

Executive Ministry Leadership Community Formation



Ascension

Tuesday, February 24, 2026

Opening Circle



Holding Space in Community



Opening Circle

*What has been meaningful to you and your leadership
about EML so far?*

*What are the stories that you share about EML with your
friends, family, colleagues?*



Exploring Practices and Habits



Ascension

The Examen

1. Become aware of God's presence
2. Give thanks
3. Review the day*
4. Face any shortcomings and seek forgiveness
5. Look forward to the day to come



* Alyssa's book recommendation



Break



Continuing Our Story

**Awareness • *Mystery of God* • Vulnerability •
Jesus' mission and ministry • Empathy •
The mission and ministry of the Church • Community**



Orienting to the Journey

July 15, 2025

December 11, 2026

Retreat A

Awareness
July 15-17, 2025

Retreat B

Vulnerability
Sep 23-25, 2025

Retreat C

Empathy
Dec 8-10, 2025

Retreat D

Community
Feb 24-26, 2026

Retreat E

Solidarity
May 5-7, 2026

Retreat F

Discernment
July 14-16, 2026

Retreat G

Graduation
Dec. 9-11, 2026

Mystery of God Who Calls

Asynchronous; online
July 21 - September 19

Jesus: Mission and Ministry

Asynchronous; online
Sep 29 - December 5

Church: Mission and Ministry

Asynchronous; online
Dec 15 - February 20

Introduction to Catholic Social Teaching

Asynchronous; online
March 2 - May 1

Catholic Healthcare Ethics

Asynchronous; online
May 11 - July 10

Project Work

- Template provided
- Ongoing resource support
- Stoplight check-ins
- EML grads as mentors

12-months; Experiential

Online Learning

6 month Integration



From Empathy to Community

“

It's an interesting way to view 'problem' and 'mystery'. I tend to view hospital leadership roles as problem solvers in order to find our way through to a brighter (better) side. However, not everything is knowable and some things just need attention in a way that seeks to understand as much as possible. I think the pace for decision making can sometimes be rushed lacking the ability to embrace mystery. **I've found when we pause and acknowledge what we don't know, we have richer discussions that aren't as narrow minded.**



”



An Excess of Realities

From Empathy to Community

“

Leadership carries the responsibility of keeping the institution's mission alive and responsive to the ever-changing needs of the context in which it operates. It's about ensuring that the work we do stays true to the core values while adapting to meet the needs of those we serve.

I see this reflected at Ascension in the language we use—like "discern" instead of "determine" and "community" instead of "team." It's also evident in our rituals, such as reflections, and even more so in our actions—how we choose to partner, where we invest, where we divest, who we hire, and yes, who we fire.



”



An Excess of Realities

Church as Institution

From Empathy to Community

“

We all have stories of the Sisters who led our Mission in the early days. People we know by first name who we have never met.

People who led our hospitals, making critical decisions that have endured through generations. I can't help but remark about how diversity of thought at the decision-making-tables leads towards a more sustainable mission over time.

I also loved the example of providing the empty chair in any listening session to remind you of who may not be present or represented in that conversation. I am thinking about how to employ the same concept in my daily work- that empty chair could represent the front line care-giver, the patient, or even a community member.



”



An Excess of Realities

Church as Institution

A Welcoming Church

From Empathy to Community

“

Ironically, we use the term "encounter" as the descriptor of the volume of patients we treat.

As an organization we need to understand and share what an encounter really is. It's an opportunity to really make a profound difference in a patient's well being or a missed opportunity other than encounter #1,263 for the month. Listen to understand, develop a relationship, show empathy, make a difference one patient at a time.

It's the same for our "encounters" with our staff, our physicians, our community and our leadership peers.



”



An Excess of Realities

Church as Institution

A Welcoming Church

A Culture of Encounter

Capstone Integration Projects

Process Conversation



Ascension

Central Question:

How is my experience, learning and growth in EML changing my leadership and therefore the ministry of Ascension?



Primary focus:

What will be better for our patients, residents and the communities we serve as a result of this project, with a focus on vulnerable populations?

How will we measure that difference?



Original work

(Not an amplification of previous
or in-process work)



Said otherwise....

What problems are our patients, residents, community members facing that we could approach, understand, solve *with* differently?



A method....

Fall in love with the problems people are facing

Look at the ways those problems are inadequately addressed today

Develop something new that could move the needle away from suffering and towards dignity



“The electric light bulb did not
come from the continuous
improvement of candles”

- Oren Harari



It was invented through the incremental, collaborative efforts of dedicated people combining successively better tools to solve a problem



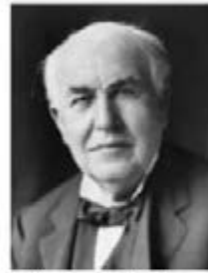
Humphry Davy



Warren de la Rue



Joseph Swan



Thomas Edison



Nikola Tesla



Tira de carbono



Bobina de platina



Filamento de carbono



Filamento de carbono
(mais durável)



Arco com carbono



Team-Based Capstones

Each capstone should express a Strategic Imperative

Working to have 5 groups



Let's brainstorm!

1. Count off by 5s and find your people
2. Discuss problems and ideas - as many as you want - writing them down in clear handwriting. We will be collecting these

Then, get as far through these steps as you can....

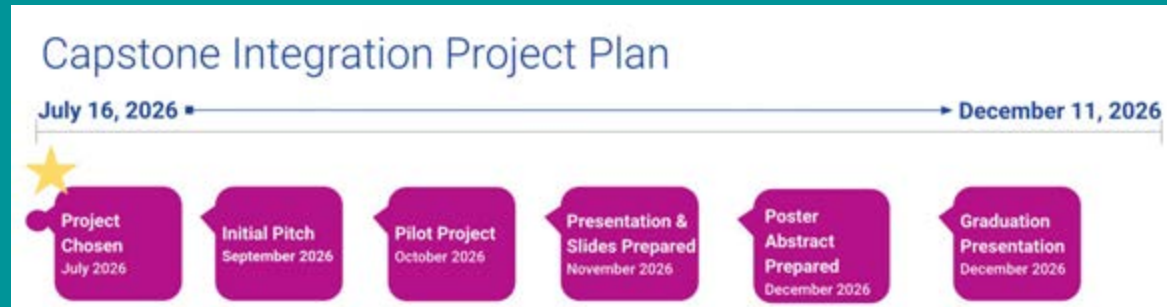
3. **Originality:** assign a value of 1-5, from least to most original
4. **Impact:** assign a value of 1-5, from least to most impactful for those we serve - with focus on those most vulnerable
5. **EML:** assign a value of 1-5, from least to most expressive of EML learnings
6. **Imperatives:** connect to Strategic Imperative categories

Circle one capstone title that your team really likes

Does not have to be the one with the highest "score."



Capstone Integration Project Plan



Questions?



The Case for Community



The Case for Community

We are a Ministry of the Church

We are a **community** called and animated by the Spirit **to serve the good of all persons**—with focus on persons in poverty—on behalf of the Catholic Church, through our witness to the Gospel, in order to **bring about a more just and compassionate society.**

Discuss at your tables

1. After your **Jesus: Mission & Ministry** course, in what ways do you understand your work as a **witness to the Gospel**? Same, different?
2. After your **Church: Mission & Ministry** course, how does it feel to you to work **on behalf of the Catholic Church** in your role? Same, different?
3. Beyond healthcare delivery, in what ways can Ascension help **bring about a more just and compassionate society**?



