

When the Medium Is the Message

BY RHODA WEISS

The stories of people suffering from severe brain and spinal cord injuries can be extremely compelling. To showcase their abilities rather than their disabilities, the world-renowned Rancho Los Amigos National Rehabilitation Center in Downey, CA, created a communications program to spotlight the uplifting stories of patients who have overcome their disabling conditions through art. Many “graduates” of Rancho’s rehabilitation services—those who are paralyzed or battle the effects of polio, multiple sclerosis, or strokes—have become talented artists.

The Art of Rancho program was built around the facility’s annual art show, where Rancho artists display their painting, ceramics, and crafts. The target audiences for the program include health care executives, clinicians, case managers, and leaders in the health care industry.

The centerpiece of the program is an 84-page “Art of Rancho” book that tells the stories of the Rancho artists and includes a photograph of their work as well as a portrait of each artist drawn by Rancho “graduate” Steve Clay. A Rancho calendar and appointment book are also available, and limited-edition posters and a documentary video are in the works.

“Our artists are outstanding examples of the courage and commitment that are the hallmarks of Rancho patients and the Rancho Los Amigos team,” says Rancho Chief Executive Officer Consuelo Diaz. “The Art of Rancho program shines a bright light on these incredible individuals and gives many of our other patients hope that they, too, can build a strong bridge to independence at Rancho.”

The Art of Rancho marketing pieces were created by Waskul World Wide Communications of Glendale, CA, a marketing consultant to the hospital. The materials are part of a broader marketing program that has helped steadily increase Rancho’s census. These gains are the result of strategies and communications vehicles and help to maintain Rancho’s status as the only medical



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rehabilitation facility in California ranked in the top 10 of the *U.S. News & World Report* “Best Hospitals” survey.

“We have had an unprecedented response to the program since it was created in the fall of 2000,” says Diaz. “We now get calls each week from individuals and organizations asking to become involved. Media coverage has included major newspaper, magazine, radio, and television news stories. We’ve had so many requests for information that we placed links for the calendar and art book on the home page of our website (rancho.org). And we’re also exploring appropriate venues to have our artists’ work shown outside the Rancho campus.”

Success in that area is growing—beginning June 15, “The Art of Rancho” will be exhibited for a month by Art Core, an avant-garde arts organization whose gallery in Los Angeles is near the center of California’s largest artist colony. The Transamerica Center in downtown Los Angeles will host the exhibit for three months beginning July 15.

“To have major organizations such as Transamerica provide free gallery space for our artists is simply amazing,” says Debbie Tomlinson, Rancho’s director of volunteer services. “The stature of our artists within the arts community has greatly increased because of this program. Our artists are all very excited about the opportunity to exhibit their work in the same forum as other outstanding artists from around the world.”

SUCCESS STORIES

Robert Thome suffered a spinal cord injury that paralyzed him from the neck down. Since coming to Rancho, he has become a noted artist. “When you have a catastrophic disabling injury, you search for a door or window so that you can express yourself,” he says. “That’s where art came in for me. After they showed me at Rancho how to use a mouthstick to paint, it was like learning a

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COMMUNICATION STRATEGIES

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The program has captured hearts around the world.


there's no limit to what you can do. You can be free, you can fly, you can be anybody you want to be."

Esvin Rodriguez was just 15 years old when he was paralyzed from the neck down after a gunshot wound. He learned to paint at Rancho, beginning with a paint-by-number set. "When I paint, I forget my past and only concentrate on what I am doing at this moment. I believe my art expresses and praises the beauty in the world around me," he says.

Other artists' stories are just as compelling. Bonnie Dodge was unable to move her hands because of juvenile rheumatoid arthritis. After a series of joint replacement surgeries, she paints and has resumed her career as a concert cellist. Steve Clay's painting hand was incapacitated by a stroke. Rancho taught him to paint with his other hand while he underwent years of therapy that eventually restored much of his ability.

