Southern Hospitality

BY RHODA WEISS

Because healthcare providers are among an area's largest employers and most visible institutions, they play a role in promoting community well-being that goes beyond offering medical services. People depend on hospitals not only for the care they may need but the information they require on key issues affecting their health. Moreover, without the efforts of providers in communities throughout the United States, many persons would lack access to care altogether.

This column explores efforts by two southern hospitals to identify and meet the needs of the communities they serve.

Quality-of-Life Programs

Implementing programs that enhance area residents' ability to lead healthy, productive lives is a key commitment of Community Health Systems, a not-for-profit hospital serving Jasper, AL.

Healthcare Careers The recent closure of a mining company that had been Jasper's number one employer left many youth in the city uncertain about their employment future. Market research conducted by the system's public relations department indicated that the reduced job prospects caused by the mining company's closing had led high school students to begin actively investigating other opportunities.

To tap into this interest and to inform students and other community members about opportunities in healthcare, Community Health developed a campaign titled "Health Careers—Your Ticket to the Pros."

Vice President of Corporate Marketing Marty Campanello explains that system representatives met guidance counselors and spoke with students at area junior and senior high schools to describe healthcare career possibilities. They also distributed brochures listing training requirements, schools and programs, and average compensation in various fields. In addition, the brochures provided information about financial assistance offered by the system for those students interested in pursuing a job in the healthcare field.

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Reaching unemployed persons in the community was another goal of the system's career opportunity program, Campanello says. "To get the message out, we worked with the local chamber of commerce and technical schools, produced television spots describing the program, and made an 800 number available to persons interested in more information."

Another Community Health Systems program to introduce young people to the healthcare field is Health Explorers. Each week, area students aged 15 to 19 come to the hospital to explore a new aspect of healthcare. One week they examine organs with a pathologist; the next, they practice suturing; the following week they spend an evening in the radiology department watching computed tomography and magnetic resonance imaging scans. Enrollment fluctuates between 60 and 95 students. "Some who completed the program have pursued medical careers and now work at the hospital," says Campanello. "It's a wonderful experience—almost like seeing your own child develop."

None for the Road A commitment to promoting responsible driving is also a key part of Community Health System's community outreach efforts.

For area youth, the system's behavioral medicine program sponsors "Prom Time Sober." The campaign includes newspaper advertisements and flyers featuring a picture of Uncle Sam (reminiscent of old military recruiting posters) with the message "We DON'T Want You on Prom Night."

During the holidays the system sponsors a designated-driver campaign titled "Be the Life of the Party." The system distributes cups with the campaign message to local nightclubs and bars, along with designated-driver "contracts." The member of a party who agrees to be the driver gets a cup from the hospital and free coffee or soft drinks from the nightclub or bar. The system collaborates with local law enforcement and mental

health professionals in promoting the program.

Programs for Seniors Community Health System also sponsors a number of programs for seniors. For example, through "Adventures in Learning," the system works with the local college to develop courses of interest to the elderly, such as philosophy, history, and computers.

Programs that encourage the elderly to participate in social and civic events are another important part of the system's community outreach efforts. Two local senior dancing groups, "Silver Liners" and "Dancing Grannys," regularly participate in hospital events. Community Health also sponsors the Ms. Senior Walker County pageant for women over 60. Participants are judged on talent, philosophy of life, personal interview, and poise.

Two other programs give seniors an opportunity to contribute to the community. Through "Grandpals," the system puts elderly volunteers in contact with children from the local foster parents program. And seniors who participate in the "Clean as a Whistle" recycling program promote environmental awareness and litter control. The proceeds from their recycling efforts are donated to local charities.

Community Partnerships

Community benefits is also top on the agenda at Mercy Regional Medical Center, Laredo, TX. Collaborative partnerships between the medical center and local health and human welfare agencies have been an operational norm in an area where 45 percent of all households are at or below poverty level and many lack access to basic primary care services.

"Providing charity care has been a fact of our existence," says Ernesto Flores, Jr., Mercy president and chief executive officer. "We're the only nonprofit hospital within a 150-mile radius and provide services to more than 83 percent of the city's indigent and healthcare poor."

The 324-bed medical center refocused its efforts several years ago, when Mercy administrators determined that the provision of acute hospital services alone was not enough to have a significant impact on the health status of the nearly 300,000 residents in the tricounty area.

When measles reached epidemic proportions in 1990, Mercy joined local school districts and the health department to immunize the community against the disease, says Alina Perez, public relations director. "Later that year, our community health needs assessment indicated that women and infants were the largest population groups at risk for developing health problems related to a lack of basic health services," she says. In response, Mercy again collaborated with community agencies and its physicians to develop services for women and infants under a program called Mercy's Primary Health Care Initiatives.

In 1991 Mercy added well-baby follow-up services to the program to ensure that infants receive immunizations and nutrition required for healthy development.