Announcements



Executive Ministry Leadership Community Formation



Ascension

Wednesday, February 26, 2025

Morning Check-in



Morning Reflection

Matt Hayduk
Beth Van Gilder



Ascension

Reflection: Community as Covenant

Matt Hayduk & Beth Van Gilder



Ascension



COMMUNITY COMMITMENT: WEATHERING THE STORM TOGETHER



Midtown nurses walk to work ahead of multi night stay



Arlene Byrne gives birth to ice storm baby at Three Rivers



Gay Loveday and Anita Falls stayed Saturday through Monday at West ensuring supplies were stocked



Rutherford facilities crew working hard to maintain safe walking conditions

Table Reflection & Discussion

The Hidden Hero

- What “quiet” act of community has redefined leadership for you?

The Dependent Executive

- When did you have to *receive* help this week (or another time)? How did that change your perspective?

The “Ice” in our Organizations

- What organizational “ice” or silos need to melt so this happens every day?



A Prayer for our Community

“For as in one body we have many members, and the members do not have all the same function, so we, though many, are one body in Christ, and individually members one of another.”

–Romans 12:4-5



Concluding Course Three

Church: Mission and Ministry

Dr. Kristin Colberg, PhD

Associate Professor of Theology

College of St. Benedict/St. John's University

Minneapolis, MN



Ascension

Church Mission and Ministry

Plan for our Session:

1. Rearview Mirror -

Looking back at course goals + content

2. Small Group Conversations

Naming takeaways and questions

3. Harvesting our Learning

4. Wrap-up Exercise



Ascension





A first goal of the course
=
Understanding the church's
WHO.



A second goal of our course
=
A better understanding of
Ascension's WHO
(as rooted in the church's who)



A third goal of our course

=

A deeper understanding of
your WHO and how it can be
realized personally &
professionally



What did we learn about
the church's WHO?

Takeaway #1: The Concept of Mystery Opens Possibilities



Takeaway #2: Experience is Critical to Conveying Mystery



Takeaway #3: Relationship is Critical to Conveying Mystery



Takeaway #4: The Importance of Listening

RAPID CHANGE

WOUNDS

POLARIZATION

LIMITED
RESOURCES



Takeaway #5

The Idea of A Field Hospital Resonates



Takeaway #6: Ascension values mission and attracts servant leaders



Takeaway #7: The Church Can Change





PIUS IX - FIRST VATICAN COUNCIL 1869

© Ascension 2025. All rights reserved.



SECOND VATICAN COUNCIL 1962

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SYNOD PARTICIPANTS - GENERAL ASSEMBLY 2024

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HORA TERTIA

ASSEMBLEA FORTITUDINIS

PRIMA





10 minutes with the US Catholic Bishops

Individual Reflection:

(3 mins)

- The most important takeaway for me from this class is.....
- This class helped me by.....
- As a leader, something I can use is.....



Small group conversation

Step 1: Identify a Reporter

Step 2: Go around the group and have each person share for 1-2 minutes on their answers to the questions below:

“Something meaningful from this class is.....”

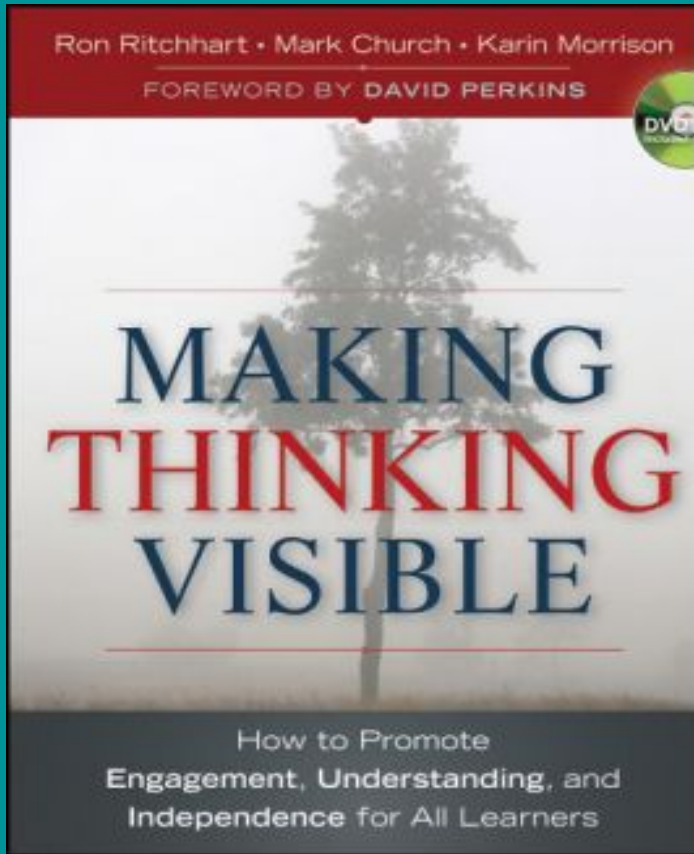
“This class helped me by.....”

“As a leader, something that I can use is.....”

Step 3: Small Group Conversation on questions/course

Step 4: Each group reports back to the large group / Large Group Sharing





I used to think

Now I think

- *can be more than one
- *not necessarily opposites/corrections



Thank You!



Ascension



Ecclesial Relations and Executive Accountabilities

Mark Repenshek, PhD

Vice President, Ethics and Church Relations



The Gospel Context of Catholic Health Care

...The gospel accounts of Jesus' ministry draw special attention to **his acts of healing**: he cleansed a man with leprosy; he gave sight to two people who were blind; he enables one who was mute to speak; he cured a woman who was hemorrhaging; and he brought a young girl back to life. Indeed the Gospels are replete with examples of how the Lord cured every kind of ailment and disease.

Jesus' healing missions went further than caring only for physician affliction. **He touched people at the deepest level of their existence**; he sought their physician, mental and spiritual healing.



The Gospel Context of Catholic Health Care

No. 4: Historically, religious institutes and societies of apostolic life of women have taken the **lead in the development of Catholic health** care ministry in the United States...

No. 5: As the numbers of religious have been decreasing, **lay men and women have increasingly been taking leadership and sponsorship roles** in many of our Catholic health care institutions, while striving to maintain the charism and spirit of the founding religious institutes and societies of apostolic life



The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry

INTRODUCTION

CHA STUDY GUIDE

for the Second Edition of *The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry*



Kevin W. Vann

MOST REV. KEVIN W. VANN JCD, DD
Bishop of Orange in California



CHA STUDY GUIDE for the Second Edition of
*The Pastoral Role of the Diocesan Bishop in
Catholic Health Care Ministry*



The Gospel Context of Catholic Health Care

The Church learns from the Good Samaritan how to care for the terminally ill, and likewise obeys the commandment linked to the gift of life: *“respect, defend, love and serve life, every human life!”*. The gospel of life is a gospel of compassion and mercy directed to actual persons, weak and sinful, to relieve their suffering, to support them in the life of grace, and if possible to heal them from their wounds.

The Good Samaritan, who puts the face of his brother in difficulty at the center of his heart, and sees his need, offers him whatever is required to repair his wound of desolation and to open his heart to the luminous beams of hope.



Responsibility of the Diocesan Bishop

No. 8: The varied and complex structures that are required to deliver health care are the particular responsibility of the sponsoring entity, boards, and other leaders who **conduct this corporate ministry**. At the same time, this ministry also necessarily involves the diocesan bishop. **The bishop has the responsibility and right to exercise his authority over all apostolates in his diocese, including that of health care**, in accordance with the Code of Canon Law, c. 678, and any other universal or particular law that may be enacted.



