Summary and Findings of the Social Reconnaissance Exploring Strategic Opportunities for Lehigh Valley Health Network and the Dorothy Rider Pool Health Care Trust

Summer 2012
INTRODUCTION
WHY WE DID THIS WORK

The Dorothy Rider Pool Health Care Trust (Pool Trust) was established in 1975 by the will of Leonard Parker Pool. The mission of the Trust is to enable Allentown & Sacred Heart Hospital Center (ASHHC), now Lehigh Valley Health Network (LVHN), to be a superior regional hospital and improve the health of the citizens of the region.

In 1975, the Pool Trustees were provided an initial $15 million and a tremendous responsibility. Thirty-six years later, the Trust has made $118 million in grants and has an asset value of approximately $80 million. Lehigh Valley Health Network is, by all standards, a superior regional hospital. Much of the vision set forth by Mr. Pool has been realized, and yet, as we have been reminded, Mr. Pool could be pleased, but never entirely satisfied.

The Trust has a limited life and will expire in 2025. The Pool Trustees and the leadership of Lehigh Valley Health Network are considering strategies that will continue to advance their work to improve the health of the citizens of the Lehigh Valley. In addition to substantial demographic, epidemiologic and clinical data already available to LVHN and the Pool Trust, a “community profile” of current dynamics in the region might provide insight beyond the “hard” data sources. This process could also gauge dynamics that could either help or hinder a broad health strategy, and begin an engagement process with community leadership to seek common ground. Given this background, it was decided that an important ingredient for making decisions that directly affect the citizens of the Lehigh Valley was to ask citizens about their needs, vision and concerns for the Valley. It is hoped that this report provides useful information to those interested in the health of the Lehigh Valley and holds a mirror to those community leaders who generously shared their opinions.
A modified “Social Reconnaissance” approach was employed for the effort. Dr. Irwin T. Sanders developed this method in the late 1950s as a brief, intense examination of community dynamics to serve as an adjunct to more detailed, but resource- and time-consuming polling and survey methods. An additional component of the social reconnaissance method is that those interviewed, and the community at large, would have an opportunity to see the results of the study, and validate or amplify the take-away messages. In this regard, social reconnaissance is a precursor to a modern qualitative community method, Community Based Participatory Research. This method was modified for community health survey work by both the Kaiser Family Foundation and The Kansas Health Foundation in the 1980s.

The Pool Trust and Lehigh Valley Health Network selected consultants, outside of the two organizations, who could serve as objective agents to conduct a “social reconnaissance” of the Lehigh Valley. The consultants selected were Marni Vliet (Attachment A), former President of the Kansas Health Foundation and an expert in social reconnaissance; and Jangle Advertising, Marketing and Communication, (Attachment B) a firm very well versed in focus group approaches to feasibility studies, market research, and “listening campaigns.” Emily Dougherty, a public health graduate student from University of Alabama - Birmingham (UAB), provided support.

The “social reconnaissance,” while not intended to be undertaken as a formal research study, would follow a generally accepted qualitative methodological approach. This qualitative endeavor was a long and thorough process executed over many months.

A nonexhaustive initial list of names of titular and reputational community leadership across the region was first assembled by members of the Pool Trust staff and Jangle Advertising principals. Lehigh Valley Health Network leadership provided additional names for the process. All involved were able to add anyone they felt was important.

Letters were sent to all those identified in the process and follow-up phone calls were made to schedule the interviews. Every person on the list had an opportunity to make his or her opinion known. There were some that did not respond to both phone calls and emails and therefore they were not interviewed. All those that were interviewed were offered the opportunity to identify individuals they thought would be beneficial to the effort. In the end, individual and group sessions were held with more than 80 community leaders in the Lehigh Valley (Attachment C) over the months of June and July of 2012.

Approximately half of the interviews were conducted one-on-one and the other half in five small groups. Questions asked were very general and open-ended, intended to be purely conversation starters (Attachment D). For example: What about the Lehigh Valley makes you proud to live here? What are you not so proud of? What are the biggest health issues here? What would a healthy community look like? Handouts served as prompts for discussion (Attachment E). Some of the
interviews and small groups focused more on a certain subject or topic that organically flowed from one of these questions, and that was noted. All participants were assured that their quotes would not be attributed to them unless they were contacted and consented.

