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## Senior Wellness Prescription

Theresa Schnabel James

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ABSTRACT

**SENIOR WELLNESS PRESCRIPTION**

**Theresa Schnabel James, B.S.**



**An Abstract Presented to the Faculty of the Graduate  
School of Lindenwood College in Partial  
Fulfillment of the Requirement for the  
Degree of Master of Art**

**1994**

## ABSTRACT

The St. Joseph Health Center and St. Joseph Hospital West mission statement commissions the Hospital to be an advocate for, and agent of change in the community health-care system, and to provide a holistic health-care philosophy to the community. The Hospital's goal is to promote the health and well-being of the community by delivering effective institutional services.

Service to the community is at the philosophical core of St. Joseph Health Center and St. Joseph Hospital West. The Hospital will serve by becoming a leading provider of health-care. It will meet the needs of the patients and the community by providing for their physical, emotional, and spiritual needs. The services provided will be caring, respectful, sensitive, and valuable.

The elderly population is increasing throughout the area. There exists an opportunity to serve the elderly community in a way that both fulfills the mission of the hospital and profitably changes the elderly patient mix. Both objectives can be met by implementing a senior-care program that reaches out to the community to increase the available patient population. The Hospital would greatly expand its prospective patient population by offering community-based wellness care and creating a well-patient data base that would integrate with the in-patient data base to track prospective patients as they move from well-care programs to hospital in-patient.

Research has shown, and this paper will attempt to show, that active senior well-care programs not only increase hospital utilization, but decrease the average length of stay, because patients will enter the Hospital both healthier (requiring less rehabilitation) and sooner (because of early diagnosis). Senior wellness-care profitability increases dramatically and measurably, when a comprehensive hospital-based senior-care program is endorsed by senior management and implemented by dedicated staff.



**SENIOR WELLNESS PRESCRIPTION**

**Theresa Schnabel James, B.S.**

**A Culminating Project Presented to the Faculty of the  
Graduate School of Lindenwood College in Partial  
Fulfillment of the Requirements for the  
Degree of Master of Art**

**1994**

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## DEDICATION

To my Husband and Sons

For supporting, encouraging, and allowing me  
to pursue my goal.

To my friends that have helped  
in more ways than I can mention.

Thank God for all of you.

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# CHAPTER I

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## CHAPTER I

### INTRODUCTION

Although we think of "wellness" as a modern term, there has been a continuing concern with respect for the body, healthy life styles, and a positive attitude towards life since early recorded times.

Poets, philosophers, Roman and Greek statesmen, physicians, and lawyers have enriched our literature with their thoughts on health, life styles and old age. Hippocrates wrote:

**For the healthy condition of a human being is a nature that has naturally attained a movement, not alien but perfectly adapted, having produced it by means of breath, warmth and coction of humours, in every way, by complete regimen and by everything combined, unless there be some congenital or early deficiency.**

(Jones 1:325, 327)

Seneca properly identified the cornerstones of a healthy lifestyle as nutrition, clean air, exercise, and stress management. Incorporating these into our lives is important as we age. What has been lacking are adequate programs to educate adults about these areas.

The U.S. population is aging. The concerns of these older Americans focus on remaining healthy and maintaining an active lifestyle. At the same time, the federal government is trying to develop a national health care system that will provide affordable care and universal access. There is an opportunity to help



provide the "Good Life" to older Americans by offering programs that help them maintain healthy and active lifestyles, free from chronic illness. The good life involves living a full, productive, and enjoyable life; relatively free of illness, disease, and pain. In short: a state of "well being."

The title Senior Wellness Prescription can be used to describe a program for older adults that helps them to achieve that state of "well being". It is necessary to understand the phrase to appreciate the type of program being suggested. According to the Webster Dictionary, "senior" is one who is older than another or of higher rank (Webster 674). The term "wellness" was developed by Herbert Dunn in 1961 to describe a state of well being. The broad term includes psychological health, maximizing potential, having a purpose and direction in life, looking beyond one's own needs to societal needs, meeting the needs of environment, and doing all of it with "zest" (Ardell Intro). Webster defines prescription as the act of prescribing- "to lay down a guide or to direct the use of something as a remedy" (Webster 548). Combining the words of the phrase describes a program for older adults that can guide them in maximizing the potential for a more healthier and happier life.

A disproportionate share of the nation's health-care costs is spent on senior citizens. As the nation's population ages even more, resources will be directed towards keeping senior citizens healthy and active. This transfer of wealth and resources will create two situations the senior -care industry must address. First, a significant and growing part of the population will

demand wellness services. Second, public health-care funding (primarily Medicare and Medicaid) will see continued rationing in the form of lower reimbursement rates and reduced covered services. The increased demand for services and lower reimbursement rates will drive senior citizens to demand programs that promote wellness, improve health, and cost effective delivery of these programs.

The goal of this wellness project is to provide a program that addresses the health needs of the seniors in the community. It is necessary therefore to examine the demographics of the senior population, both nationally and locally, and to be aware of the growth of this age group. It is important as well, to examine how the older population uses the present health care system and some of the ways in which its usage can be improved. This will be provided in the literature review section.

If the assumptions stated above are correct, then there exists a marketing opportunity for St. Joseph Health Center to create a cost efficient Senior Wellness program. The goal of the Senior Wellness program would be to educate the community on disease prevention, promoting good health, and teaching ways individuals can enjoy quality of life for a lifetime with help from St. Joseph Health Center and the surrounding community.

## CHAPTER 2

### LITERATURE REVIEW

#### Demographics

According to statistics compiled by the US. Bureau of the Census, the elderly are living longer, with an increase in the number of people in the age group older than eighty years. Improved living standards, medical technology, and an increase in income level are all factors in increased longevity (Pegels ix). At the present time, one third of the population is comprised of persons born during the period of 1945 to 1965. The leading edge of this demographic group, also known as the "baby-boom generation", will enter the young old category, age fifty to sixty-five years old, starting in 1995 (Randall 2331).

The Bureau predicts that 21% of the U.S. citizenry will be aged sixty-five or older by the year 2030. The group will nearly double the elderly population, which in 1980 comprised 11% of the population (Randall 2331). By the year 2050, 80 year olds will number 15.3 million (Randall 2332)(Figure 1).

Demographers are watching this age group closely. Richard Suzman, the Director of the National Institute on Aging (NIA) Office of the Demography of Aging states, "We've come a long way since people age 85 plus were invisible to the federal statistical system" (Randall 2231). This age group in 1990 made up 1% of the total population and 10% of the elderly population. It is estimated that this group will grow to 20% of the elderly population by the year 2020 (Randall 2332) (Figure 1).



## US Population Aged 80 Years or Older

US population aged 80 years or older, 1900 to 2050, in millions. The baby-boom generation becomes the oldest old after the year 2030

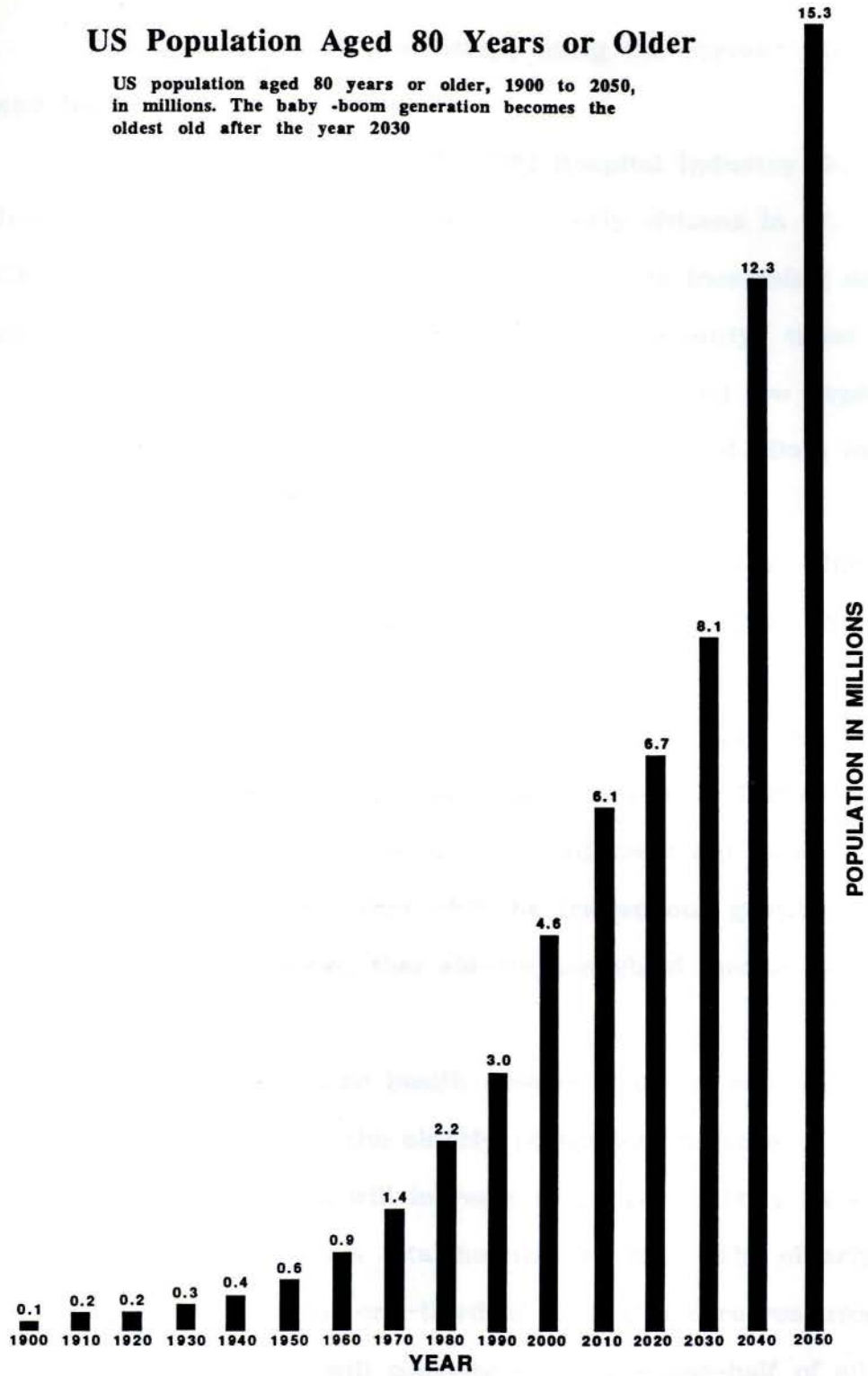


FIGURE 1

(Randall 2332)

The figures are all predictions using the current population and factors that affect aging.

The demographics from the 1992 Hospital Industry Data Institute show that the population of elderly citizens in St. Charles, Warren, Lincoln, and Pike Counties is increasing rapidly (Figures 2A-2D). With the exception of Pike County, these counties have increased in the older population and are expected to continue in their population growth (Hospital Ind. Data Inst. 1992).

These counties have also shown economic growth. Income levels are expected to continue to grow with the median income level increasing by 5.2% in Pike County and 9.3% in the St. Charles County. The figures show an increased aged population with a greater per capita income (Figures 2A-D). The available data does not identify income levels at different age groups. However, we can assume that with the tremendous growth in median household income, that elderly household income will continue to rise also.

The elderly consume health care at a higher rate than the general population. As the elderly population increases, their health-care consumption will increase disproportionately as a percentage of the nation's total health-care bill. The elderly currently consume about one-third of all health care resources; by the year 2030 they will consume more than one-half of all available health care resources (Pegels ix).

MISSOURI  
ST. CHARLES COUNTY (183)

POPULATION CHARACTERISTICS	1980 CENSUS	1990 CENSUS	1992 ESTIMATE	1997 PROJECTED	%CHNG 90-92
POPULATION	144,106	212,907	227,579	263,774	6.89
PCT OVER 65	6.02	6.90	7.07	7.35	2.49
HOUSEHOLDS	46,471	74,331	80,230	95,829	-7.94

POPULATION BY AGE AND SEX

PROJECTED COUNTY	AGE	1990 CENSUS				1992 ESTIMATE				%CHNG 90-92	1997			
		TOTAL	%	MALE	FEMALE	TOTAL	%	MALE	FEMALE		TOTAL	%	MALE	FEMALE
ST. CHARLES	45-49	12,880	6.0	6,646	6,234	14,881	6.5	7,660	7,221	15.5	19,536	7.4	10,076	9,460
	50-54	9,263	4.4	4,753	4,510	10,397	4.6	5,329	5,068	12.2	14,731	5.6	7,555	7,176
	55-59	7,623	3.6	4,015	3,608	7,969	3.5	4,208	3,761	4.5	10,087	3.8	5,331	4,756
	60-64	6,447	3.0	3,114	3,333	6,605	2.9	3,206	3,399	2.5	7,002	2.7	3,426	3,576
	65-69	5,335	2.5	2,512	2,823	5,511	2.4	2,593	2,918	3.3	5,898	2.2	2,829	3,069
	70-74	3,621	1.7	1,567	2,054	4,069	1.8	1,782	2,287	12.4	4,713	1.8	2,084	2,629
	75-79	2,601	1.2	979	1,622	2,864	1.3	1,098	1,766	10.1	3,690	1.4	1,481	2,209
	80-84	1,711	0.8	528	1,183	1,949	0.9	618	1,331	13.9	2,545	1.0	855	1,690
	85+	1,424	0.7	318	1,106	1,702	0.7	394	1,308	19.5	2,552	1.0	627	1,925
	MEDIAN AGE	30.7		30.3	31.0	31.2		30.8	31.5		32.2		31.9	32.6

INCOME CHARACTERISTICS

COUNTY	HOUSEHOLD INCOME (\$)	1979		1989		1992		1997		%CHNG 89-92
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	
ST. CHARLES	UNDER 15,000	12,223	26.3	8,426	11.3	7,676	9.6	7,288	7.6	-8.9
	15000-29999	22,228	47.8	15,485	20.8	15,137	18.9	14,606	15.2	-2.2
	30000-49999	10,278	22.1	24,339	32.7	24,350	30.4	24,447	25.5	0.0
	50000-74999	1,291	2.8	18,582	25.0	21,300	26.5	27,341	28.5	14.6
	75000 & ABOVE	451	1.0	7,499	10.1	11,767	14.7	22,147	23.1	56.9
	MEDIAN HHOLD INC	22,422		40,323		44,126		51,181		9.4
	AVERAGE HHOLD INC	23,715		43,721		49,523		59,777		13.3
	PER CAPITA INCOME	7,677		15,343		17,550		21,840		14.4
	MEDIAN FAMILY INCOME	24,166		45,064		49,249		57,063		9.3

(Census Estimate And  
Projected Data - 1992 Data  
Hospital Industry Data Institute)

FIGURE 2A

MISSOURI  
WARREN COUNTY (219)

POPULATION CHARACTERISTICS	1980 CENSUS	1990 CENSUS	1992 ESTIMATE	1997 PROJECTED	%CHNG 90-92
POPULATION	14,900	19,534	20,519	22,938	5.04
PCT OVER 65	15.23	13.83	14.04	14.33	1.51
HOUSEHOLDS	5,141	7,070	7,437	8,389	5.19