Responsibility of the Diocesan Bishop

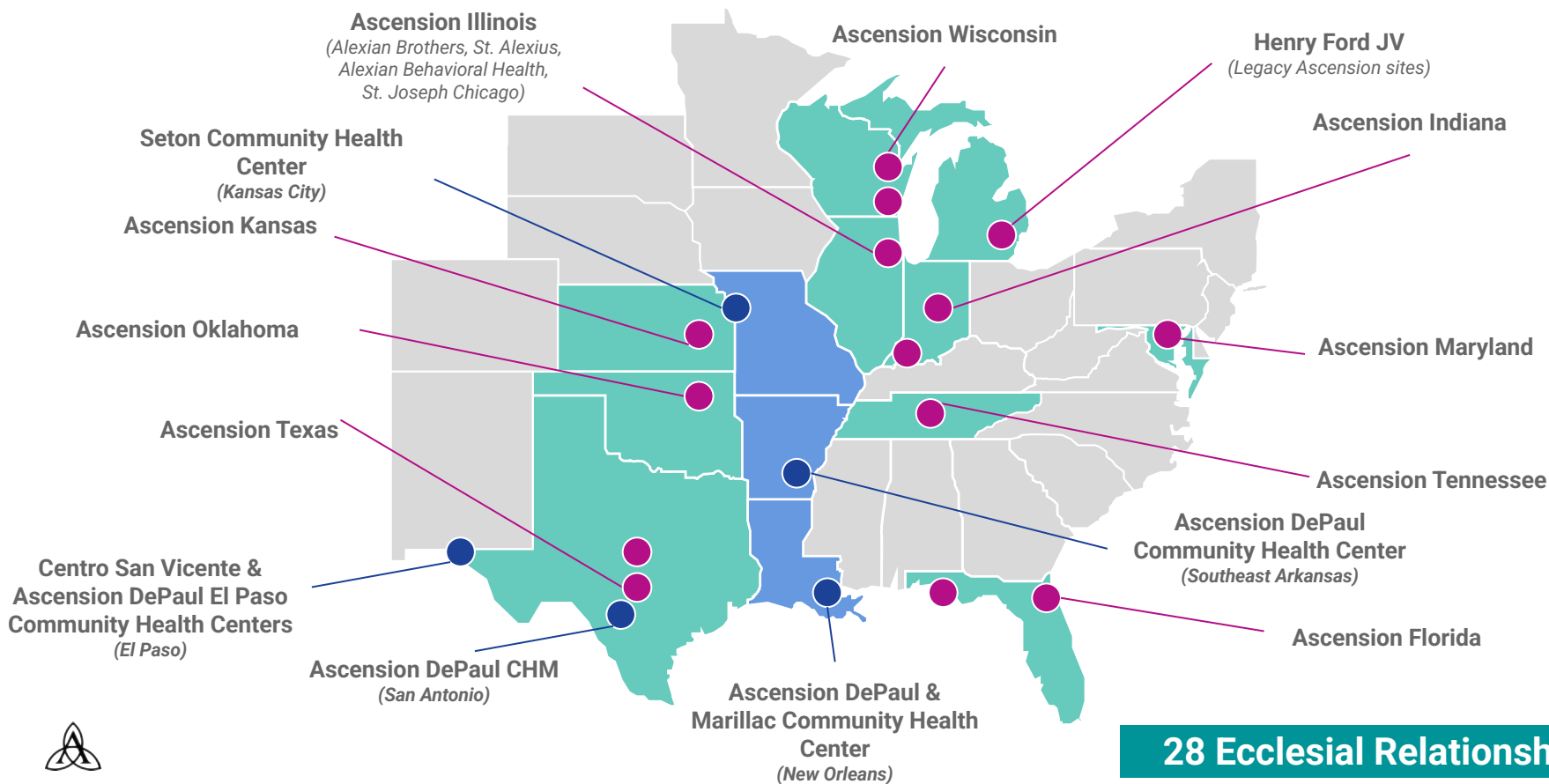
No. 9 As principal **teacher**, the bishop invites openness and receptivity to the splendor of truth by proclaiming the Church's teaching and safeguarding the moral and doctrinal integrity of Catholic health care.

As **sanctifier**, the bishop exercises his ministry by ensuring the celebration of the sacraments and by providing for the overall pastoral care for the sick, their families, and the medical professionals in health care settings throughout the diocese...

The bishop, as **pastor**, governs the particular church in ways that seek appropriately to coordinate the healing ministries in the interest of the common good.



Ecclesial Landscape / Current Footprint

**28 Ecclesial Relationships**

Principles for Creating a Positive Ecclesial Relationship

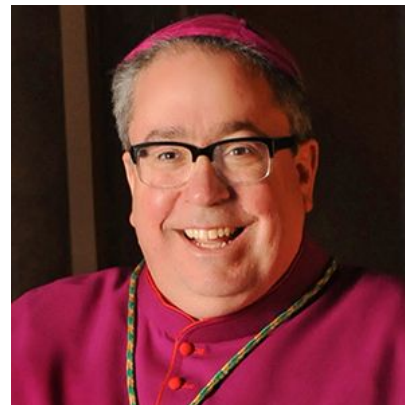
Principle 1: Never Surprise Your Bishop

Principle 2: Ask the Right Questions

Principle 3: Foster an Atmosphere of Mutual Understanding and Collaboration

Principle 4: Get to know your Bishop before you need your Bishop

Principle 5: Understand and Appreciate the Episcopal Landscape



Vision

Ascension's relationship with our local bishops and the United States Conference of Catholic Bishops (USCCB) is one of radical trust and credibility due to our strong Catholic ministry identity.

Goal #1: Influence the way the institutional Church understands its Catholic health care ministry as a vehicle for evangelization.

Goal #2: Facilitate the achievement of our strategic and financial goals in alignment with the pastoral role of the diocesan bishop relative to the Catholic health ministry.

Goal #3: Be a dialogue partner and ally with our bishops regarding issues of mutual concern and priorities.



We also fulfill our Mission, Vision, Values and Catholic identity everyday through the **why and how of all that we do for those we serve** by:

Promoting and defending Human Dignity by encountering people with kindness and compassion, while respecting and defending the right to life;

Promoting the Common Good by working to increase access for all persons, rationalizing care and advancing the social determinants of health to improve health equity;

Attending to the Whole Person by caring for the whole person, body, mind and spirit, in and out of the hospital to improve the life and health of individuals and the community;

Caring for those who are poor and vulnerable through the provision of care regardless of the ability to pay and through initiatives specifically designed to serve and improve the health and lives of those who struggle with economic poverty and/or are particularly vulnerable to social discrimination due to medical condition, race, gender, immigration status, etc.;

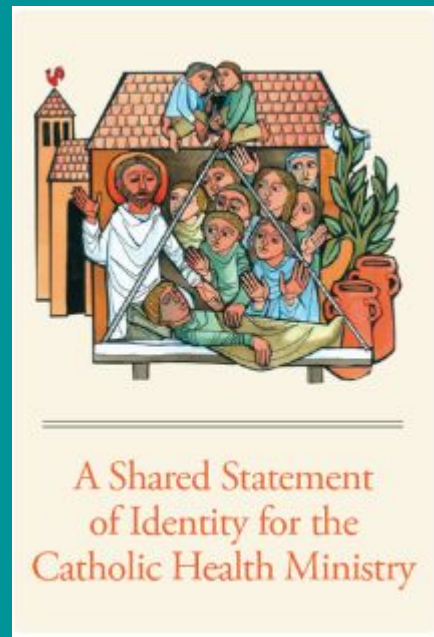
Acting on Behalf of Justice by working to ensure basic human rights are met and all persons receive high quality, safe care, while improving social structures to offer equal access to both resources and opportunities;

Stewarding Resources by lowering costs, improving efficiency and minimizing waste, protecting the environment and ensuring financial sustainability for the ministry;

Serving as a Ministry of the Church by abiding by *The Ethical and Religious Directives for Catholic Health Care Services*, the social and moral teachings of the Catholic Church, and Canon Law, especially as they pertain to partnerships with non-Catholic organizations.



