A lways a central element of their mission, community health education and promotion services may soon become key to Catholic hospitals' survival. Under a reformed healthcare system, those facilities which have established the strongest ties with their service-area populations may well be the most indispensable providers in their communities.

**Connecting with the Community**

Through its Celebrate Health program, St. Vincent Medical Center in Toledo, OH, has been able to connect with populations that are key to pursuing its mission. “Our program is dedicated to meeting the health screening and education needs of everyone in the region, from the affluent to the medically indigent,” explains Nancy Wilson, St. Vincent’s assistant vice president, communications. Well-established relationships with community-based agencies enable the center to develop new services or enhance existing ones to meet the changing needs of its constituencies.

The cornerstone of Celebrate Health is the St. Vincent Health Care-a-Van, which is used to provide health screenings and education to communities throughout northwest Ohio and southeast Michigan. “Being mobile allows us to respond to a variety of community and population needs,” says Wilson. “The van also provides a setting for private health education, small presentations, and even physical examinations.”

**Targeting Special Populations**

St. Vincent regularly uses Care-a-Van in screening for vision, glaucoma, blood pressure, pulmonary function, blood sugar level, anemia, sickle cell anemia, and cholesterol. On receiving the results, participants are provided follow-up education and, when appropriate, referral to a physician for consultation. Since the program’s inception in 1984, 93,500 people have received more than 175,000 screenings.

**The Medically Underserved**

A special aspect of the program is St. Vincent’s commitment to screening the medically underserved, including migrant farm workers, the indigent, and recent immigrants. To keep current on these populations’ needs, St. Vincent works with a variety of local and state agencies, such as the Minority Health Commission and the Asian Mutual Assistance Fund. In 1992 the center provided health screenings and physical examinations to 300 migrant farm workers. Special health screenings and education programs were also offered to African Americans at a variety of sites, including high schools, nutrition kitchens, and homeless shelters.

**Children and Youth**

Children are another special target of Celebrate Health. In its School Health Days program, St. Vincent personnel set up a “medical center” at local elementary schools. Mock surgeries and other procedures teach children about various hospital activities, such as what happens in the operating room or when someone has a cast put on. The program has
already reached more than 16,000 children.

St. Vincent's newest health promotion program for children is called Healthy Start: Food to Grow On. A collaborative effort with a local grocery store chain, the program teaches proper nutrition habits to elementary schoolchildren. Registered dietitians take the children on behind-the-scenes tours of various supermarket departments. Visual aids and free food samples familiarize the children with nutrition basics. The grocery store tours, which are conducted every week, are booked until fall of 1993. About 700 children have participated in the program since it began in 1992.

St. Vincent is also the only healthcare representative at the chain's annual exposition on food, health, and beauty, at which the center has provided an average of 3,000 screenings. In addition, once a month the center provides health information and screenings to shoppers at the chain's 25 area stores.

Celebrate Health has also developed special programs for the teenage and young adult population. For example, the program's Healthy Decisions Day helps junior high school students deal with situations and issues they may be uncomfortable discussing with their parents. St. Vincent staff go to schools to present information on eating disorders, the effects of drug and alcohol abuse, the dangers of using tobacco products, AIDS, suicide prevention, lifestyle decisions, and sports and recreation injuries.

The Elderly Another marketing program that uses health promotion is St. Vincent's GoldenCare. With more than 12,000 members, many of them with adult children who make their parents' healthcare decisions, GoldenCare provides St. Vincent with a marketing tool to reach this growing, affluent population. Center staff provide members monthly health screenings and lectures on health-related topics. Goldencare also coordinates walking programs in shopping malls and parks.

Local Businesses The local business community is also a target of St. Vincent's health promotion activities, with the center providing health fairs and screenings for employees of a number of local businesses. St. Vincent uses information from meetings and interest surveys to tailor services to the needs of employees at individual businesses.

A partnership with Big Boy Family Restaurants of Northwest Ohio represents another business connection for St. Vincent. The center began working with Big Boy to help the restaurant create healthy menu items and has since expanded the program to reach customers with educational material on healthy heart habits.

Area Groups A comprehensive health education speakers bureau serving area groups is another important element of Celebrate Health. The program offers lectures, as well as tours of the medi-
Coming in the Next Issue of Health Progress

NURSING IN TRANSITION
As the healthcare delivery system changes, so do the roles and functions performed by nurses. June’s special section explores the new skills they need to empower patients, resolve conflicts, and work as team members with physicians and other professionals—both within the hospital and beyond. A photo essay spotlights nurses in new roles. And a nurse educator suggests ways to ensure nurses are able to translate Gospel values into active practice.

THE PATIENT AS CITIZEN
Leonard J. Weber analyzes what it means to make individual treatment decisions in recognition of the patient as citizen—as an individual in community. He suggests a community-based ethic as a framework for treatment decision making to balance the emphasis on patient desires.

A health education speakers bureau serves area groups.

for institutionalization to remain in congregate housing.

Loneliness Program CRI also formed a group to address problems of isolation and loneliness for residents with high scores on the Geriatric Depression Scale. An intern from the graduate program at Saint Louis University’s School of Social Work developed a project to improve social interactions for residents at the congregate housing site.

Sixteen residents from the original survey group, who had been identified as isolated or depressed, were invited to participate. On average, 6 to 10 residents participated weekly.

The project was not presented as a therapy group, but as a kaffeklatch. The goal was to provide participants an opportunity to get out of their apartments, meet new people, and share stories about old times. Rules were established regarding confidentiality, cross-talk, and criticism. Participants looked back on significant events in their lives with the aim of integrating and resolving unexamined or troubling issues.

Their discussions focused on such topics as persons who had meant a lot to them when they were young, how they had felt about themselves when young and how those perceptions affected them in the present, and the meaning of religion in their lives. Participants shared mementos and photos with the group. Their interactions usually left the group with good feelings that promoted positive conversations in the future and encouraged more socialization.

EARLY IDENTIFICATION AND IMPLEMENTATION
The project’s success shows that early identification of frail elderly at risk for losing their independence can guide interventions that allow them to age in place.

The project also validated the care team’s original observations about effective interventions for the frail elderly. Overall, the findings suggest that such a program may be beneficially pursued by other groups that deal directly with the congregate living needs of the frail elderly.