POPULATION BY AGE AND SEX

PROJECTED COUNTY	AGE	-----1990 CENSUS-----				-----1992 ESTIMATE-----				%CHNG 90-92	-----1997-----			
		TOTAL	%	MALE	FEMALE	TOTAL	%	MALE	FEMALE		TOTAL	%	MALE	FEMALE
WARREN	45-49	1,060	5.4	532	528	1,210	5.9	608	602	14.2	1,543	6.7	780	763
	50-54	1,061	5.4	528	533	1,157	5.6	576	581	9.0	1,540	6.7	767	773
	55-59	934	4.8	475	459	961	4.7	489	472	2.9	1,154	5.0	587	567
	60-64	808	4.1	400	408	813	4.0	405	408	-0.6	828	3.6	416	412
	65-69	857	4.4	405	452	871	4.2	412	459	-1.6	901	3.9	435	466
	70-74	702	3.6	335	367	765	3.7	367	398	9.0	847	3.7	408	439
	75-79	524	2.7	216	308	560	2.7	233	327	-6.9	674	2.9	288	386
	80-84	363	1.9	155	208	398	1.9	171	227	9.6	477	2.1	207	270
	85+	256	1.3	85	171	287	1.4	95	192	12.1	387	1.7	127	260
	MEDIAN AGE	33.6		33.1	34.2	34.2		33.7	34.8		35.9		35.4	36.5

INCOME CHARACTERISTICS

COUNTY	HOUSEHOLD INCOME (\$)	-----1979-----		-----1989-----		-----1992-----		-----1997-----		%CHNG 89-92
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	
WARREN	UNDER 15,000	2,395	46.6	1,863	26.4	1,750	23.5	1,650	19.7	-6.1
	15000-29999	1,835	35.7	1,782	25.2	1,877	25.2	2,170	25.9	5.3
	30000-49999	748	14.5	2,160	30.6	2,270	30.5	2,326	27.7	5.1
	50000-74999	111	2.2	1,016	14.4	1,148	15.4	1,545	18.4	13.0
	75000 & ABOVE	52	1.0	249	3.5	392	5.3	698	8.3	57.4
	MEDIAN HHOLD INC	16,108		29,028		30,700		33,431		5.8
	AVERAGE HHOLD INC	19,438		32,149		35,203		40,664		9.5
	PER CAPITA INCOME	6,793		11,688		12,815		14,962		9.6
	MEDIAN FAMILY INCOME	18,986		33,773		35,864		40,039		6.2

Census Estimate And  
Projected Data - 1992 Data  
Hospital Industry Data Institute)

FIGURE 2B



MISSOURI  
PIKE COUNTY (163)

POPULATION CHARACTERISTICS	1980 CENSUS	1990 CENSUS	1992 ESTIMATE	1997 PROJECTED	%CHNG 90-92
POPULATION	17,568	15,969	15,728	15,099	-1.51
PCT OVER 65	16.06	17.27	17.42	17.7	0.87
HOUSEHOLDS	6,297	6,083	6,028	5,908	-0.9

POPULATION BY AGE AND SEX

PROJECTED COUNTY	AGE	1990 CENSUS				1992 ESTIMATE				%CHNG 90-92	1997			
		TOTAL	%	MALE	FEMALE	TOTAL	%	MALE	FEMALE		TOTAL	%	MALE	FEMALE
PIKE	45-49	940	5.9	455	485	993	6.3	482	511	5.6	1,083	7.2	530	553
	50-54	816	5.1	388	428	833	5.3	395	438	2.1	947	6.3	454	493
	55-59	838	5.2	423	415	807	5.1	408	399	-3.7	821	5.4	415	406
	60-64	789	4.9	401	388	753	4.8	385	368	-4.6	660	4.4	341	319
	65-69	834	5.2	377	457	799	5.1	360	439	-4.2	718	4.8	329	389
	70-74	646	4.0	267	379	656	4.2	273	383	1.5	625	4.1	262	363
	75-79	536	3.4	226	310	534	3.4	227	307	-0.4	544	3.6	236	308
	80-84	406	2.5	122	284	410	2.6	124	286	1.0	413	2.7	129	284
	85+	336	2.1	97	239	341	2.2	98	243	1.5	372	2.5	109	263
MEDIAN AGE	36.0		34.1	38.0	36.6		34.7	38.6		38.5		36.7	40.3	

INCOME CHARACTERISTICS

COUNTY	HOUSEHOLD INCOME (\$)	1979		1989		1992		1997		%CHNG 89-92
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	
PIKE	UNDER 15,000	3,578	56.8	2,151	35.4	1,951	32.4	1,710	28.9	-9.3
	15000-29999	2,013	32.0	1,906	31.3	1,910	31.7	1,833	31.0	0.2
	30000-49999	490	7.8	1,379	22.7	1,437	23.8	1,478	25.0	4.2
	50000-74999	144	2.3	470	7.7	548	9.1	655	11.1	16.6
	75000 & ABOVE	72	1.1	177	2.9	182	3.0	232	3.9	2.8
MEDIAN HHOLD INC		12,978		21,195		22,350		24,624		5.4
AVERAGE HHOLD INC		16,850		25,788		27,936		31,370		8.3
PER CAPITA INCOME		6,063		9,919		10,771		12,352		8.6
MEDIAN FAMILY INCOME		15,943		26,066		27,414		30,267		5.2

(Census Estimated And  
Projected Data - 1992 Data  
Hospital Industry Data Institute)

FIGURE 2C

MISSOURI  
LINCOLN COUNTY (163)

POPULATION CHARACTERISTICS	1980 CENSUS	1990 CENSUS	1992 ESTIMATE	1997 PROJECTED	%CHNG 90-92
POPULATION	22,193	28,892	30,354	33,946	5.06
PCT OVER 65	14.67	11.48	11.70	12.07	1.87
HOUSEHOLDS	7,638	10,316	10,827	12,170	4.95

POPULATION BY AGE AND SEX

PROJECTED COUNTY	AGE	1990 CENSUS				1992 ESTIMATE				%CHNG 90-92	1997			
		TOTAL	%	MALE	FEMALE	TOTAL	%	MALE	FEMALE		TOTAL	%	MALE	FEMALE
LINCOLN	45-49	1,694	5.9	877	817	1,927	6.3	994	933	13.8	2,445	7.2	1,265	1,180
	50-54	1,347	4.7	703	644	1,480	4.9	771	709	9.9	2,006	5.9	1,041	965
	55-59	1,241	4.3	634	607	1,274	4.2	653	621	2.7	1,539	4.5	790	749
	60-64	1,125	3.9	573	552	1,133	3.7	580	553	0.7	1,159	3.4	598	561
	65-69	983	3.4	455	528	999	3.3	462	537	1.6	1,031	3.0	487	544
	70-74	840	2.9	368	472	918	3.0	405	513	9.3	1,020	3.0	453	567
	75-79	709	2.5	299	410	760	2.5	324	436	7.2	919	2.7	403	516
	80-84	425	1.5	142	283	468	1.5	159	309	10.1	571	1.7	201	370
	85+	360	1.2	96	264	405	1.3	108	297	12.5	555	1.6	153	402
	MEDIAN AGE	31.9		31.3	32.6	32.5		31.8	33.2		34.0		33.3	34.7

INCOME CHARACTERISTICS

COUNTY	HOUSEHOLD INCOME (\$)	1979		1989		1992		1997		%CHNG 89-92
		NUMBER	%	NUMBER	%	NUMBER	%	NUMBER	%	
LINCOLN	UNDER 15,000	3,677	48.1	2,590	25.1	2,438	22.5	2,344	19.3	-5.9
	15000-29999	2,864	37.5	2,861	27.7	2,941	27.2	2,930	24.01	2.8
	30000-49999	948	12.4	3,192	30.9	3,312	30.6	3,412	28.0	3.8
	50000-74999	101	1.3	1,327	12.9	1,521	14.0	2,376	19.5	14.6
	75000 & ABOVE	48	0.6	346	3.4	615	5.7	1,108	9.1	77.7
	MEDIAN HHOLD INC	15,547		28,004		30,195		33,822		7.8
	AVERAGE HHOLD INC	17,645		31,230		34,705		41,252		11.1
	PER CAPITA INCOME	6,120		11,183		12,410		14,823		11.0
	MEDIAN FAMILY INCOME	18,122		32,435		34,852		39,497		7.5

(Census Estimated And  
Projected Data - 1992 Data  
Hospital Industry Data Institute)

FIGURE 2D

## Healthcare Needs and Services

Many aged individuals are unaware of the options available to decrease dependency on traditional medical care. A common behavior among the elderly is for them to go to the doctor for care and receive a prescription for the illness or complaint. Atchley further found that since the elderly are the greatest user of all medical services, including physician, personal care services, home health services and nursing homes; the number and type of these services has a greater impact on the quality of life for those elderly than for those in the younger age categories (Atchley 179).

Investigators at Duke University for Demographic Studies, Durham, NC, conducted a study to determine the prevalence of disability and the use of assistive devices. The study was supported by the National Institute On Aging. The investigators found that debilitating illness among older people can decline and that disabled persons who rely more on assistive devices than on personal help can increase. Bathing, eating, dressing, and other normal activities, including money management, shopping, and cooking, were considered in determining disability.

Data was collected over a seven year period (1982-1989) at three different times by the National Long Term Care Survey of the U. S. Dept. of Health and Human Services. The study showed a decrease in the number of those who needed assistance in eating and dressing. Housing modification and the use of assistive devices were up, while the employment of long term personal assistance declined significantly. The investigators



found that while the over 65 population increased by 14.7% between 1982 and 1989, the number who were chronically ill or receiving long-term nursing home care grew by only 9.2%; disabilities decreased from 23.7% to 22.6%. This shift in helping the elderly to maintain an independent form of lifestyle is cost effective to the community and improves the individuals outlook and quality of life.

Acting director of the National Institute of Aging, Gene D. Cohen, MD., states that the study indicates society needs to think differently about aging. Illness and aging are not synonymous. With better management of disability, or even redirection, the older citizen will be able to remain independent, and function better while spending less on health care (Marwick 2337).

This new attitude towards aging was addressed by Daniel Thursz, Ph.D., President of the National Council on Aging, when he stated that, "...one of the country's main goals should be to maintain an elderly person's independence and dignity for as long as possible" (Lindbloom 679). The number of healthy older citizens who avoid hospitalization or nursing home care is crucial to a successful health care system.

Leaders in health-care research see a tremendous need to revise our notion that not all aged individuals have limited abilities. It is true that chronic conditions are common among elderly individuals and some of these conditions can be prevented, treated, or compensated for in some form. "Limiting

physical illness is atypical of older people at any age." (Atchley 79).

It is of prime importance that ways be found to provide adequately for an aging population. Implementing policy changes, stressing primary and preventive care, multidisciplinary health teams, services in the home, long term care insurance coverage and geriatric education are needed. Moreover with health care costs and questions of access now being debated at the national level, the increasing size of an aging population requires that we address the increased demands of the senior population now (Lindbloom 679).

### **Disease Prevention**

The Healthy People 2000, a report drafted by health professionals, listed national objectives which, if implemented, will help increase life expectancy at birth by 1.5 to 2.1 years, raising life expectancy from 76.6 to 77.2 years. The study quotes:

In addition, meeting the target for disability from chronic conditions would increase the number of years of life without activity limitations from 66.8 years to 69.7 years. If the targets for coronary heart disease and unintentional injury were changed to reflect recent trends, a greater improvement in life expectancy at birth would be achieved: from 1.8 to 2.7 years to 76.9 to 77.8 years (Stoto 1456).

Making the link between changes in risk factors and preventive services to health status measures require two things. First there is a need for more extensive epidemiological studies on the prevalence of risk factors and the effect of changes in risk factors and the preventive services on a full range of health status measures. Furthermore, preventive interventions must be carefully evaluated so that their population impact can be better understood. Second, more extensive demographic and epidemiological modeling efforts are needed to bring this information together so that the impact of changes in risk factors and access to clinical preventive services can be better predicted (Stoto 1463).

It is unfortunate that despite an increasingly elderly population, many health professionals do not consider the elderly as targets for health promotion efforts. The saying, "you can't teach an old dog new tricks" has been applied to some older adults. This is a false statement when applied to all older adults.

Some older citizens tend to increase their application of healthy life style practices. In Alameda County, CA, a recent study showed that 17% of the people over the age of 75 practiced good health habits, which included adequate sleep; seven to eight hours per night; good eating habits- breakfast, no snacking; physical exercise; recreation; little or no alcohol use; no smoking; and weight control (Walker 76).



**TABLE 22A**  
**RESIDENT DEATHS, AGE GROUPS BY SELECTED CAUSES OF DEATH: MISSOURI 1991**

	65-69 YRS.	70-74 YRS.	75-79 YRS.	80-84 YRS.	85+ YRS.	UNK AGE
<b>ALL CAUSES</b>	<b>4,769</b>	<b>5,822</b>	<b>7,005</b>	<b>7,703</b>	<b>12,828</b>	<b>3</b>
<b>CAUSES OF DEATH</b>						
TUBERCULOSIS	0	2	3	7	4	0
AIDS	3	1	2	1	0	0
SYPHILIS	0	0	1	0	1	0
RESIDUAL OF INFECT. DIS.	49	55	64	89	164	0
<b>MALIGNANT NEOPLASMS</b>	<b>1,785</b>	<b>1,812</b>	<b>1,737</b>	<b>1,512</b>	<b>1,424</b>	<b>0</b>
DIGESTIVE ORGANS	350	386	423	393	418	0
RESPIRATORY ORGANS	699	652	545	356	229	0
BREAST	125	116	129	107	119	0
GENITAL ORGANS	170	179	190	231	227	0
URINARY ORGANS	66	75	67	70	75	0
LEUKEMIA	47	58	76	62	73	0
OTHER MALIG. NEOPL.	338	346	307	293	283	0
<b>DIABETES MELLITUS</b>	<b>146</b>	<b>152</b>	<b>172</b>	<b>180</b>	<b>205</b>	<b>0</b>
<b>MAJOR CARDIOVASC. DISEASE</b>	<b>1,831</b>	<b>2,558</b>	<b>3,381</b>	<b>3,951</b>	<b>7,431</b>	<b>2</b>
<b>DISEASES OF HEART</b>	<b>1,535</b>	<b>2,103</b>	<b>2,689</b>	<b>2,994</b>	<b>5,697</b>	<b>2</b>
RHEUMATIC FEVER & RHEUM. HEART DISEASE	9	17	15	17	13	0
HYPERTENSIVE HEART	36	60	80	97	140	1
ISCHEMIC HEART	1,156	1,529	1,998	2,143	3,955	1
OTHER HEART DISEASES	334	497	616	737	1,589	0
HYPERTENSION	17	13	38	39	51	0
CEREBROVASCULAR DISEASE	201	321	509	735	1,314	0
ATHEROSCLEROSIS	8	20	50	72	230	0
OTHER MAJOR CARDIOVASC.	70	101	95	111	139	0
<b>PNEUMONIA &amp; INFLUENZA</b>	<b>79</b>	<b>129</b>	<b>218</b>	<b>341</b>	<b>968</b>	<b>0</b>
<b>CHRONIC PULMONARY DISEASE</b>	<b>282</b>	<b>390</b>	<b>432</b>	<b>354</b>	<b>315</b>	<b>0</b>
<b>ULCER OF STOMACH</b>	<b>10</b>	<b>11</b>	<b>19</b>	<b>17</b>	<b>50</b>	<b>0</b>
<b>LIVER DISEASE &amp; CIRRHOSIS</b>	<b>72</b>	<b>47</b>	<b>47</b>	<b>26</b>	<b>14</b>	<b>0</b>
<b>NEPHRITIS &amp; NEPHROSIS</b>	<b>36</b>	<b>54</b>	<b>72</b>	<b>130</b>	<b>183</b>	<b>0</b>
<b>COMPLICATIONS OF PREG., CHILDBIRTH &amp; PUERPERIUM</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>CONGENITAL ANOMALIES</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>0</b>
<b>DISEASE OF EARLY INFANCY</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SYMPTOMS &amp; IL-DEF. COND.</b>	<b>19</b>	<b>20</b>	<b>20</b>	<b>34</b>	<b>53</b>	<b>0</b>
<b>ALL OTHER DISEASES</b>	<b>326</b>	<b>498</b>	<b>664</b>	<b>862</b>	<b>1,582</b>	<b>0</b>
<b>ACCIDENTAL DEATHS</b>	<b>80</b>	<b>105</b>	<b>123</b>	<b>154</b>	<b>206</b>	<b>0</b>
<b>MOTOR VEHICLE</b>	<b>36</b>	<b>35</b>	<b>45</b>	<b>36</b>	<b>23</b>	<b>0</b>
<b>OTHER ACC. DEATHS</b>	<b>44</b>	<b>70</b>	<b>78</b>	<b>118</b>	<b>183</b>	<b>0</b>
<b>SUICIDE</b>	<b>34</b>	<b>38</b>	<b>37</b>	<b>27</b>	<b>14</b>	<b>0</b>
<b>HOMICIDE &amp; LEGAL INTERV</b>	<b>10</b>	<b>6</b>	<b>6</b>	<b>8</b>	<b>4</b>	<b>0</b>
<b>ALL OTHER EXTERNAL CAUSES</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>1</b>

