

Executive Ministry Leadership Formation

Solidarity



Ascension

Tuesday, May 5, 2026

Welcome & Safety Overview





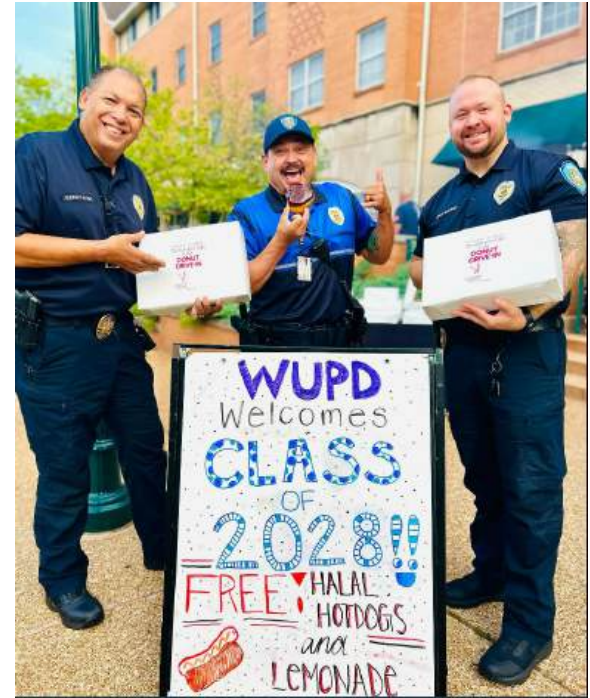
WashU

WashU Police Department

Commonly called “WUPD”



WUPD is located on the South 40
at 6615 Shepley Drive



On campus assistance: 314-935-5555



Mission of WUPD

Campus safety is our #1 priority!

- Cultivate a safe learning environment by providing high quality police service to all in a fair, sensitive and professional manner
- Promote crime prevention awareness



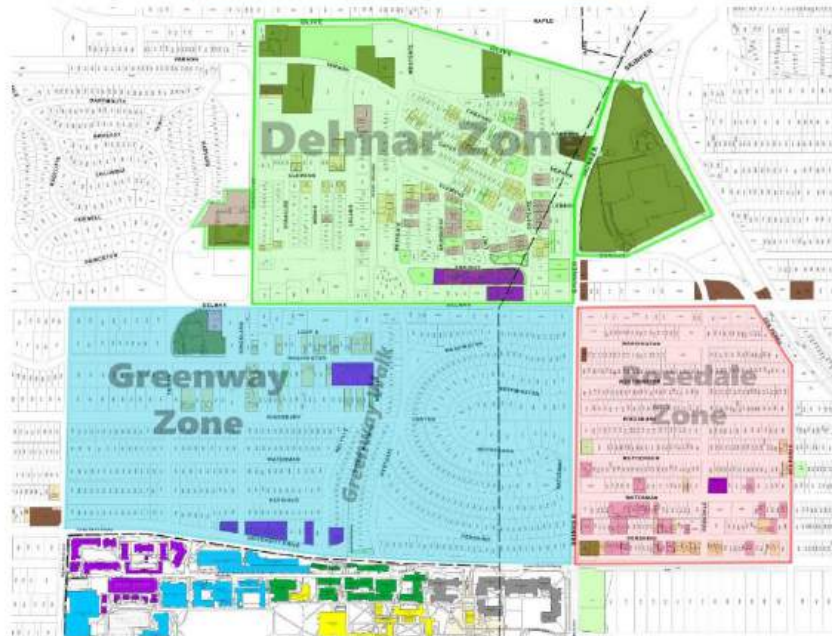
WUPD provides law enforcement services 24/7/365

- Danforth Campus
- North Campus
- West Campus
- South Campus



Off-Campus Patrol Zones

Wash U Police Off-Campus Patrol Zones



WUPD Staffing

- 48 police officers
- 22 professional staff members
- Officers are all licensed by Missouri Peace Officer Standards and Training (POST)
- Deputized by St. Louis County PD



WUPD Accreditation

CALEA accredited agency – promotes law enforcement best practices and community-oriented policing focus



Building Trust

- Community engagement is a priority for WUPD
- Intentional about student outreach
- Creating relationships *before* crisis – helps encourage reporting of concerning behavior



Building a Diverse Team at WUPD

WUPD leadership is focused on building a diverse team, one that reflects our diverse campus community.



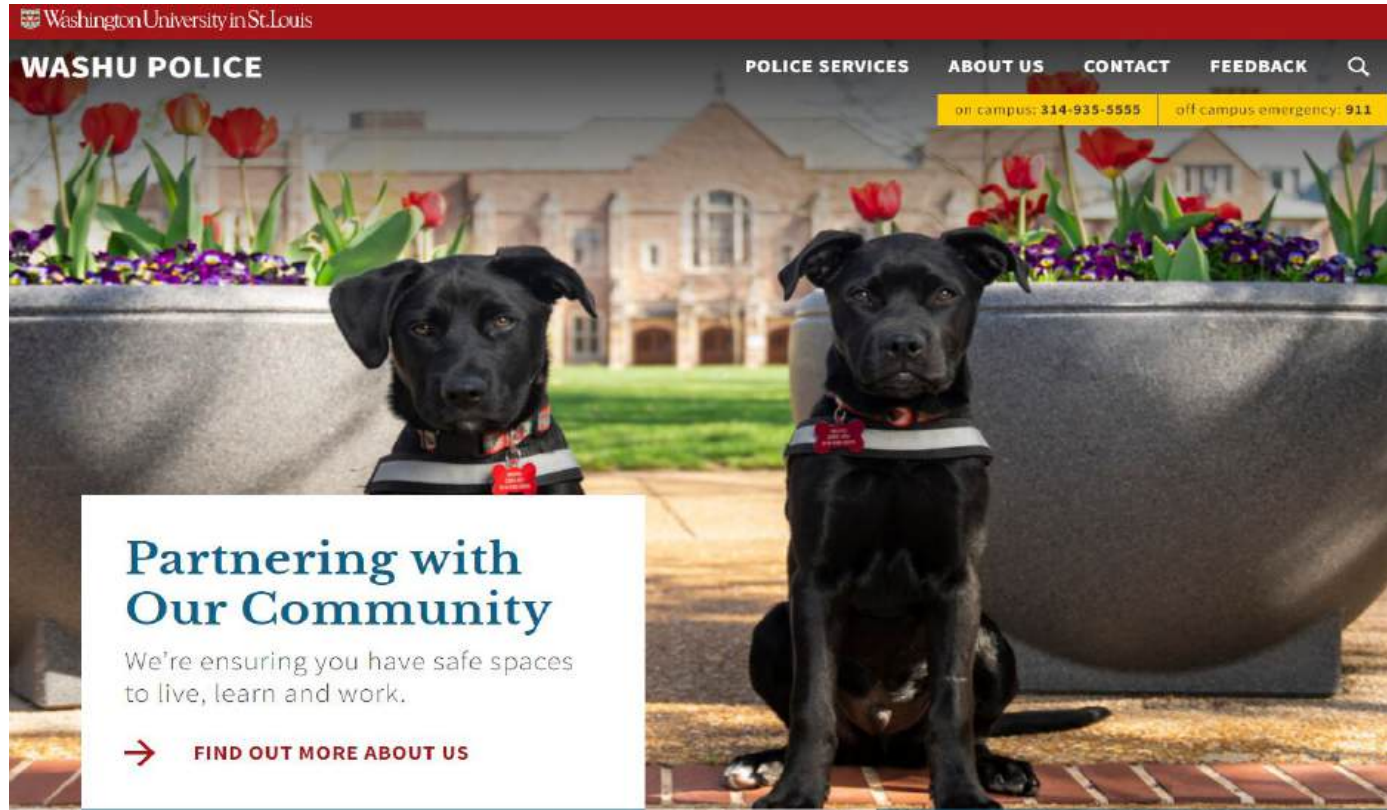
WUPD APP



WASHU SAFE APP



WUPD Website



Personal Safety

- Bear Patrol
- Bike Registration
- Crime Prevention Programs
- Fingerprinting Services
- Laptop Security
- Lost and Found
- Missing Student Notification
- Self-defense
- Sexual Assault and Survivor Support
- STOP Tags
- Personal Safety Devices



WUPD SERVICES



24-Hour Patrol



Emergency Alert System



Emergency Phones “Blue Lights”

Roughly 440 Blue Light telephones on and off Danforth Campus

- 200 On-Campus
- 109 Off Campus
- 125 Elevator phones



314-935-5555



WUPD Comfort Dogs



FOLLOW US ON



Instagram

@wupddogs

Police.washu.edu



Call WUPD anytime at 314-935-5555



Opening Circle



Exploring Practices and Habits



Biblical Women

Reflections and Spiritual Practices for Ministry Leaders



Who is a prophet?

Prophets mediate between God and people.

נְבִיא

Navi: derived from the verb *naba*, meaning *to bubble forth* or *to declare*
Implies speaking or proclaiming God's word
Thought to be Akkadian, an extinct Semitic language, Mesopotamia: 3-1 BCE

נְבִיאָה

Neviyah: prophetess, feminine form



Who were the Female Prophets of the Hebrew Bible?

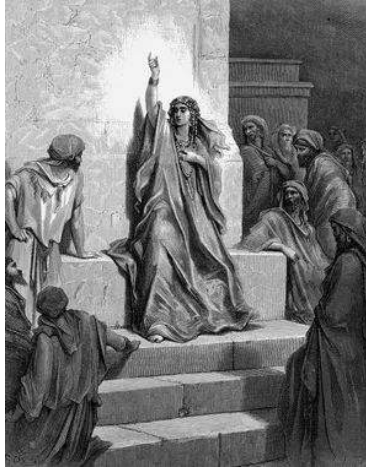


Miriam

First to be named *neviyah*

Led a group of thousands of women in Exodus

The Song of Miriam



Deborah

Great leader of the Israelites;
Victory over the Canaanites;
Judge

Keeper of tabernacle lamps

The Song of Deborah



Huldah

Affirms that “the book” found in the Temple is the book of Moses, confirming God’s covenant with Israel



A practice inspired by Miriam

Some characteristics of Miriam's leadership:

- Unshakeable faith
- Total abandonment to love and mercy
- Willing to risk the dangers of the unknown for freedom
- Takes up the mantle of leadership – the tambourine – and acts
- Public demonstration of gratitude that inspires others to follow



To which practice are you drawn? Which do you resist? Why?



