EXTENDING THE MISSION TO THE WORK SITE

A Denver Provider Joins a Local Television Station In Sponsoring Health Fairs

IN ADDITION TO HEALTHCARE PROVIDERS, MANY ORGANIZATIONS ACT AS COMMUNITY HEALTH ADVOCATES. OFTEN, HEALTH-RELATED COMMUNITY BENEFIT ACTIVITIES HAVE A MORE POSITIVE EFFECT—GREATER DEPTH AND FURTHER REACH—WHEN HEALTHCARE PROVIDERS COLLABORATE WITH OTHER ORGANIZATIONS. SUCH HAS BEEN THE CASE IN DENVER SINCE KUSA CHANNEL 9 AND PROVENANT HEALTH PARTNERS BEGAN COSPONSORING HEALTH FAIRS.

INVITATION EXTENDED, ACCEPTED
In 1991 KUSA Channel 9Health Fair Foundation asked Provenant Health Partners—a Catholic multi-institutional healthcare system with three hospitals, a long-term care institution, and a number of primary care centers serving the Denver area—to become a sponsor of its annual public health fairs. KUSA had sponsored the health screenings each year for the general public since 1981. The leaders at Provenant viewed this invitation as an excellent opportunity to extend their mission and increase their focus on health and community service. They also believed they could increase the scope of the fairs by offering this screening event to corporations.

In September 1991 Provenant’s leaders proposed that the two organizations work to develop and implement health screening programs at employer work sites, in addition to the public health fairs. In 1992 four of the system’s institutions also became public fair sites. Public health fairs, which were held in 120 locations, attracted more than 40,000 people in 1994, including more than 1,000 at Provenant’s three hospitals.

HEALTH FAIRS EXPAND
The 9Health Fair worked with Provenant to implement work-site health fairs that began in January 1992. Since then, Provenant has conducted more than 45 fairs at 28 different work sites. Companies participating in these fairs have included national firms such as AT&T, U.S.

Summary
In 1991 KUSA Channel 9Health Fair Foundation asked Provenant Health Partners—a Catholic multi-institutional healthcare system in the Denver area—to become a sponsor of its annual fairs. Provenant viewed this invitation as an excellent opportunity to extend its focus on health and community service.

Since January 1992, Provenant and 9Health Fair have conducted more than 45 fairs at 28 different work sites. At many sites, more than one employer participates, so approximately 90 companies have actually been served.

Health fair volunteers and healthcare professionals check attendees’ weight, blood pressure, lung function, body fat composition, foot conditions, vision, and hearing. Attendees may be screened for peripheral vascular disease, glaucoma, and a variety of cancers. In addition, a comprehensive blood chemistry test and a prostate-specific antigen blood test are offered for a small fee. For conditions requiring further evaluation, attendees are referred for medical follow-up.

The fairs have been successful in identifying pathological conditions, enabling many people to seek early treatment. The early detection has resulted in significant healthcare cost savings. Health fairs have also promoted higher familiarity and favorability ratings of Provenant Health Partners and constituent institutions. Perhaps more important, the health fairs have enabled hundreds of Provenant employees and staff physicians to devote thousands of hours volunteering to promote better health in the community.
West, Continental Airlines, Ball Aerospace, Pepsi, and Hewlett Packard. Local organizations, such as the State of Colorado, the Archdiocese of Denver, the King Soopers supermarket chain, a city government and school district, and the state’s public gas and electric utility (Public Service Company), have also participated. At many sites, more than one employer participates. As a result, more than 90 companies have participated in the fairs during recent years.

During the first year, about 200 persons attended each work-site fair. Attendance nearly doubled during the second year because top managers now encourage and enable their employees to attend. These work-site fairs served almost 7,000 employees in the past 12 months.

**FAIR COMPONENTS**

Health Fair volunteers and healthcare professionals check attendees’ weight, blood pressure, lung function, body fat composition, foot conditions, vision, and hearing. Attendees may be screened for peripheral vascular disease, glaucoma, and a variety of cancers (e.g., skin, prostate, and colorectal). At most fairs 16 different tests are offered. The average fair attendee goes through seven or eight different screens based on his or her particular concerns. In addition, a comprehensive blood chemistry test and a prostate-specific antigen blood test are offered for a small fee. For conditions requiring further evaluation, attendees are referred for medical follow-up by their own physician. If they have no physician, health fair workers suggest they contact Provenant’s Physician Referral Service.