Ministry Identity Assessment



Collaborate Communicate Cultivate

Positive Proactive Ecclesial
Relations



Break



An Audience with the Most Reverend Mitchell T. Rozanski 10th Archbishop of St. Louis

In Conversation with **Tom VanOsdol**
Executive Vice President, Mission Integration



Ascension

An Audience with Archbishop Mitchell Rozanski

1. Why is it so critical for us to anchor the Catholic health ministry in the Gospel narrative of healing and accompaniment?
2. What challenges do you see for Catholic health care today?
3. The third movement of the pre-read discusses the responsibility of the diocesan bishop. What do you see as your and your brother bishops' core responsibilities with Catholic health care?
4. There is a tenor of dialogue woven throughout *The Pastoral Role of the Diocesan Bishop in Catholic Health Ministry*. How would you like to see us grow together in ongoing dialogue?
5. What would you wish for these executive leaders of our Ascension health ministry as partners in this work?
6. Open Q&A with group



Announcements



Meal Blessing



Ascension as Sponsored Ministry of the Church

Sarah Reddin

Vice President, Ministry Formation

Mark Repenshek

Vice President, Ethics and Church Relations



Ascension

Debrief from dialogue with Archbishop Rozanski

What resonated with you?

What inspired you?

What new accountabilities did you learn?

What questions do you have?



Questions for Consideration and Dialogue Throughout

From your pre-read, *The Pastoral Role of the Diocesan Bishop in Catholic Health Ministry*, and this session:

- How did the reading align with your engagement with Archbishop Rozanski?
How were the two experiences different?
- What would you describe as some of the bishops' responsibilities to health care? Or some of our shared responsibilities?
- How is this impacting your understanding of what it means to be a leader of a ministry of the Catholic Church?



The Gospel Context of Health Care

To understand the significant role of the Catholic Church in health care throughout the centuries, one needs to look at the faith of those who have attempted to imitate the love, compassion, and healing of Jesus.

The work of healing and the acts of compassion that envelop it are seen as a continuation of Christ's mission that is enabled by his life-giving grace.

It is out of this context of faith, hope, and love that the Catholic health care ministry came into existence.

The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry, no. 3.



Ascension as a Sponsored Ministry of the Church

Jesus' ministry - and Ascension



Washing of the Feet by John August Swanson



The Ascension from The Rabbula Gospels, 6th Century





Apostolic Age

- Initial formation, growth of early Christian Church
- Dynamic time
- Books of the New Testament written



The Synaxis of the Twelve Apostles
Russian, 14th century, Moscow Museum



Christianity Grows

- Rapid expansion of Christian faith
- Intense persecution
- Religious communities are formed



Council of Nicaea in 325
Depicted in a Byzantine fresco
Basilica of St. Nicholas, Demre, Turkey



Crusades and Communities

1095-1291: Christian Crusades

1334: Alexian Brothers founded in Germany

1633: Daughters of Charity founded in Paris

1650: Sisters of St. Joseph founded in Le Puy, France -
both Nazareth and Carondelet communities

1800s: Waves of immigrant Sisters asked by Bishops
to come to the US and care for immigrant
communities. Healing, housing, and education
ministries are founded



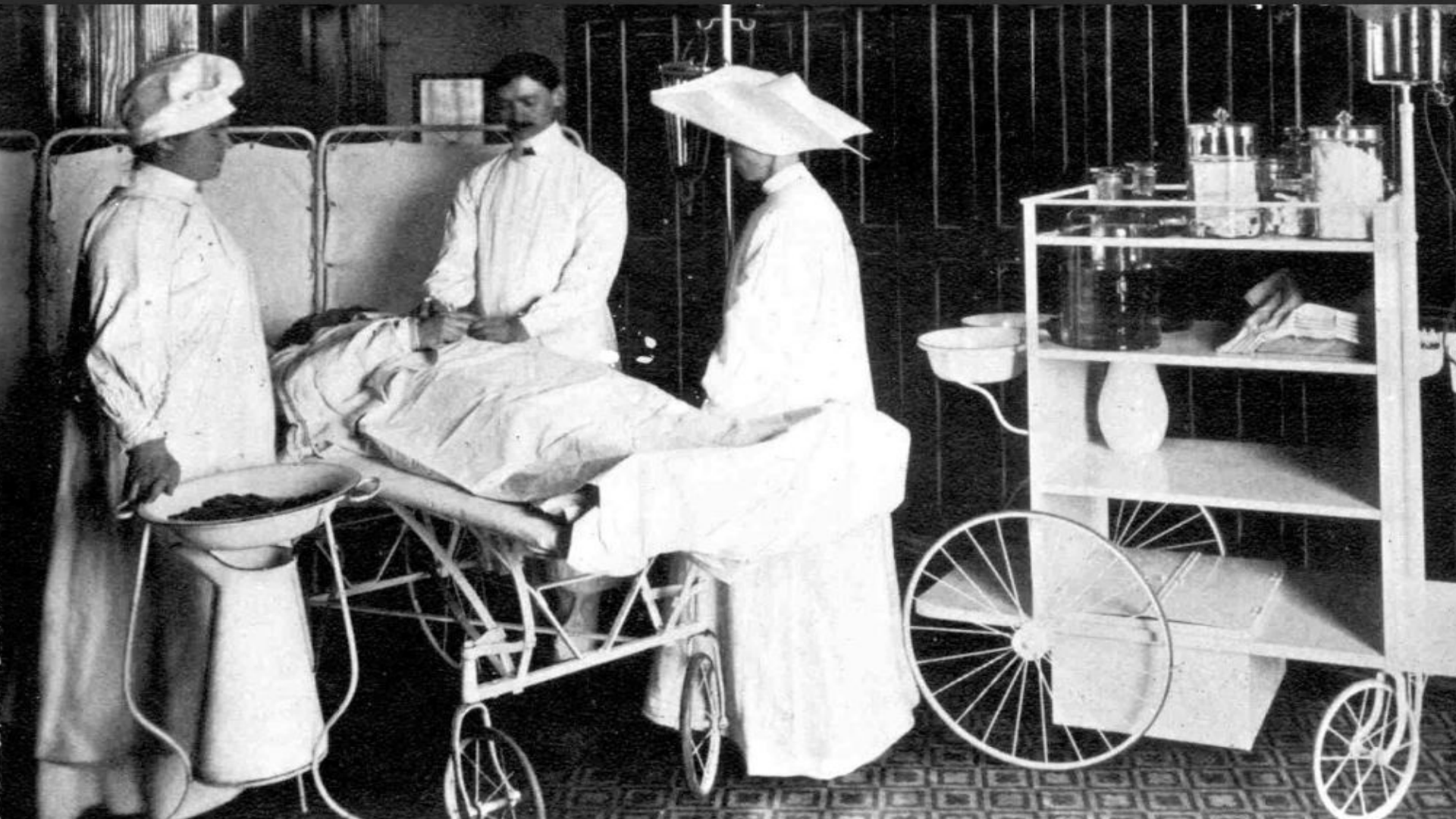
Battle of Dorylaeum in 1147
Estoire d'Eracles, 14th Century



Foundresses and Founders expanding service across the United States











Gospel + History

Historically, religious institutes and societies of apostolic life of women have taken the lead in the development of Catholic health care ministry in the United States...

Their efforts have resulted in an extraordinary array of healthcare organizations that reflect and embody the care of the Church and the love of Christ for the sick.

Their dedication to work on behalf of the sick has served as a way of announcing the Good News of Christ through their example.

The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry, no. 4.



Gospel + History

As the numbers of religious have been decreasing, lay men and women have increasingly been taking leadership and sponsorship roles in many of our Catholic health care institutions, while striving to maintain the charism and spirit of the founding religious institutes and societies of apostolic life.