Who were the Women who Knew Jesus?



Mary of Nazareth
The “first disciple”

Theotokos

Has voice, personality and action in Gospel of Luke



Mary of Bethany
Martha and Lazarus, siblings

Friend to Jesus

“Has chosen the better part and it will not be taken from her”



Mary of Magdala
Central figure in Jesus' death and resurrection

Brings the news of Jesus' resurrection to the other disciples



A practice inspired by
Mary of Nazareth

***And Mary kept all these things,
reflecting on them in her heart.***

– Luke 2:19



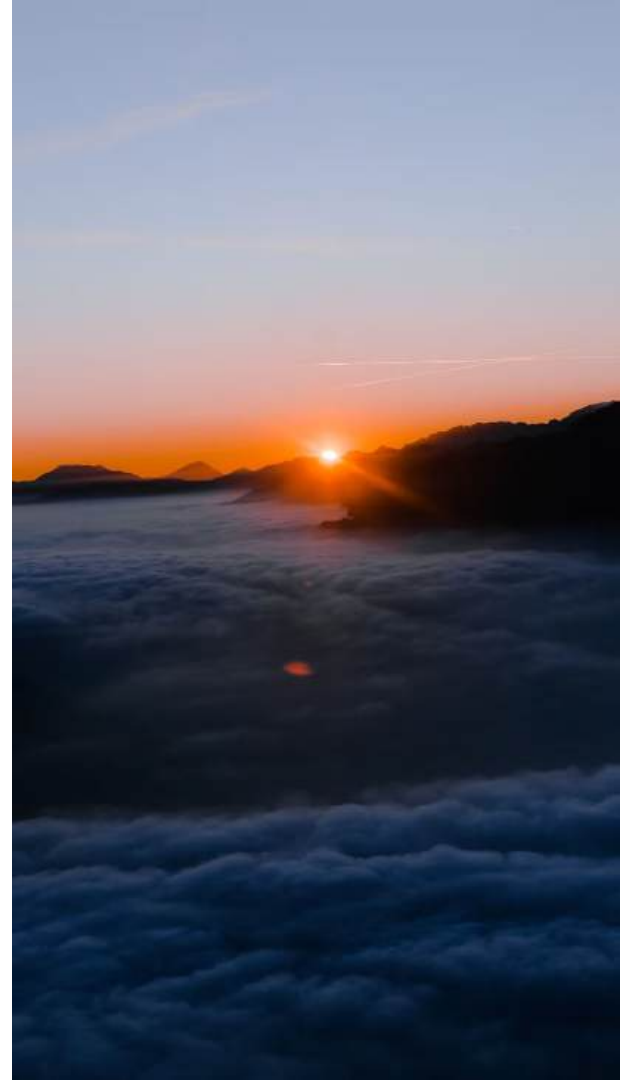
Integrating into your practice

What have you learned?

What can you teach?

What can you incorporate into your leadership practice?

About what are you still curious?



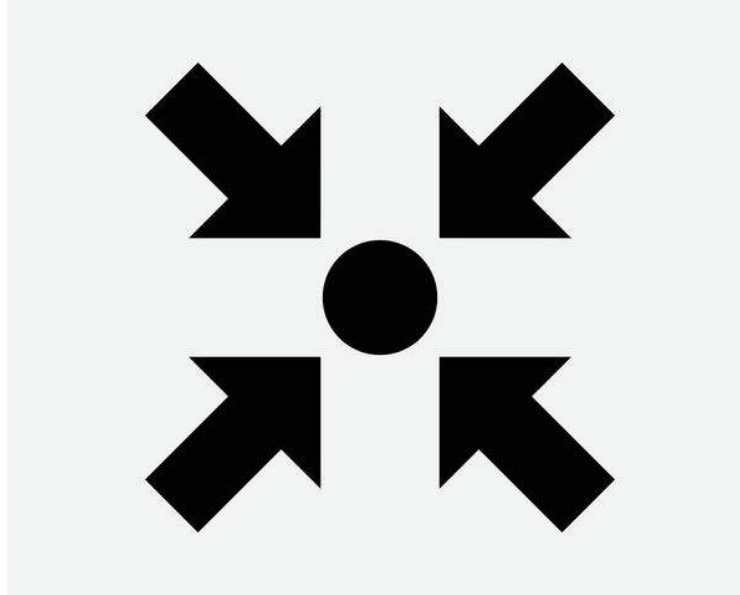
Love as a Leadership Practice

Pragma

long standing love; practical, committed, and compassionate type of love that is often based on reason, duty, or logic

Storge

family love; natural affection and fondness people have for their family and friends



Agape

love for everyone - unconditional love; selfless and sacrificial.

Philia

love of friend - the bond of friendship; deeper than platonic connections, requiring a stronger, deeper, and more emotionally connected bond

Break



Concluding Course Four: Introduction to Catholic Social Teaching

Dr. Mark Repenshek, PhD

Vice President, Ethics and Church Relations, Ascension



Ascension

Listening to you, caring for you.®

Where we are headed today...

1. **Rearview Mirror**

Looking back at our goals and content

2. **Small Group conversation**

3. **Harvesting our Learning**

Large Group Report out

4. **Wrap-up Exercise**



A Word of Thanks to our Guest Instructors

Guest Instructors:

Week 4:

Elizabeth Cliffe, VP Advocacy

Entire Course:

Michaela Ebert, Sr. Director Organizational Ethics and Church Relations

Ashley Stephens, Sr. Director Clinical Operations



Course Objectives

1. to appreciate the **uniqueness** and **complexity** of ethical reflection upon social and cultural issues in healthcare;
2. to consider the **relationship** between **religious faith** and **public policy** in healthcare;
3. to consider strategies for **fostering a social justice consciousness** in administrative and leadership settings in healthcare; and
4. to assist participants in **applying the principles of Catholic social teaching to leadership frameworks and decisions** in a manner consistent with **Ascension's Catholic Identity**.



Introduction to Catholic Social Teaching

Case Study:

Mary is a single mother who lives in her own dwelling with 2 children: a 2-year-old daughter, Teresa, and a 7-year-old son, John. . .

Nudge Question: To what extent did the FPL exercise serve as an “eye-opener” at the intersection of justice and public policy? Any additional reflections throughout the eight weeks?

Federal Poverty Guidelines for 2025 Coverage Year

Persons in family/household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$15,060	\$20,783	\$22,590	\$30,120	\$37,650	\$45,180	\$60,240
2	\$20,440	\$28,207	\$30,660	\$40,880	\$51,100	\$61,320	\$81,760
3	\$25,820	\$35,632	\$38,730	\$51,640	\$64,550	\$77,460	\$103,280
4	\$31,200	\$43,056	\$46,800	\$62,400	\$78,000	\$93,600	\$124,800
5	\$36,580	\$50,480	\$54,870	\$73,160	\$91,450	\$109,740	\$146,320
6	\$41,960	\$57,905	\$62,940	\$83,920	\$104,900	\$125,880	\$167,840
7	\$47,340	\$65,329	\$71,010	\$94,680	\$118,350	\$142,020	\$189,360
8	\$52,720	\$72,754	\$79,080	\$105,440	\$131,800	\$158,160	\$210,880

Week 1:
Catholic Social Teaching:
History and Background



Introduction to Catholic Social Teaching

Nudge Question: you all beautifully understood human dignity relative to Rebecca as a victim **but are you at a place to find a connection between the far more difficult idea of human dignity and her perpetrator** or for those who perpetuate violent and hurtful acts?



Week 2: Human Dignity

Every human being is created in the image of God and redeemed by Jesus Christ, and therefore is invaluable and worthy of respect as a member of the human family.



Introduction to Catholic Social Teaching

Case Study:

Your state legislature is considering a bill that would expand Medicaid eligibility to all persons whose income falls beneath 138% of the Federal Poverty Level (FPL). The USCCB (United States Conference of Catholic Bishops) has publicly supported Medicaid expansion, and your Ministry Market's advocacy team has been working with state legislators to garner their support. . .

Nudge Question(s): Medicaid expansion versus potential impact on increased access/funding for abortion? Is the issue really this bifurcated at the state level? If more is "at play" how might the Common Good or broader CST guide us?



OF WHAT GOOD IS THE "COMMON GOOD"?

The notion of the "common good," as both previous authors have aptly noted, is a central concept in Catholic social thought, yet a difficult one to apply concretely. When all is said and done, what difference does the concept make in the life of Catholic healthcare and in the operation of Catholic healthcare systems and facilities? What can and should leaders within Catholic healthcare do with the concept of the common good?

Each of the previous authors enriches our understanding of the concept and suggests ways in which attention to the notion of the common good can affect healthcare. Clarke Cochran considers three meanings of the term and associations or implications of each for healthcare: Healthcare promotes the flourishing of the community; it restores members of the community to participation and invites the community to a min-

*This
Abstract
Notion Has
the Power to
Transform
Society*

BY RON HAMEL, PhD

These are not only helpful examples; they also affirm the belief that the notion of the common good can and does have relevance to healthcare. But how did these authors move from the abstract concept to implications and concrete applications? How might leaders in Catholic healthcare make use of the concept?

