

Members' Involvement in Health and Well-being Activities



Many Catholic healthcare organizations are transforming an institutionally based delivery system by integrating health and well-being initiatives into the care continuum, according to a recent survey of Catholic Health Association (CHA) members.

In November 1995, CHA mailed the survey to all of its acute care (495), long-term care (310), and system (58) members. The survey generated 257 responses (166 acute care, 70 long-term care, 21 systems). The questions were grouped into three main areas related to health and well-being (see survey following p. 48):

- Strategic planning
- Integration of health and well-being into other activities
- Areas of interest in health and well-being

A comment section provided an opportunity for respondents to add specifics pertaining to their activities.

The survey results provide baseline information about members' health and well-being endeavors. CHA will use the information to develop further educational services and facilitative services. The results will also be available through CHAOnline.

STRATEGIC PLANNING

Survey results indicate that 85 percent of the systems, 83 percent of the hospitals, and 40 percent of the long-term care facilities have incorporated health and well-being into their strategic plans. Apparently, some organizations have not done so because of uncertainty about the financial implications of such a program.

Respondents' Characteristics A suburban hospital with 200 to 299 beds is most likely to have a wellness component in its strategic plan. In long-term care, the facility most likely to have such a component is an urban nursing home with 100 to 199 beds.

Community Catalysts A shift from an emphasis on diagnosis and treatment to one on health promotion and prevention seems to be more likely among those organizations which have completed a community needs assessment or which are located in a market driven by managed care. This shift enhances the healthcare providers' ability to be catalysts for community-wide collaborative efforts to improve the health status of at-risk populations.

As catalysts for community coalitions, members help realign community resources to provide funding for health and well-being endeavors. Coalition members offer various contributions, including in-kind donations, assets, and capital funds.

Member Comments One survey respondent noted that while the healthcare industry is shifting to a new model of health services delivery, the community must be educated and brought along with the changes. Community members still are experiencing increasing costs and "less care" (perceived and real). "I believe helping people understand how to best access and utilize a healthcare system focused on health and well-being will improve delivery of health services and relations with the community we serve," the respondent continued.

Several members indicated that they needed to complete a community health

needs assessment before planning programs that address the health needs of the community and service area. (See related article on p. 64.)

INTEGRATION OF HEALTH AND WELL-BEING

Respondents were asked to apply a numerical ranking system ranging from a score of 1 (low involvement) to 7 (complete integration). The numbers depicted the extent to which health and well-being was incorporated into eight different activities:

- Patient care planning
- Healthy-community initiatives
- Managed care contracting
- Utilization review
- Medical staff relations
- Worksite wellness
- Marketing
- Pastoral/spiritual support services

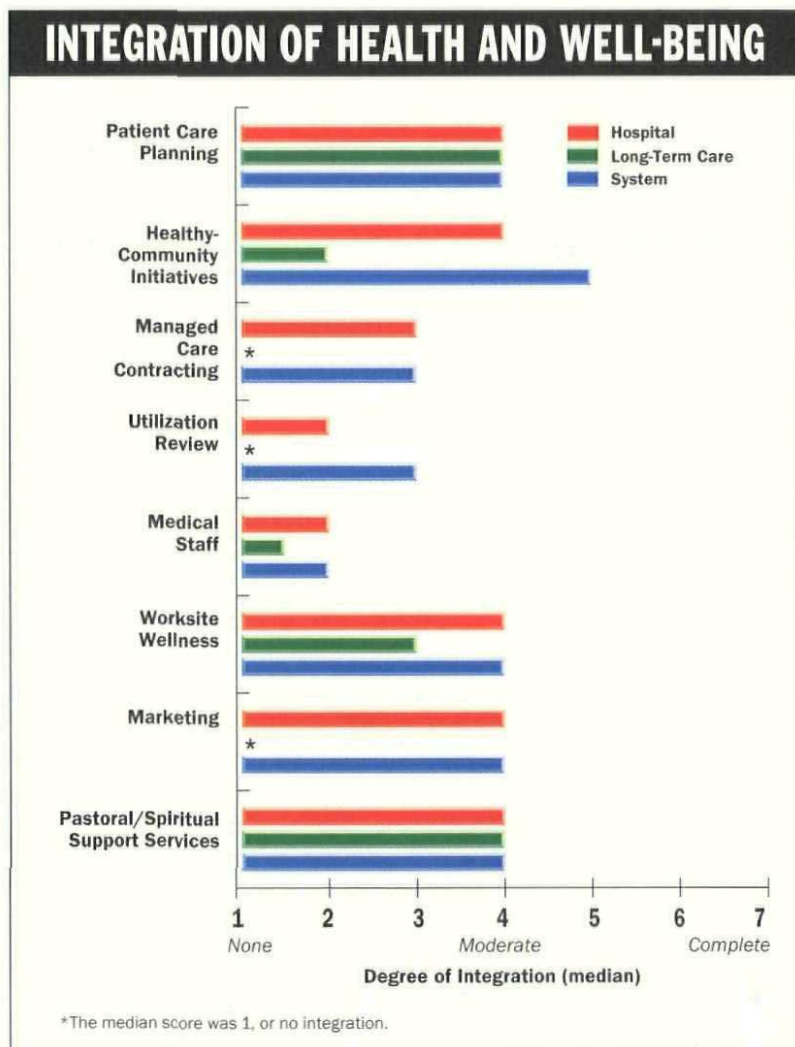
The following conclusions are based on the median scores for the aggregate. The graph summarizes the findings.