Notes from both the group and the individual sessions were transcribed after the interviews concluded. A thematic review of the transcribed notes was completed and issues such as top health concerns were ascertained. The top health issues in the Lehigh Valley were those that were mentioned the most times throughout the entire process.

Clear themes and areas of concern voiced by the citizens of the Lehigh Valley were readily identified. The following report is a summary of their responses. The consultants reported the participants’ words and attempted to convey their thoughts, without making any assumptions or conclusions. This is simply one snapshot by 84 people of their perception of life and health in the Lehigh Valley. It was not undertaken as a quantitative research study and therefore would not produce results that would specifically be tested for statistical significance. It was also not intended to be a public opinion poll, where a survey or questionnaire would be administered to a statistically significant number of people.

The information contained here is, therefore, representative of the people interviewed, and not necessarily agreed to by either representatives of the Pool Trust or Lehigh Valley Health Network. It is one summary piece that provides common themes and issues these leaders feel are relevant in the Lehigh Valley today. It is also a highlight of the passion and love people feel toward their community, their concerns about the area and, finally, what they identify as strategies to help make the Lehigh Valley even better in the future.

MAJOR HEALTH ISSUES
RESPONSES TO QUESTIONS ABOUT CHALLENGES TO HEALTH

“Connectedness” is an overarching issue that pervaded every conversation. So many health problems are connected to life problems. Those who live with poverty, unemployment and homelessness have little chance of good health. And the link between lifestyle choices related to diet, activity level and personal habits and disease is well established. Asthma has become a huge issue in the Lehigh Valley. Second-hand smoke, mold, and mildew in our homes can all lead to big health problems.

If a child comes home from school to family members dealing with substance abuse or mental health issues, he or she is probably not too focused on homework. If you are having trouble breathing because of your asthma, you probably aren’t going to be attending school regularly.

Social services organizations often work in silos. There is frequently no connection between school, health care and other programs.
Connectedness is not just a challenge for the disadvantaged. If you spend all day at a good job sitting at a desk, (which pays 80% of your excellent health insurance) but get no exercise, recreation or social activity, you’re as likely to suffer from the diseases tied to obesity, stress, etc. as those with no access to care. Personal responsibility, personal accountability and the environmental conditions that support healthy choices are as connected to health as lack of access.

1. **Mental health** and corresponding problems of substance abuse were identified as the most pressing health challenge affecting the Lehigh Valley.

   Participants identified mental health as a significant factor in homelessness and incarceration. This places a great strain on all social and health service providers. However it was acknowledged, challenges to mental health affect all ages, races and social-economic groups. The Lehigh Valley’s current behavioral and physical health infrastructure is not sufficient to address the current level of mental illness.

2. **Access** is identified as the second biggest challenge. Many participants led off this part of the conversation with the comment that the Lehigh Valley has such phenomenally good health care, but too many people don’t have access to it. It was mentioned that Leonard Pool would be appalled at how many people in the Lehigh Valley are in such poor health even though our hospitals are nationally recognized for excellence.

   Access is a widespread problem that covers the full gamut of health care. Many children have no access to dental care, which leads to all kinds of future health problems. Many people do not have a primary-care physician. When they do see a physician, there can be communication and cultural issues that cause a barrier between the patient and the physician. There is limited access to preventive services, information, transportation to services, and adequate nutrition.

3. **Obesity** is listed as a strong third challenge.

   This national epidemic leads to so many other health problems. It is not just the poor or needy that are affected. Consider all the bariatric programs our hospitals offer. Children learn that pizza is a vegetable. Fruits and vegetables are limited in access or extremely expensive to many in the cities. Junk food is cheaper, more convenient, and easier to find. Years ago it was rare to see children with diabetes. Not any more.