One way to think about this is to consider the concept of common good as a lens through which we look at our various worlds. As a lens, the concept shapes how we view our worlds, ultimately affecting how and what we see. It is this outlook, this perspective (coupled with other aspects of a Catholic worldview) that we bring with us as we engage the world in multiple ways. Ideally, "common good" is a constitutive part of who we are, how we think, and how we act. It is not merely something that we appeal to in particular situations of decision or action, but, rather, is

Week 3: Common Good

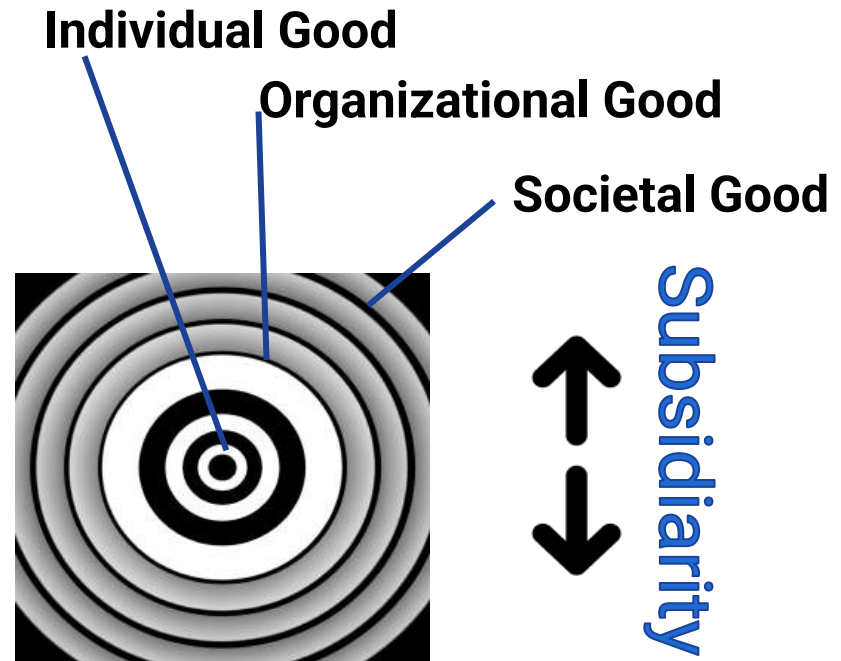
Understood as the social conditions that allow people to reach their full human potential and to realize their human dignity.

Introduction to Catholic Social Teaching

Case Study:

St. Sebastian's Hospital is a 150-bed Catholic facility, and part of a regional Catholic health system, that has served the local urban community for 50 years....Citing rising health care costs generally and financial concerns for St. Sebastian's particularly, the health system is requiring St. Sebastian's return to financial stability. . .

Nudge Question: what might CST require of Ascension relative to the fact that there was "union activity afoot"?



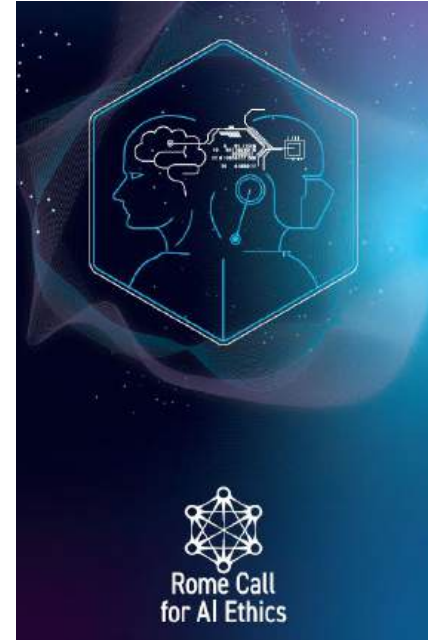
Week 4: Subsidiarity

No higher level of organization should perform any function that can be handled efficiently and effectively at a lower level of persons closer to the issue at hand.

Introduction to Catholic Social Teaching

We evaluated the integration of **ambient AI** into the clinical space and explored both the technology itself, but also what it means to use this technology in the midst of the sacred relationship between clinician and patient.

Nudge Question: What challenges and responsibilities does Ascension have relative to clinical encounters with patients and the use of AI, **specifically for those who are already marginalized** in society?



Week 5: Solidarity and Preferential Option for the Poor

In a society marred by deepening divisions between rich and poor, we are instructed to put the needs of the poor and vulnerable first.

Introduction to Catholic Social Teaching

Case Study:

You serve on a ministry market Community Investment Committee and have been asked to evaluate Mamatoto Village as to whether it is aligned with the Community Investment Criteria. Use the Community Investment Criteria and the Tool linked in this study guide to evaluate the opportunity and offer a recommendation.

Nudge Question: What does does “mission alignment” mean when investing in solidarity in our communities?



Week 6: Solidarity

We are one human family...learning to practice solidarity means learning that 'loving our neighbor' has global dimensions in an interdependent world



Introduction to Catholic Social Teaching

Case Study:

Socially Responsible Investment; Posco International. . .

Nudge Question: Did you feel the SRI Guidelines inadequate or sufficient or exemplary to address what it means to invest from a Catholic identity perspective? Why or why not? Anything surprise you?



Week 7: Stewardship

We show respect for the Creator by our
stewardship of the gift of creation

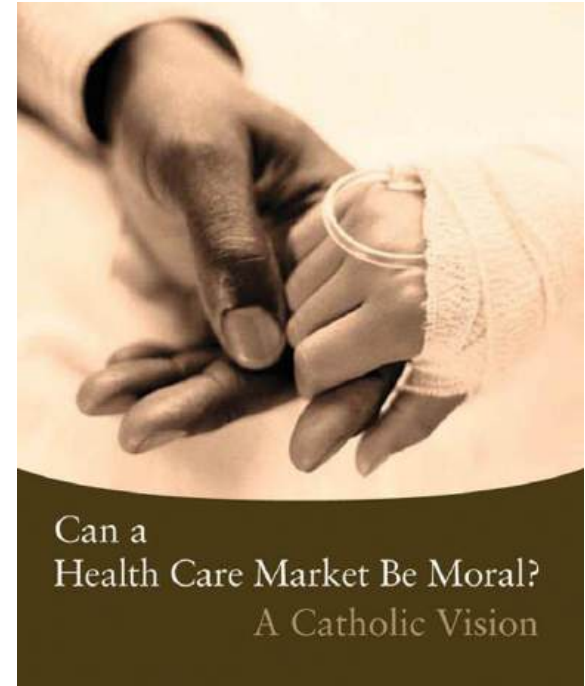


Introduction to Catholic Social Teaching

Case Study:

This week's case study will involve use of a tool from Ascension's Values Aligned Partnership work. . . given the principles of Catholic social teaching you have explored over the past 8 weeks, are there areas that will need to be addressed in the tool relative to Catholic Identity, risk of theological scandal, etc., with a proposed 50/50 JV?

Nudge Question: What has been your experience with implementation of the evaluation for the partnership documents and/or post-partnership ongoing assessment?



Week 8: Socially Just Transactions and Transitions



Individual Reflection

1. What did I learn through this course?
2. What did I learn about myself through this course?
3. What is one way that I can apply what I learned as a leader of ministry?



Complete these prompts:

1. I used to think. . .

2. Now I think. . .



“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”



Thank you for our weeks
together in EML Course 4



usccb.org/sjp



The Seven Themes of
Catholic Social Teaching



Course Introduction:

Catholic Healthcare Ethics and Ministry Identity

Mark Repenshek, PhD

Vice President, Healthcare Ethics and Church Relations



Ascension

Listening to you, caring for you.®

Catholic Healthcare Ethics

- Introductions (Me Again)
- The Technical Stuff
- Ethics in Ascension
- Week One Kick-off



Meet the Faculty

Lead Instructors: Mark, Michaela and Ashley

Guest Instructors/ Commentators:

Week 3: Key Principles of Bioethics

Anne Ruff, JD Vice President and Associate General Counsel, Ascension



Week 4: ERDs Parts 1-3

Zachary Hagen, PharmD, MHA, Director - Medication Shortage Stewardship



Course Objectives

- Know what **ethics resources** are available to support you in your work, and **how and when to access them**
- Gain familiarity with the **key methodological considerations** and **moral principles** within the Catholic moral tradition relevant to ethical issues in Catholic health care;
- Gain familiarity with the **Ethical and Religious Directives** for Catholic Health Care Services, 7th ed, as they relate to organizational and clinical decision-making in health care;
- **Increase understanding** of the Ministry Identity Assessment and participant's ability to lead work-teams at their Health Ministry through the assessment process.



Catholic Healthcare Ethics

Week	Topic	Case Study/ Application
One	Value Perspectives & Moral Method	Memorial Medical Center and Katrina
Two	Elements of Catholic Identity	Dialysis and the Undocumented
Three	Key Principles of Bioethics	Hysterectomy and Gender Dysphoria*
Four	ERDs - Preamble and Part 1	Drug Shortages and Stewardship*
Five	ERDs Part 3: Professional-Patient Relationship	Emergency Contraception and Assault
Six	ERDs Part 4: Beginning of Life	Try and Save my Baby
Seven	ERDs Part 5: Serious Illness and Dying	Artificial Nutrition and Hydration at the End of Life
Eight	Assessing Catholic Ministry Identity	CHA's Ministry Identity Assessment



Course Expectations

- Light on reading, heavy on discussion
- Case Studies and discussion questions are key
- We will respond to discussion groups twice during the week, and post a weekly wrap up at the end of the week
- *And Remember:*
- ERDs are vitally important, but not all ethics is about
- Ethics is just as much about asking the right question(s) as providing definitive answers (though the Catholic moral tradition does posit objective moral truths and, therefore, right and wrong answers do exist)
- The human work of ethics is best accomplished through dialogue and patience, not judgment and condemnation



The Course Overview

Weekly Videos

- Posted on Fridays
- Wrap up previous week and introduce current week's content
- "Further Enrichment" items

Discussion Threads

- The more engaging the better
- Mix between individual responses and themes
- Stretch Questions as the Course Progresses



Ethics in Ascension



Table Discussion: What is Ethics?

1. What comes to mind when you hear the term ethics?
2. What comes to mind when you hear “Ethics” in the context of Catholic health care?
3. What, if any, experience have you had with Ethics in your scope of work?



What is Ethics?

- It is the **science** of choosing **well** so that human beings **flourish**
- Ascension Ethicists are **trained experts** within the field of Catholic Bioethics who provide subject matter expertise in decision-making aligned with our Mission, Values, Catholic identity and the Ethical and Religious Directives for Catholic Health Care Services (ERDs).
- When patients, families and/or surrogate decision-makers view a clinical situation differently than the care team, Ethics Services are here to **support clinical care** that honors and respects the professional obligations of clinicians and the dignity of the patient and family in the context of our Catholic identity.
- When strategic or operational goals appear to be at odds with one another or our Mission, ethicists can **support leaders** by providing an impartial view and expertise in critical thinking within the context of our Mission.