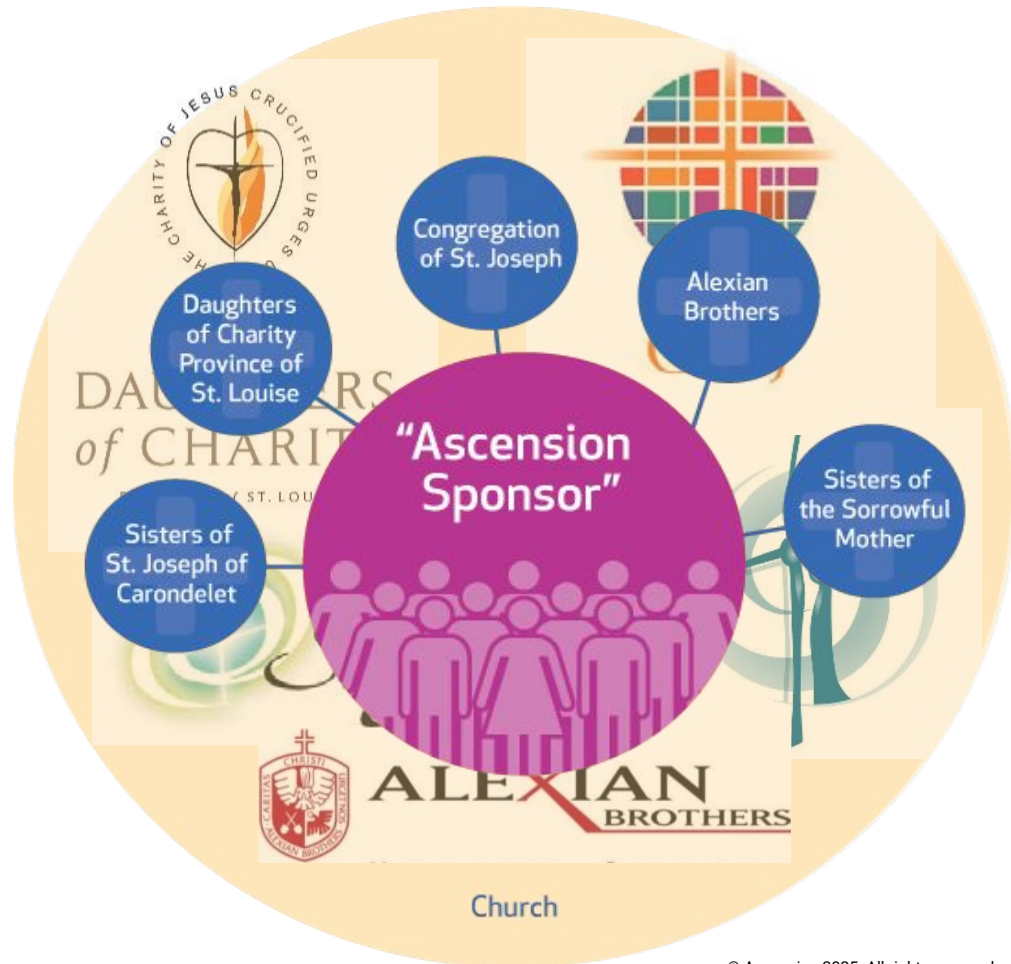
The Pastoral Role of the Diocesan Bishop in Catholic Health Care Ministry, No. 5



Ascension Sponsor

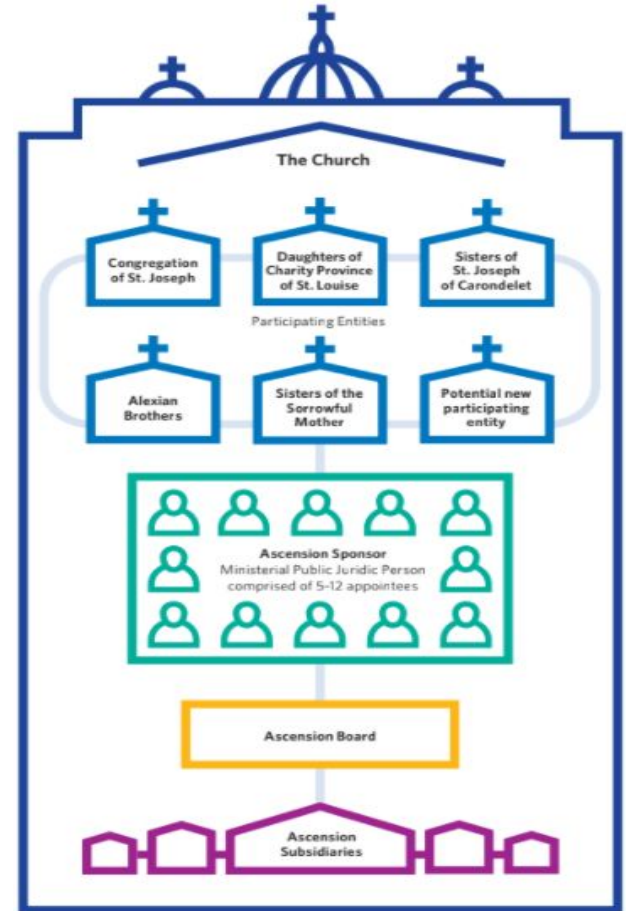
**Our Historic Sponsors carried on
the healing ministry of Jesus**

Today they share in appointing
members of the Ascension
Sponsor



Role of Sponsor

The Sponsor ensures that all the activities of the ministry operate in conformity with its **Mission, Vision and Values**, consistent with the **teachings and laws of the Catholic Church** appropriate to the provision of health care.



Our Sponsor

Sr. Joanne Vasa, DC

Provincial Councillor, Daughters of Charity

Anthony Rankin, MD

Retired Orthopedic Surgeon

Dan O'Brien, PhD

Vice Chair; Retired Senior Vice President, Ethics - Ascension

Sr. Jean Rhoads, DC

Director, Catholic Native Ministry, Archdiocese of Anchorage-Juneau,
Daughters of Charity

Zeni Fox, PhD

Professor Emerita, Seton Hall University

Sr. Danielle Bonetti, CSJ

Chair; Justice Ministry Coordinator, Sisters of St. Joseph of Carondelet

Barbara McCrabb, M.Div

Assistant Director for Education, USCCB



Break



Capstone Integration Projects

Process Conversation



Ascension

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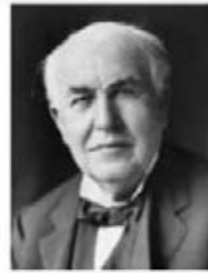
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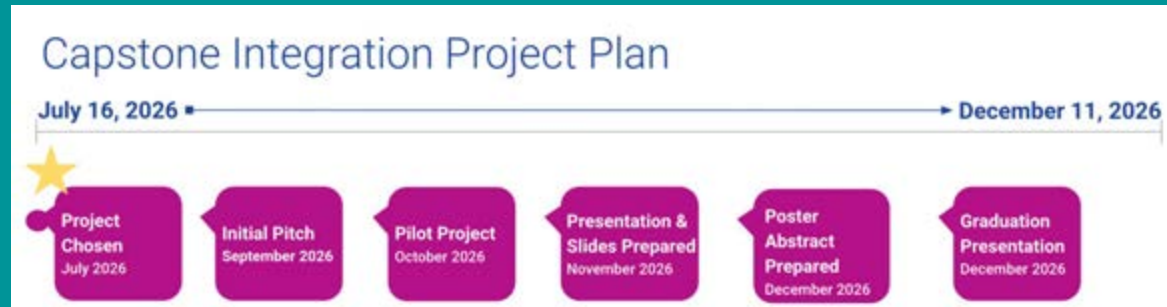
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Capstone Integration Project Plan



Hope Filled Communities

A Synodal Process



Ascension

We recall that the purpose of the Synod is not to produce documents, but to plant dreams, draw forth prophecies and visions, allow hope to flourish, inspire trust, bind up wounds, weave together relationships, awaken a dawn of hope, learn from one another and create a bright resourcefulness that will enlighten minds, warm hearts, give strength to our hands

Pope Francis



The Central Question:

How to discern “what the Holy Spirit wants to say to the Church today?”