Hospitals Hospitals are integrating health and well-being at moderate levels into patient care planning, healthy-community initiatives, worksite wellness, marketing, and pastoral/spiritual support services. Integration is less significant in the areas of medical staff relations and utilization review.

Although hospitals' progress to date is

moderate, it will be critical for them to include health and well-being initiatives in redesigning patient care planning to move from the curative models to the wellness orientation essential for a capitated environment. Those integration efforts should also include pastoral/spiritual support services

If they are to fulfill their mission and succeed in a capitated environment, Catholic hospitals need a



CHA'S HEALTH AND WELL-BEING ACTIVITIES

CHA is helping members focus on the health and well-being of the communities they serve by providing resources to help identify needs, provide networking opportunities, and collaborate with other organizations.

A DATA BASE

Access information on members' health and well-being activities, resources, and contact persons. (Contact *Debi Sampsel*, 314-253-3515.)

HEALTH AND WELL-BEING CONSORTIUM

Network and share experiences and information with others by joining the consortium. (Contact *Debi Sampsel*, 314-253-3515.)

CHAOnline CONSORTIUM ROOM

Discuss health and well-being activities with others in a consortium room on the CHAOnline electronic bulletin board system. (Contact *Ed Giganti*, 314-253-3506.)

ANNUAL CATHOLIC HEALTH ASSEMBLY

At CHA's annual meeting, June 9-12 in San Antonio, TX, find out about how to work with your community to improve health. (Call the Assembly Hotline, 800-230-7823.)

CHILDHOOD IMMUNIZATIONS

The workbook *Immunizations: Building Blocks to Healthy Children* provides guidelines for being part of community-wide immunization programs. CHA's

Immunization Update newsletter provides information on resources and programs available. Birth Day Cards, in English and Spanish, inform new parents about the recommended immunization schedule. (Contact *Julie Trocchio*, 202-296-3993.)

KELLOGG COMMUNITY CARE NETWORK DEMONSTRATION

CHA is a partner in a major national initiative supported by a W. K. Kellogg Foundation \$6 million grant to the American Hospital Association's Hospital and Research Educational Trust. Educational materials, technical assistance to networks, and access to a clearinghouse will be available from the program. (Contact *Philip Karst*, 314-427-2500, or *Julie Trocchio*, 202-296-3993.)

EXPERT THINK TANKS

Learn from the leaders in a report of two think tanks on current activities and the exciting future of health and well-being. Ask for the monograph, *Health and Well-being: Lessons from the Experts.* (Contact *Debi Sampsel*, 314-253-3515.)

