History of “Sponsorship”

Long before Canada had universal health care, Catholic religious congregations founded health organizations to provide care and treatment for the forgotten – the poor and vulnerable. Catholic health care helped those most in need, went where others wouldn’t go and the organizations quickly became identifiable in communities across Ontario.

Since the time of Jesus, the care of the sick and orphans and the education of the poor has been an integral part of the mission of the Catholic Church (Matthew 10:8). Before the advent of socialized medicine, the establishment of public education or social welfare systems, Congregations of Sisters were invited by Bishops of various dioceses to provide these services and responded by carrying on the healing ministry of Jesus.

Catholic hospitals, schools and orphanages were constructed and run through the kindness and generosity of the local communities who supported the Founding Congregations. Often with little financial support, the congregations took out bank loans, raised funds in the community and assumed financial responsibility for the organizations.

Gradually government funding became available for these enterprises, and the establishment of universal health care in Canada is generally thought of as one of this country’s greatest accomplishments. In this new model, the Sisters continued their ministry within the organizations they had founded.

However, by the 1990s, the Congregations of Sisters who had founded the hospitals and other health care organizations had fewer members and fewer capable of serving in health care administration. The decrees of the second Vatican Council had emphasized the call of all baptized to fulfill the mission of the Church and the role of the laity gradually came into prominence.

If the healing ministry of Jesus was to continue under Catholic sponsorship, the mission could no longer belong solely to the Religious Congregations who founded the hospitals and care facilities. The passing of the torch had begun.
Public Juridic Person

The 1983 Code of Canon Law (Church Law) created the concept of “Public Juridic Person” (comparable to a civic corporation) whereby a group “directed to a purpose befitting the Church’s mission” (“works of piety, of the apostolate or of charity, whether spiritual or temporal”) would have certain obligations and rights (Canon 114). Upon application, the Church could grant to sponsors or Public Juridic Persons the formal authority to participate in the continuance of Jesus’ mission in its name.

Formation of CHSO


In 2003, the Sisters of Charity of Ottawa requested that CHSO assume sponsorship of their health care organizations. The Sisters of Providence of St. Vincent de Paul joined in 2006 and the Missionary Sisters of the Precious Blood in 2008. Two Peterborough facilities that had evolved from those founded by the Sisters of St. Joseph of Peterborough came under CHSO sponsorship in 2010.

With roots in seven Founding Congregations, today there are twenty-one CHSO member organizations. The purpose of CHSO is to continue, in the name of the Catholic Church, the healing ministry of Jesus, in organizations founded by the Sisters and to sponsor new Catholic works to serve those most in need in local communities. ¹

In order for any health care organization to be considered Catholic, it must:

- provide care to people without regard or judgement about who they are or a person’s race, faith, circumstances, or life choices
- be sponsored, which provides the link to the Church
- have a strategic priority of responding to the unmet need in the community it serves
- show evidence that it is providing services of the highest quality
- be financially sustainable

¹ Bruyère Continuing Care, Ottawa
Marianhill, Pembroke
Mariann Home, Richmond Hill
Marycrest at Inglewood Senior’s Residence, Peterborough
Mattawa Hospital, Mattawa
Mattawa Seniors Living, Mattawa
Pembroke Regional Hospital, Pembroke
Providence Healthcare, Toronto
Providence Care, Kingston
Providence Care Research Institute, Kingston
St. Gabriel’s Villa, Chelmsford  
St. Joseph’s at Fleming, Peterborough
St. Joseph’s Care Group, Thunder Bay
St. Joseph’s General Hospital, Elliot Lake
St. Joseph’s Health Centre, Toronto
St. Joseph’s Health Centre, Sudbury
St. Joseph’s Continuing Care Centre, Sudbury
St. Joseph’s Villa, Sudbury
St. Michael’s Hospital, Toronto
St. Patrick’s Home, Ottawa
Waypoint Centre for Mental Health Care, Penetanguishene
To ensure Catholic identity endures, the Board of CHSO has some important responsibilities as the only Members (shareholders/owners) of each CHSO member organization. These are known as "reserved powers":

- To approve the appointment of the Board of Directors and CEO of each member organization
- To approve the by-laws of each member organization
- To approve any change to the member organization’s mission, values or philosophy
- To approve any integration or merger
- To approve any major financial decision

To assist its member organizations, CHSO has created a sponsorship manual with tools and guidelines on a variety of topics. CHSO first looks to the Board of the member organization for a recommendation on all items coming to CHSO for approval, ensuring that proper due diligence has occurred, including consider options, risks, and mitigation strategies.

CHSO is concerned with the Ethics of Stewardship, ensuring that its member organizations make prudent decisions regarding financial allocation of resources. Receipt of public monies demands accountability; the impact on the mission and values of the organizations, and programs and services for people must be considered when budgetary decisions are made. There is a commitment to ensure that the quality of services offered in CHSO member organizations is of the highest quality and responds to a “real” need in the community.

The Health Ethics Guide published by The Catholic Health Alliance of Canada is the reference used to guide the organization in its decision making processes related to all significant decisions. There is not always a good understanding that the Health Ethics Guide goes far beyond “moral” decisions, including areas such as the importance of ethical reflection, resource allocation, outsourcing, and a variety of governance and administrative topics.

Looking forward, sponsorship must continue to grow, evolve and mature to ensure the vitality of Catholic health care and other Catholic works for generations to come. This includes anticipating and responding to changing circumstances at CHSO Founding Congregations, CHSO member organizations, within the Ontario health care system, and the needs of the most vulnerable in all of the communities we serve.

As a natural extension of the sponsorship model envisioned when CHSO was first formed, in 2016 CHSO created the Catholic Congregational Legacy Charity. This will function as the charity arm of CHSO and gives CHSO the capacity to receive and hold assets for use and benefit of our member organizations, and new Catholic works in the future.
Conclusion

The mission of CHSO is “to continue the healing ministry of Jesus by building on the legacy of the founding Sisters and their commitment to care for the vulnerable and those most in need, while remaining true to our shared values”. Our twenty-one member institutions demonstrate what it means to be ‘neighbour to the other’ in the compassionate and respectful care that is offered to all who enter our doors. It is a privilege to share this enduring mission with you.

Appendices
1. CHSO Strategic Plan – *Strong, Unified Catholic Health Care in Ontario 2015-2018* [click here for CHSO Strategic Plan](#)
2. CHSO Member Organization – Board Orientation & Board Education TEMPLATE presentation [click here for Board Orientation/Education Template](#)
4. New Board Member Missioning Service – Providence Care, Kingston (sample reference for organizations in customizing their own program) [click here for New Board Member Missioning Service Sample Reference](#)