   Participants were quick to point out that those who should take responsibility for their own health (many adding “including me”) don’t. We don’t exercise, we don’t eat right, we still smoke and drink too much, and say “I really shouldn’t do this” while we do it anyway.
Participants spoke glowingly about life in the Lehigh Valley. They appreciate the diversity — it’s both urban and rural, you can travel from downtown to a farm in a few minutes. They appreciate the Valley’s proximity to New York and Philadelphia, as well as the mountains and beaches. They admire the resiliency and strong work ethic of the people here, often mentioning how well we transitioned to a service-oriented region so quickly when Bethlehem Steel and Mack Trucks left. It’s cited as a great place to raise a family, with fabulous health care, academics, arts and cultural opportunities. The people in the Valley are friendly and caring. Many feel a strong sense of community to their individual neighborhoods.

When asked to talk about what they’re not so proud of: “the parochialism of the Valley” is a phrase that was frequently mentioned. We can’t seem to work together, on anything. There is competition everywhere: the hospitals, the schools, the cities against each other, the townships against the cities. The controversy regarding development of the hockey arena and failure to establish a regional health department were cited as two prime examples.

Other commonly mentioned areas of concern:

- **The need for leadership** is also high on most participants’ lists. In various ways and in multiple sessions, respondents described leadership styles in the Lehigh Valley as autocratic, bureaucratic, paternalistic and maternalistic. There were expressions of hope for more democratic, inclusive and participatory decision making. When asked: “If you were leading a campaign to better the community, what people would you ask to join you?” respondents listed 58 individuals, but only 8 individuals were cited more than once, and no individual was cited more than 3 times. Related to this point, many described the region as an “all or nothing” place. There is little to no compromise. Several examples were given of times when if one group can’t get 100% of everything it wants, the group will simply walk away from the issue.

- We have a culture of **looking backward instead of forward**. There were several discussions around the idea that “in the old days, if you had a capital campaign, you only had to make three phone calls.” Community leaders were few in numbers and easily identified. We tend to dwell on the past instead of looking forward to the future when trying to solve problems.

- While diversity was cited as an asset of the region, the significant **lack of diversity** was simultaneously cited as a major challenge. The lack of diversity in public administration positions such as police, fire and classroom teachers were given as examples. Overall, the community’s ability to address issues surrounding race and ethnicity was mentioned numerous times. In one group session, a member spoke adamantly and passionately to this point, and the rest of the group also agreed wholeheartedly with both the tone and the content of the feelings regarding race and racism. The need for increased understanding of cultural differences across the region was a strongly expressed by many participants.
• We are warm and welcoming to the neighbors we know, and extremely wary of those we don’t. Inclusion in the community is often measured by how many generations your family has lived here. Individuals who have lived here for decades are still perceived as outsiders.

• Several acknowledged a tale of two Lehigh Valleys:
  - The growing divide between the rich and the poor.
  - The polarization of the haves and the have-nots growing at an alarming rate.
  - Marked disparities in educational opportunities between our urban and suburban schools, especially the high educational dropout rate among Hispanic youth.
  - Fear, both real and perceived, for public and personal safety in our downtown neighborhoods. Violence, drugs and gangs were often mentioned.

One group described the future Lehigh Valley as “pockets of glitter surrounded by blight.”

VISION AND POSSIBILITY
WHAT WOULD WE LOOK LIKE IF WE WERE THE HEALTHIEST COMMUNITY?

We would have slim, healthy-looking (“bright-eyed and bushy-tailed”) people walking on greenways. Bike paths would be available for commuting to work. The prison would be replaced by a wellness center. And many of those who are currently working in human services would need to find other employment.

There would be no boarded-up housing downtown. There would be a neighborhood garden on every block. Everyone would have access to whatever services they needed, thanks to a centralized network that identified needs and resources, and matched them easily.

Everyone has quality health insurance. Everyone is educated about good health, and aware of programs and services. People would have the opportunity to make informed and responsible choices about their behaviors that enable good health. Schools would be the centers of the communities, and all communities would be connected, part of the greater whole.

