

TRENDS & Ideas

MARKETING

Recreation for the Disabled

Businesses are recognizing that consumers with physical disabilities represent a virtually untapped market in the recreation field, and many are pulling out all the stops to get their attention.

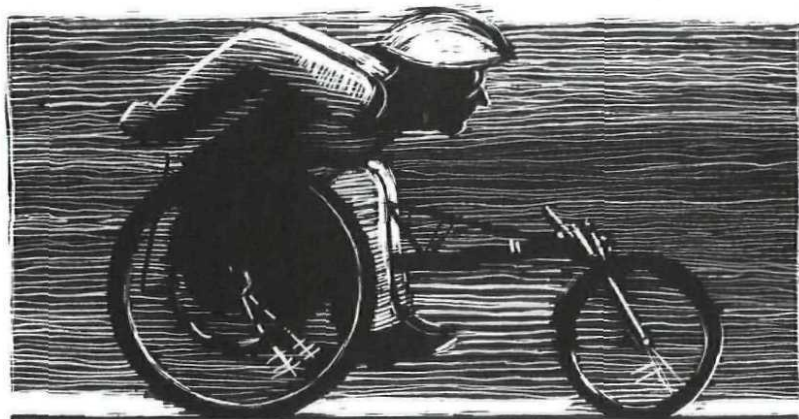
New stores, services, products, and publications are popping up to serve a market of 52 million people with almost \$800 billion in spending power, according to a report from Packaged Facts, a New York City research company. That figure is projected to top \$1 trillion by 2001.

Thanks to three converging trends, people with disabilities are enjoying more varied recreational opportuni-

ties than ever before, writes Dan Fost in *American Demographics*.

First, the 1990 Americans with Disabilities Act has created a greater awareness of the disabled's needs. Second, more sophisticated technology gives people with disabilities new opportunities, including battery-powered bicycles and speech-recognition software; the Internet is full of tips on locating accessible recreation. Third, aging baby boomers and continued refinements in medical care ensure the disabled population will continue to grow.

Eager to tap this market, businesses are going after the disabled's dollars in untradi-



tional venues. Cannondale, a maker of lightweight bicycles in Bethel, CT, is selling its racing wheelchairs through bicycle shops, rather than specialized medical equipment shops. The company reasons that kids in wheelchairs want to shop at the same stores as their able-bodied peers.

Centex Life Solutions is creating a mainstream shopping environment for its spe-

cial-needs customers. The company's two big, bright stores (a third is in the works) look more like an upscale Brookstone than a medical-equipment supplier. They stock fun items, including puzzles and gardening tools, and even have in-store coffee shops where customers can relax. Centex plans to expand into a national chain if demand warrants.

"Just because someone has a limitation doesn't mean they have less desire for recreation," said Margaret Wylde, president and CEO of ProMatura Group LLC in Oxford, MS, a research firm that focuses on products for older and handicapped consumers. "The demand will increase for recreation that caters to people with differing abilities."

BIOMEDICINE

Problems with Ersatz Body Parts

Every year more than 7.5 million Americans are given artificial body parts, ranging from synthetic organs to surgical implants. Usually life-improving, these can at times be lifesaving. But some new parts bring new problems, writes Deborah L. Shelton in *American Medical News*.

In perhaps the best-known example, a manufacturer of silicone breast implants was sued by recipients who claimed the implants made them ill. A less publicized case involved an implant meant to alleviate jaw problems. In the early 1990s, after getting reports of adverse reactions to it, the U.S. Food and Drug Administration (FDA) pulled the device off the market.

Some synthetic materials have been found to aid the growth of microorganisms that can cause infections. Others can cause thrombus formations that, should they break away and travel through the bloodstream, increase the risk of heart attack.

People with pacemakers should not have magnetic resonance imaging

(MRI), according to Emanuel Kanal, MD, a radiology professor at the University of Pittsburgh Medical Center. Kanal says that at least five patients have died because MRI equipment caused their pacemakers to malfunction.

Although the FDA requires the makers of 17 implants to notify recipients of possible problems, many other implants are not thus covered. Some researchers see this lack of coverage slowing the development of new devices. Robert E. Baier, PhD, director of the biosurfaces center at State University of New York at Buffalo, says the government should agree on "the registration of implants, like we register automobiles."

Progress is also blocked by shortages of the biomaterials used to make implants. The main cause of such shortages is fear of product liability lawsuits, says James S. Benson, executive vice president of the Health Industry Manufacturers Association. Materials used to make pacemakers, heart valves, and catheters are already hard to obtain.

BEHAVIOR

Turning Patients into Self-Managers

Everyone knows that a spoonful of sugar helps the medicine go down—but sometimes it takes more than that to get patients to take their medicine, or make necessary lifestyle changes. Research has shown that nearly half of patients do not fully comply with doctors' orders; up to 20 percent of all prescriptions remain unfilled and, of those that are filled, as many as 50 percent are taken inconsistently or not at all. Marcia Ringel, writing in *Business and Health*, describes approaches doctors take to encourage patients to follow their healthcare regimens.

Patients diagnosed with chronic illnesses such as diabetes or hypertension may feel overwhelmed by the lifestyle changes they are suddenly advised to make, as well as the diagnosis itself. In such cases, recognizing that the willingness to make changes is an ongoing process, rather than the work of an instant, can be helpful. Physicians should tailor their message and expectations to meet patients at their level of readiness for change.