(MO Ctr. for Health  
State Pub. No. 438)

**FIGURE 3A**



**TABLE 27C**  
**RESIDENT DEATHS, BY CITIES OF ST. CHARLES, ST. PETERS & COUNTIES OF LINCOLN,**  
**ST. CHARLES, WARREN AND WRIGHT: MISSOURI 1991**

	ST. CHARLES CITY	ST. PETERS CITY	LINCOLN COUNTY	ST. CHARLES COUNTY	WARREN COUNTY	WRIGHT COUNTY
<b>ALL CAUSES</b>	<b>391</b>	<b>146</b>	<b>247</b>	<b>1,056</b>	<b>189</b>	<b>181</b>
<b>CAUSES OF DEATH</b>						
TUBERCULOSIS	0	0	1	0	0	0
AIDS	1	1	0	2	0	0
SYPHILIS	0	0	0	0	0	0
RESIDUAL OF INFECT. DIS.	4	1	2	8	0	0
<b>MALIGNANT NEOPLASMS</b>	<b>100</b>	<b>35</b>	<b>71</b>	<b>258</b>	<b>47</b>	<b>51</b>
DIGESTIVE ORGANS	26	6	17	61	12	7
RESPIRATORY ORGANS	33	12	23	84	12	18
BREAST	6	4	4	19	2	4
GENITAL ORGANS	11	3	8	30	8	7
URINARY ORGANS	7	1	0	12	0	2
LEUKEMIA	5	4	3	15	1	2
OTHER MALIG. NEOPL.	12	5	16	37	13	11
<b>DIABETES MELLITUS</b>	<b>10</b>	<b>0</b>	<b>4</b>	<b>18</b>	<b>5</b>	<b>2</b>
<b>MAJOR CARDIOVASC. DISEASE</b>	<b>176</b>	<b>64</b>	<b>104</b>	<b>468</b>	<b>76</b>	<b>79</b>
DISEASES OF HEART	143	51	75	382	65	65
RHEUMATIC FEVER & RHEUM. HEART DISEASE	0	1	0	4	0	0
HYPERTENSIVE HEART	8	2	1	20	0	2
ISCHEMIC HEART	120	41	56	295	51	49
OTHER HEART DISEASES	15	7	18	63	14	14
HYPERTENSION	1	1	0	4	0	2
CEREBROVASCULAR DISEASE	23	7	21	62	10	4
ATHEROSCLEROSIS	4	1	7	9	0	5
OTHER MAJOR CARDIOVASC.	5	4	1	11	1	3
<b>PNEUMONIA &amp; INFLUENZA</b>	<b>15</b>	<b>5</b>	<b>9</b>	<b>42</b>	<b>8</b>	<b>9</b>
CHRONIC PULMONARY DISEASE	14	3	12	35	10	7
ULCER OF STOMACH	2	0	0	2	0	1
LIVER DISEASE & CIRRHOSIS	5	1	1	16	0	1
NEPHRITIS & NEPHROSIS	2	0	3	8	2	0
COMPLICATIONS OF PREG., CHILDBIRTH & PUERPERIUM	0	0	0	0	0	0
CONGENITAL ANOMALIES	4	1	2	9	1	0
DISEASE OF EARLY INFANCY	2	1	3	9	2	2
SYMPTOMS & ILL-DEF. COND.	1	1	2	5	5	0
ALL OTHER DISEASES	30	16	10	85	20	14
<b>ACCIDENTAL DEATHS</b>	<b>10</b>	<b>12</b>	<b>13</b>	<b>52</b>	<b>8</b>	<b>10</b>
MOTOR VEHICLE	3	9	7	26	4	6
OTHER ACC. DEATHS	7	3	6	26	4	4
<b>SUICIDE</b>	<b>12</b>	<b>4</b>	<b>8</b>	<b>31</b>	<b>5</b>	<b>2</b>
HOMICIDE & LEGAL INTERV	3	1	0	8	0	2
ALL OTHER EXTERNAL CAUSES	0	0	2	0	0	1

(MO Ctr. for Health  
State Pub. No. 438)

**FIGURE 3B**

At the local level the figures for the causes of death during 1991 have been published by the Missouri Center for Health (Figures 3A-B). The charts are condensed to concentrate on the ages 65-85 year olds. Table 22A focuses on the state figures, with Table 27C condensed for the cities of St. Charles and St. Peters, and the counties of St. Charles, Warren, Lincoln, and Wright. The patterns maintain in most of the categories for the main causes of death. The statistics make it apparent that some of these deaths could have been delayed if the individuals had utilized health promotion, disease prevention or both in their life style.

Approximately 80% of the deaths occurring in St. Charles county and the surrounding counties were due to preventable causes (The SJ Weekly 9/3/93). The leading causes of deaths are similar to the national causes, with cardiovascular disease first, followed by cancer, pneumonia, chronic pulmonary diseases, and suicide. "These are causes for which prevention and/or early detection can make a crucial difference," stated St. Joseph Health Center President Kevin F. Kast, "in this case, the ultimate difference between life and death" (The SJ Weekly 9/3/93).

Chronic diseases create the problems of disability and dependency, along with long-term and expensive treatment. However there appears to be a way to delay the on-set of chronic disease.

Where disease prevention is not possible, behavioral and life style changes and early treatment may slow the progression of existing chronic diseases and the rate of disability

associated with them. Thus, many diseases can be prevented in the traditional sense in older persons, although prevention also takes on a broader perspective related to health maintenance in this population (Hickey 822).

Hickey's thinking follows Fries' and others who have theorized a fixed life span, whereby people could live to age 80 or 90 in good health, then die rapidly from "natural" causes (U.S. Dept. of Health and Human Services 21). This concept of "compression of morbidity" is used to describe illness concentrated into a relatively short period at the end of life. In order to accomplish this compression of morbidity it is necessary for individuals to change their attitude towards senior wellness. If we can compress morbidity, allowing seniors to live healthier, longer, more active lives, then we can decrease the senior populations total health-care costs while providing a much needed service to the community.

From the health-care point of view, a compression of morbidity may be desirable, but there is much work that needs to be done with individuals. Individuals must take responsibility for themselves, but may require motivation to do the right thing. We see this when we observe positive changes in behavior may have a greater chance for success when personal health is threatened (Hickey 828).



## Health and Wellness Promotion for the Elderly

Health Promotion is a term that has evolved describing a more positive outlook on health and aging. Health promotion refers to life-style modifications, placing the responsibility for good health on each individual. The term encompasses maintaining good health and preventing disease.

The Department of Health and Human Services conducted a study in 1979 that presented a broader view of health promotion:

1. Disease prevention including strategies to improve health through medical intervention.
2. Health protection through modification of environmental and social structures.
3. Health promotion by modifying lifestyle risk factors in maintaining good health. (US Department of Health and Human Services 1990).

The World Health Organization (WHO) recognizing that the elderly population is increasing has also recognized that they are capable of leading productive lives at work and in the community. The WHO Global Programme for the Health of Elderly and the United States National Institute in Aging have hosted a program since January of 1988 with its primary objective:

To support the continuous evolution and adaptation of technology and approaches aimed at protecting and promoting the health of the elderly. This objective has been operationalized in the Eighth General Program of Work

in two targets. By 1995 the program hopes to attain a level of care in which:

1. - 50% of the countries will have developed and be providing health care adapted to the specific problems of the elderly as an integral part of the health care delivery system; and
2. - 50% of countries will have taken appropriate measures to promote the welfare of the elderly and ensure their social integration within the community (Dhillon 30).

Mrs. Margaret Heckler, Secretary of Health and Human Services, in testifying before the Special Committee on Aging, U.S. Senate on Oct. 12, 1984 stated that studies show that the elderly are willing to adopt habits aimed toward maintaining good health. This elderly population is very health conscious.

Health promotion initiatives would include exercise, nutrition, proper use of drugs and alcohol, accident prevention, smoking cessation and other preventive services. The Department of Health and Human Services at the national level has worked at providing services to contribute to maintaining and improving the elderly health. Public and private organizations have been responsive in implementing programs at the state and local level (Heckler 225).

Mary Ann Pascucci conducted a study on "Measuring Incentives To Health Promotion In Older Adults, Understanding Neglected Health Promotion in Older Adults." She found that the senior citizen needs to be encouraged to exercise, control weight,

stop smoking, get an adequate amount of sleep, maintain a safe environment, learn to manage stress, and avoid the abuse of both medications and alcohol (Pascucci 223).

In encouraging older citizens to promote good health, longevity and independence must be stressed. A "Feel Good" incentive was the best motive for encouraging healthy life styles. Pascucci developed three key points to sell the idea of health promotion:

1. Health promotion increases longevity and allows older persons to maintain an independent and satisfying life. Determining reasons why an older person participates in health promotion activities through incentives may allow further insight into ways of promoting health.
2. As deeper understanding of motivation is gained by health professionals, successful influences in health behavior may be clarified.
3. The Incentive-Health Promotion Scale revealed that the major incentives to health promotion in the study sample were 'feel good' and fitness and health (Pascucci 223).

The need for senior wellness programs was addressed by Dr. Ken Dychtwald in 1982 when he presented a paper on "Wellness and Health Promotion: An Emerging New Paradigm of Health Care," in Washington DC. He stated that health care must become 'future-minded' (Dychtwald 9). The over fifty population is realizing the need for wellness oriented health care, disease



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prevention, and personal growth. A variety of options are being implemented.

"For to a profound extent, the future of America rests on our ability to create a health care system that will foster healthy, vital, and fully contributing citizens, regardless of age, without having to deplete all our economic resources to do so. There are many of us who feel that the growing trend toward health promotion disease prevention may be able to help significantly in this regard (Dychtwald 9).

M. Jean Keller, a recreation consultant at the Institute of Community and Area Development and Recreation Technical Assistance Office, University of Georgia, published a wellness program guideline for adults in retirement communities. This program and "set up" procedure could be modified for use in other community centers and hospitals.

Ms. Keller poses two questions to program providers that must be answered in the affirmative if elderly citizens are to become active in a wellness program;

1. can vigor and well being, once lost, be regained by the practice of positive wellness behavior?
2. can older adults adopt healthy behaviors after practicing unhealthy ones for decades? (Keller 70).

Research supports the adoption of healthy life styles and its resulting benefits for older adults. One such study completed by Patricia Grant Higgins, RN, Ph.D. (University of NM. College of Nursing, Albuquerque, NM) on the "Biometric Outcomes of a

Geriatric Health Promotion Program" indicates that significant changes occur by participation in a health promotion program. Dr. Higgins concluded that citizens who assume responsibility for themselves and their environment "continue to grow significantly and to have those life satisfactions which sustain them during old age" (Higgins 714).

### **Alternate Health Modes**

There are many disciplines relating to medical care which are not considered to be traditional. Some of these include holistic medicine, mind-body connection, and other forms of unconventional medical therapies. A study published by David Eisenberg in The New England Journal of Medicine (January 1993) revealed that as many as 34 percent of the U. S. adult population uses some form of unconventional medicine in a single year. The forms of treatment which individuals are using range from chiropractic care, homeopathy, aroma therapy, massages, to yoga and Tai Chi. Most of these treatment have been known for centuries and are growing in use as the cost of traditional medical care continues to rise. Some institutes are expanding their research and support of the non-traditional forms of medicine. Research has shown that there is some connection between the mind and body. The ways in which the mind can effect the body are varied and there are on going studies. It is interesting to note that information about these non-traditional methods are being disseminated to the public through the mass media and in

magazines such as the American Legion, April 94 and Good Housekeeping, March 94.

The Public Broadcasting System aired a five part series on mind-body health, "HEALING AND THE MIND With Bill Moyers," during February 1993. The showing of "the HEART of HEALING," on Turner Broadcasting System (TBS) informed the general public about some alternative treatments available. The broadcast encouraged individuals to use both traditional medicine and practice the mind-body connection for a healthy life style and when a debilitating illness occurs.

Holistic medicine refers to a positive state of mind. Both the psychological and spiritual well-being are involved in the treatment of disease, with the emphasis on responsibility of each person for his illness and health. Holistic medicine emphasizes health education, self-help, and self healing. The relationship between the physician and patient is open, equal, and reciprocal (Goldstein 13).

There is a concern for how the familial, social, and cultural environments affect the patient in holistic medicine. "Low technique" and non-Western technologies are used when possible (with the emphasis on physical and/or emotional contact between practitioner and client that enables both to be healed successfully and transformed) (Goldstein 13).

Deepak Chopra, MD. recently published the book Ageless Body, Timeless Mind about the use of the mind/body connection to optimize one's life and to reshape the aging process. "In his book he gives readers tools to create new perceptions of aging,



techniques for harnessing the power of awareness, and practical steps to experiencing timelessness. In these ways we can take control of the way we age and fulfill the promise of Ageless Body, Timeless Mind" (Chopra).

The art of living and ways to maximize life are being published daily. Americans are asking for information on health and wellness as they age. Articles are being written, books published, and programs developed to meet the demand for knowledge on this subject. Betty Friedan published her thoughts on "How To Live Longer, Better, Wiser..Reflections On Your Future," in the March 20, 1994 issue of PARADE. She stated "Who doesn't worry about aging? You shouldn't, You've plenty of living to do- no matter what your age:" (PARADE). She was amazed at the number of individuals under the age of fifty who were interested in her outlook on life; some were using her book The Fountain of Age as a how-to guide for living.

Stanley Jacobsen, Ed D. a clinical psychologist in Washington DC. stated in an article published in Modern Maturity on attitude that "life is to be lived, from starting gate to finish line. We try to live the life of our choice by balancing the pluses and minuses." His definition of good mental health: "An amalgam of reality and resilience that keeps us busy with daily endeavors, proud and glad for the most part, not ashamed to ask for help when we need it" (Jacobsen 37).

His formula for vitality is:

\*Resist ageism



- \*Be a player
- \*Give yourself a break
- \*Don't be afraid to seek help

(Jacobsen 38).

The health care system is changing. A suggested plan for health care by James S. Gordon is to use a holistic approach. He states:

We need to reevaluate the substance of our system and revive its spirit as well as cut costs and extend coverage. The long term success of health care reform depends on the creation of a collaborative and respectful physician-patient partnership. It requires a profound shift in emphasis from authoritarian medical intervention to authoritative self-care (Gordon 25).