Ethics in Ascension

Highly Reliable Catholic Ministry Identity

- **Integrate** systematic approaches and standardized resources for identifying and addressing ethical issues in existing and emerging clinical and organizational processes (Proactive Ethics Integration).
- **Foster** disciplined processes of decision-making that promote our mission, vision, values and Catholic Identity in both the clinical and organizational realms.
- **Provide** research, education and consultation to Health Ministry leadership, work teams and associates working through complex organizational and clinical ethical issues, especially as related to the *Ethical and Religious Directives for Catholic Health Care Services* (ERDs).
- **Promote** trusted dialogue between key stakeholders of Ascension and the institutional Church in order to strengthen ecclesial relations.
- **Lead** the assessment of CHA's Catholic Ministry Identity Assessment (MIA) and integrate the results into operations and strategy so as to strengthen that identity.



An Ask . . .

Within the **next two weeks**, I'd encourage you to reach out to your Ministry Market or system Ethicist and consider asking one of the following (or your own question is even better):

1. What is the process for ethics consult support relative to my specific area?
2. What education is available for my specialty area?



Region	Ethicists
System Office	John Paul Slosar Mark Repenshek Michaela Ebert Ashley Stephens
Florida	Valerye Milleson Noah Dimas
Illinois	Marissa Leick Tara Finnegan--July 1 (2025)
Indiana	Elliott Bedford Chandra Smolen
Kansas	Marissa Leick Paul Wagle
Oklahoma	Marissa Leick Zoe Cutillo--Onboarding
Tennessee	Kirsten Dempsey Alexandra Orantes (Allie)--Feb 23
Texas	Vacant Rebekah Maaz--April 6
Wisconsin	Alex Lescher Krystal Pold

Kick-off to Week One: Value Perspectives and Moral Method



How do you make moral decisions?

The way in which we think about the nature of moral value shapes the way we frame the ethical issues we face in our everyday work lives. This, in turn, influences what we perceive to be an appropriate resolution to specific ethical issues.



Let's see how you tend to make moral decisions...

Take a few minutes to complete the following survey.

Answer based on how you *actually* would respond, not how you *wish* you would respond.



Ethical Methodologies (Paper and Pencil)



Let's see how you think...

We will take a few minutes to go through these 10 scenarios.

Answer based on **how you *actually* would respond, not how you *wish* you would respond.**

Write the numbers 1-10 on a sheet of paper, and record your response to each of the questions

We will unpack your answers to see “how you think” after we answer the questions.



Question #1

1. The question of embryonic stem cell research (ESCR) has been a hot topic lately. While out with you friends one evening, the topic comes up. When asked of your opinion, you argue for ESCR using embryos left over from *in vitro* fertilization because:
 - a. The medical profession has an obligation to promote the best interests of sick patients by pursuing potential cures for deadly diseases.
 - b. You can't imagine why anyone wouldn't support the research given that the embryos will be destroyed through discarding anyway and the economy will benefit greatly from the money brought in through research dollars and future therapies.
 - c. The overall good of society and of individual patients would be promoted through any advances that come from ESCR.



Question #2

2. You overhear your friend, with whom you have been close for over 10 years, lying to his/her significant other while on the phone. This is not the first time, either, and you worry that it is becoming a pattern with your friend. You confront your friend about this and other lies by saying:
- a. It is not right to lie to anyone, especially to those closest to you.
 - b. This is not the type of person I know you to be and certainly not the type of person you want to become.
 - c. This is probably not something you want to do routinely. If you get caught, you know your significant other will leave you and you will most likely lose all of your shared possessions.



Question #3

3. You are watching late night television and see a commercial for a human subject research trial for a new HIV vaccine. You call the number given and find out you can make over \$1000 dollars for being injected with an inactive HIV strain that is reported to have low risks associated with it. You decide to do it, because:
- a. From a very young age it has been ingrained in you that you are called to promote the overall good of others whenever possible and as such you feel that you would not be true to yourself if you did not participate.
 - b. You would be doing a really nice thing for others and at the same be earning a lot of much needed money.
 - c. You consider it the right thing to do to help those in need.



Question #4

4. You are watching the nightly national news and once again the story of the man who has been unconscious for over 10 years and kept alive only by a feeding tube comes on. Your friend asks you what you would want to be done if you were in that condition. You answer that you would want the tube removed because:
- a. It would make no sense to continue to fight when there is no chance of recovery and would only cause pain, suffering, and needless expense to your family.
 - b. God does not require you or others to preserve life at all costs.
 - c. You consider yourself a realist and would not want your life prolonged when you could no longer exercise those characteristics that make you who you are as an individual.



Question #5

5. A local man who was convicted several years ago for a series of murders is scheduled to be executed. Your friends bring up the case while out to dinner one night and ask for your opinion. You answer that you are opposed to capital punishment because:
- a. Killing, except out of self-defense, is always wrong.
 - b. It is not consistent with the goals of a democratic society and it weakens the moral fabric of those who take part directly and indirectly.
 - c. It has been proven that capital punishment is not a deterrent to crime, is not fairly and justly applied across the system, and actually costs taxpayers more than imprisoning criminals for life.



Question #6

6. The United States military recently captured several leaders of an international terrorist cell. Papers have reported abusive and harmful interrogation tactics being employed by members of the military and counter-terrorist task force units. Your friend argues that such tactics are acceptable but you disagree by saying:
- a. It is a strongly held belief in your faith tradition that all people have inherent dignity and should not be subjected to cruel and unusual punishment.
 - b. While we should do our best to keep the American people safe, this type of behavior will ultimately result in anti-American sentiment and make it more difficult to partner with other countries and the United Nations.
 - c. It undermines the trustworthiness of the government and is not consistent with the way you would want your government to represent the American people.



Question #7

7. Six weeks after you and your boyfriend went to the college dance, you approach him about the fact that you got pregnant that night. He wants you to have an abortion.

However, you object because:

- a. You have always been proud of yourself for being the type of person who owns up to your actions and accepts responsibility for the consequences of those actions.
- b. All human life, at every stage of development, is sacred and should never be destroyed.
- c. Your parents will be disappointed when they find out you are pregnant but would be devastated if you were to have an abortion and you do not want to lose their respect and affection.



Question #8

8. For various reasons, your parents have stopped paying your tuition for college. Though you take out school loans, you are still short and cannot pay the balance. You see an ad in the local paper requesting sperm and egg donation for an infertile couple. You inquire and discover that if you donate, you can get enough money to cover the balance of your tuition and then some. You decide to donate because:
- a. No one will find out what you did, you could help the couple achieve an important dream, and stand to make a good sum of money.
 - b. One rule you have always lived by is that life is about helping others.
 - c. Concern for others and helping people in need are traits you consider most important in people, especially yourself.



Question #9

9. Your father is terminally ill with ALS or Lou Gehrig's disease and is rapidly declining. He has lost most of his physical capacities and can no longer feed himself. One day, he asks you to mix almost a full bottle of sedatives in with his mash potatoes with the specific intent of ending his misery and killing him. You argue that you cannot do it, because:
- a. Your faith tradition forbids you from taking the life of another.
 - b. You love your father and would rather find more effective ways to care for him and ease his suffering rather than be someone who shortens his life.
 - c. You could not live with the guilt of killing your father and are afraid that someone would find out and charge you with homicide.



Question #10

- 10.** You have just had a baby who was born 15 weeks premature and weighs just over two pounds. The doctors tell you that there is a chance they could save the baby, but even if they do the baby might be severely disabled and need a considerable amount of medical attention. This will require a lot of money and a lot of care on your part, which will mean very little time for other activities. You decide to pursue aggressive treatment because:
- a.** You have always considered yourself the type of person who makes sacrifices for the good of others, especially your own family members.
 - b.** There is still the chance that your baby will defy the odds, not suffer from any severe disability and be able to live a normal life.
 - c.** You believe that the sanctity of life obligates you to use any available means to protect and preserve life.



Scenario	Virtue	Deontology	Consequentialism
1	c	a	b
2	b	a	c
3	a	c	b
4	c	b	a
5	b	a	c
6	c	a	b
7	a	b	c
8	c	b	a
9	b	a	c
10	a	c	b



So, how do YOU tend
to make decisions?



How do you make moral decisions? Ex. Mom

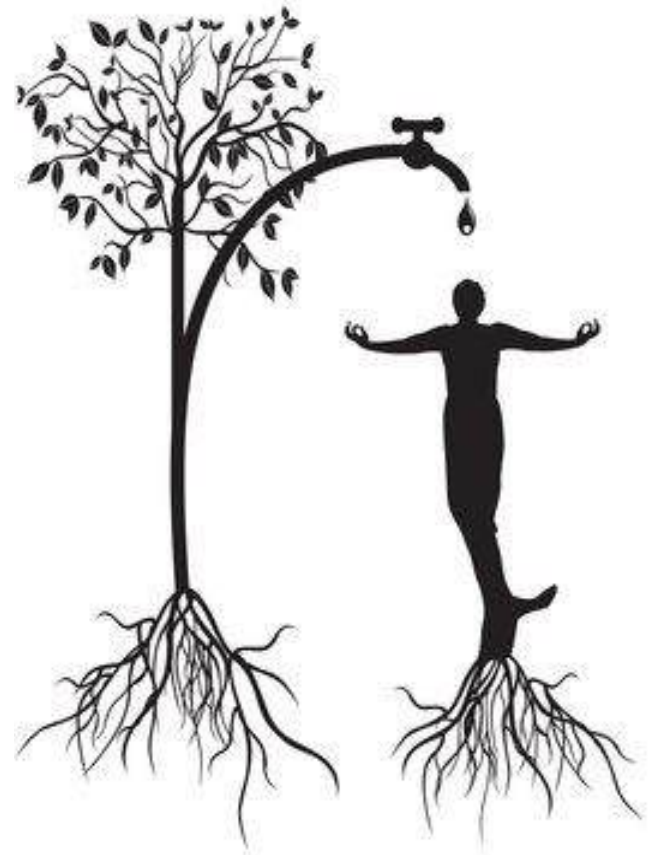
Virtue Theory	Deontology	Consequentialism
Focus on who the person is and is becoming in light of a particular notion of the ideal human person and the good life. Rooted in the philosophy of Plato and Aristotle. Who one is (BEING) largely determines how one acts (DOING)	One's moral obligation is based on one's duty (<i>deon</i>). Holds that some actions are right in themselves (intrinsically) and therefore should always be done, and some actions are intrinsically wrong, and therefore should never be done. Principle of Universalizability and Formula of Humanity.	Focuses on the consequences of our actions, in light of the good we are trying to promote through our actions. No action is inherently right or wrong apart from its consequences. Goal is to maximize the good and minimize harm. May be called Utilitarianism- promoting the greatest good for the greatest number.