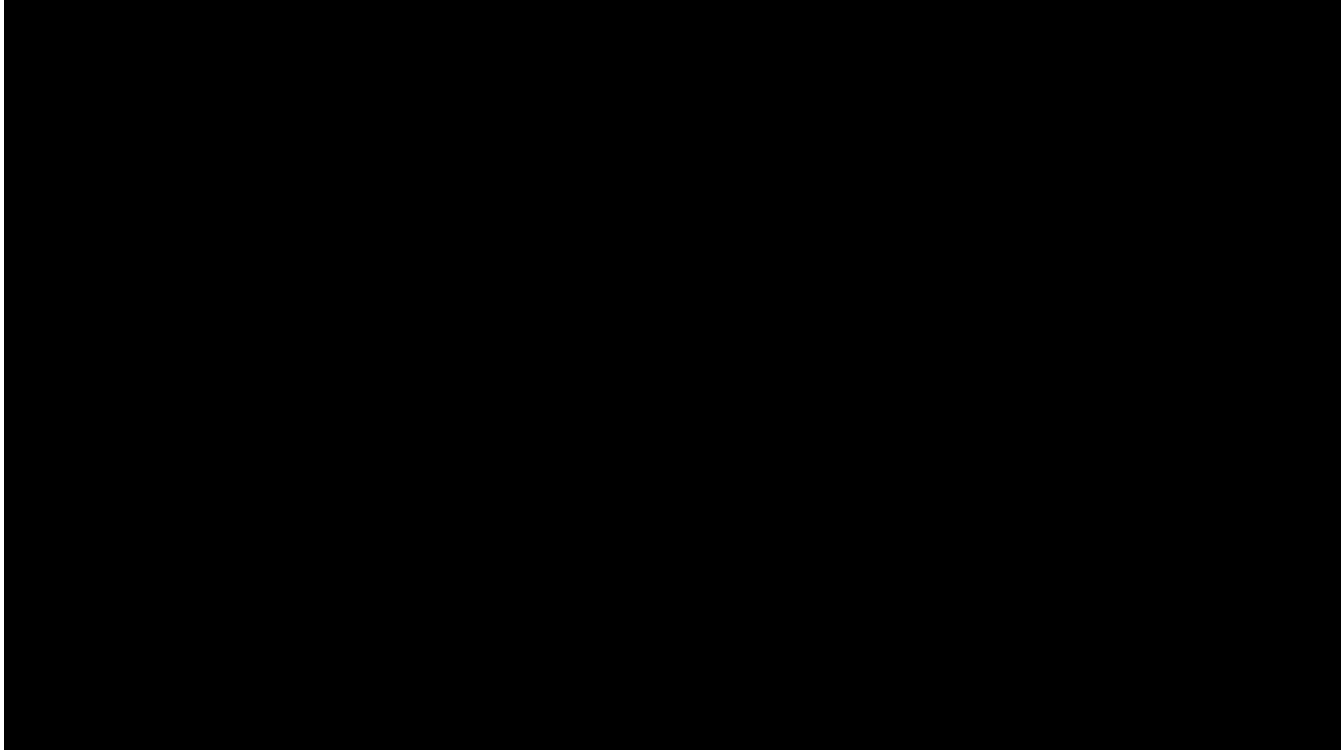
The Central Question:

How to discern “what the Holy Spirit wants to say to the Church today?”



The Central Question:

How to discern “what the Holy Spirit wants to say to the Church today?”



The willingness to listen is the first way we demonstrate our desire to enter into relationship with someone.

Message of the Holy Father Leo XIV for Lent 2026
February 13, 2026



The Central Question:

How to discern “what the Holy Spirit wants to say to Ascension today?”

At your tables:

**Take a moment to quietly pay
attention first.**

“What is it today that you and I need
to be gently paying attention to?”



We recall that the purpose of the Synod is not to produce documents, but to plant dreams, draw forth prophecies and visions, allow hope to flourish, inspire trust, bind up wounds, weave together relationships, awaken a dawn of hope, learn from one another and create a bright resourcefulness that will enlighten minds, warm hearts, give strength to our hands

Pope Francis



This work begins with listening. Not informally, but intentionally. We have studied where patients experience friction in accessing care, where handoffs break down, and where cost, timing, or navigation create barriers. That understanding is helping us focus our efforts where change will matter most.

Eduardo Conrado



As a ministry of the Catholic Church, we hear God's call to address suffering in all its forms.

We act in the spirit of service.

Answering God's call to bring health, healing and hope to all

We focus on outcomes: spiritual, physical, emotional and relational.

We demonstrate unconditional love for every person and extend our reach to the full community.

Hope Filled Communities



How do we define hope?

Hope is seeing clearly what is real and resolutely pursuing what is good.



“Hope is Not a Strategy. Or is it?”

1. Hope is the desire and expectation of good things to come
2. We should be at the forefront in pointing out the need for a social covenant to support and foster hope, one that is inclusive and not ideological
3. We have a responsibility to offer hope to the sick
4. Our calling card is to befriend and lift up those who are poor



The Church's synodality, thus, becomes a social prophecy for today's world, inspiring new paths in the political and economic spheres, as well as collaborating with all those who believe in fellowship and peace in an exchange of gifts with the world.

For a Synodal Church:
Communion, Participation, Mission
Final Document
Section 153



Meal Blessing



The Heart of it All



Ruth B. Cunningham, Coast Guard Medical Corpsman Second Class

Executive Ministry Leadership Community Formation



Ascension

Thursday, February 26, 2026

Morning Check-in



EML Twentiful Cohort Morning Reflection

February 26, 2026



**Ascension
Technologies**

Aaron Ferber, Jim Logsdon, Laura Young-Shehata

Community and Emotional Resilience

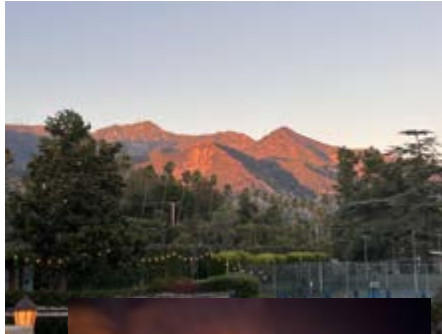
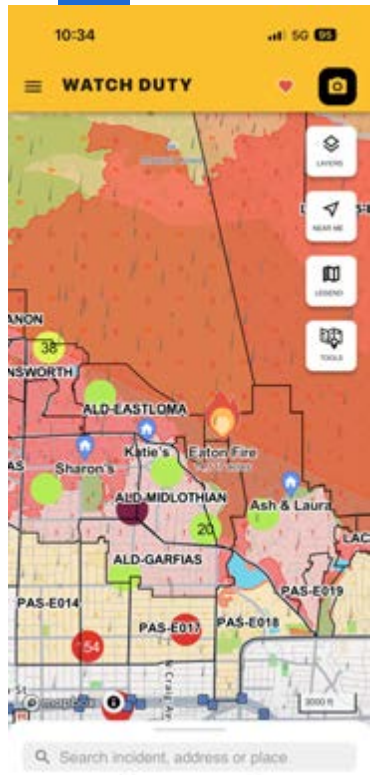
“We are hard pressed on every side, but not crushed; perplexed, but not in despair; persecuted, but not abandoned; struck down, but not destroyed.”

— 2 Corinthians 4:8-9 (NIV)

“...and they gathered together”



The fire didn't burn us





We are a community, animated by the Spirit to serve the good of all persons.



Thank You



We are a community and animated by the Spirit to serve the good of all persons...