SPECIALIZED PRESENTATIONS

Request resources that facilitate your efforts to incorporate health and well-being initiatives into your strategic planning process. Presentations on spirituality are also available. (Contact *Larry Seidl*, 314-253-3426, or *Debi Sampsel*, 314-253-3515.)

A WORKBOOK ON COMMUNITY ACCOUNTABILITY

Use this CHA resource to answer key questions on defining community needs, building relationships with groups, and carrying out and evaluating a community service plan. (Contact *Julie Trocchio*, 202-296-3993.)

HEALTH PROGRESS AND CATHOLIC HEALTH WORLD

Learn about current activities in the Catholic health ministry through CHA's regular journal and newspaper. And look for a special section on health and well-being in the May-June issue of *Health Progress*. (Contact *Judy Cassidy*, 314-253-3449, or *Suzu Farren*, 314-253-3455.)

SOCIAL ACCOUNTABILITY BUDGET

Use *Social Accountability Budget: A Process for Planning and Reporting Community Service in a Time of Fiscal Constraint* and *Social Accountability Program: Continuing the Community Benefit Tradition of Not-for-Profit Homes and Services for the Aging* as tools to plan, budget, and report community services. Companion publications are *A Community Benefits Report on Catholic Healthcare Providers*; *Reporting Community Benefits: A Guide for Communicators*; *Preserving a Tradition of Service: Reflections on the Tax-exempt Status of Not-for-Profit Healthcare Institutions*. (Contact *Dottie Freitag*, 314-253-3458.)

systems perspective that recognizes the importance of the social environment (e.g., social services, employment, housing, education), government's role in public health, and occupational safety.

Long-Term Care Long-term care facilities ranked pastoral/spiritual support services and patient care planning as being moderately integrated into health and well-being programming. The least integrated areas were managed care contracting, utilization review, and marketing.

Systems Systems are integrating healthy-community initiatives at a relatively high rate, and they are

integrating patient care planning, worksite wellness, marketing efforts, and pastoral/spiritual support services at a moderate rate. As one system staff member commented, "Community involvement is a function of the individual member institutions. Many of them have their own initiatives in a variety of areas."

Member Comments One respondent noted that healthcare facilities which do not belong to a system would like for CHA to arrange opportunities with other organizations for networking and sharing examples of activities. Another person emphasized that under a capitated system, a

community-focused, wellness-oriented delivery system will be essential.

AREAS OF INTEREST IN HEALTH AND WELL-BEING



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To determine the extent of CHA members' interest in further developing various aspects of health and well-being (see graph), the survey asked participants to rank their degree of interest from 1 (none) to 7 (significant) in the following areas:

- Establishing holistic health delivery
- Implementing complementary medicine policy
- Working with the medical staff
- Implementing life-enhancement programs for staff
- Developing demand-

management delivery systems

- Learning about managed care requirements and compliance

Survey respondents ranked "establishing holistic health delivery" highest as an interest. They gave "implementing a complementary medicine policy" the lowest scores.

Complementary Therapies According to recent research reports from several sources, healthcare providers have been slow to incorporate complementary medicine with traditional medicine, primarily because of a lack of research demonstrating the effectiveness of complementary therapies. Furthermore, according to Burton Goldberg, publisher of *Alternative Medicine: The Definitive Guide* (Future Medicine Publishing, Puyallup, WA, 1993), government funding for research on complementary therapies is lacking.

Research projects funded by the Office of Alternative Medicine at the National Institutes of Health are beginning to document the benefits of complementary medicine. Several Catholic healthcare providers have incorporated alternative medicine practices into healthcare delivery. One system indicated that the medical staff's acceptance of complementary medicine depends on two factors:

- Extensive educational programs
- Indications from patients that they are using complementary medicine outside of the traditional network

In a recent article in the *New England Journal of Medicine* ("Unconventional Medicine in the United States," January 28, 1993, pp. 246-252), David M. Eisenberg and colleagues stated that 33

Several providers have incorporated alternative medical practices into healthcare delivery.


percent of Americans use complementary therapies and healing modalities. It is likely that as holistic self-care practices increase in popularity and as studies document improved outcomes and cost savings, healthcare facilities will design services based on new understandings of individuals' behavior and health services utilization.