A Teleological Perspective

From the *Teleological* perspective, moral value consists in doing that which fosters human flourishing both in oneself and in others. In a practical sense, this means that we ought to act in ways that both contribute to human well-being and that constitute good living itself.

From this perspective, “fostering human flourishing” requires maximizing good consequences while acting in accord with rules of right action.



'How Minds Change' chosen as 2023-24 Go Big Read book

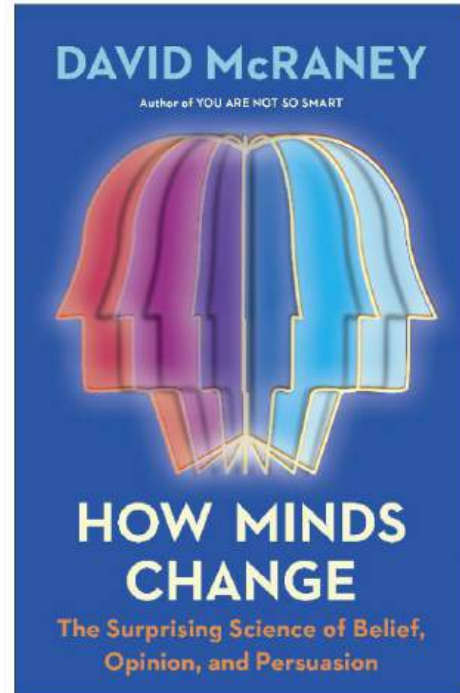
UNIVERSITY of WISCONSIN-MADISON



News

"It encourages those of us who think that we're right to think again, and to listen."

The Guardian



Questions?

Conversation?



Five Days at Memorial

A Primer to Week One



A woman with reddish-brown hair is shown in profile, looking out of a window at night. The background is dark with some blurred lights, suggesting an urban setting. The text "FIVE DAYS at MEMORIAL" is overlaid on the left side of the image.

FIVE DAYS
at MEMORIAL

apple tv+

Thank You!



Solidarity: Walking With



Ascension

The Case for Solidarity

A Church that goes forth

The Holy Spirit always has that double movement: it sends out and unites. . .

The peripheries see the realities. Or better yet, from the peripheries you can better see the center. . .

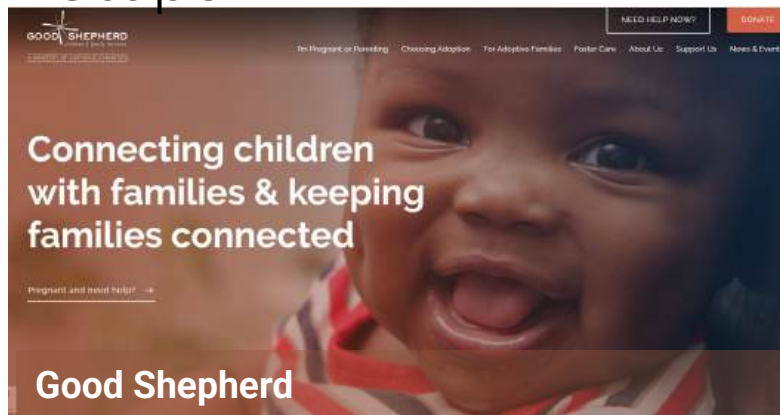
And there I saw what I did not find in any book, in any article. . .

Brothers and sisters, let's go to the periphery. . .



Our Stops

1



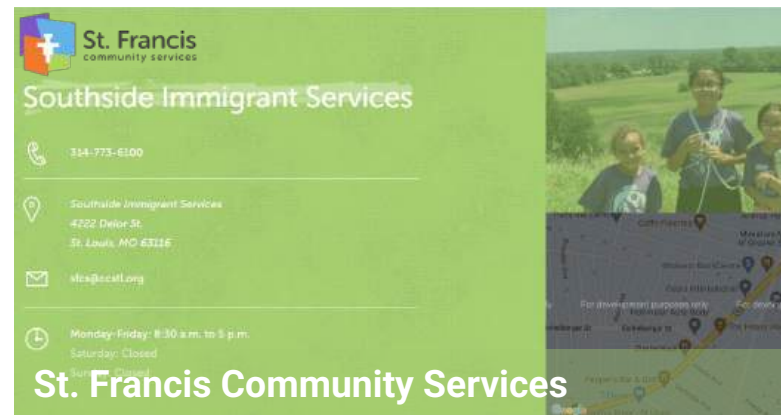
2



3



4



DePaul USA

Celebrating 16 years of service



Lunch Tomorrow



Scan for menu



If you have come here to help me, you are
wasting your time. But if you have come
because your liberation is bound up with
mine, then let us work together.

Lilla Watson



Announcements



Executive Ministry Leadership Formation

Solidarity



Ascension

Wednesday, May 6, 2026

Check-In



Formation Integration Map



Based on the work of Ken Wilber

Morning Reflection

Executive Ministry Leadership - May 6, 2026



Ascension

Interconnected Web

John 15:4-5 - The Vine and the Branches

“Remain in me, as I also remain in you. No branch can bear fruit by itself; it must remain in the vine. Neither can you bear fruit unless you remain in me. I am the vine; you are the branches. If you remain in me and I in you, you will bear much fruit; apart from me you can do nothing.”



Ascension



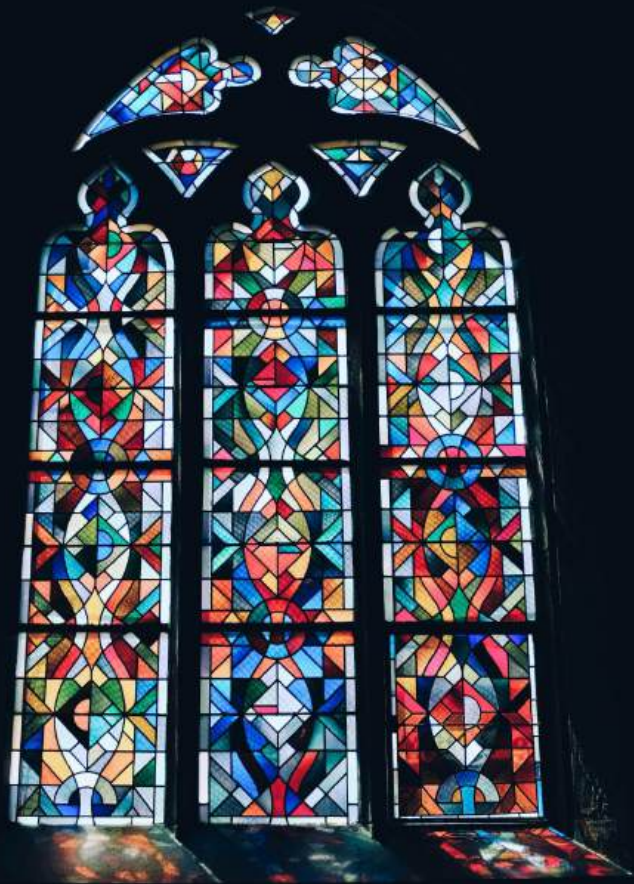
Interconnected Web

1 Corinthians 12:24-26

"But God has so constructed the body... that there may be no dissension within the body, but that the members may have the same care for one another. If one member suffers, all suffer together with it; if one member is honored, all rejoice together with it."



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Medical Mission at Home



Ascension

Solidarity as Radical Proximity

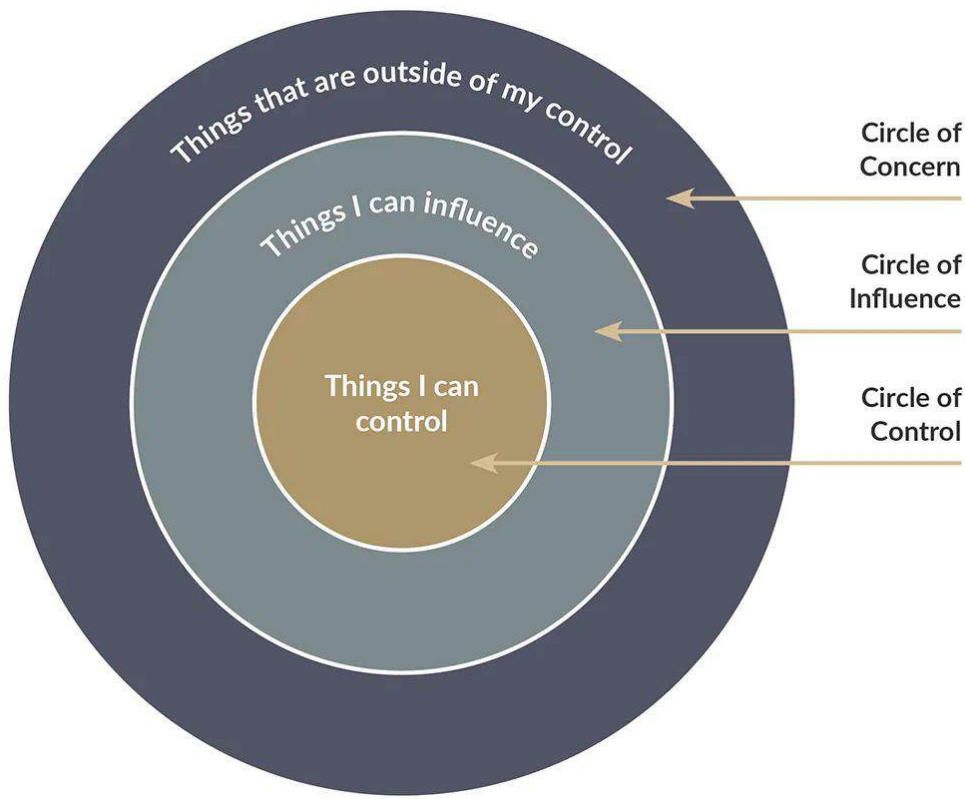
- Transaction → Relationship
- Charity → Justice
- Prioritization of the Poor



Ascension



Reflection Circle



Inner Reflective (Control) questions:

Who are my top trusted team members? Do they feel safe to share their vulnerabilities? Am I enabling them to develop their own leadership?