Each fair begins early in the morning for the benefit of employees who have fasted in preparation for blood analyses. Blood analyses cost $20 per comprehensive blood screen. Aside from the other blood tests, this is the only charge to employees, and some employers cover this cost. A typical fair is a one-day, 7 AM—noon commitment for the 100 volunteers and paid professionals who conduct the screenings, including 20 to 25 employees of the work-site employer who perform nonmedical duties such as registration and traffic management.

**SAVING EMPLOYERS MONEY**

The fairs have been successful in identifying pathological conditions that require medical follow-up, such as hypertension or cancer. These findings have enabled many people to seek early treatment. On average, 40 to 50 follow-up referrals are made at each fair.

The early detection of pathological conditions has resulted in significant healthcare cost savings, for which employers have thanked the fair’s sponsor. One employer mentions regularly at its health fair that the routine blood screening identified one employee with a rare liver ailment. The employer’s health benefits adviser estimated that, by catching the ailment early, the company saved $250,000.

Out of the nearly 90 companies participating, 35 have initiated or expanded their health and wellness activities in response to health fair findings. The pattern of test results from the health fairs helps them choose the pathological conditions on which to focus, with expectations of improved employee health and significantly lower healthcare expenditures.

**INCREASED RESPECT**

Health fairs have also been successful in promoting higher familiarity and favorability ratings of Provenant Health Partners and constituent institutions. Each year since 1991, Provenant has surveyed a panel of 500 large employers from the area. Their benefit managers or other health insurance decision makers respond to the survey. They are first asked if they are familiar enough with Provenant hospitals to rate them. If so, they are asked to rate the hospitals on a 1-to-5 scale (where 1 is the worst and 5 is the best in Denver).
openness of life, a sense that there is more to life than the concrete physical needs and desires of concrete individuals. If one’s sense of life focuses only on the individual and only on the here and now, it could well be that the move to just health care will be an impossibly daunting task, a task which will get hopelessly bogged down in the demands of a rugged individualism. (p. 70)

Perhaps the most controversial part of Fr. Keane’s book is found in his final chapter. He suggests 15 principles against which Catholic institutions should judge healthcare reform proposals. Many readers will no doubt disagree with his principle that a reformed system should incorporate a single payer, and with the distinctions he makes between single-payer financing systems and other “socialized medicine” structures. Others may object to his desire to internationalize healthcare, including delivery and medical research.

There are at least five weaknesses in the author’s attempt to outline a Catholic view of healthcare reform. The first is that the Catholic view of healthcare and social justice involves far more than the provision of clinical services for sick persons and reform of the healthcare system. Fr. Keane has little to say about the Catholic healthcare institution’s role as employer in the not-for-profit sector and the ways healthcare reform could change that role.

Second, Fr. Keane discusses possible changes in the entitlement structure of the healthcare delivery system, but fails to ask whether there should be a more fundamental change in healthcare policy. Genuine reform might require that Americans devote more energy, time, money, and other resources to the development of a healthier community, rather than ensuring universal access to the services currently provided. In fairness, no one else is making this point either. But it may be the critical question that the Catholic community can raise.

And this leads me to the book’s third weakness. In recent years healthcare groups have become more interested in the idea of building healthier communities through a combination of community benefit activities, social accountability budgets, and other service programs. Fr. Keane fails to address these concerns, which may be the basis for understanding more global questions.

Fourth, and curiously, Fr. Keane does not discuss the role of personal responsibility for one’s own health. The great weakness of the American healthcare system is its focus on professional and institutional structures for the delivery of healthcare services and its failure to teach individuals to take appropriate responsibility for their own health status. This issue is fraught with controversy. How does one avoid seeing as victims those who have, for reasons beyond their control, habits that result in poor health? How does one respond to economically powerless people whose lack of employment, housing, and food contribute so significantly to their poor health? How do individuals band together to respond to environmental, business, and political policies that adversely affect the environment and, inevitably, individual health? These are critical issues requiring complex systems approaches, which could benefit from the insights of Catholic social teaching.

Finally, Fr. Keane says nothing about how a review of other countries’ healthcare systems and alternative delivery settings might help us improve community and individual healthcare in the United States.

Still, weaknesses aside, Fr. Keane’s book provides good reading, valuable insights, and challenging questions, especially for those unfamiliar with the rich tradition of Catholic healthcare.

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