



Briefing

Judy Cassidy
EDITOR

More than 10 percent of Americans—about 4 million people—over the age of 65 have Alzheimer's disease. According to the Alzheimer's Association, it costs about \$36,000 a year to care for an Alzheimer's patient in a nursing home. A million people in the United States are infected with the AIDS virus. The federal government will spend \$7 billion next year to care for them. Combine these startling figures with the Congressional Budget Office projection that healthcare spending will account for 19 percent of the gross national product in the year 2000, and it becomes clear that healthcare organizations must find cost-effective ways to address the needs of persons with special problems, whether these are caused by AIDS, Alzheimer's, homelessness, substance abuse, or other factors.

The figures for AIDS and Alzheimer's alone make the task seem formidable, even hopeless. But, undaunted, Catholic healthcare facilities are reaching out to their communities with programs that can slow spiraling costs while improving the lives of people who need particular healthcare and social services.

For example, the Family and Alzheimer's Hospice at Incarnate Word Hospital in St. Louis has developed programs for Alzheimer's, AIDS, and pediatric patients during its three years of operation (see p. 28). The hospice's commitment to collaboration made its quickly expanding outreach possible. Working with local AIDS agencies, the Alzheimer's Association, another Catholic hospital, nursing homes, residential care facilities, and parish nurses, the hospice is able to serve a wider area and offer more services than it could on its own.

The Mercy Mobile Health Program of Saint Joseph's Hospital of Atlanta also achieves its goals through collaboration (p. 34). Community agencies and churches assist the program, which reaches out to a population that needs nontraditional approaches to service delivery—19,000 homeless and working poor in the inner city. Ten

years ago, when the program began, it focused on treating colds and flu and distributing clothing. Today it seeks to break the cycle of homelessness, stressing prevention, health promotion, AIDS services, and case management.

St. Francis Hospital is making a permanent difference in the lives of the homeless and poor in Wilmington, DE (p. 36). St. Francis's van has treated 12,000 homeless people. In a collaborative ministry with the Franciscan Friars' Ministry of Caring, the hospital helps the poor achieve self-sufficiency by teaching job skills and supplying other support. The Tiny Steps program, a joint effort with 11 other community organizations, is designed to reduce Wilmington's infant mortality rate and teach parents the skills to become independent.

Helping individuals to be self-reliant is also the goal of St. Francis Health Care Centre in Green Springs, OH (p. 32). In cooperation with local merchants, the facility takes rehabilitation patients into the real world to practice tasks like shopping or banking so they can return to their own homes.

The projects covered in this issue's special section are just a few of the efforts through which Catholic healthcare facilities are serving populations with special needs. Like the dove taking flight in our cover painting, these organizations are transcending impediments to a healthy society—a fragmented delivery system, scarce resources, unhealthy lifestyles. Like the dove, they represent gentleness, peace, and hope to their patients and communities.

Healthcare organizations must find cost-effective ways to address the needs of persons with special problems.