Middle Reflective (Influence) questions:

Who are the people I rarely engage with but should? What are limitations in our connection? Are they potential partners?

Outer Reflective (Out of Control) questions:

What policies or structures keep these people on the periphery? How does my leadership style contribute to them staying on the outside? What systemic change is needed to bridge the gap?



Ascension



Break



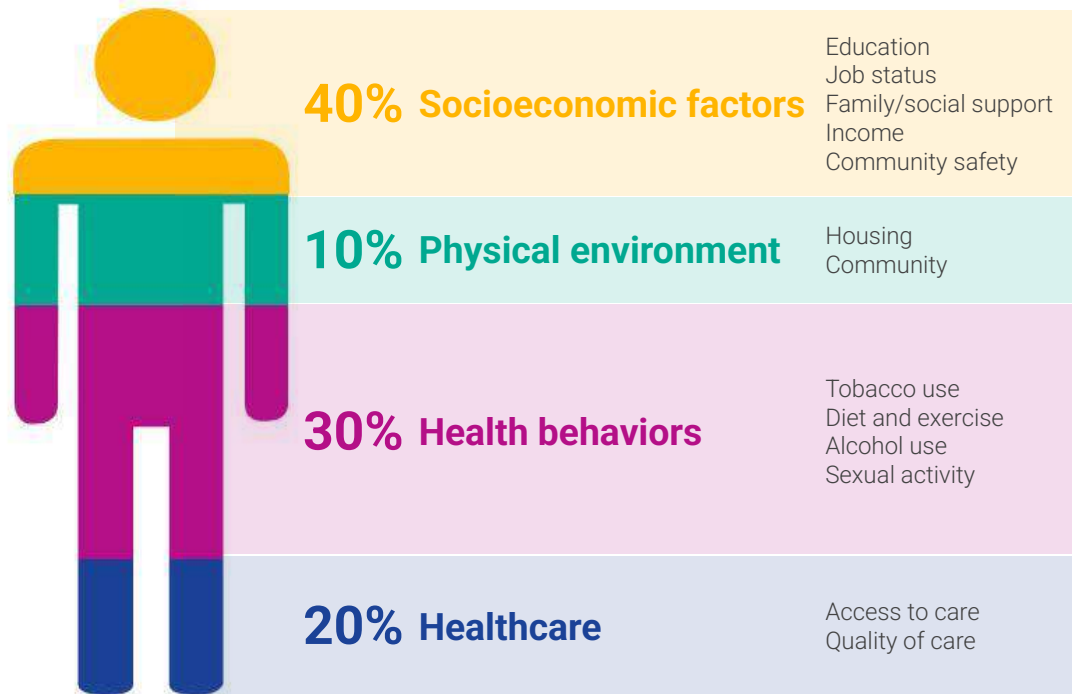
Expanding Our Reach: Improving Health Outcomes within our Communities

EML Group 20 | Retreat E – Solidarity
May 6, 2026

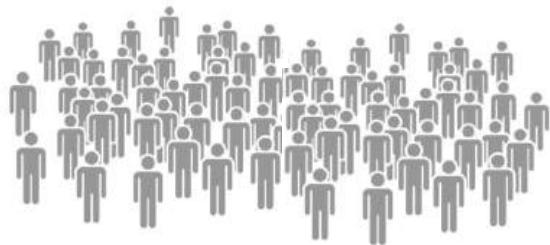


Ascension

Understanding the Whole Person | **80% of Health Outcomes are Impacted by SDOH**



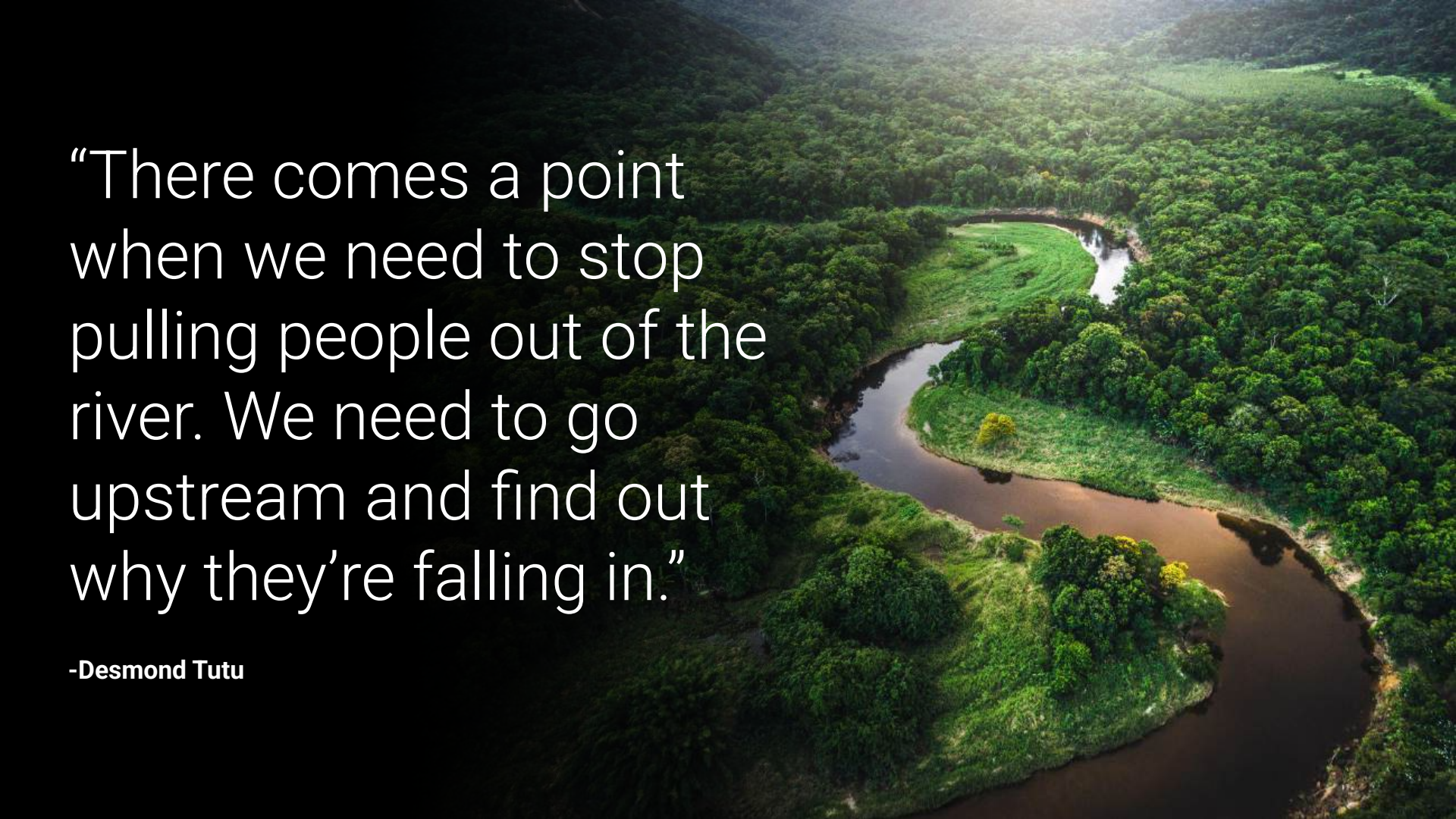
50% traced back to your ZIP code



Significant shifts in care models nationally, post-pandemic:

- Less inpatient to ambulatory and virtual care
- Increasing economic pressures and financial need
- Increasing SDOH needs including food, housing, mental health, employment
- Greater disparities in those who are marginalized



An aerial photograph of a river meandering through a dense, vibrant green forest. The river is a dark, winding line that cuts through the sea of trees. The forest appears to be a tropical or subtropical rainforest, with a variety of green shades. The lighting is soft, suggesting a misty or overcast day. The overall mood is serene and majestic.

“There comes a point
when we need to stop
pulling people out of the
river. We need to go
upstream and find out
why they’re falling in.”

-Desmond Tutu

Advancing our Mission through Community Impact



Strategies

Improve
Community conditions

Address
Individual social needs

Provide clinical care

Community Impact

upstream

Individual Impact

midstream

downstream

Tactics

Investments, partnerships, advocacy, laws,
policies and regulations, economic equity

Screening social factors; direct patient
support

Medical interventions



We are intentional about connecting key work streams across Ascension to drive cohesion & alignment for Markets

Improve health outcomes within the communities we serve

Primary Care Access

Reduce potentially avoidable ED visits via enhanced access to care

CPGs (Med-High SVI)

Cancer Screening
Reduce Maternal Health Disparities
Diabetes and Hypertension

Care Coordination

Reduce preventable ED visits through timely access to care and SDOH support

Medicaid/Uninsured Transformation

Create a sustainable care delivery model by reducing preventable utilization
Reduce cost of care by responding to needs more upstream

