

Of Billboards, CHA, And the Web Site

BY DAVID WARREN, PhD

Most people probably don't think about the billboards that they see as they drive around town or on the highways. Most people probably don't wonder why any individual billboard looks the way it does—why the organization has chosen a particular approach in an attempt to get people to act or think a certain way. But even though most people don't give any thought to how a billboard gets crafted, almost everyone reacts to the attempt at persuasion. Some individuals won't like the particular approach of a billboard, or even an entire ad campaign at all. Someone may even find the billboard offensive.

Although the effort that goes into deciding on an ad campaign involves analyzing data about lots of people, any one billboard can only be seen as the same physical object by every driver who passes by. The billboard is perhaps the grandest example of print, which creates a one-to-many relationship between the printed material and its readers or viewers: One unique billboard is viewed by many drivers. The billboard tries to be a least common denominator: It is designed to persuade the highest possible number of viewers.

PERSONALIZED ADS

But what if the billboard were customized to you? Do you like chocolate so much that you buy it in larger-than-average quantities every month? Your personal billboard could use imagery that makes you feel the way you do when you eat chocolate. Do you work for Catholic healthcare, donate generously to organizations working for justice and human dignity, and like to travel? Your personal billboard could sell you a trip to a rain forest by emphasizing how your tourist dollars make a difference to the citizens of that country. Or, if you subscribe to specialty gardening publications and order specialty plants by mail, a billboard for a new specialty gardening supplier will be shown to you.

In the physical world, billboards and other forms of print marketing do not have the capabil-



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ity to morph, to undergo transformation. While print allows marketers a least common denominator approach, virtual (computer-based) print enables those marketers to personalize what the individual viewer sees. The imagined custom billboards I've described work exactly the way in which virtual environments can function. After pinpointing the data you want and gathering it, you can use computers to sort through virtual mountains of data and present the individual with something customized. This process is more complicated than my description; however, it's not only possible but happening now, and probably happening to you. As you use the Internet, almost every move you make is being recorded, added to other data already known about you—for example, your age, gender, credit history, subscription records, and online purchases—and analyzed.

CHA'S DATA GATHERING

CHA has developed its Web site to serve as a resource library, a rapid delivery mechanism, and a cost-free conduit for members to access CHA databases. CHA has used its Web site to help the Catholic health ministry work smarter and to extend the notion of a ministry gathered in an unlimited virtual space.

Almost three years since CHA started its Web site development, the association has done very little in the way of collecting information. The CHA Web site does keep logs and, for members who are logged in, maintains a record of pages requested. One way this information is used is to track the growth in the use of Daily News—information that tells CHA to continue to make this service possible.

Having expanded content on its Web site, established processes for maintaining and refreshing the content, and marketed the virtues of this resource to CHA members, the association will now turn its attention to collecting, analyzing, and acting on information in cyberspace to make

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“Synergy” is a buzzword we hear often these days.

the Web site an even more useful tool for busy people. Imagine logging on to the CHA site and receiving not merely a personalized greeting but links to suggested resources which are based on your job responsibilities, your site history, and your stated interests and are particularly appropriate for your needs.

One of the many buzzwords that gets bandied about in the Internet world is “synergy,” usually meaning the commingling of certain commercial interests to achieve mutually desired goals. You’ve probably seen Web sites that purport to offer a complete guide to something, say restaurants in your metropolitan area. It would be a rare site, indeed, that would actually present all the possible dining establishments objectively. The synergy in this example involves the Web site creator and the companies who pay to be part of the preferred list. The site pretends to be an objective guide but actually serves as a way to present covert advertising. That’s synergy working against you, not with you.

Just as it has been doing with healthcare throughout its history, CHA seeks to model what this power of the Internet should be used for. That approach to the resources of this world is not really anything new for Catholic healthcare; nor is it any change in course for CHA to serve as a gathering point for the ministry. □

 CHA’s Web site can be found at www.chausa.org. David Warren welcomes your feedback at 314-253-3464; e-mail: dwarren@chausa.org.

REVERSING THE DECLINE

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al out for developers in 2000. Most encouraging is the cooperation, enthusiasm, and willingness to invest resources of both the city of Alton and Saint Anthony’s in their partnership.

It’s clear from Saint Anthony’s experience that a successful partnership of city and hospital depends on a number of important factors:

- Key stakeholders must be willing to make a real commitment. The goals of the partnership must be high priorities of all parties, and all must be willing to commit not only money, but also people’s time and energy.

- The process needs a champion, someone who will continuously keep the vision in focus and maintain momentum, and who will be engaged in the process long enough to be a real driving force.


- You must have a plan that clearly maps out both the physical objective and the strategy to achieve it.

- Responsibility must be clearly defined.

- The process must progress independent of political changes. Institutionalize the plan and commitment so that the process is outside the political arena. Establishing the redevelopment corporation helped provide this separation in Hunters-town’s case.

- Take advantage of your assets. In the case of Hunterstown, the potential for views of the Mississippi River and access to the waterfront add to the expectation that the neighborhood can become desirable. Development will capitalize on the advantages of this location.

- Stick to it. Effecting real change in a neighborhood is a long-term process, and success requires patience and the flexibility to adjust to the marketplace. □

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nosis and prognosis of the patient’s condition.

Undoubtedly, physicians act responsibly by initiating treatments with the hope of stabilizing or improving the condition of the patient, especially in an emergency situation. The diagnosis of the persistent vegetative state only occurs over time. In other words, as the condition of the patient becomes clearer, the initial presumption that obliged the physician to treat the patient may wane; the presumption to treat the patient must eventually cede to the truth of the patient’s diagnosis and prognosis.

When a patient is diagnosed to be in a persistent vegetative state one weighs the maintenance of life against a condition in which the patient will never know who he or she is; will never know familiar surroundings; will never recognize loved ones. In such a situation, one can legitimately judge medically assisted nutrition and hydration as a disproportionate means of preserving life; the burdens imposed outweigh the benefits gained. The decision to remove nutrition and hydration from such a patient does not signal callous abandonment; it is not done “with the intention of causing death.” Rather, removing nutrition and hydration reflects the recognition that “the duty to preserve life is not absolute”; it is done with the intention of removing an excessive burden that no longer needs to be endured.

In the end, the bishops did not resolve the morality of withdrawing medically assisted hydration and nutrition from a person who is in a persistent vegetative state. Instead, they reiterated the traditional categories that help guide prudential healthcare decisions. Like all medical procedures, nutrition and hydration must be evaluated in terms of the benefits and burdens to the patient. Weighing the benefits and burdens will depend on an accurate diagnosis of the patient’s condition which, as in the case of the persistent vegetative state, occurs only over time. Once a person is diagnosed to be in a persistent vegetative state, however, the ERD do not preclude the removal of nutrition and hydration from the patient. □