The elderly adult has options available for health care today that were unknown twenty years ago. With medical technology able to do outpatient surgery and rehabilitation processes available after strokes and falls, individuals are able to return to their prior living arrangements. The problems arise over sorting out the options and making decisions about what is the best plan for the older adult. Many families and care givers of older adults feel the need to care for the older individual and do not allow the individual to make their own decisions. It is important to remember that adults need the ability to control their lives as long as possible and to make their own decisions.

The New Medicine Man by Hugh A. Scott describes a calling for service to the elderly. The calling is a prerequisite for all those involved with caring for the elderly. The term New Medicine Man is gender neutral and is used to describe a person who would be a bridge between services; to help the patient make contact with the medical field, and helps to find the appropriate services needed. A description of the attributes needed by the new Medicine Man include:

1. He should be widely informed in the disciplines that deal with the three components of human health: body, mind, and spirit.
2. He should be a person of maturity and experience, sensitivity and humility, unquestioned integrity and perpetual optimism, and good humor.
3. He must be alert to the moods and feelings of his clients, and be a good "reader" of their reactions to his questions and to their own perceptions.
4. He must be a communicator par excellence, with access to a network of professionals and agencies in the health field, able to elicit information and to gain cooperation.
5. He must have a burning desire not merely to help others, but to complete his own spiritual growth by willingly letting go of his own ego demands, his own need for recognition and material reward, and to replace them with the knowledge that he is born again every day into new opportunity for learning and service (Scott 93).

Research has shown that the benefits of preventive and health promotion programs pay off both monetarily and in the increased quality of life for the individuals involved. The growing elderly population is looking for ways to improve and enjoy their life. The government is trying to develop a system to contain the medical costs. Communities are aware of the need to decrease chronic illnesses. With an existing need for service to senior adults, the types of programs necessary will vary from one area to another. Reviewing programs at various hospitals can provide insight for the options to create a program that will meet the needs of the St. Charles community and the surrounding area.



### CHAPTER 3

#### METHOD AND PROCEDURE

A hospital is a place where seniors can go to learn ways to promote positive health habits from services that are provided. Some hospitals already provide specific programs for senior adults. A survey questionnaire was developed and used to determine what some of the established senior programs provide (See Appendix A).

In order to find out what senior care programs were offered at nearby hospitals, a twelve-question survey questionnaire was developed to collect data for comparison and information of the programs, registration, and staffing requirements. The nine hospitals involved in this survey vary by size, location, and programs available for senior adults.

The survey was conducted from July - October of 1993 via phone interviews with the coordinators of the various programs. Some inherent limitations to the survey emerged from the questions.

The first limitation was the number of hospitals surveyed. Twelve facilities were selected initially. Of the twelve selected, difficulties arose in contacting the coordinators and receiving information from three of the hospitals.

Another limitation for the study was the inability to survey personally the actual facilities. Because of the distance, time, and cost of travel to some of the hospitals, they could only be contacted via the phone. The three hospitals within the St.



Louis area were toured and the physical layout of their senior program area inspected thoroughly.

... results and ...  
... (See Table ...)  
... which ...  
... which they ...  
... which they ...  
... results of

- 1. GA
- 2. THE QUALITY
- 3. Change
- 4. and

1. <u>GA</u>	16,487
2. <u>THE QUALITY</u>	8,100
3. <u>Change</u>	730

## CHAPTER 4

## SURVEY RESULTS

The following pages provide survey results and include tables for visual comparisons. The first table (See Table I) lists the name and location of the nine programs which provided information for the study and the hospitals with which they are affiliated. They have been numbered one through nine to aid in graphing the results from the survey. The order in which they are listed is maintained for all tables when listing the results of the study.

## Hospitals Participating In Survey

Name	Location	Size of Membership
1. <u>Generations Ahead,</u>	St. Luke's Hospital, Chesterfield, MO	3,400
2. <u>Barnes Plus</u>	Barnes Hospital, St. Peter's, MO	9,400
3. <u>55 Alive</u>	St. Mary's, Richmond Hgts., MO	19,000
4. <u>Seniority</u>	Gen. Hospital, Brownsville, PA	866
5. <u>Golden Care</u>	Dean/St. Mary's, Madison, WI	6,144
6. <u>Resource Ctr. on Aging</u>	University/ St. Joseph's, Augusta, GA	17,000
7. <u>Senior Life</u>	Lake of the Ozarks Gen. Hospital, Osage Beach, MO	1,024
8. <u>Good Health Club</u>	Heartland, St. Joseph, MO	3,100
9. <u>GoldenCare Connection</u>	Christian Health System, St. Louis, MO Alton, IL Vandalia, IL	16,400 5,000 780

Table I

Table II identifies which hospitals bought their senior programs and which created the programs in house. If they bought their programs the name of the company providing the service is identified.

#### Origin of Senior-Care Program

Programs	Bought	Created	Company
1. Generations Ahead		X	
2. Barnes Plus		X	
3. 55 Alive		X	
4. Seniority	X		Seniority, Quorum
5. Golden Care	X		Srs. St. Francis
6. Resource Center on Aging	X		ElderMed America
7. Senior Life		X	
8. Good Health Club	X		ElderMed America
9. GoldenCare Connection	X		ElderMed America

Table II

The hospital were divided by five to four in the ways they established programs. The five hospitals that bought their programs had three different companies as originators. The companies involved were, Quorum, ElderMed America, and Sisters of St. Francis. The remaining hospitals created their programs from within the hospitals.

### Charge for Membership

Program	NO	YES	COST
1. Generations Ahead	NO		
2. Barnes Plus		YES	\$25.00
3. 55 Alive	NO		
4. Seniority		YES	\$20.00
5. Golden Care	NO		
6. Resource Center on Aging	NO		
7. Senior Life	NO		
8. Good Health Club	NO		
9. GoldenCare Connection	NO		

**Table III**

To enroll senior adults for membership in the hospital programs a registration form was used by all of the hospitals. The matter of charging for membership was asked and the results are shown in Table III, (See Table III). The majority of the hospitals, seven of the nine, did not charge for membership. The two that did charge had a one time fee of either \$20.00 or \$25.00.



### Staffing Levels for Senior Programs

Programs	Full Time Employees	Part-time	Volunteers
1. Generations Ahead	1		Yes
2. Barnes Plus	1+ Resource Individuals		
3. 55 Alive	1 With Split Duties		Yes
4. Seniority	1 With Split Duties		Yes
5. Golden Care	1 With Split Duties		Yes
6. Resource Ctr. on Aging	3	3	Yes
7. Senior Life	1 With Split Duties		Yes
8. Good Health Club	1+ Resource Individuals	1	Yes
9. GoldenCare Connection	1+ Resource Individuals		Yes

**Table IV**

Staffing levels for the programs varied by the amount of activities the programs had to cover (See Table IV). All programs had at least one full-time individual. Three of the programs had the individual split their duties by working in either the volunteer program, skilled nursing facility, adult day care, or educational programs half of the hours and devoting the remaining hours to the senior program. The remaining six programs had full time individuals which were responsible for coordinating larger programs and some of the programs had multi-location activities requiring additional staff. The Resource Center on Aging had three locations offering activities with a total of three full-time and three part-time paid staff. Resource personnel were used for special events and specific topics requiring expertise in those areas. Some of the special events included the "Senior Wellness Day," Ms. Senior Missouri Pageant, and the Zoobilee for Seniors. The actual hospitals providing

these programs are identified in the narrative section describing the individual programs. Additional administrative help and coordination was performed by volunteers at all facilities.

### Computers

Computers were used by all hospitals except one that relied upon the admitting department to print a listing of members who were hospitalized each day. Seniority, at Brownsville General Hospital, used volunteers to daily tally the members that were hospitalized and maintain the statistics to show usage of membership attending senior programs at the hospital. A majority of the programs used the computers to list senior program members and generate the mailing labels for the newsletters. The programs using the software provided by ElderMed were able to generate data showing the amount of income the program members brought to the hospital. The data could track the length of stay the members were in the hospital and the fees they generated during each stay.

### Newsletter Published

Program	YES	NO	How Often
1. Generations Ahead	Y		
2. Barnes Plus	Y		
3. 55 Alive	Y		Quarterly
4. Seniority	Y		Quarterly
5. Golden Care	Y		3 X Yearly
6. Resource Center on Aging	Y		Monthly
7. Senior Life	Y		Quarterly
8. Good Health Club	Y		Quarterly
9. GoldenCare Connection	Y		

Table V

All nine facilities provided a newsletter for their members (See Table V). Details about the contents and length were not asked during the survey, but some stated they included their calendar of events and health tips for illness prevention and early detection of certain diseases. The newsletters were mailed to member's at their homes. One program was not charged for the newsletter in the senior program budget. Their newsletter was billed to another department. Some of the programs included the newsletter cost in the fee they paid to the company providing support for their program, such as ElderMed or Seniority.



### How Newsletter is Generated

Program	Purchased	Created
1. Generations Ahead		X
2. Barnes Plus		X
3. 55 Alive		X
4. Seniority	X Seniority	
5. Golden Care		X
6. Resource Center on Aging	X ElderMed	
7. Senior Life	X Independent	
8. Good Health Club		X
9. GoldenCare Connection		X

**Table VI**

The newsletter for the hospitals were either created in house or by a supplier. A listing of the hospitals and if they purchased or created is shown in Table VI (See Table VI). Majority of the hospital created their own newsletters. Those newsletters were compiled by the community relations department and distributed to members in the senior programs. Three of the programs had newsletters provided by outside businesses and added individual information for their hospitals.



## Hospital Programs Offered

Assist. in filing insurance	1	2			5	6	7		9
Pre registration	1	2	3	4	5	6	7	8	9
Problems	1	2	3		5	6			9
Policy review	1	2	3		5	6			
Bills	1	2	3		5	6		8	9
Medicare	1	2	3	4	5	6		8	9
Quarterly Ed. Programs.	1	2	3	4	5	6	7	8	9
Physician referral.	1	2	3	4		6			9
Resource Center		2				6		8	9
Newsletter for members	1	2	3	4	5	6	7	8	9
Walking prog., (outdoor)	1					6		8	9
Mall Walk programs	1	2	3			6		8	9
Travel, tours	1	2	3	4		6			9
Special Events	1	2	3		5	6		8	9
Cafeteria			3	4	5				
Medical Equipment	1	2			5	6			9
Lectures	1		3			6		8	9
Pharmacy		2			5				9
Nutrition counseling					5				9
Blood Pressure	1	2	3	4	5	6	7	8	9
Pulmonary	1	2	3		5		7		9
Hearing	1	2	3		5				9
Glucose	1	2	3	4	5				9
Prostate	1	2							9
Cancer-	1	2							9
Advance Dir. information	1		3	4					9
Designated Parking	1	2		4			7		9
Membership Card	1	2	3	4	5	6	7	8	9
Medicaid assistance	1	2					7		9

Table VII

A consolidated list of the hospital programs offered is shown in Table VII (See Table VII). When comparing the hospitals by individual programs they all provided: pre-registration, educational programs, health screenings, newsletters, and membership cards. The larger programs had extensive lists of discounts, and benefits for their members. A detailed list of each program is provided in the narrative section of the hospital program.

### Community Outreach

Program	YES	NO
1. Generations Ahead	X	
2. Barnes Plus	X	
3. 55 Alive	X	
4. Seniority	X	
5. Golden Care	X	
6. Resource Center on Aging	X	
7. Senior Life	X	
8. Good Health Club	X	
9. GoldenCare Connection	X	

Table VIII

The purpose of doing community outreach is, to provide the public with information on health topics that is of interest to them, and to inform them of services available at the hospital that can help them to maintain their health by early detection of illness and disease.

All of the hospitals provided some form of community outreach (See Table VIII). The types of programs done for community outreach included; free public speakers on health topics, health screenings at public facilities, special health fairs, and lectures at various locations at a nominal charge or free.

The amount of programming provided depended upon each hospital's size and the budget allocated for this particular area.

#### Cost Effectiveness Measured

Program	YES	NO
1. Generations Ahead		X
2. Barnes Plus		X
3. 55 Alive	X	
4. Seniority		X
5. Golden Care	X	
6. Resource Center on Aging	X	
7. Senior Life		X
8. Good Health Club	X	
9. GoldenCare Connection	X	

Table IX

The cost effectiveness of a senior-care program is necessary when the program is evaluated for justification. A listing of the hospital programs (See Table IX) identifies four programs which were unable to show cost-effectiveness of their program. One hospital commented that they knew they were doing well with increased membership and use of their hospital, but they did not have a tracking system available to show increased revenue generated by the membership. The remaining five programs had computer systems on-line with registration and the senior program. They were able to show increased membership and the revenue generated by the membership when using senior programs. The hospitals using the ElderMed software could track a member for life. St. Mary's 55 Alive program had a limited time they tracked members, eighteen months per usage.



## Senior-Care Hospital Programs

A narrative description of each hospitals' senior-care program surveyed; and some of the services, discounts, and screenings they provide is as follows:

### Generations Ahead

St. Luke's Hospital

Chesterfield, MO

Coordinator

Origin of the program, in house.

St. Luke's Hospital is a 493 bed facility located in west St. Louis County. The senior program, "Generations Ahead" was created and implemented by the in house staff. It is free to all adults 55 years of age or older with 3,400 people presently enrolled.

A computer system is used to maintain the roster of members and to print labels. The newsletter is prepared and edited by the public relation department and is mailed to all members. "Generation Ahead" has one full time staff member who is assisted by volunteers.

### Benefits of Program

Insurance assistance

Explanation of insurance benefits

Physician referral

Newsletter

Educational programs

Exercise program at nominal charge

Informational pamphlets, books, audio tapes, videotapes,  
to buy or borrow

Pharmacy assist

Discounts

Coffee Shop 15%

Corner Cafe 15%



Fountain Cafe 15%

Prescription

Provide, Medical Equipment Company 10%  
(for out-of-pocket expenses)

Fountain Cafe 15%

Prescription

Provide, Medical Equipment Company 10%

(for out-of-pocket expenses)

**Barnes Plus**

Barnes St. Peters Hospital

St. Peters, MO

Coordinator,

Origin of the program, in house.

The Barnes Plus program in St. Peters is an extension of the program at Barnes, St. Louis and has been in existence for four years. There are 9,400 members 55 years of age or older who pay a one time fee of \$25.00. The program was created by Barnes Hospital after looking at other programs in existence. Additional sites for the program are Barnes West County and Barnes (Main Campus) at Washington University Medical Center. The program is coordinated by one full time employee who utilizes additional personnel from a pool of resource staff.

Benefits of the program:

- Membership card with room for vital medical information on the back
- Free health care lectures
- Physician referral service
- Free subscription to Barnes Magazine
- Free installation of Lifeline emergency call unit

Discounts on:

- Area-wide classes
- Health screenings and evaluations
- Mammograms at Barnes St. Peters Hospital
- Merchandise from Barnes Health Fair Shop
- Home medical equipment
- Eyeglasses from the Barnes Optical Shop, or St. Charles Optical
- Hearing aids from Washington University Dept. of Audiology or St. Peters Hearing Center
- Special travel packages
- Senior Adult Fitness Classes at the St. Charles County

Y.M.C.A.

Prescription Medications and free delivery from Art's  
Pharmacy, St. Peters

First nutrition consultation at Barnes St. Peters  
Hospital

Monthly Specials

Extra benefits during any inpatient stays at Barnes Washington  
University Medical Center, Barnes West County Hospital and  
Barnes St. Peters Hospital.