Community Investments

align with prioritization criteria and support a social determinant of health

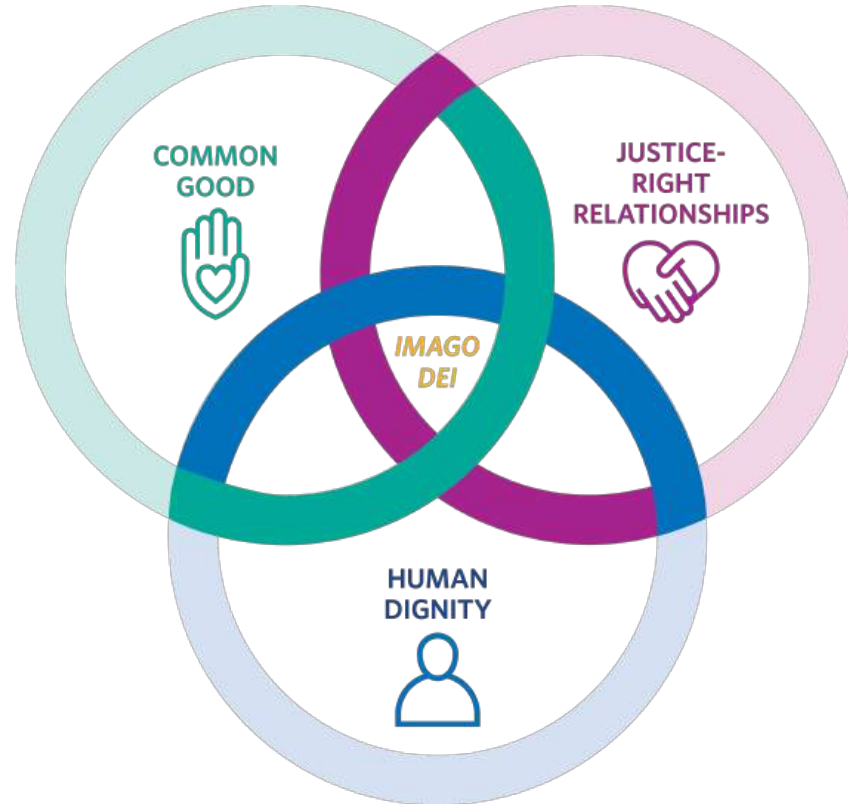
Community Benefit, CHNA and Implementation Strategies

respond to community needs

Community Engagement and Partnership Strategies

enables leaders to prioritize efforts and allocate human and other resources effectively

Theological Anthropology and Catholic Social Teaching



Alignment of our Catholic Social Teachings to Advance Health Equity

For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in. ~ Matthew 25:35

CATHOLIC SOCIAL TEACHING PRINCIPLE	ASCENSION EXAMPLES
Life and the dignity of the human person	Formation experiences, Learning modules including "Know Me"
Call to family, community and participation	Maternal Health, Community Benefit
Rights and responsibilities	Community Health Ministries, Medicaid Re-enrollment
Option for the poor and vulnerable	Clinical Priority Goals (CPGs), Health Equity Reports, Community Investment
Dignity of work and the rights of workers	Addressing Food Insecurity, Socially Just Benefits, Financial Literacy, Workforce Development, #GOALS
Solidarity	Advocacy
Care for God's Creation	Environmental Impact & Sustainability



What examples would you add here?
What's resonating with you as you consider all of these examples?

How we're serving together

SYNODALITY

A way of journeying together

... prayerfully listening to one
another with dialogue, discernment,
collaboration, co-responsibility,
inclusion and humility.





Whose voices do we need to invite to the table to ensure we're offering what is needed?

What is our impact?

What are the gifts that we will leave behind?



Prophets of a Future Not Our Own

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 for beyond our capabilities**.

We cannot do everything, and there is a sense of liberation in realizing that.

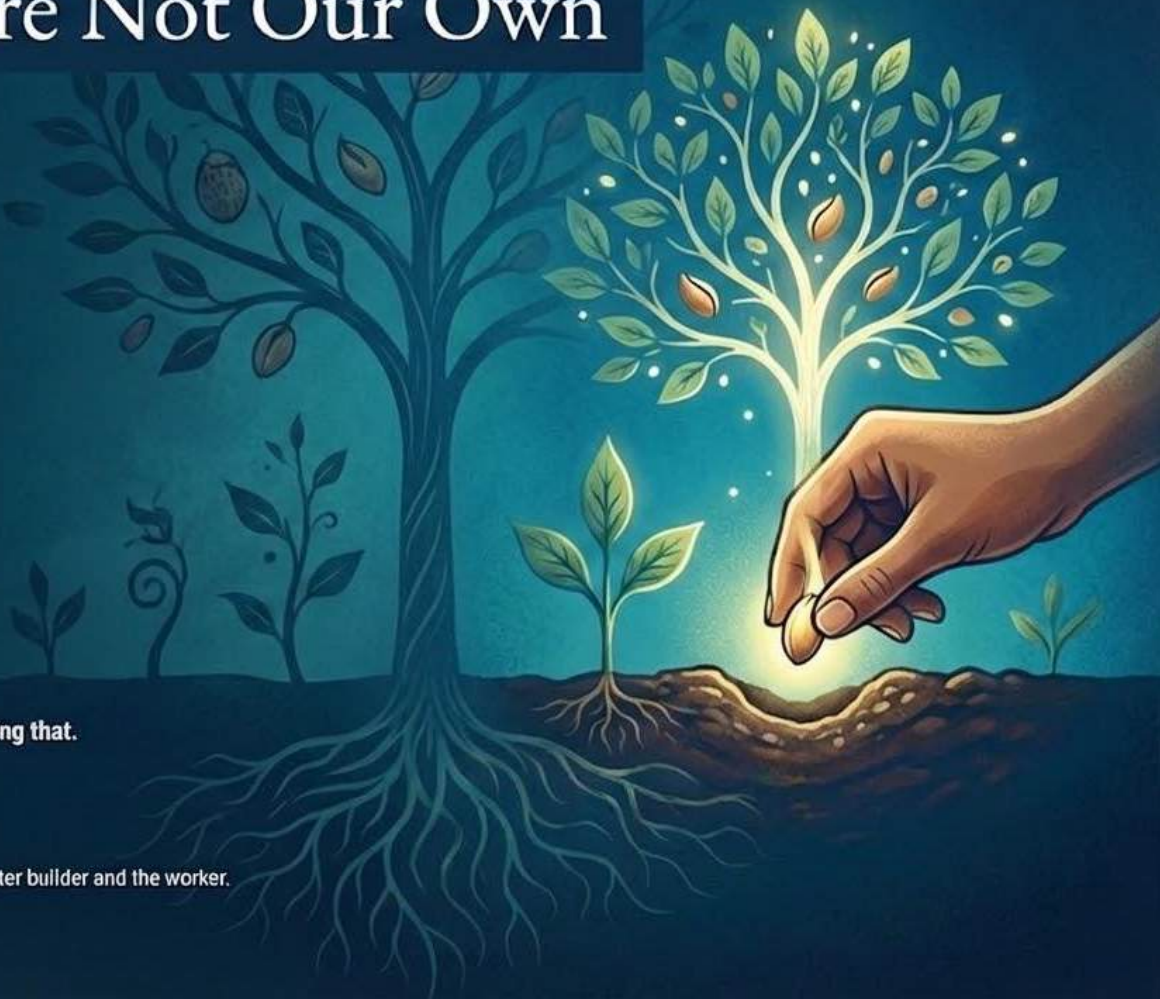
This enables us to do something, and to do it very well.

It may be incomplete, but it is a beginning, a stop 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.



Ascension's vision

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



Executive Ministry Leadership Formation

Solidarity



Ascension

Thursday, May 7, 2026

Check-In



Solidarity

Solidarity has many powerful definitions. In its simplest form, Solidarity is showing up for one another, being *with* each other. Standing in Solidarity with one another is an integral part of our shared human experience.

Journal

Take 5 minutes to journal on one of the following:

When have I chosen to stand with someone - even when it was uncomfortable?

Where and in what ways do I feel called to extend my Solidarity right now?

What do I need to let go of so that I can better stand in Solidarity?

We pause to give thanks for the sacred act of showing up—for one another, for justice, for peace.

May we have the courage to stand not above or ahead, but beside.

When the path is hard, may we walk it together. When the voices are silenced, may we listen deeper. When hope feels far away, may our presence be its echo.

Let us remember that solidarity is not a moment, but a practice—not charity, but shared humanity.

Guide our hearts to humility, our hands to service, and our lives to love that does not flinch at discomfort, but leans in with grace.



Capstone Integration Projects

Process Conversation



Ascension



Central Question:

How is your experience, learning and growth in EML changing your 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)



In short...

Ascension is your capstone!



Primary focus:

In what specific, identifiable, measurable ways is EML shaping how you lead Ascension that are generating improvements for our patients, residents and the communities we serve, with a focus on vulnerable populations?

How are you/could you be naming and measuring that difference?



Said otherwise....

What problems are our patients, residents, community members facing that we are approaching, understanding, solving *with* differently **because we are leaders of ministry?**



A method....

Look into the work you are leading / a part of

Locate where EML learnings are showing up, or need to

Integrate your learning into your leading, changing the way Ascension is serving

Tell the story of that integration through words, pictures, video, data....



Dec Presentation Groups

All of our efforts are expressions of our Mission as evidenced by our Strategic Imperatives

In July, we will find themes and connect you together



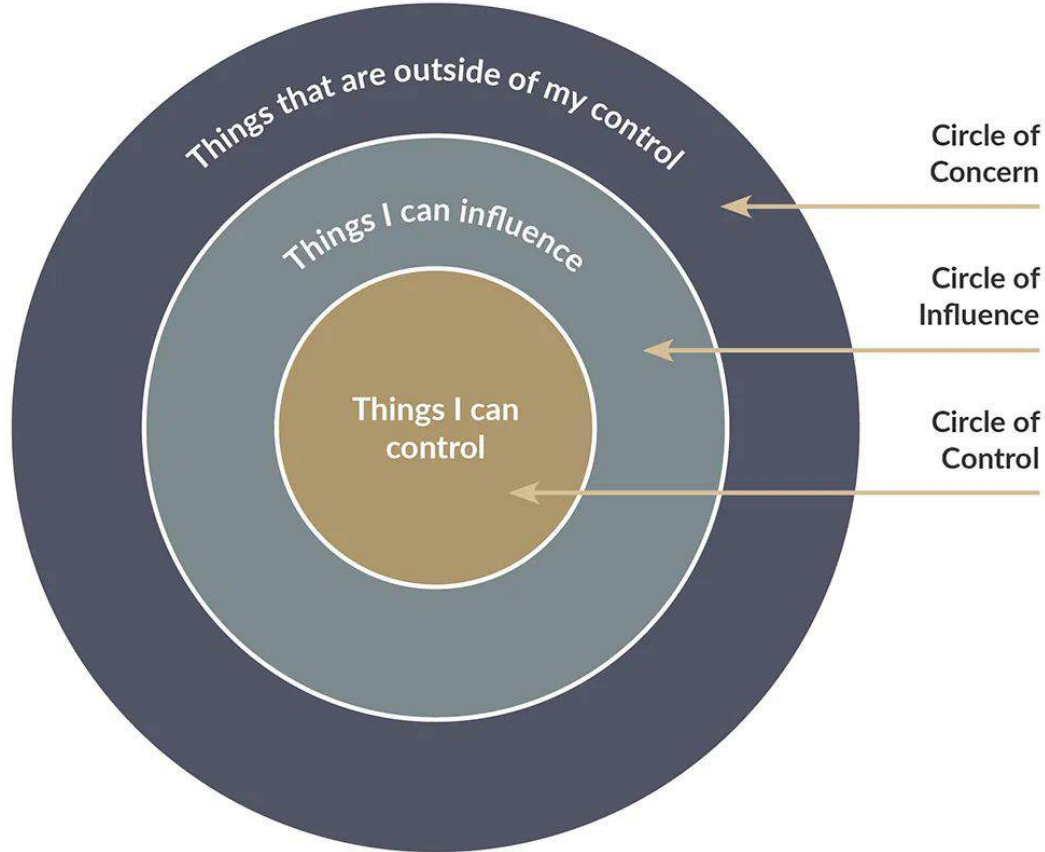
Executive Ministry Leadership Program Outcomes

What we've been learning...