Break



Course Four:

Introduction to Catholic Social Teaching

Dr. Mark Repenshek, PhD

Vice President Ethics and Church Relations, Ascension



Ascension

Retreat

- Course Description
Content
Approach
- Principles of Catholic Social Teaching Exercise
Group Exercise
Video
- Week One Assignment and Discussion



Course Faculty

Lead Instructor:

Mark Repenshek, PhD, VP Ethics and Church Relations

Co-Instructors:

Michaela Ebert, JD MPH MA, Sr Dir Org Ethics and Church Relations

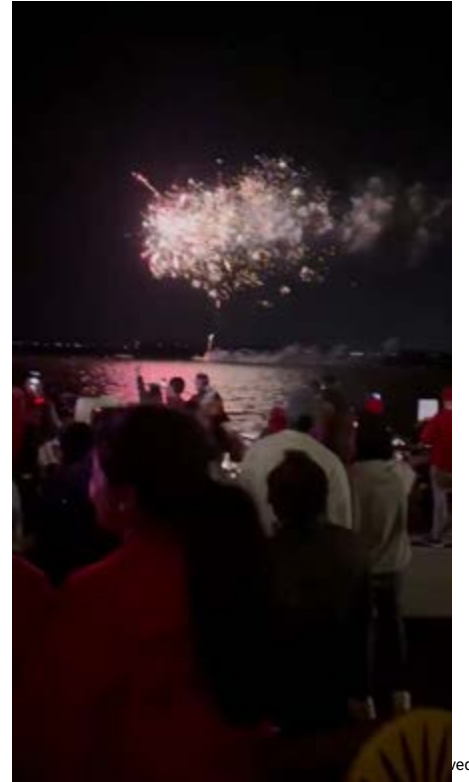
Ashley Stephens, DBe, Sr Dir Clinical Ethics Operations

Guest Instructors:

Week 3: Elizabeth Cliffe, VP Advocacy



A little bit about me. . .



Course Objectives

1. to appreciate the uniqueness and complexity of ethical reflection upon social and cultural issues in healthcare;
2. to consider strategies for fostering a social justice consciousness in administrative and leadership settings in healthcare; and
3. to assist participants in applying the principles of CST to leadership frameworks and decisions in a manner consistent with Ascension's Catholic identity.



Introduction to Catholic Social Teaching



Course Outline

Week 1: CST History and Background

Case: Budget at FPL

Week 2: Human Dignity

Case: Human Trafficking

Week 3: Common Good

Case: Medicaid Expansion

Week 4: Subsidiarity

Case: Workforce Transition and
Unionization



Introduction to Catholic Social Teaching

Course Outline

Week 5: Preferential Option for the Poor
Case: Ambient AI

Week 6: Solidarity
Case: Community Investment
Guidelines

Week 7: Stewardship
Case: POSCO Intl Co.

Week 8: Values Aligned Partnerships
Case: Regent Surgical JV



Overview of Course

- Light(-ish) on reading, heavy on discussion
- Application, Application, Application
- We will respond to discussion groups at least twice during the week, and post a video weekly wrap up

And **Remember:**

- We are only scratching the surface of Catholic social thought
- Our best work is done with compassion, respect, dialogue and patience



Catholic Social Thought



“The history of modern Catholic social thought is an unfinished drama over 250 years old. It is a story of people united in an insistence that human beings are--by the grace of God--a community, and that social relations in the religious, political, family, economic, and cultural spheres of life must--with God’s help--reflect that fact.”

Michael Schuck

“Modern Catholic Social Thought”



An Exercise...

Please take the next **10 minutes** to work in your new groups for this course to summarize your current understanding of these principles of Catholic Social Teaching that we will be discussing in this course.

Goal: be prepared to offer a brief definition of the principle in the large group

Group 1

Human Dignity

Group 2

Common Good

Group 3

Justice

Group 4

Solidarity

Group 5

Pref. Option for
Poor/Vulnerable

Please share what you came up with...



An Exercise...

Recall your summary of the following terms:

Group 1

Human Dignity

Group 2

Common Good

Group 3

Justice

Group 4

Solidarity

Group 5

Pref. Option for
Poor/Vulnerable

Discussion:

How does your group's current understanding of the principle compare with...?
What was similar? What was different?



An Exercise...

Recall your summary of the following terms:

Group 1

Human Dignity

Human Dignity:

The intrinsic worth of all human life that is due solely to being made in the image and likeness of God. Provides the basis for all human rights, including the right to life (CCC 1934).

Discussion:

How does your group's current understanding of the principle compare with the tradition?
What was similar? What was different?

What implications, if any, do you see (for your role or for Ascension)?



An Exercise...

Recall your summary of the following terms:

Group 2

Common Good

Common Good:

The sum total of social conditions which allow people, either as groups or as individuals, to reach their fulfillment more fully and more easily (CCC 1906).

Discussion:

How does your group's current understanding of the principle compare with the tradition?
What was similar? What was different?

What implications, if any, do you see (for your role or for Ascension)?



An Exercise...

Recall your summary of the following terms:

Group 3

Justice

Justice:

The moral virtue that consists in the constant and firm will to give their due to God and neighbor. Justice disposes one to respect the rights of each and to establish in human relationships the harmony that promotes equity (CCC 1807).

Discussion:

How does your group's current understanding of the principle compare with the tradition?
What was similar? What was different?

What implications, if any, do you see (for your role or for Ascension)?



An Exercise...

Recall your summary of the following terms:

Group 4

Solidarity

Solidarity:

Both a social principle and moral virtue, solidarity is a firm and persevering determination to commit oneself to the common good of all and of each (CCC 1939-42).

Discussion:

How does your group's current understanding of the principle compare with the tradition?
What was similar? What was different?

What implications, if any, do you see (for your role or for Ascension)?



An Exercise...

Recall your summary of the following terms:

Group 5

Pref. Option for
Poor/Vulnerable

Preferential Option for the Poor:

The obligation to provide justice for all means that the poor have the single most urgent economic claim on the conscience of the nation. (United States Conference of Catholic Bishops, Economic Justice for All, no. 86).

Discussion:

How does your group's current understanding of the principle compare with the tradition?
What was similar? What was different?

What implications, if any, do you see (for your role or for Ascension)?



Break



Inherit the Earth





I got Murder Ink on my phone.

Reflection

- (1) What did these stories evoke in you?
- (2) What do the principles of CST we discussed offer as a response to the social issues/concerns identified in this video? Are they adequate or inadequate?
- (3) Do you see any implications for your role as a leader within Ascension? What might those implications look like?



Week One Exercise...

In preparation for this week's in person time, I asked that you complete a household budget that will not be shared.

Individual/Group Exercise

Now, please take 10-15 minutes to adjust your "household expenses template" based on percentage of the Federal Poverty Level (FPL) for your household size.

1 = 100% FPL

4 = 250%

2 = 138% FPL

5 = 400%

3 = 200% FPL

I will not ask you to share anything related to your budget. I will ask what, if any, implications do you see for understanding what the Federal Poverty Level might mean from a policy perspective.