Complimentary taxi ride for patients to and from Barnes  
(within 15 miles of Barnes)\*

Up to one week of complimentary parking for visitors\*

Two free visitor guest meals.

The assistance of a BARNES PLUS representative to answer  
questions and interact with the hospital staff on your  
behalf.

Complimentary homemaker visit from Barnes Private Duty  
Nursing after patient returns home

\*Certain limits apply



### St. Mary's 55 Alive Program

St. Mary's Health Center

St. Louis, MO

Coordinator

Origin of the program, in house.

The senior membership program at St. Mary's Health Center in St. Louis was established in 1988. It is a free program to adults 55 years of age and older. As of July 1993 they have had 19,000 members enrolled. The program was created by the hospital and is coordinated by one full time employee who also works part time as the volunteer coordinator. Additional staff is provided through the volunteer program. The program uses a computer system that is able to track members who are new or have been in the hospital during the prior eighteen months. The program tallies the costs of the individual's hospitalization, then figures the total revenue generated by the patient during each stay. If a member does not use the hospital during the eighteen month period, the name is dropped from the tracking system.

#### Benefits of the program:

Insurance counseling

Billing assistance

Quarterly newsletter

Friday Updates speakers on Medicare, social security,  
nutrition, medicine, etc.

Annual screenings by appointment for glucose, blood  
pressure, and cholesterol

Monthly blood pressure clinic

Exercise class

Life-line, \$20.00 monthly fee

Part of Older Adult Service Bank

They train volunteers in the basics of care for the purpose of providing short-term relief to in-home care givers.

Discounts

- Miss Hulling restaurant within the hospital 15%
- Cafeteria 30%
- Pharmacy 10%
- Gift Shop 10%
- Free parking in garage

### Senior Life

Lake of the Ozarks General Hospital

Osage Beach, MO

Coordinator

Origin of the program, in house.

The hospital is a 99 bed facility located in Osage Beach, MO. Lake of the Ozarks General Hospital's Senior Life program was made possible by a grant from the Southwestern Bell Foundation. It is a free membership program with 1,024 individuals enrolled as of August 1993. The program varies yearly providing a minimum of three educational programs to as many as eight. It is run by one employee in a 1/2 time slot who shares her time with the education department and public relations to make it a full time position. The newsletter is purchased from an outside provider and mailed to members on a quarterly schedule.

Benefits of the program include:

Hospital emergency card

information able to be read by microfiche or  
magnifying glass

Video lending library

Newsletter

Screening clinic

Cafeteria discounts 10%

Discounts for:

AARP Safe Driving Program 50%

Freedom from Smoking 50%

Resource Center On Aging

University Hospital and St. Joseph Hospital

Augusta, GA

Coordinator

Origin of the program, in house, has expanded program with ElderMed.

The Resource Center on Aging (RCOA) in Augusta, GA was formed in 1987 when University Hospital and St. Joseph Hospital joined to develop a Life care community. The union was expanded in 1990 when the hospitals added Augusta Mall as a host for the program and acquired ElderMed America to help provide additional senior membership programs for the older than 50 population.

The center now has 17,000 members who pay no fee. It is run by three full time employees, and three part-time employees. RCOA has offices at both hospitals and a central location at the Mall. Programs running year round include: health screenings, travel, lectures, social events, monthly tours of the hospitals, insurance assistance, fitness classes, mall walking, and educational presentations. The program uses a computer software program that is able to track members and their charges at the hospital and provide data of increased membership usage.

Benefit of the program include:

Health insurance and Medicare counseling

Care giving and pre-retirement workshops

Special events and social activities

The RCOA Magazine

Personal Membership staff available to answer questions and provide counseling regarding insurance paperwork, reimbursement, and other financial issues.

Discounts on:

Eyeglasses

Books



Travel  
Car rentals  
Clothing,  
Gifts & More

University and St. Joseph Hospital provide

10% Cafeteria discount

10% Gift Shop discount

5% Discount on cash payments made at the time of service  
for non-insurance covered expenses for inpatient and  
outpatient services.

Additional benefits:

Notary service

Free monthly and quarterly newsletters

RCOA Aging Resource Directory

National Discounts

Network with participating ElderMed hospitals across the  
country.

### Golden Care

St. Marys/St. Claire Hospital

Madison, WI

Director of Older Adult Services

Origin of the program, Sisters of St. Francis of Illinois.

The Golden Care Program is a part of the Aging Gracefully program from Dean Medical Center and St. Marys Hospital Medical Center in Madison, WI. As of August 1993 there were 6,144 registered members age 65 years or older. It is a program of free and discounted health care related services. The program was originally purchased from the Sisters of St. Francis of Illinois and the program was called Golden Care Plus. The name was modified to Golden Care and is no longer connected with the original program. The staffing for the program is coordinated by one full-time employee who spends 1/2 time with the Adult Day Care Program and the other half with Golden Care. The remaining staff consists of two additional 1/2 time employees. They are responsible for; coordinating the community education programs, Medicare and insurance information, and some outreach work. A part-time secretary completes the staff. The program is tracked by a software program developed by the hospital which identifies members and their length of stay. The newsletter is sent three times a year to members and is written by the community relations department. Social events are held three times a year at the Civic Center. The Annual Zoobilee in the Zoo for seniors is the big event for the program using fifty volunteers and community assistance. Health Education has a What's New With You program presented three times a year by the medical staff and well attended by 300 attendees.

Benefits of the program include:

- Free Medicare and health insurance information
- Free educational luncheon series
- Free social and educational events

**GoldenCare Discounts:**

- Meals
- Educational and recreational classes
- Telephone emergency systems
- Gift shop
- Pharmaceutical services
- Eye wear

Also, for those GoldenCare members who qualify, considerations will be given to providing financial assistance with hospital charges that are not covered by insurance.

**Good Health Club**

Heartland Health System

St. Joseph, MO

Program Director

Origin of the program, bought from ElderMed.

The Good Health Club is a senior membership program at Heartland Hospital in St. Joseph, MO. The hospital has two locations for their senior program, one on the western side of the city and the other on the eastern border. The Club is operated from the western facility.

The program was bought from ElderMed America to provide the initial operating system. The staffing for the program is done by one full-time employee with one part-time assistant. Additional resource employees augment the program as speakers when needed. The Club is targeted with a wellness emphasis and has the name Good Health Club to accentuate the theme. It was originally geared for older adults, but has expanded to individuals under 50 years of age that have asked to join.

A newsletter, created by the hospital's community relations department, is sent to all members. The cost of the newsletter and the mailing expense is not charged back to the Club. A membership card was created by hospital for club members. The Club uses an IBM computer system with software from ElderMed.

**Discounts**

Ten National Discounts from ElderMed

Local insurance

**Benefits**

Assist with space for the CLAIM program

Mall walking

Social events

Senior Olympics

Health screenings

Educational programs



Seniority

Brownsville General Hospital

Brownsville, PA

Coordinator

Origin of program, Seniority.

Seniority is the Senior Membership program that is "A benefit that only comes with age." The program is bought from Quorum, an affiliate of Health Resources, Inc. Brownsville General is a small rural hospital in Pennsylvania that has 120 beds and a 21 bed Skilled Nursing Facility. The program has 866 registered members with 821 of the members active. The staffing of the program is done with one individual who works half-time for the senior program. The Coordinator is responsible for the skilled nursing facility, and the volunteer program the rest of her time. The hospital charges a one time fee of \$20.00 for membership.

Benefits of the program include:

Free help with Medicare and Claims Filing

Free Health Screening

Free Membership Handbook

Hospital Admission Pre-Registration

Physician Referral Service

Free Subscription to National Publication "Perceptions"

Special Travel Service

Monthly Events Calendar

Health Education Workshops and Seminars

Private room at semi-private rates at Brownsville General Hospital, when available.

Free local phone service when hospitalized at Brownsville General Hospital.

Free Newspaper when Hospitalized

Seniority Discounts

Cafeteria Discounts

Discounts from selected area Professionals and Businesses.

**Golden Care Connection**

Christian Health System

St. Louis, MO

Manager Senior Programs and Health Access Center

Origin of the program, Sister of St. Francis, Illinois.

Golden Care Connections is the senior membership program for Christian Health System. The program was originally bought and established for the hospital from the Sister of St. Francis, Illinois. A conflict developed with the original name and the present name is being used now. The program has 16,400 members enrolled in the St. Louis area, 5,000 enrolled around Alton, IL, and 780 near Vandalia, IL. The program does not charge for membership and provides a membership card, services and programs geared for those over fifty-five. The goal of the program is twofold; to provide the member with important information and services to keep them healthy and, if they do require medical attention, to simplify the processes of selecting appropriate physicians and filling out medical insurance claim forms when necessary.

Benefits of the program include:

- An advisor to help you fill out medical insurance forms.
- Free health screenings and educational programs
- Physician referral service
- Preferred parking
- Free subscription to the GoldenCare Connection Newsletter
- Admittance to a variety of GoldenCare Connection "members only" social functions.
- Resource and Referral Information
- Safe at Home Program
- Hospital Directory Service
- Golden Marchers Walking Program
- No loafers Mall-Walking Club
- Ms. Senior Missouri Pageant

## Discounts

- On membership to the fitness centers
- Hospital cafeteria meals on the weekend- 20%
- Nutrition Counseling- 10%
- Cafeteria Discount Coupons- 20%, (for use by the family when member is hospitalized)
- Medical equipment- 10%
- Healthy Connection Lectures- 50%
- CH Home Care Pharmacy- 12%

## CHAPTER 5

### CONCLUSION

The population of senior citizens in the St. Charles, Lincoln, and Warren Counties is increasing in number. A additional segment of the "Baby Boom Generation" is relocating to this area and some are bringing their older parents with them, adding to the senior population. Services are needed to help this group attain the goals of the Healthy Communities 2000. St. Joseph Health Center and St. Joseph Hospital West have taken the lead in developing and implementing, with community leaders involved, the vision statement for Healthy Communities 2000. The vision statement is as follows:

#### VISION STATEMENT

The Healthy Communities 2000 project of St. Charles, Lincoln and Warren Counties is dedicated to the collaboration of community leaders, organizations, churches, schools, and families to promote the progress toward Healthier Communities necessary for the present and future generations.

We share a vision in which all citizens:

1. Practice self-regulation and acceptance of responsibility for their own health behaviors.
2. Are safe in their homes and throughout their entire community.



3. Have access to resources to support their physical, mental and spiritual well being.
4. Live, work and play in an environment free of pollutants and hazards to their health.
5. Have adequate resources for basic needs (Housing, food, clothing, education, Health Care)(Healthy Communities 2000, St. Charles, Lincoln, and Warren Counties).

The development of a senior-care program sponsored by St. Joseph Health Center and St. Joseph Hospital West coordinates with the Healthy Communities 2000 plan. Senior citizens are targeted as a group needing education, assistance, and programs in meeting the changing conditions of old age.

Procedures, such as the Magnetic Resistance Imaging (M.R.I.), cardiac catherization, and pulmonary rehabilitation can be very confusing for the older patient. Stress levels for the patient and the families of patients when being admitted into an unfamiliar hospital environment can be overwhelming. Confusion, fear, and stress should be reduced for patients. The elderly patient, especially, needs to be made aware of how these procedures are done, the necessity for the procedure, what the prior requirements will be, what the post care will be, and whether there will be an extended stay. This information can be provided at different times in a non-stressful situation. The use of senior-care programs to provide tours, education, support, and preventive measures for the members are bonuses that can not be measured in dollar amounts.

What can be measured is the use of the hospital for tests, procedures, length of stay and increased usage by this population group. What is needed is a registration program that can track the membership and the services which the membership uses. Of the programs surveyed only one program had a data base system that showed membership enrollment, the dollar amount spent by the member for services, how often the members used the program, and a comparison of the members to non-members in length of stay during hospitalization. ElderMed America provides the data base to track this information. This information becomes critical when justifying the program.

ElderMed America has provided a proposal to St. Joseph Health Center to assist in developing a senior program at the hospital. A copy of the proposal is included in Appendix B (See Appendix B). The financial results of using their program are illustrated in Table 1. Contribution From New Market share. They state: "...net income from the new market share is typically four times the cost of the program, and net contribution ranges from two to three times the program's cost" (ElderMed 21).

## RECOMMENDATION

It is recommended that St. Joseph Health Center and St. Joseph Hospital West develop a free senior membership program that will provide; information, guidance, screenings, assistance, and social events for the seniors of St. Charles community. Eligibility will begin at age fifty for persons living in the area served by the hospitals. The program will have a registration form available which can be used for pre-registration at the hospital and for health screenings. All members' records will be maintained on a centralized data base for as long as they live. This information will assist in tracking individuals as they use various programs and identify members who are in house patients at both of the hospitals.

Members will be able to receive routine and special health screenings, such as; blood pressure, height and weight checks, glucose, cholesterol, pulmonary, hearing, and glaucoma checks. Some of these will be at no cost to the individual, others at a nominal fee to cover expenses. Physician referral will be available to members who have no physician.

The program will be able to use established procedures, such as, physician referral, educational programs on health issues, insurance assistance, health screenings, seminars, and senior discounts. Additional services can be provided, such as Advance Directive information, policy review, and review of billing. Educational programs and seminars for seniors can be scheduled throughout the year. The dates of ongoing classes in



exercise, nutrition, and wellness would be published in the educational newsletter and be sent to members who have registered for the program.

Each of the hospital programs reviewed in this thesis had a specific coordinator for their programs. The number and types of people required to implement the programs varied from part-time employees, who coordinated a specific area; to three full time employees, at three locations, with additional employees for specific events. It is recommended that St. Joseph hire at least one person as an initial implementer. This implementer should have administrative support also.

The use of a specific area for socializing and instructional groups is required. This area would be used for an office area, registration center, health screenings, educational programs, exercise groups, presentations, and meetings. The area would need to be multi-purpose in design, with easy versatility to accommodate the needs of the groups using it.

The key item required for the program's success is the data base system that registers the individuals, tracks their use of the programs provided, and the services used at the hospital. This information becomes valuable when measuring the cost effectiveness of the program. All programs would be integrated into the hospital record system to provide a smooth transition for the well patient using educational resources to in patient needing hospital services.



## **Benefits of the Program**

This paper has attempted to show that a well-run senior-care program can both serve the community and increase hospital profitability. St. Joseph Health Center and St. Joseph Hospital West could initiate a senior-care program and serve as a pilot program for the Sisters of St. Mary's Health Care System (SSM Health Care System). Developing a program specifically to serve the older population assists with meeting a portion of the mission statement (See Appendix A).

Presently the SSM Health Care System has a different senior-care program in each hospital. Each hospital maintains different tracking methods, educational, and registration procedures. The SSM Health Care System has failed to develop a standardized senior-care program, which has led to increased costs and decreased effectiveness. Implementing a standardized senior-care program can increase profitability and provide the most information available on senior topics.

One way to measure whether the hospital is meeting its goal is to see whether the participants attending health promotion programs become patients when they need hospitalization. Individuals involved in the senior-care program would be identified when admitted as patients and new members could be registered when being admitted.

Health educators and promoters should not forget that elderly people are a valuable resource and are an important sector of society.

Society can be judged by the quality of its care for the elderly and its poor. The elderly must be given an opportunity to participate in a supportive environment. Economic, social, physical and mental health care must be provided so that the elderly population will be able to continue to participate to the fullest in long and fulfilling lives (Dhillon 31).

By providing a wellness program for the senior adults of the St. Charles community, St. Joseph Health Center and St. Joseph Hospital West is serving it's mission and meeting the needs of the community.