Prenatal Assistance The prenatal assistance program links medically unsupervised pregnant women to medical and hospital services before and after childbirth. Since it began in 1990, the program has reduced by 75 percent the number of walk-in obstetric patients to the Mercy emergency room. "We used to see 8 to 12 patients per week through our emergency room in active labor with no history of prenatal care," explains Flores. "Since we initiated the program, walk-ins have been reduced to an average of four per week." Mercy's long-term goal is to reduce the number of low-birthweight babies in the area and ultimately reduce infant mortality rates.

In 1991 Mercy added well-baby follow-up services to the program to ensure that infants receive immunizations and nutrition required for healthy development. Social workers link low-income families to health and nutrition programs available through local health and human services agencies.

Mercy's most recent community outreach project is a citywide immunization program, which was launched this fall. Mercy's program supplements the immunization efforts of the local health department; school districts; and Gateway Community Health, a countywide public health program. The purpose is to increase the availability of routine immunizations to preschool-age children in rural communities within and outside the city limits. A mobile unit circuits the county's rural "colonias" to offer free immunizations and educate parents about vaccines required for their children.

Cancer Detection Having responded to major gaps in the delivery of primary care to women, infants, and children, Mercy recently expanded its efforts to include prevention and early detection of cervical and breast cancer.

As part of the Primary Health Care Initiatives,

Continued on page 75

MARKETING

Continued from page 63

in 1990 Mercy set up a dysplasia clinic in response to data that indicated cervical cancer mortality rates in Laredo were three times higher than those found in Texas cities with populations three to six times larger. Using the clinic's resources, the program offers women a year-round referral service where they can obtain Pap smears, physical breast examinations, breast-self-examination training, mammograms, financial assistance, and treatment for cervical dysplasia, says Perez.

In March Mercy instituted the Women's Cancer Control Program. Within four weeks, 257 women set appointments through Mercy's cancer control hotline. Of those, 47 percent underwent both mammograms and Pap smears, 25 percent received financial assistance, and 23 percent were assigned an attending physician.

Primary Care Clinics But the best partnership may be Mercy's recent collaboration with Gateway to establish primary care clinics in key geographic locations throughout the city where the community's poor reside. With Mercy providing the facility, Gateway is able to decrease operational costs and expand availability of primary care services.

In June Mercy collaborated again with Gateway to offer a health center in another area of Laredo that is home to a large segment of the community's indigent. The center provides diagnostic services, medical and clinical personnel, and health education for patients and visitors. "The medical center provides the facility and handles patient registration, billing, and rotation of medical specialists to supplement Gateway's primary care physicians," says Perez. "We subsidize whatever personnel the community health program does not have and work with patients to help qualify them for Medicaid and other financial assistance programs to cover their future healthcare needs." □

ETHICS

Continued from page 64

Not every elderly patient has an absolute moral right to refuse treatment.

psychiatrist and hospital social worker could arrange for counseling to help Carmen's family members handle their problem themselves. This family may need to be morally convinced of their own rights to just treatment within the common household. Their permissiveness and lack of assertiveness may be a major part of the problem. Some group intervention might succeed in stiffening the family's resolve and getting them to demand that Carmen conform to their living standards.

Now that we all know about those forms of destructive permissiveness labeled "enabling," families can be encouraged to exert "tough love," or justified demands for conformity to society's rules. Sometimes overwhelmed parents in disorganized families also need outside moral support to deal with their out-of-control children or addicted adolescents. At times elderly family members may present similar problems.

The Moral Issue

Is it morally wrong to pressure Carmen and override her own judgment that she does not need treatment? I do not think so. Often "persuaded consent" or "negotiated consent" is necessary in borderline cases of mental disorder in which family and professionals agree that an elderly person and his or her family need help that is being refused. Even if Carmen and those in similar situations live in states without adult protective service laws, professionals can hardly be justified in taking a laissez-faire attitude to their situation.

At times, enforced intervention is a better course to follow. A professional can ethically decide to override individual autonomy when a person suffers from a harmful dysfunction and intervention will benefit both client and family. Even though Carmen is not cognitively incompetent, her inability to work and live by her family's normal standards counts as maladaptive behavior, whether she recognizes it or not. To exert pressure to bring her into treatment will bring benefits to her and to the long-suffering family who cares for her.

Ambiguous cases of borderline conditions affecting the elderly will naturally cause discomfort. No healthcare provider wishes to regress to the bad old days when "ageism" was the rule and the coercive power of professionals was regularly abused. But to fail families in the name of an individualistic ethic of autonomy is equally irresponsible. A benevolent "paternalism"—or, better yet, "maternalism"—may justify forceful interventions.

In a confusing, complex moral situation, beneficence and justice can sometimes trump respect for patient autonomy. Not every elderly patient has an absolute moral right to refuse treatment. □