Westlake Hospital
Melrose Park, Ill.

Wheaton Franciscan
Healthcare All Saints
Racine, Wis.

Wheaton Franciscan Healthcare
Wheaton, Ill.

Wheaton Franciscan Healthcare
in Southeast Wisconsin
Glendale, Wis.

Wheaton Franciscan
Healthcare-St. Francis
Milwaukee, Wis.

Wheaton Franciscan
Healthcare-St. Joseph
Milwaukee, Wis.