APPENDIX A  
MILWAUKEE STATEMENT

APPENDIX A

...hospital staff will  
...of Jesus Christ  
...Catholic  
...with  
...to

...the health care  
...the center to work  
...the health care  
...the health care

Health Center  
providing  
...family  
...quality  
...state  
...state

## APPENDIX A

### MISSION STATEMENT

St. Joseph Health Center-Hospital West will extend the healing ministry of Jesus Christ in accordance with the philosophy of the Sisters of St. Mary and the Roman Catholic Church. We will emphasize our roles as an advocate and agent of change and join with others in bringing a holistic philosophy to health care.

Our purpose is to promote the health and well being of any individual in the delivery of institutional and non-institutional services. We will maintain and augment our leadership role as the dominant health care provider in the area.

Leadership and service are our cultures. Building on 100 years of service, we will provide leadership in meeting the challenges of today and tomorrow through commitment, innovation and example. We will serve by leading.

St. Joseph Health Center-Hospital West is committed to providing service which meets the physical, emotional and spiritual needs of patients, family and community. Our services will be caring, respectful, sensitive and valuable to each person. They will always be high quality, be worth what they cost, be provided in a compassionate manner, and be offered to accommodate needs. (SSM Health Care System, 1992).



APPENDIX B

Faculty of Health Sciences

Department of Health, Behavior and Society

100 First Street, East, Suite 1000, New York, NY 10003

**APPENDIX B**

APPENDIX B

Hospital Senior Wellness Survey

Please complete and return to Terrie James, Activity Therapy Dept., St. Joseph Health Center, 300 First Capitol Drive, St. Charles, MO 63301.

Survey completed

by \_\_\_\_\_ (position) \_\_\_\_\_.

Name of the hospital the program is affiliated with \_\_\_\_\_.

Address and Phone

Number \_\_\_\_\_.

Name of the program for Senior Citizens. \_\_\_\_\_

1. Did you purchase your program or create your own?  
Bought \_\_\_\_\_, Created \_\_\_\_\_
2. If you purchased, what is the name of the company you purchased it from? \_\_\_\_\_.
3. Number of persons enrolled in the program \_\_\_\_\_
4. Do you charge a membership fee? \_\_\_\_\_
5. Personnel involved with program. Fulltime \_\_\_\_\_, Part-time \_\_\_\_\_ Volunteers \_\_\_\_\_
6. Do you use a computer system? \_\_\_\_\_
- 7a. Is a newsletter published? \_\_\_\_\_ 7b. How often? \_\_\_\_\_
- 7c. Does your staff prepare the newsletter? \_\_\_\_\_
- 7d. If not, from whom do you purchase the newsletter? \_\_\_\_\_
8. What programs and services are offered to the membership? \_\_\_\_\_
9. Do you provide for community outreach? \_\_\_\_\_
10. Enrollment procedure. \_\_\_\_\_
11. What other departments are involved in your program? \_\_\_\_\_
12. How does your hospital measure cost effectiveness of your program? \_\_\_\_\_

APPENDIX C

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**PROPOSAL**  
**for**  
**St. Joseph Health Center**

**August, 1993**



*Your Senior Health Connection*

**20500 Nordhoff Street • Chatsworth, California 91311 • (800) 227-3463**



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**AN INVITATION TO PARTICIPATE  
IN THE  
ELDERMED AMERICA NETWORK**

The most dynamic healthcare organizations today are those responding to clearly perceived needs. For our industry, the pressing need is to provide superior service to the growing 50+ population in order to stay viable in a business environment that features stiff competition, spiralling costs and capitated reimbursement. ElderMed America directly and dynamically addresses these priorities.

In this Proposal, we cordially invite St. Joseph Health Center to join the ElderMed America network, an affiliation of progressive healthcare organizations throughout the country that share our commitment to geriatric services *and* improved financial performance.

As a community-based hospital dedicated to meeting local healthcare needs, St. Joseph Health Center has a foundation of core services and educational programs that meet many needs of older adults. ElderMed's gerontological expertise and our success in building and marketing healthcare aging services gives your hospital access to essential resources for coordinating and marketing your older adult services to meet the changing needs in your community.

By forming a partnership with ElderMed, St. Joseph Health Center will achieve the winning results of retained marketshare, new business, improved patient mix, healthier lifestyles and more appropriate use of health services, and an enhanced community image.



## **ABOUT ELDERMED AMERICA**

Today, it doesn't take great clarity of vision to see that older adults are "where it's at" in healthcare services and marketing. But that's what it took in 1983 when the HealthWest Foundation (now UniHealth America) began to explore alternate ways to deliver health services to seniors.

By the time the first ElderMed membership program was launched the following year, our mission had been defined: to help healthcare organizations provide more effective, cohesive services to improve healthcare access both for people over 65 and those just entering their middle years.

Older adults represent the largest single group of potential clients for your hospital. We believe the best way to increase your share of this market is to educate older adults about healthy lifestyles and your hospital services, provide easy access, and follow through with superior service. ElderMed America has the expertise and the treasury of programs and services to help you better serve this growing population.

Our experience has shown our senior membership program strategy to be the most powerful and effective way to launch and coordinate a successful services program tailored to older adults. For older consumers in your area, the ElderMed membership program becomes their one-stop resource center for wellness and healthcare services at your hospital and in the community, helping them navigate through the maze of healthcare financing and delivery.

Through health screenings and innovative education services that ElderMed helps you mount, you build relationships with and promote wellness among your members -- and with the community at large. Members develop strong loyalties to St. Joseph Health Center, making it their first choice for all healthcare needs.

ElderMed has redefined the business of serving older adults, not only for providing quality care when they're ill but also with original programs for staying well. By focusing on services to promote healthy aging, we help St. Joseph Health Center invest in the long-term health of your community and position your services for the competitive managed care environment.

## WHO WE ARE

ElderMed America's membership program strategy was initially designed to provide a service approach to marketing. As the senior membership program concept has spread nationally, the non-profit ElderMed has become the acknowledged leader, known for the quality of its program materials and the expertise of its professional consultation team.

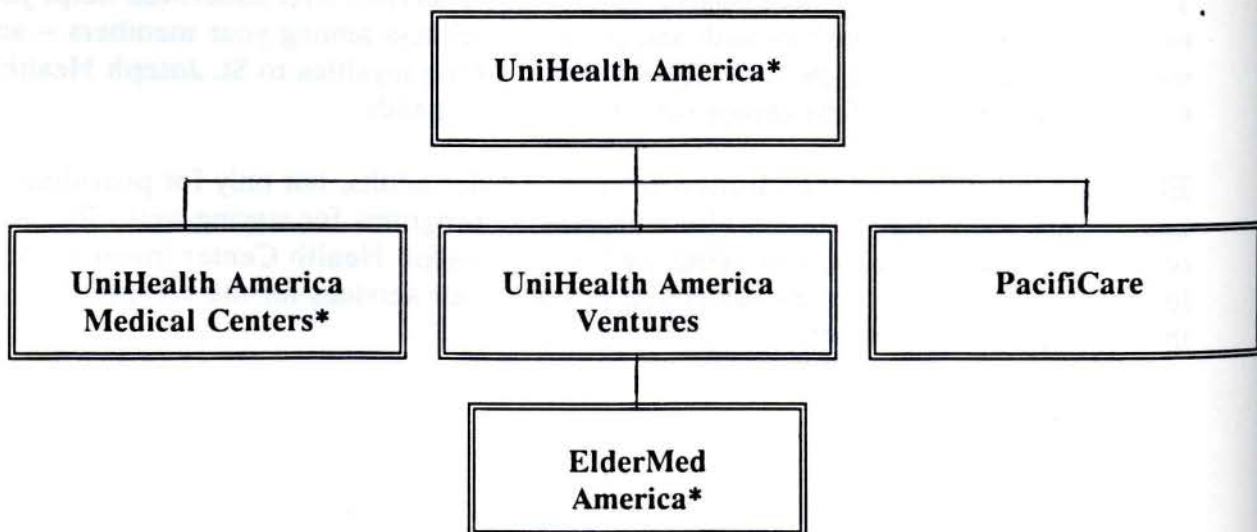
In the past seven years, more than 100 hospitals across the country have benefitted from ElderMed's know-how in developing effective senior services and attracting over a million members to their membership programs. Our current client network includes 45 contracts.

ElderMed's greatest strength has been in supporting client organizations in their responses to the ever-changing healthcare environment. As a result, the membership program is now only one of the many services and products offered by ElderMed.

ElderMed is a part of the not-for-profit **UniHealth America** regional healthcare system, dedicated to excellence in healthcare delivery. Within UniHealth, ElderMed is a pivotal support in the system's strategic planning and marketing programs for older adult services.

ElderMed works in tandem with **Unihealth America Ventures**, a for-profit subsidiary of UniHealth America, responsible for the brokering of optional products to assist client hospitals to strengthen their loyalties with members. Long-term care insurance has been the most recent focus for development.

An overview of our corporate organization is as follows:



\* Non-profit organizations



## WHAT WE PROVIDE

By joining the ElderMed America network, St. Joseph Health Center will receive all of ElderMed's impressive resources for planning older adult services and for launching a custom-designed membership services program for older adults. ElderMed's results-oriented services are tailored to meet your fiscal and service objectives. We bring you state-of-the-art programs and benefits for older adults in your community.

ElderMed offers three service packages which vary in the kind of materials and the degree of support services and consultation offered. Each package is designed for the smooth development and fine-tuning of your membership program to meet your unique objectives and needs. These are:

- ◆ **Priority Service Package** -- the most comprehensive and includes all of the available materials for program implementation, plus on-going consultation and support services on an annual basis
- ◆ **Select Service Package** -- includes all of the materials in the Priority Service Package, with some reduction in consultation, and the magazine is priced separately
- ◆ **Program Launch Package** -- for clients who require only implementation materials and assistance; available without the annual support features or geographic exclusivity

Fees for each package are listed at the conclusion of this proposal.

Depending on your program objectives, ElderMed's program implementation expertise can enable your hospital to implement a cohesive, effective senior affinity program in as few as *eight to twelve weeks*.

The following pages describe each of the service components of ElderMed's comprehensive **Priority Service Package**.

## **Older Adult Services Planning & Development**

To develop your strategic plan for older adult services, ElderMed's team of program and marketing consultants are available to work with your planning and marketing team and/or other key managers. The planning assistance may involve any or all of the following tasks, depending on how much has already been done by your internal team:

- ◆ Analysis of data on older adult population
- ◆ Trend analysis of patient use data for case management
- ◆ Assessment of community needs and resources
- ◆ Inventory of existing older adult services and community resources
- ◆ Assessment of market factors
- ◆ Projection of financial implications
- ◆ Recommendations for new services
- ◆ Development of business, implementation, and marketing plans

ElderMed's specialists have first-hand knowledge of the healthcare environment and considerable experience in geriatric services and marketing. We provide up to three on-site visits for program development and implementation, and up to 32 hours of additional on-site program consultation and evaluation assistance as part of the annual support package. We are also available for regular technical assistance and support by telephone.

In addition to the ElderMed products and services described on the following pages, we can address feasibility issues related to your clinical program development, such as geriatric assessment, case management, and adult day care services.

## **National ElderMed Training Institute**

ElderMed provides comprehensive training by its national team of specialists in gerontology services, program development, marketing and public relations, program evaluation, and computer-assisted membership management and tracking. The training is organized around the participants' program development issues and action planning.

The Training Institute is held at ElderMed's home office in Chatsworth, California, and St. Joseph Health Center is invited to send its senior services program coordinator, whom you employ, and up to two additional managers. We can also consider scheduling the Training Institute on-site in the St. Charles area at a location of your choosing if a full trainee complement has not been assembled.



Tuition for your representatives at the Training Institute is included in your ElderMed fees while St. Joseph Health Center is responsible for their travel expenses. As needed, ElderMed will train up to one replacement program coordinator a year.

Two of ElderMed's outstanding program development reference manuals will be essential guidebooks for your staff during the initial training stage:

- ◆ **Our Program Manual: Your Blueprint for Multi-level Program Development** is an in-depth reference on how to implement and manage an effective, results-producing older adult membership program. Guidelines, instructions, models, and forms are included for hospital and community assessment, care coordination, physician participation, health promotion programs, community outreach, volunteer services, and program evaluation systems.
- ◆ ElderMed's definitive **Marketing Communications Manual: Game Plan for Successful Communication** provides innovative strategies for promoting your membership program as well as all your geriatric services. It includes direct mail techniques and samples; press releases and public service announcements; colored slides and script for program introduction; guidelines, suggested topics and sample articles for your hospital-specific custom magazine section; veloxes and guidelines for use of the ElderMed America name and logo; and many other ideas for developing effective marketing materials for older adults.

### **AGESense® Aging Awareness Training Program**

Exposing nursing and other clinical departments, admissions, business office, and guest relations staff to ElderMed's award-winning **AGESense®** training will sensitize your staff to the special needs of older adults and increase their effectiveness. Providing good service to seniors presents many challenges to your staff, who must:

- ◆ Dispel their own misconceptions about aging and being "old"
- ◆ Develop appropriate responses and behaviors for interacting with older adults and effectively communicate with seniors and their families

St. Joseph Health Center's staff will benefit from our state-of-the-art **AGESense®** training program which will help them form positive attitudes about serving older adults and learn methods to compensate for the sensory losses and physical limitations some older adults experience. **AGESense®** training is specially designed to integrate aging sensitive customer relations into your patient relations and quality improvement programs.



ElderMed provides planning and implementation consultation, expert facilitator training, and a wealth of curriculum designs, learning exercises and resources, creative training techniques, program promotion materials, and training evaluation tools.

**The Comfort Zone**, an assessment tool for evaluating older adult safety and comfort issues in your hospital's physical environment, is the newest enhancement to the **AGESense®** program.

**AGESense®** was a winner of the 1993 Brookdale Award for Exemplary Practices in Human Resources and Aging, selected by the Administration on Aging's National Eldercare Institute on Human Resources. **AGESense®** was also a winner in the 1993 National Mature Media Awards.

### **Healthy Aging Project: Health Promotion and Lifestyle Programs**

Selected for recognition by AARP in 1992 for Exemplary Contributions to Healthy Aging, ElderMed's **Healthy Aging Project** is an innovative model for health promotion programming. The **Healthy Aging Project** has proven successful in attracting thousands of our clients' seniors to health education, screenings, and wellness events, helping hospitals promote their services, *and* improving the health and wellbeing of their communities.

ElderMed fitness programs have had spectacular success in demonstrating our clients' wellness orientation and in establishing advantageous community alliances and collaborations with the local business community for fitness services sponsorship. We can provide the know-how to implement community-based walking programs, low-impact exercise programs, and other fitness services.

ElderMed's **Healthy Aging Project** brings you an extensive compendium of health promotion resources and education materials, providing practical assistance to your staff in designing innovative health education and wellness programs featuring your provider network. In developing programs. Each **Healthy Aging Project** module includes a general introduction to the topic, along with background information, prevalence and demographics, if appropriate; lists of professional and consumer materials and organizations; sample materials and curricula, publications, learning tools, and other resources.



Some examples of our **Healthy Aging Project** resources are:

- ◆ **Your Best Foot Forward:** Creating a Dynamic Walking Program
- ◆ **Family Matters:** Grandparenting and Intergenerational Programs
- ◆ **Embracing Diversity:** Ethnic Health Promotion
- ◆ **Prescription for Health:** Promoting Medication Management to Older Adults
- ◆ **Family Treasures:** Resources for Life History Activities
- ◆ **Breast Health:** Promoting Education and Detection to Mature Women
- ◆ **Recipes for Life:** Promoting Healthful Nutrition to Older Adults
- ◆ **For Your Eyes Only:** Promoting Eyecare and Vision Health
- ◆ **The Power to Heal:** Promoting Health to Mature Women
- ◆ **Alcohol Abuse:** Promoting Intervention and Education to Older Adults

The Priority Service Package includes a subscription to ElderMed's **Healthy Aging Project** for a minimum of four **Healthy Aging Project** modules per year, plus a research service for clients who need assistance developing other health and lifestyle programs. Research and consultation provides for the researching of available consumer and professional materials, acquisition of sample materials, and recommendations on program curricula design.