Household Size	100%	138%*	150%	200%	250%	300%	400%
1	\$15,960	\$22,025	\$23,940	\$31,920	\$39,900	\$47,880	\$63,840
2	\$21,640	\$29,863	\$32,460	\$43,280	\$54,100	\$64,920	\$86,560
3	\$27,320	\$37,702	\$40,980	\$54,640	\$68,300	\$81,960	\$109,280
4	\$33,000	\$45,540	\$49,500	\$66,000	\$82,500	\$99,000	\$132,000
5	\$38,680	\$53,378	\$58,020	\$77,360	\$96,700	\$116,040	\$154,720
6	\$44,360	\$61,217	\$66,540	\$88,720	\$110,900	\$133,080	\$177,440
7	\$50,040	\$69,055	\$75,060	\$100,080	\$125,100	\$150,120	\$200,160
8	\$55,720	\$76,894	\$83,580	\$111,440	\$139,300	\$167,160	\$222,880



Household Size	100%	150%	200%	300%	400%
1	\$15,960	\$23,940	\$31,920	\$47,880	\$63,840
2	\$21,640	\$32,460	\$43,280	\$64,920	\$86,560
3	\$27,320	\$40,980	\$54,640	\$81,960	\$109,280
4	\$33,000	\$49,500	\$66,000	\$99,000	\$132,000
5	\$38,680	\$58,020	\$77,360	\$116,040	\$154,720
6	\$44,360	\$66,540	\$88,720	\$133,080	\$177,440
7	\$50,040	\$75,060	\$100,080	\$150,120	\$200,160
8	\$55,720	\$83,580	\$111,440	\$167,160	\$222,880



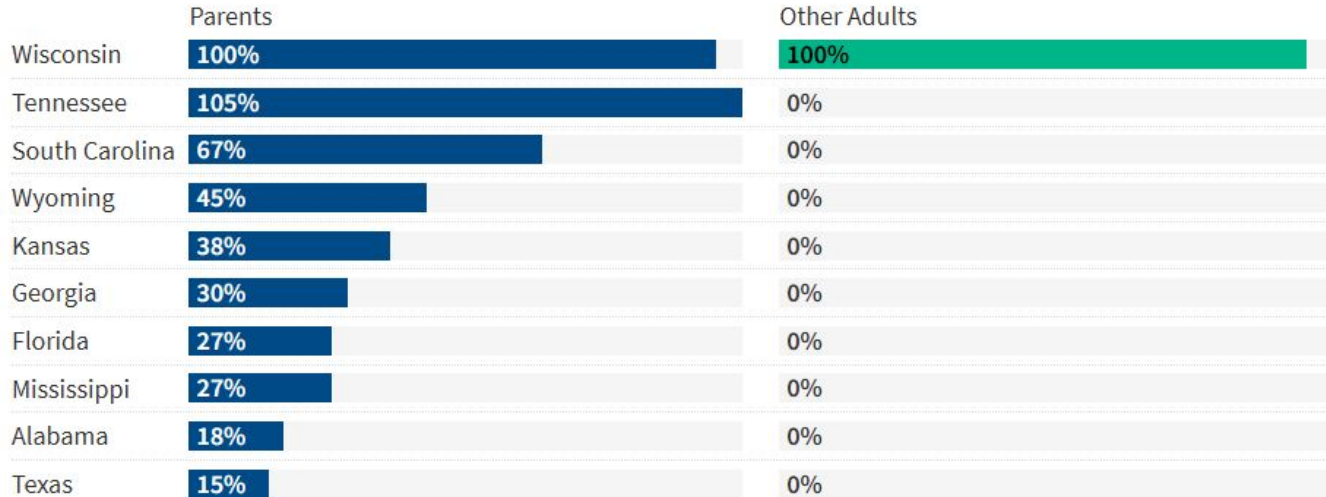
Questions for Reflection

1. What was it like to adjust expenses to an FPL limit? (please state your target FPL)
 - a. What did you prioritize as “untouchable”?
 - b. What did you immediately strike?
2. Thinking about how you generally approach expense choices relative to your first draft , what new consideration(s) did you feel had to be taken into account for expenses at this new level?
 - a. How did you account for unforeseen expenses or contingencies?
 - b. How many \$500 /mn unforeseen expenses do you feel your new FPL allows for?
3. Additional insights?



Week One Exercise...

Medicaid Income Eligibility Limits for Adults in States That Have Not Implemented the Medicaid Expansion



Note: Note: Eligibility levels are based on the federal poverty level (FPL) for a family of three. In 2025, the FPL was \$26,650 for a family of three. Florida did not respond to the 2024 survey; data reported are from 2023.

Source: Based on results of a national survey conducted by KFF and the Georgetown Center for Children and Families, 2024. • [Get the data](#) • [Download PNG](#)



KFF

Thank you!

I look forward to our weeks
together.



Reflective Close

Ellie Michael
Scott Kashman





Our EML 20 Community

COMMUNITY
NO ONE LEFT BEHIND

In Catholic healthcare, what does it mean to say "NO ONE LEFT BEHIND?"

- 1 *** LEANING INTO VULNERABILITY**
ENVIRONMENT WHERE NO ONE IS LEFT BEHIND
- 2 **BE PRESENT! BE ALL IN Human Wiring**
- 3 **BE A SUPPORT GROUP**
THERE FOR EACH OTHER IN THE "IN BETWEEN"
- 4 **WHEN YOU'RE HERE YOU'RE *Really* Here**
HOW DO WE SHOW UP FOR EACH OTHER DIFFERENTLY?
- 5 **BE COMMITTED TO HONESTY & TRANSPARENCY**
HAVE FUN!
- 6 **RULES OF ENGAGEMENT**
EVERY VOICE MATTERS
NO AGENDA
- 7 **Where in our system does someone get UNINTENTIONALLY LEFT BEHIND?**

5 GETUP: 1 *** LEANING INTO VULNERABILITY**
ENVIRONMENT WHERE NO ONE IS LEFT BEHIND

3 **BE PRESENT! BE ALL IN Human Wiring**

4 **BE A SUPPORT GROUP**
THERE FOR EACH OTHER IN THE "IN BETWEEN"

5 **WHEN YOU'RE HERE YOU'RE *Really* Here**
HOW DO WE SHOW UP FOR EACH OTHER DIFFERENTLY?

6 **BE COMMITTED TO HONESTY & TRANSPARENCY**
HAVE FUN!

RULES OF ENGAGEMENT
EVERY VOICE MATTERS
NO AGENDA

One way we will make sure **NO ONE IS LEFT BEHIND** is...

- Every exec sponsors one frontline leader each quarter, with no agenda.
- We redesign onboarding so **NO PHYSICIAN** starts alone.
- We stop celebrating success without naming the human cost.

The Twentiful will be the most **IMPACTFUL** cohort.
* And, better than Cohort 18!

Mike Krulak, Director of Ministry Formation
Robert Fish, Senior Director, Ministry Formation
Sarah Bell, Vice President, Ministry Formation

Ascension

Rules of Engagement to Our EML 20 Community

1. Leaning Into Vulnerability:



2. Be Present. Be All In:



3. Be a Support Group - There for Each Other in the In Between



4. When You're Here, You're Family



5. Be Committed to Honesty and Transparency



6. Have Fun!



Community and Retreat Learnings



1. Rules of Engagement & Community

How have our Rules of Engagement shown Community with Each other?



2. Local Teams & Community

How do our local teams show community with each other?



3. Engaging Others

Which groups left behind and how will you engage them when returning home (e.g., Associates, physicians, community leaders)?



4. Surprises & Service

What Surprised you in this Week's EML specific to Serving as a Community?



5. Differentiating in Catholic Healthcare

How do we differentiate ourselves in Catholic Healthcare as a Community?



What Ascension community will you make more of an intentional effort to understand and get to know within the next few months?



Prayer for Community in Catholic Healthcare

God of healing,
You have called us to run our health
system and be a healing ministry of the church.
Teach us what it truly means that no one
is left behind.

Not the vulnerable patient.
Not the weary caregiver.
Not the associate or physician.
Not the leader who feels alone.

Help us lean into vulnerability.
Be fully present.
Support one another in the in-between.
Commit to honesty and transparency.
And remember that joy belongs here, too.

May our rules of engagement reflect
the Gospel we proclaim.
May our strategy protect dignity.
May our culture mirror communion.
Make us one community — where
everyone belongs. Amen.

Thank you for being a part of
this community!



Thank You for Your Feedback!

Program: EML

Retreat: D- Community

Date: February 26, 2026