Grandmothers would be of a certain age and respected as wise advisors, as opposed to the all too often current situation of 30-something grandmothers with little wisdom to give. Places of worship and community centers, anywhere people gather, link leaders from business, academics, the faith community and government, so that everyone has a say. Everyone matters and everyone cares.

Children are fit and healthy. They attend the best schools. Everyone gets an education from preschool through high-school graduation. Everyone has the opportunity for a job. Everyone has the opportunity for a meaningful occupation.
Our hospitals are leaders in health information and health care, not just sick care. They focus on wellness (and are compensated by keeping people healthy, not solving their health problems after they get sick).

Every block, every neighborhood, every community would be flourishing. Every child has someone in his or her life that cares.

There is a very visible “All for one and one for all” attitude.

“And, oh yeah, for the most part, everyone’s happy.”

**HOW COULD WE IMPROVE?**

**WHO NEEDS TO BE INVOLVED AND HOW DO WE DO IT**

One thing that was striking was that so many people saw the solution as an entity that would take the leadership position in getting us all to work together while staying unbiased and independent from other groups. One respondent’s quote was echoed in many ways: “We need a new entity, neutral, not hospital-related, not city-related — a coalition with a council of leaders, made up of people from health, business, academic, faith, residents and government. It must be independent, funded, totally neutral. It shares data in an ecumenical way.” One participant added that we are all working so hard at building our own little monuments, imagine what kind of fabulous thing we could build if we were all working together.

Other frequently shared perspectives:

- The obvious problem is that while everyone wants “it” done, no one is volunteering to do “it.” The absence of respected and neutral leaders was again echoed.

- Many offered their support to such an entity, but want it to be clearly apart from them.

- Many suggest that the place to start is in the schools, where we have a captive audience. But the schools can’t do it alone or with their limited resources.

- Many suggested that to make a difference, we have to think long term. We need to plan a 15 to 20-year program. We need to focus on what we can change.

- We have to acknowledge that poverty is a big part of the health problem. (“If we could just get people to stop living in poverty!”)

- We need to stop looking backward and commiserating over how we got here and start accepting where we are. We need to understand the barriers, the bigger dynamics of the problem. For example, if you address mental health, it will have a beneficial domino effect on everything else.
CONCLUSION
THE BEGINNING OF AN ONGOING CONVERSATION

The intent of this effort was to add some “commentary” to existing “hard data”: demographic, epidemiologic and clinical sources of information, and, to get a snapshot of community dynamics that would either help or hinder any strategic effort focused on measurable and sustained health improvement. For some readers, this information might seem startling, almost unbelievable. For others, the information is obvious and matter of fact. For others, still the information might seem irrelevant. In other words, why would a health care trust and a health care network wish to delve into these difficult social issues?

One interesting aspect of this effort is that 84 community members can articulate with some clarity and cohesion that there are a number of elephants in the room. How do we begin a conversation about the things that we all sense should be addressed, but never get discussed?

This snapshot depicts a community waiting for someone to do something, waiting for leadership, waiting for a proposed solution. Are the people who were kind enough to participate in this process the very same people the community has been waiting for?

Should LVHN and the Pool Trust, well-recognized health, economic and civic leaders, play a more overt role? Going forward, can LVHN frame its future in the brave new world of health care reform and not become engaged in these issues?
ATTACHMENTS
Marni Vliet served as the Kansas Health Foundation’s chief visionary – inspiring, challenging and energizing her team and partners throughout the state. As president and chief executive officer of a private philanthropy dedicated to improving the health of all Kansans, Vliet has led the Foundation in efforts to address the fundamental, deeply rooted challenges facing the state.

This Wichita native has ignited numerous population health-improvement initiatives. Her vision for creating a strong network of qualified health workers launched a master’s in public health and nurse practitioner program in Kansas, a state in which no such program previously existed. She also led efforts that expanded the state’s physician assistant program by 33 percent. Vliet guided the Foundation’s focus to its four program funding areas: children’s health, public health, policy and leadership. She champions primary prevention, determinants of health, and social capital. Combining her passion for children and population health, she spearheaded “Let’s Take It Outside,” an Emmy-award-winning social marketing campaign designed to protect children from secondhand smoke. “Let’s Take It Outside” is promoted by the Centers for Disease Control Media Campaign Resource Center has aired in Kansas and 17 other states.