### Care Coordination Services

Your membership services program presents an ideal opportunity to reach members with information, support services, and community referrals before their problems and frustrations escalate to a point where they require costly medical services. Care coordination, a service that helps members identify and access needed community services, is a valuable membership benefit that dramatically increases staff effectiveness in dealing with the often complex medical, social and emotional issues confronting older adults.

Care coordination is a critical component in the management of the frail elderly and can have a significant impact on the cost of care. ElderMed provides consultation for implementing information, referral and care coordination services as an integral part of your membership services and/or your social services/case management departments.

Care Coordination services form the basis for the *Coping with Caring*<sup>®</sup> program, helping stressed caregivers arrange home care, respite, and other support services.

### ***Coping with Caring*<sup>®</sup> Caregiver Services**

ElderMed's comprehensive *Coping with Caring*<sup>®</sup> program establishes St. Joseph Health Center as the key community provider of assistance and referral for caregivers. This is a strategically effective value-added service your hospital can offer local employers to meet companies' needs for employee and retiree eldercare services.

*Coping with Caring*<sup>®</sup> program materials and collateral planning consultation are invaluable catalysts for developing and promoting a variety of hospital-sponsored caregiver education and counseling services for members and families throughout your community.

*Coping with Caring*<sup>®</sup> is literally bursting with:

- ◆ Innovative community education services and ideas for support services
- ◆ Dynamic outreach and marketing strategies, along with promotional materials, to successfully introduce *Coping with Caring*<sup>®</sup> to the community
- ◆ Models for organizing fragmented caregiver services under one umbrella

### **Healthcare Financing Education Programs**

Our expert training and program materials equip your staff to sponsor consumer education programs for varied audiences about today's critical healthcare financing issues, including Medicare, supplemental insurance, HMOs, and long-term care insurance. We further help you set up and manage claims assistance services to help your members prepare and submit their insurance claims.

ElderMed furnishes on-site staff and/or volunteer training, camera-ready promotional materials, samples of successful marketing tools, consumer workbooks and collateral print materials, educational overhead transparencies, and three comprehensive "how to" manuals:

- ◆ **The Medicare Maze:** Resources for Insurance Education
- ◆ **The Paperwork Puzzle:** Resources for Claims Assistance Training
- ◆ **A Growing Older Concern:** Resources for Long-term Care Education



## **Cross-Marketing Your Hospital Services**

One key advantage of the membership program strategy is the unparalleled opportunity to promote all your services to a fundamental consumer group. ElderMed's program development consultation emphasizes this objective and our quarterly magazine and membership management software are just two examples of the many services we have designed to support this effort.

## **Custom Magazine for Members**

The ideal vehicle for cross-marketing your hospital services for older adults, ElderMed's award-winning quarterly publication is designed especially for the older adult with a focus on healthy aging. ElderMed's clinical articles are written and reviewed by medical and gerontological professionals.

At least two and one-half full pages per issue are available to St. Joseph Health Center for customized material about your services and clinical programs for seniors. Your custom masthead is featured on the full-color front cover and more custom design and photo options are available.

Under the Priority Service Package, ElderMed prints and distributes the first 5,000 copies of each issue directly to your members, physicians, and community service organizations on your mailing list. Because the ElderMed membership software eliminates duplicate magazines per household, 5,000 magazines actually reaches approximately 8,000 members.

## **Marketing Consultation Services**

ElderMed's national team of specialists have considerable expertise in membership promotion, especially for younger mature adults in their 50's and 60's. ElderMed's consultants work with you to design and implement promotional strategies that match your goals and community characteristics.

With an emphasis on marketing technology that ElderMed has refined, we give you advice and production assistance on direct mail campaigns, program brochures, media relations, advertising and public service announcements, community outreach, and the development of newsletters and other member communications. ElderMed's recommended marketing strategies maximize the cross-marketing potential of all your hospital and physician services that benefit older adults and their families.

## Marketing Materials

ElderMed furnishes ready-to-use marketing materials, easily customized for your hospital's needs, to promote your membership program benefits, including:

- ◆ Copy material for direct mail campaigns
- ◆ Artwork for monthly member mailings
- ◆ Copy and camera-ready material for consumer program brochures
- ◆ Camera-ready advertisements
- ◆ Catalog of older adult photos

ElderMed provides your first 2,000 membership brochures at no cost when a minimum order of 10,000 is placed with ElderMed.

## Physician Marketing and Participation Options

Many hospitals in the ElderMed network include their medical staff in the development of older adult services and program benefits. At your option, we will assist St. Joseph Health Center to achieve active physician involvement in your membership program.

In addition to inviting your medical staff to participate in educational and screening programs, you may choose to offer other physician-promotion options such as referral systems and preferred physician provider panels for which ElderMed furnishes sample agreements, sample directories, and outlines for physician briefings.

## ElderMed America Discount Network and Consultation

A meaningful local discounts program enhances your membership program's appeal, helps retain and attract new members, and forges stronger ties with your local business community. ElderMed's consultation and **Discounts and Benefits Manual: Building Partnerships with Providers** helps your staff develop local discounts and membership amenities with St. Charles area merchants and service providers.

ElderMed has successfully negotiated over 50 discounts and special benefits with national and regional vendors. Our discount network for members nationwide includes providers in the areas of:

- ◆ Pharmacy
- ◆ Vision/Optomety
- ◆ Hearing
- ◆ Durable Medical Equipment
- ◆ Home Health
- ◆ Dental
- ◆ Car Rental
- ◆ Travel and Lodging
- ◆ Leisure Services
- ◆ Health and Fitness



Special discount plans, such as for dental or vision services with local preferred providers, can be developed for your region upon request.

### **Membership Management Software**

ElderMed's powerful, user-friendly membership management software system enables you to manage your growing membership easily and efficiently.

Operating on IBM PC or compatible equipment, the system is supported by a detailed user manual, training, and ongoing customer support from ElderMed's technical specialists. Specifically, the ElderMed software will:

- ◆ produce membership cards
- ◆ produce mailing labels
- ◆ maintain member data base
- ◆ produce membership lists
- ◆ produce summary marketing reports (by source of membership referrals, by age of members, by zip code penetration of membership, by insurance coverage)
- ◆ produce physician mailing labels and lists
- ◆ produce community agency lists and labels
- ◆ produce mail-merged letters and labels for target selected member groupings

At your request, the ElderMed software can be customized to meet your specific data or reporting requirements.

### **ElderMed America Membership Cards**

ElderMed furnishes up to 5,000 two-color standard ElderMed America membership cards per year at no charge, designed to be printed with the aid of ElderMed's membership management software. The nationally-recognized card features St. Joseph Health Center's and your program coordinator's names and space for a personalized message for members, along with a useful blood pressure check record for the member's use on the reverse side.

## **Utilization Tracking Software for Program Evaluation**

Our advanced program evaluation software gives you the ability to demonstrate the cost effectiveness of your membership program. Designed to operate in conjunction with the Membership Management Software, the Utilization Tracking Software matches your membership data base with information from your hospital's computer records for patients 50 years of age and older who used any hospital services during the reporting period.

The Utilization Tracking Software produces comprehensive hospital utilization reports, for both Medicare and non-Medicare members, which:

- ◆ Track utilization of your inpatient, outpatient, and emergency services by your members
- ◆ Highlight new business versus retained business from your members
- ◆ Identify revenue directly attributable to the member loyalty fostered by the membership program

## **Travel and Leisure Services**

Encouraging members to participate in travel and other recreational activities is yet another way to reinforce healthy lifestyles, and offering special travel services will help members form a stronger affinity with your hospital.

ElderMed organizes periodic domestic and international travel programs for members nationwide at special rates, including the annual national ElderMed Jamboree. ElderMed also publishes the **Travel Information Packet for Seniors (TIPS)** annually. This valuable resource guide is ready for customizing by your hospital and can be copied for distribution to your members and to the community.

As an optional program enhancement, ElderMed's Program Consultant can consult on the establishment of travel-and-wellness seminars and/or travel programs in partnership with a local travel agency that you select.

## **Medicare Supplemental Insurance**

With our extensive experience in product development and promotion, ElderMed evaluates insurance partners who offer a high quality Medicare Supplemental Insurance policy, specially designed and competitively priced, to protect ElderMed members. If you are interested in promoting an insurance product, ElderMed will work with you to identify the best strategy for your marketplace.



## Mail Order Pharmacy Service

ElderMed's outstanding provider of mail order pharmacy services, Medi-Mail, supplies brand name and generic prescription drugs, vitamins and over-the-counter items at significant savings for your members. Clinical pharmacists are readily accessed on our special toll-free mail order pharmacy telephone line, and members throughout the country have praised highly the superior customer services they receive. If this benefit is desired, ElderMed will provide you with brochures describing these services in suitable quantities for local mailings and lobby displays.

## Long-term Care Insurance

ElderMed has researched long-term care insurance policies currently available and has made the AMEX policy available to members in the ElderMed network as a "Best Buy". Other policies will be added as new information is available in this rapidly changing field. As with all product offers, your participation is optional.

## National 800 Toll-Free Line

ElderMed makes available a toll-free number for your members and potential members to call for general information on program benefits and referrals to your membership program office. Your staff may also use this toll-free number for communication with the national ElderMed America office.

## Program Funding Consultation

During the growth of your older adult services programs, additional sources of revenue may be required to finance new program development or to offset certain costs of providing membership services. ElderMed will assist you in designing strategies to secure financial and other kinds of program support.

As your membership program matures, this key "affinity" group can play a significant role in supporting hospital fund raising efforts. We will recommend ways your membership staff can collaborate with your development office and Foundation to generate new funding for your membership and clinical programs.

ElderMed's innovative manual, **The Funding Factor: Resource for Generating Program Support**, is a complete program on the subject of generating financial support for older adult services. Topics such as fee-for-service options and special events are covered with step-by-step guidelines. Successful initiatives from the ElderMed America national network are described. The section on securing grant funds includes numerous resources for locating appropriate sources and skills for successful proposal writing.



## **Geographic Exclusivity for Nationally Recognized Logo and Name**

With ElderMed, you have the built-in marketing power of a fully developed, state-of-the-art senior affinity program. Your members will have access to substantial affinity group discounts and nationwide portability of benefits. St. Joseph Health Center receives exclusive rights to the use of the ElderMed name and logo in your designated zip code market area, which encompasses your primary and all or most of your secondary marketing areas, subject to our negotiation.

## **The Added-Value of "Networking"**

Being a part of our national ElderMed network offers significant advantages to St. Joseph Health Center. Major networking components include:

### **◆ Subscription to Participating Hospitals' Senior Services Publications**

ElderMed will place your membership program staff on the mailing list of all hospitals and health systems in the ElderMed network so you can learn about successful programs, marketing techniques and clinical services developed elsewhere in the country.

### **◆ Regional Meetings**

Periodically throughout the year, ElderMed Program Consultants organize group meetings for your program coordinator and other appropriate staff to network with other ElderMed participating hospitals in your region. Skills training is offered in addition to valuable ideas-exchanges that will stimulate your older adult programming and enhancements to your geriatric services.

### **◆ Provider News Bulletin**

ElderMed's **Provider News Bulletin** is your resource for planning strategies and new program ideas. Mailed monthly to your membership program coordinator and your key senior managers, it highlights successful program and marketing techniques and follows innovations and trends in older adult services that are particularly relevant to healthcare providers.

### **◆ Regional Advisory Councils and Executive Briefings**

Your hospital executives and product development staff are invited to participate in periodic regional meetings or executive briefings to evaluate proposals for new program benefits and products. ElderMed welcomes input from St. Joseph Health Center to identify needed new services.

## Regular Program Enhancements

ElderMed's comprehensive services have been designed to provide your hospital with a distinct competitive advantage in your marketplace. We are committed to the success of your older adult services programs, and to ensuring that St. Joseph Health Center remains at the cutting edge of older adult services in your area.

Regularly each year, we introduce new value-added resources and program enhancements designed to strengthen your relationship with members and further develop their loyalties to your hospital and provider network.

Examples of forthcoming program enhancements in the coming year are:

- ◆ Resource Guide for Case Management Services
- ◆ Resource Guide for Geriatric Assessment Services
- ◆ **Healthy Aging Project** program resources for health promotion and prevention in the areas of:
  - ◆ Depression
  - ◆ Home Safety
  - ◆ Osteoporosis
  - ◆ Nutrition
  - ◆ Pre-retirement planning



## FINANCIAL RESULTS

In addition to its strong service orientation, ElderMed America is committed to ensuring that your senior membership program is producing desirable financial results for your hospital. All of ElderMed's consultation and support is designed with an evaluative feedback mechanism to demonstrate the outcomes of your senior membership program in terms of an improved bottom-line.

ElderMed America conducts ongoing studies to verify the financial gains from our participating hospitals' ElderMed programs. The following chart demonstrates the substantial net contribution per year from two hospitals' programs. In fact, net income from the new marketshare is typically four times the cost of the program, and net contribution ranges from two to three times the program's cost.