MEMBERS' FUTURE NEEDS

CHA members responding to the survey indicated that they need assistance in several arenas:

- Program ideas
- Examples of practical, successful efforts
- Marketing and educational materials for wellness programs
- Information on grant and funding sources for health and well-being activities
- Information on technologies that integrate access, such as mechanisms for a one-phone call entry point along the continuum
- Ideas for working with managed care
- Effective tools to measure overall community health

CHA will continue to provide resources, educational sessions, and networking opportunities to help members aggressively develop services grounded in the Church's social teachings and the healing ministry of Jesus Christ. To aid CHA in its planning, please complete and return the following survey. □

 For more information on this report or on health and well-being, contact CHA's IDN Services team members Philip Karst or Debi Sampsel (314-427-2500). We appreciate Stuart Showalter's contributions to this article.

CHA FAX-BACK SURVEY

HEALTH AND WELL-BEING ACTIVITIES



To guide its efforts, the Catholic Health Association (CHA) needs information about the extent of health and well-being activities provided by its members. If you have not already participated in the survey process, please complete this survey and fax it to Debi Sampsel, 314-427-0029. Or mail the survey to Debi Sampsel, 4455 Woodson Road, St. Louis, MO 63134-3797. We welcome additional information about your activities. Please use additional sheets if necessary.

STRATEGIC PLANNING

1. Do you have a health and well-being component in your strategic plan? Yes No

If yes, please provide the following information about the person responsible for this component.

2. Name _____	3. Title _____	
4. Address _____		
5. City _____	6. State _____	7. ZIP _____
8. Phone _____	9. Fax _____	

INTEGRATION OF HEALTH AND WELL-BEING

How extensively has health and well-being programming been integrated into the following activities? Please indicate the current extent of integration by placing a number from "1" to "7" on the line that follows each statement below. Write a "0" if you have no opinion.

1	2	3	4	5	6	7
Not at all			Moderately			Completely

10. Patient care planning _____	14. Medical staff _____
11. Healthy community initiatives _____	15. Worksite wellness _____
12. Managed care contracting _____	16. Marketing _____
13. Utilization review _____	17. Pastoral/spiritual support services _____

AREAS OF INTEREST IN HEALTH AND WELL-BEING

What is your organization's level of interest in further developing the following areas? Please indicate the degree of interest by placing a number from "1" to "7" on the line that follows each statement below. Write a "0" if you are not able to provide an answer.

1	2	3	4	5	6	7
None	Some		Moderate		Great	Significant

18. Establishing holistic health delivery _____
19. Implementing complementary medicine policy _____
20. Working with medical staff concerning health and well-being _____
21. Implementing life-enhancement programs for staff _____
22. Developing demand-management delivery systems _____
23. Learning about managed care requirements and compliance _____

Please write your name, title, and phone number in the space below.

81ST ANNUAL CATHOLIC HEALTH ASSEMBLY

June 9-12, San Antonio, TX

Please send me a brochure and registration forms for the **1996 Assembly** (see explanation following p. 16).

Name _____

Title _____

Organization _____

Address _____

City/State/ZIP _____

Telephone _____

The 81st Catholic
Health Assembly

Enacting the New Covenant

*keeping faith with
our tradition*

San Antonio, TX
June 9-12, 1996

HP-M/A

CENTER FOR LEADERSHIP EXCELLENCE

Please contact me to discuss the following:



- Behavioral Event Interview™ Training Program** (see explanation on p. 17).
- Dossier** (see explanation on p. 23).
- LEAD** (see explanation on p. 41).

Name _____

Title _____

Organization _____

Address _____

City/State/ZIP _____

Telephone _____

HP-M/A

CENTER FOR LEADERSHIP EXCELLENCE

Please send me information on the following:



- Transformational Leadership: Competencies for the Catholic Health Ministry**, introductory program of the Advanced Institute (see explanation on p. 57).
- Foundations of Catholic Healthcare Leadership** (see explanation on p. 57).

Name _____

Title _____

Organization _____

Address _____

City/State/ZIP _____

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OF THE UNITED STATES