Ann Ruth was paralyzed below the neck by an gymnastics accident. Yet today, despite not being able to move her arms and legs, she has become a noted painter and also parasails and skydives.

"The Art of Rancho program has been a very important part of our marketing effort. But most importantly, it has captured the hearts of our patients, our staff, and our colleagues throughout the world," says Diaz. "It has helped us show, in a way that everyone can understand, how the Rancho team works with our patients to help them realize the power of their dreams." □

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Segmenting the market by key characteristics will help identify needed services and opportunities to enhance programs, visibility, and revenues. These approaches include identifying certain socioeconomic characteristics, disease categories, and/or fast-growing geographic markets within the population being served that can be targeted for new or enhanced service development. This population- and market-based approach will increase differentiation of services in the marketplace and help support the feasibility of new program development and the organization's financial success. □

NOTES

1. J. R. Popovic and M. G. Hall, "1999 National Hospital Discharge Survey," *Advance Data*, no. 319, April 21, 2001, and D. K. Cherry, C. W. Burt, and D. A. Woodwell, "National Ambulatory Health Care Survey: 1999 Summary," *Advance Data*, no. 322, July 17, 2001.
2. N. Milliken et al, "Academic Models of Clinical Care for Women: The National Centers of Excellence in Women's Health," *Journal of Women's Health and Gender Based Medicine*, vol. 10, no. 7, 2001, pp. 627-636.
3. S. Jones and G. Fritts, "User-Friendly Healthcare for the Elderly Pays Off for Patients, Care Givers, and Providers," *Healthcare Marketing Report*, vol. 19, no. 7, 2001, pp. 16-18.
4. U.S. Census Bureau, 2000.
5. U.S. Census Bureau, 2000.
6. C. Markham, "New Focus for Community Hospitals: Neuro Centers," *Health Care Strategic Management*, vol. 18, no. 3, 2000, pp. 21-23.
7. U.S. Census Bureau, 2000.
8. "St. Rose Dominican to Build Third Las Vegas Hospital," *Catholic Health World*, December 1, 2001, p. 7.
9. U.S. Census Bureau, 2000.
10. "Centura Hospital Set for Parker," *Denver Post*, December 14, 2000, p. A-01.
11. Centura Health, "Centura Health Finalizes Hospital Land Deal," www.centura.org, December 15, 2001.

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LABOR AND CATHOLIC HEALTH CARE

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from which the church's key themes regarding labor have developed. Part of the richness of the Catholic Church's tradition lies in the fact that it does not attempt to provide definitive answers for every possible scenario the faithful must face, but, instead, proffers moral guidance and sacramental and spiritual support for mature, responsible, faithful decision makers. It would be presumptuous to suggest explicit applications for health care trustees and administrators. However, one can safely assert that the church's long tradition urges organizations to value their employees as their greatest resource. Such organizations must elicit, listen to, and implement employee participation, collaboration, and suggestions. The Catholic Health Association's performance improvement research (*Living Our Promises, Acting on Faith*) corroborates an old truth: Organizations that align their expectations and tools for employees and managers with relevant training, provide vehicles to enable performance, articulate clear performance measures, and require accountability and appropriate follow-up will achieve greater employee satisfaction. In so doing, they give substance and form to the church's teaching on labor.

None of these suggestions will fully assuage or rectify the tensions experienced in today's health care work force. If we are ever to achieve Fr. Ryan's hoped for a "better day" in labor relations in Catholic health care, we will only do so through understanding of, reflection on, and commitment to the church's long and evolving social tradition. □

NOTES

1. John A. Ryan, "Labor Unions (Moral Aspects)," *Catholic Encyclopedia*, Appleton, New York City, 1910. The text of Fr. Ryan's article can be found at newadvent.org/cathen/08724a.htm. The passage cited is on p. 8.
2. U.S. Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, Washington, DC, 2001, p. 9.