**TABLE 1. Contribution From New Marketshare**

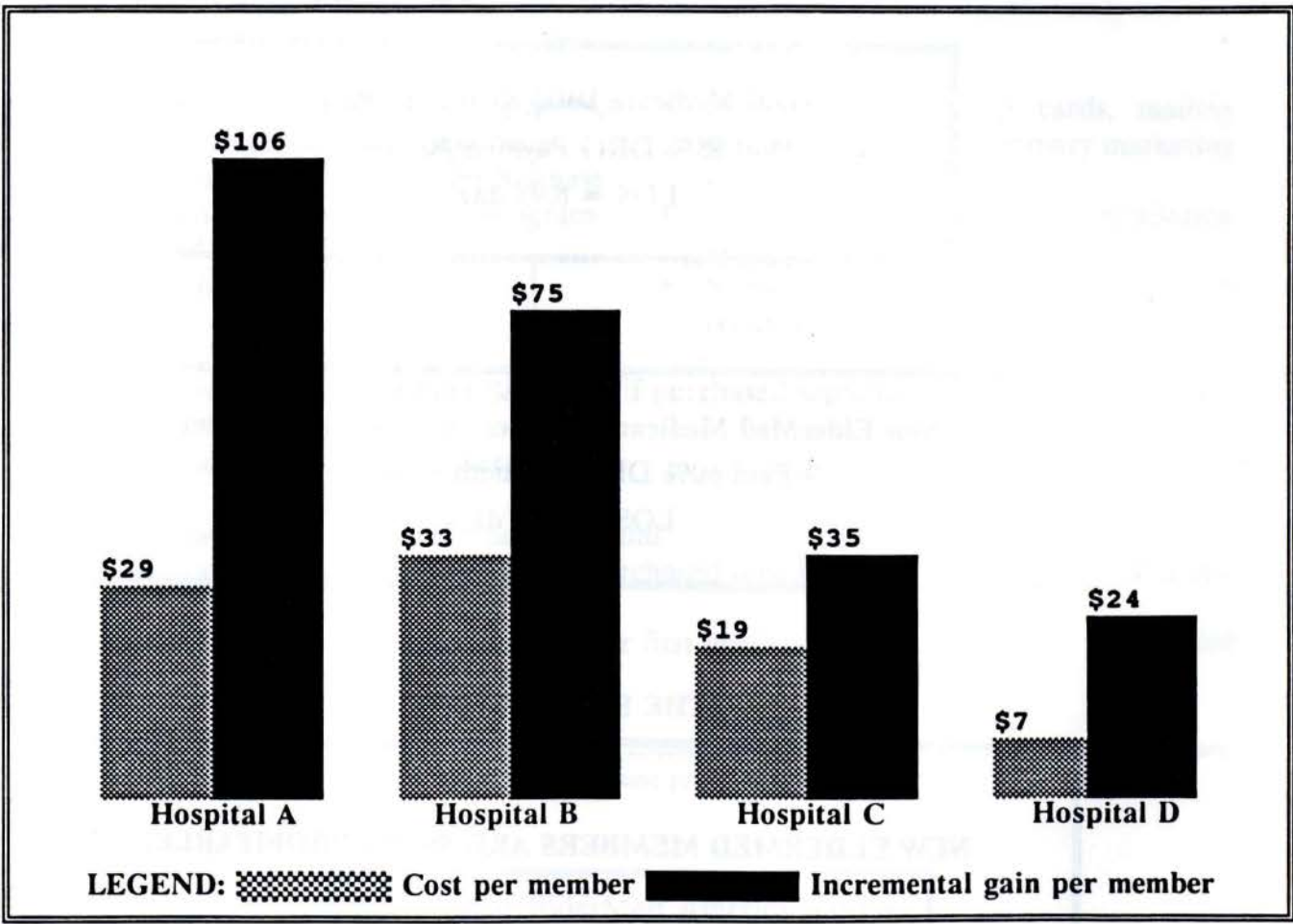
	<u>Hospital A</u>	<u>Hospital B</u>
<b>Location</b>	Rural/Exurban	Urban
<b>Total ElderMed Revenue</b>	\$5.7 Million	\$6.5 Million
<b># New Discharges</b>	204	187
<b>New ElderMed Revenue</b>	\$1.45 Million	\$1.62 Million
<b>(Less Contractuals)</b>	\$525,500 (36.4%)	\$681,000 (40.5%)
<b>(Less Variables)</b>	\$459,000 (@50%)	\$530,500 (@50%)
<b>New Net Income</b>	\$459,000	\$411,000
<b>(Less Program Costs)</b>	\$100,000	\$125,000
<b>NET CONTRIBUTION</b>	<b>\$359,000</b> =====	<b>\$286,000</b> =====



MARKET LAUNCH PACKAGE

When analyzed on a per member basis, it is clear that the incremental gain attributable to the ElderMed program is, in fact, two to three times the cost per member. This is graphically illustrated in Table 2., which shows the incremental gain for new ElderMed patients using the hospital, compared to the cost per member for the total ElderMed program.

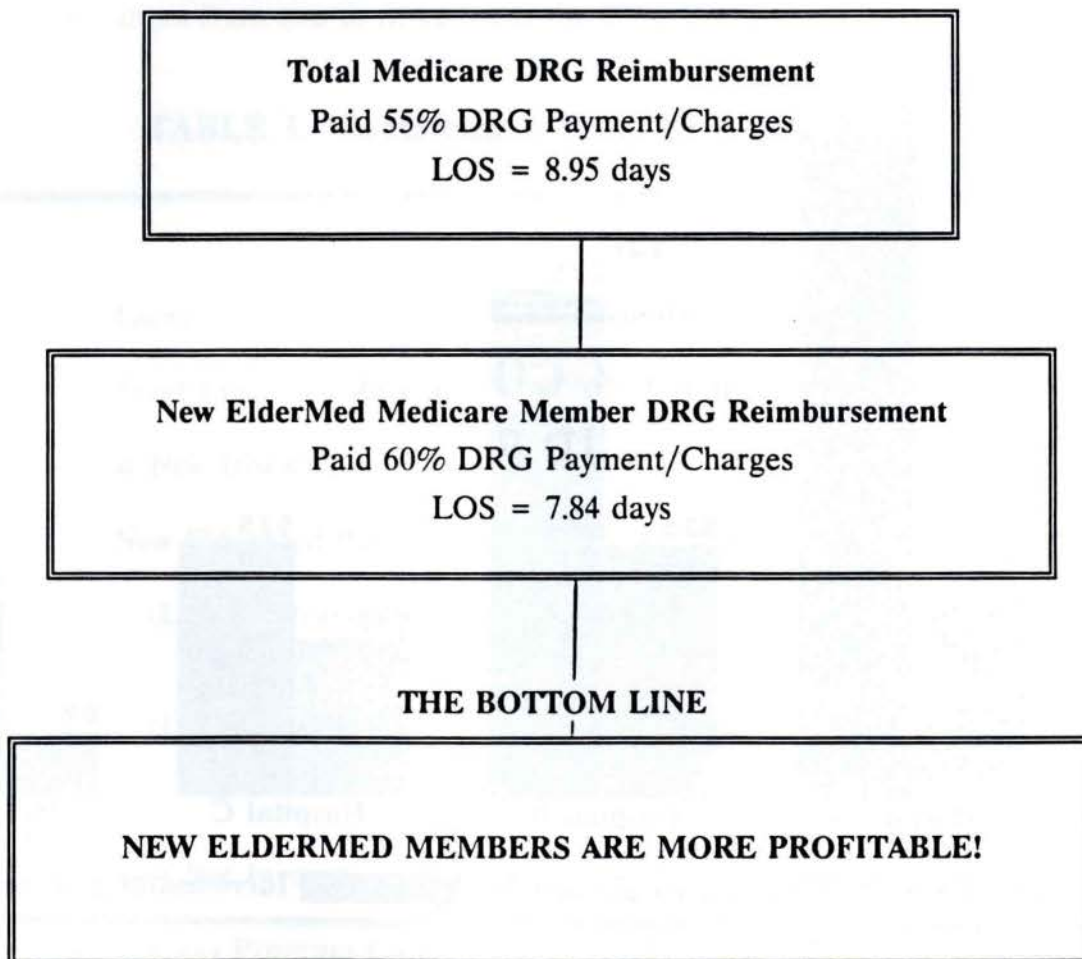
**TABLE 2. Annual Per Member Cost vs. Incremental Gain from Marketshare**



While the gain from new marketshare is dramatic, most ElderMed programs experience an additional gain through an improved patient mix. Because ElderMed recommends a targeted approach to building membership, most programs will focus their marketing on well seniors, seniors with more disposable income than the average in their community, and seniors in high priority zip code locations. The result of a focused marketing approach is a more profitable new patient.

Supportive data from one study is seen in Table 3.

**TABLE 3. ElderMed America Improves Patient Mix**



## PROGRAM LAUNCH PACKAGE

For hospitals that only require implementation materials and assistance, the Program Launch Package is available without the annual support features, geographic exclusivity, PC software, and access to the national network.

- Custom program planning and development
- Up to 32 hours of on-site or telephone consultation
- Physician participation planning
- Development of promotional materials
- National Training Institute
- One copy of nine program manuals
- Copies of consumer education materials
- Marketing consultation

**One time fee: \$25,000**

### ElderMed America PC Software Packages

- Comprehensive data base for members, community agencies, and physicians
- Tracks hospital utilization, new business vs. retained business, and program-generated revenue
- Three detailed user manuals
- Produces membership cards, mailing labels and lists, and summary marketing reports
- Expert technical support for installation and training
- Software customization available upon request

Membership Management Software (if purchased separately)	<b>\$ 2,500</b>
Utilization Tracking Software*	<b>\$ 1,000</b>
Membership Management Software and Utilization Tracking Software* (if purchased together)	<b>\$ 3,000</b>
Annual Support and Updates** (after first year)	<b>\$ 1,000</b>

\* Utilization Tracking Software will only work with ElderMed America Membership Management Software.

\*\* Annual Support and Updates included in purchase price for first year.

Some other ElderMed America services are available as individual components.

Upon request, we can develop a separate proposal based on your interests.



## PRIORITY SERVICE PACKAGE

The Priority Service Package is designed to assist hospitals in implementing their senior membership programs and provides the fullest range of program support services available from ElderMed. The Priority Service Package includes:

### Program Implementation & Start-up

*One time fee: \$ 27,500*

- Customized program development
- National Training Institute
- Up to 32 hours of on-site consultation services plus telephone support
- All computer software
- All program manuals and consumer education materials
- Discounts and benefits program
- Marketing consultation/production
- Camera-ready artwork, photos, copy materials and first 2000 consumer brochures (with purchase of 10,000 with ElderMed)
- Design of physician marketing and participation options

### Priority Service Support

*\$ 2,600 per month, \$ 31,200 per year*

- Exclusive use of ElderMed name and service mark
- Up to 32 hours additional on-site consultation, plus telephone consultation
- Provider News Bulletin
- Computer software training, technical assistance, enhancements and support
- Membership cards
- Publication of 5000 custom ElderMed America magazines per quarter
- Annual Program Audit
- Access to network of participating hospitals
- Access to national and regional discount network and optional products and services for members
- User group meetings
- Manual updates
- Periodic releases of new marketing and program materials
- Toll-free national telephone line

Custom magazine rates for copies in addition to the first 5000 provided at no charge are as follows (includes production, publication and mailing):

0 - 5000	No additional Charge
5000 - 7000	\$.49 each
7001 - 10,000	\$.44 "
10,001 - 15,000	\$.38 "
15,001 or more	\$.34 "

Price lists for customized brochures and direct mail pieces available upon request.

*Year One Total Cost: \$ 58,700*

## SELECT SERVICE PACKAGE

The Select Service Package is designed for hospitals that may not require the full range of support services provided under the Priority Service Package. The Select Service Package provides the following services and materials:

### Program Implementation & Start-Up

*One-time fee: \$ 27,500*

- Customized program development
- National Training Institute
- Up to 32 hours of on-site consultation services plus telephone support
- All computer software
- All program manuals and consumer education materials
- Discounts and benefits program
- Marketing consultation/production
- Camera-ready artwork, photos, copy materials and first 2000 consumer brochures (with purchase of 10,000 with ElderMed)
- Design of physician marketing and participation options

### Select Service Support

*\$ 1,500 per month, \$18,000 year*

- Exclusive use of ElderMed name and service mark
- Telephone consultation and access to up to one site visit per year
- **Provider News Bulletin**
- Computer software training, technical assistance, enhancements and support
- Membership cards
- Manual updates
- Toll-free national telephone line
- Annual Program Audit
- Access to network of participating hospitals
- Access to national and regional discount network and optional products and services for members
- User group meetings
- Periodic releases of new marketing and program materials

Custom magazine rates are as follows (minimum order is 2000 magazines; includes production, publication and mailing):

2000 - 7000	\$ .49 each
7001 - 10,000	\$ .44 "
10,001 - 15,000	\$ .38 "
15,001 or more	\$ .34 "

Price lists for customized brochures and direct mail pieces available upon request.

*Year One Total Cost: \$ 45,500*



### Works Cited

- Ardell, Donald B., High Level Wellness, New York, NY, Bantam Books, 1981.
- Atchley, Robert C., Social Forces and Aging, An Introduction to Social Gerontology, Belmont, CA: Wadsworth Publishing Company, 1991.
- Chopra, Deepak, Ageless Body, Timeless Mind, New York, NY, Harmony Books, 1993.
- Dhillon, Harwant Singh, "Health Promotion And Elderly People," Hygie, Vol. VIII, 1989/2: 30-31.
- Dychtwald, Ken, "Health Promotion and Disease Prevention for the Elderly", Health Promotion for Older Persons: Group Program Model, Washington, DC., June 1982: 9.
- ElderMed America, "Proposal for St. Joseph Health Center," Chatsworth, CA, August 1993.
- Friedan, Betty, "How To Live Longer, Better, Wiser," PARADE, March 20, 1994. 4-6.
- Goldstein, Michael S., The Health Movement, Promoting Fitness In America, New York, NY, Twayne Publishers, 1992.
- Gordon, James S., "Taking a Holistic Approach To Health Care Reform," The Washington Post National Weekly Edition, Sept. 6-12, 1993: 25.
- Heckler, Margaret M., "Health Promotion for Older Americans," Public Health Reports, March-April 1985, Vol. 100, No. 2: 225-230.
- Hickey, Tom, Diana L. Stilwell, "Health Promotion for Older People: All Is Not Well," The Gerontologist, Vol. 31, No. 6, 1991: 822-829.
- Higgins, Patricia Grant, "Biometric outcomes of a geriatric health promotion programme." Journal of Advanced Nursing, 1988, 13: 710-715.
- Hospital Industry Data Institute, Census Estimated and Projected Data, 1992.
- Jacobson, Stanley, "Attitude, Mind over matters", Modern Maturity, December 1992-January 1993: 37-38.



- Jones, W. H. S., trans., Hippocrates, vol. 1, The Loeb Classical Library, Cambridge: Harvard University Press, 1923, 1: 325, 327.
- Keller, M. Jean and Nancy J. Osgood, "Wellness Programs With Older Adults Residing In Retirement Communities," Dynamics of Leisure Programming with Older Adults, Alexandria, VA, National Parks and Recreation Association, 1987: 69-71.
- Lindbloom, Erik, "America's Aging Population: Changing the Face of Health Care," Journal of American Medical Association, Feb. 3, 1993-Vol. 269, No. 5: 674.
- Marwick, "Older People Now More Able Bodied Than Before," Journal of American Medical Association, May 12, 1993-Vol. 269, No 18: 2333-2337.
- Missouri Vital Statistics 1991, Missouri Department Of Health, Division of Health Resources State Center For Health Statistics, Missouri Center for Health Statistics Publication Number 4.38.
- Pascucci, Mary Ann, "Measuring Incentives To Health Promotion In Older Adults, Understanding Neglected Health Promotion in Older Adults," Journal of Gerontological Nursing, March 1992; 18 (3): 16-23.
- Pegels, C. Carl, Health Care And The Older Citizen, Economic, Demographic, and Financial Aspects, Rockville, Maryland: Aspen Publications, 1988; ix.
- Randall Teri, "Demographers Ponder the Aging of the Aged and Await Unprecedented Looming Elder Boom," Journal of American Medical Association, May 12, 1993- Vol. 269, No. 18:2331-2332.
- Scott, Hugh A., The New Medicine Man, Santa Barbara, CA: Fithian Press, 1992; 93.
- SSM Health Care System Philosophy, SSM Health Care System Copywrited 1992, 41.30M, 10/92.
- Stoto, Michael A. and Jane S. Burch, "National Health Objectives for the Year 2000: The Demographic Impact of Health

- Promotion and Disease Prevention," American Journal of Public Health, November 1991, Vol. 81, No. 11: 1456.
- The SJ Weekly, "Most deaths preventable, study suggests," Published by Community Relations, St. Joseph Health Center and St. Joseph Hospital West, St. Charles, MO: September 3, 1993.
- U. S. Department of Health and Human Services, Geriatric Training Curriculum For Public Health Professionals, September 1990.
- US. Public Health Service.(1990). "Healthy People 2000: National Health Promotion and Disease Prevention Objectives," Washington, DC: US. Department of Health and Human Services.
- Walker, Susan Noble, Keven Volken, Karen R. Sechrist, Nola J. Pender, "Health-promoting life styles of older adults: Comparison with young and middle-aged adults, correlates and patterns," Advances In Nursing Science, October 1988: 11 (1): 76-77.
- Webster's New World Dictionary of the American Language, Nashville, TN, The Southwestern Company 1969, 587.