1. Be personally committed to practices and habits of spiritual reflection that foster deeper relationship with self, God, others, community and the world as part of an ongoing formation journey.
2. Be professionally committed to the healing ministry and mission of Jesus with special attention to those who are poor and vulnerable.
3. Consistently integrate and practice Virtuous Servant Leadership while being and building community.
4. Articulate foundational principles from the Catholic theological, moral and spiritual tradition in order to communicate our Ministry Identity and Mission.
5. Interpret and lead our integrated strategic, operational, financial, clinical and organizational processes as expressions of Ascension's identity as a ministry of the Church.



What you are leading...



In short...

Ascension is your capstone!



Exercise

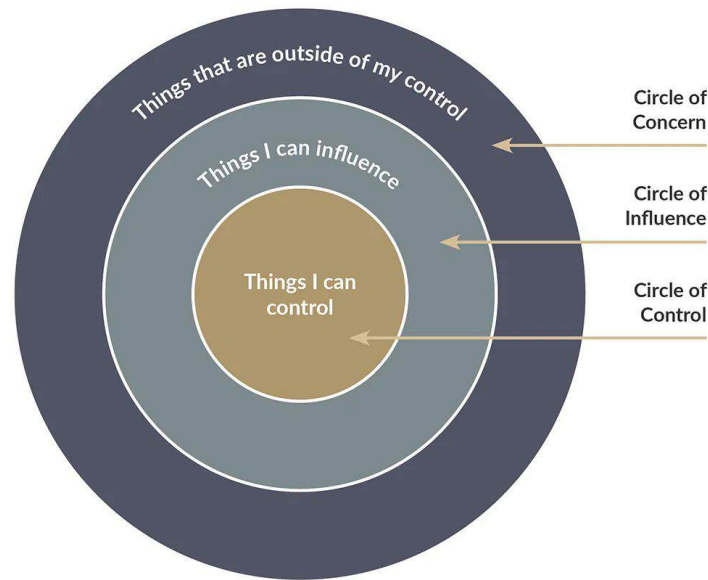
Writing

1. Make a list of things in the three circles of influence.
2. Review your placemat of EML highlights.
3. Make connections between
 - a. The inner circle and EML highlights
 - b. The second circle and EML highlights
4. Respond to this prompt:
 - a. How is my experience, learning and growth in EML changing my leadership and therefore the ministry of Ascension?

With a partner - Walk and talk:

Share your answer to #4 above

In what specific, identifiable, measurable ways is EML shaping how you lead Ascension that are generating improvements for our patients, residents and the communities we serve, with a focus on vulnerable populations?



Return to the room ready to share

Large Group Debrief

Knowing you have a final course...

What contact / support would you find
most helpful from us between now and
July?



Large Group Debrief

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

What problems are our patients, residents, community members facing that we are approaching, understanding, solving with differently because we are leaders of ministry?

What are the barriers?



A timeline...

Now - July

Continue to refine the identifiable, measurable ways that EML is shaping your leadership.

July Retreat

Narrow to one-to-two foci

Sort into Strategic Imperative-based "groups"

Presentation and storytelling training

At September Virtual "Group" Check-In

Show an individual storyboard (data, video, photos) - we will template

Begin "group" narrative arc, using Strategic Imperatives and EML outcomes as frames

Sept-Nov

Compose capstone

Attend virtual office hours at least twice for check-ins

Nov

OLT "headline" group call to socialize capstone

First group dry-run with faculty

Dec

In-person dry-run (with AI roast) night before graduation

Group capstone

Graduation



What else for today?

Gratitude



Wrapping Up



Thank You for Your Feedback!



Ascension

AAA



Please complete the following survey. We appreciate your feedback.

Thank you for attending a Formation program!

Page 1 of 3

Name of Program

Executive Ministry Leadership (EML)

* must provide value

Retreat

E (EML)

* must provide value

Date Attended

05-07-2026



Today

M-D-Y

* must provide value

If multi-day, please select session start date



Reflective Close



The background image is a blue-tinted photograph of a St. Louis street scene. On the left, the Gateway Arch is visible against a cloudy sky. In the foreground and middle ground, there are brick buildings. One building has extensive graffiti, including the word 'LOVE' repeated vertically in several places. The overall mood is urban and contemplative.

Solidarity in St. Louis

The Discipline of Hope: Transforming Compassion into Action



“

Hope without action is hollow.

— *Pastor Andre Alexander, Founder of The Hub*



Witnessing the Work



The Hub: Neighborhood Revitalization

Building Infrastructure for Dignity

- ✓ Transforming the Jeff-Vander-Lou neighborhood through housing and small business support.
- ✓ Integrating banking, healthcare, and educational resources under one roof.
- ✓ Shifting from "projects" to "village building" (The Village Project).
- ✓ Eliminating social exclusion by improving economic infrastructure.



DePaul USA: Permanent Supportive Housing

Ending the Cycle of Homelessness

- ✓ Providing permanent homes for chronically homeless adults with mental illness.
- ✓ Project More and St. Lazare House focus on youth and elderly stability.
- ✓ Pairs housing with case management to ensure long-term retention.
- ✓ 85% of participants maintained or increased their income in 2019.



Good Shepherd: Stabilizing Families

Protecting New Life

- ✓ Connecting children with permanent, loving families through foster care and adoption.
- ✓ Providing 24/7 housing and support for pregnant and parenting youth (ages 12–21).
- ✓ Achieving a 93% rate of healthy birth weights for babies born to clients in 2023.
- ✓ Offering stabilizing resources to prevent risk of abuse or neglect.



Adoption allows you to
choose a family for
your child.



St. Francis Community Services

Welcoming the Stranger

- ✓ The Catholic Immigration Law Project fights for the rights of migrants in court.
- ✓ Empowering multicultural families to improve their lives through legal aid.
- ✓ Navigating complex systems of asylum, naturalization, and family petitions.
- ✓ Fostering a "Common Good" that includes those often marginalized by legal status.



Principle of Solidarity

Solidarity: Beyond Compassion

"Solidarity is not feeling sorry for others. It is recognizing that their suffering and dignity are tied to our own."





“

Hope without action is hollow.

— *Pastor Andre Alexander, Founder of The Hub*

The Guided Reflection: The Hollow Check



Witness

Where did you see "hollow hope" being filled with concrete action yesterday? Where did you feel your own understanding was incomplete?



Pivot

How can your professional "levers of power" (strategy, capital, influence) be used to practice Solidarity, not just charity?



Feet

What is one specific, non-hollow action you can commit to—personally or professionally—today?

Closing Prayer & Commitment

Loving God, as we come to the close of this retreat, we pause in gratitude for all we have seen, heard, and felt yesterday.

We thank you for the people and communities who welcomed us, for their stories, their dignity, their resilience, and for the sacred reminder that we belong to one another.

Open our hearts to the grace of solidarity. Do not allow us to walk away unchanged. Help us remember that the struggles of our neighbors are not distant from us, but are part of the shared human family you call us to love and serve.

Give us eyes to see those who are too often unseen, ears to hear voices too often unheard, and courage to act with compassion, humility, and justice.

Bless the community centers we visited today, their leaders, staff, volunteers, families, and all they serve. May they be strengthened in hope, protected in hardship, and surrounded by partners committed to walking beside them.

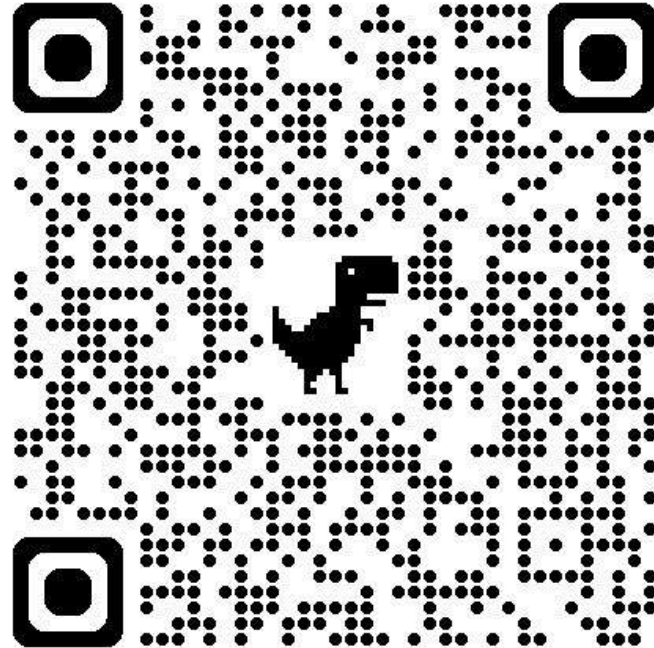
Send us forth from this retreat not only inspired, but responsible; not only grateful, but transformed; not only aware, but ready to serve.

May our commitments become action, our reflection become compassion, and our work become a living expression of your love.

Amen.

Your ticket outta here -

Write your capstone thinking from today



Thank You!