Motivation also depends on understanding, and the more clearly a patient grasps the rationale behind recommended treatment,

the more likely he or she is to comply. Teaching patients to be involved observers—to monitor their own blood pressure, for instance—can help overcome feelings of helplessness and improve compliance. Nurses and pharmacists can also play a large part in supporting the patient and explaining procedures and medications.

Healthcare providers should try to pinpoint the source of the patient's behavior. Some patients may resist what they see as an authoritarian manner; others may simply be concerned about the cost of prescriptions. Enlisting family help is effective, as is continued follow-up.

At Stanford University, research on the "biology of self-confidence" has yielded interesting results. In interventional programs, patients are taught how to deal with problems in their daily lives caused by their disease and formulate weekly action plans, whose goals may be as simple as visiting a friend. As they gain confidence and a sense of self-efficacy, they feel that they can exert some control over conditions that influence their lives, and then they become better self-managers.



COMMUNITY HEALTH

Hospitals Join Forces



Four competing Seattle-area hospitals—including Providence Health System and its primary care network, Medalia Health Care—are working with the county's department of public health to focus on preventive measures to address the community's unmet health needs.

The alliance, called Partners for a Healthier Community, also includes Evergreen Community Health Care, Overlake Hospital Medical Center, and Group Health Cooperative. With the United Way's help, the alliance contributed \$330,000 last year to launch 14 health initiatives in community-identified priorities, including domestic violence and child abuse, breast cancer, maternal and infant health, and adolescent health risk. More than 50 organizations are now actively involved in this effort.

In its first year, the alliance's domestic violence initiatives have had good results. Victim referrals from health providers have more than doubled; the percentage of victims receiving transportation to health support services increased from 10 percent to 90 percent; and child shelter victims receive instruction in safety planning and nonviolent conflict resolution.

In addition, breast health initiatives have resulted in a successful screening program for low-income women, breast cancer survivor messages reaching more than 1 million women, and a nationally distributed cancer resource guide.

The hospitals received the American Hospital Association's NOVA Award, which recognizes healthcare facilities for implementing innovative programs to improve community health.

COMMUNICATION STRATEGIES


Continued from page 69

A full-time executive chef oversees the service.

Helping with the transition was chef Chris Simeone, "on loan" from Portland Marriott Hotel. Simeone helped the hospital get the new system up and running and teach hospital staff the new way of delivering service to its customers. The first few days were a challenge, but Simeone and the staff created delicious food and were soon running it up to patients like old pros. Now a full-time executive chef/supervisor continues to generate new ideas and oversee the service.

PeaceHealth plans to evaluate the room service program periodically to determine if patients continue to give it higher marks than the previous service. "This innovative trend in hospital service gives patients more control over what they eat and when they get served," says Steve Maldonado, PeaceHealth vice president for business development. "Instead of delivering the same food to all patients at the same time, room service is a more efficient way to ensure that all patients are well fed."

As a marketing tool, the room service program clearly communicates PeaceHealth's concern for individuals' needs and its commitment to service. Any complaints are immediately dealt with, and the patient receives flowers or a gift basket. Patients who know that their satisfaction is the hospital's top priority will undoubtedly tell others about this hospital that shows it cares. □

 For more information, contact Steve Maldonado at 360-636-4111.

EDUCATIONAL EVENTS

Coming Soon from CHA

For information on specific programs, contact the person listed at the end of the program description. Linda Raney can help with other questions about CHA's educational activities. Call 314-253-3507, or write Linda at CHA, 4455 Woodson Road, St. Louis, MO 63134-3797

BEHAVIORAL EVENT INTERVIEW (BEI) TRAINING

BEI technology is a powerful process for identifying and quantifying the competencies needed for successful leadership in the Catholic healthcare ministry. BEI training is intended for those responsible for identifying potential executives.

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JUNE

7-10 83RD ANNUAL CATHOLIC HEALTH ASSEMBLY

New Orleans

"Mission in the Marketplace" is the theme for the 1998 assembly—the largest national gathering of ministry leaders. Speakers will include Elie Wiesel; Doris Kearns Goodwin; Rev. J. Bryan Hehir, ThD; and Rev. Michael D. Place, STD, CHA's new president and CEO.

A complete program brochure has been mailed; watch the website for more information as planning unfolds. Or call the CHA Assembly Hotline at 800-230-7823.

The 1999 assembly will be in Orlando, FL, June 6-9.

The 2000 assembly will be in San Francisco, June 11-14.

SEPTEMBER

9-11 MISSION: THE INTEGRATING THREAD

St. Louis

This seminar offers mission leaders, and other executive team members who share mission responsibilities, a forum in which they can define the mission role in a changing environment. It will

include discussions of contemporary healthcare issues, mission integration in a time of cultural change, and a plan for weaving mission into the fabric of the organization.

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NOVEMBER

12-13 FOUNDATIONS OF CATHOLIC HEALTHCARE LEADERSHIP

TBD

CHA has updated the former "Foundations of Mission" to reflect the Center for Leadership Excellence's research findings on leadership competencies. During this interactive program, participants will examine the Gospel values supporting Catholic healthcare; the mission, the ministry, and the healing tradition; the structure of the Catholic Church and its relationship to the health ministry; sponsorship issues; and the moral wisdom, social teaching, and scriptural foundations that guide Catholic healthcare today.

This program, sponsored by CHA's Center for Leadership Excellence, is designed for senior-level executives (e.g., chief executive officers, presidents, vice presidents) new to Catholic healthcare organizations.

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