Vliet led all aspects of the Foundation’s operations from programmatic development to investments activities, including an endowment of approximately $490 million and the strategic allocation of more than $20 million in grants annually. During her 20-year tenure at the Foundation, she has also served as executive vice president and chief operating officer.

Vliet led the foundation’s early childhood education goal of “making Kansas the best state in the nation to raise a child”, an expression which can be heard all over the state. Together with Governor Sebelius and others, Vliet helped to forge public private partnerships for sound strategies in making it possible for all Kansas kids to enter school ready to learn. These strategies included social marketing awareness campaigns, building business leaders’ coalitions and developing community and organizational leaders who placed early childhood education and school preparedness among their top priorities. These leaders help facilitate the goals of school readiness; develop innovations in teacher preparedness; support quality rating systems; advocate for baseline and longitudinal research; and support the reallocation of state budget dollars, placing an emphasis on prevention and preparedness in the early years. Through the foundation, Vliet was able to provide Kansans with access to the best early childhood thinkers in the country: economists, pediatricians, educators, civic leaders and other philanthropists.

Vliet’s commitment to population health improvement extends beyond Kansas, as demonstrated by her dedication to a number of national health organizations. She serves on the board of directors for the Centers for Disease Control and Prevention Foundation and Drug Strategies. She has served as board chair for both the Community Anti-Drug Coalitions of America (CADCA) and Grantmakers in Health. Vliet also served on the health promotion advisory board of the Kaiser Family Foundation and was the founding chair of Funders Against Substance Abuse.

Vliet earned a bachelor’s and master’s degree in education with an emphasis in health from Wichita State University. Her numerous honors include the National Leadership Award from the CADCA, the President’s Drug Advisory Council Leadership Award, the Brotherhood/Sisterhood Award from the National Conference for Community and Justice, the Human Ecology Public Policy Award from Kansas State University, and the Board of Trustees award from the Wichita State University.

Today, Vliet is a strategic consultant to non-profit and for-profit organizations across the country; serving as a senior planning advisor and frequent speaker addressing issues such as population health, women’s health, early childhood education, substance abuse, leadership and philanthropy.
Jangle is a full-service Lehigh Valley marketing and advertising agency and a Commonwealth-certified women business enterprise (WBE). The firm’s services include:

• Marketing communications strategy and planning
• Informal qualitative market research
• Branding and positioning
• Public relations and social media
• Copywriting
• Logo, print and collateral design
• Illustration
• Website copywriting, design and development
• Interactive marketing and applications
• Radio and television scripting and production

The agency’s clients are varied — business-to-business … business-to-consumer … national associations … Fortune 500 companies … service organizations … and retail — located around the Lehigh Valley and throughout the Mid-Atlantic states. Health care and informal small group qualitative research are areas of considerable focus and expertise within the organization.

Jangle has been designed to deliver what years of experience have shown clients want: a partner to accomplish their marketing goals with a maximum return on investment. The firm’s optimal relationship is a partnership with all that a partnership embodies: joint responsibility and accountability, integrated thinking, synergy and a keen understanding of client needs and objectives.

Principals, Jan Haley-Schwoyer and Gale Schmidt Hodavance who conducted the small group portion of this research, have extensive careers in advertising, marketing and communication. They created Jangle in 2003 to fill a need in the region, combining top-notch creative and content with brand strategy and positioning.

For more than 25 years prior to founding Jangle, Jan Haley-Schwoyer created successful traditional and on-line marketing campaigns for business-to-business and business-to-consumer clients as the COO and Creative Director of one of the Lehigh Valley’s largest advertising firms. Her strengths are creative strategy, copy, and content; creative management; positioning and branding; and broadcast production. Jan earned a Bachelor’s Degree in Journalism from the University of Kentucky and completed graduate work in marketing communications at Temple University. She is a graduate of the Institute of Advanced Advertising Studies course sponsored by the American Association of Advertising Agencies.

Jan is a judge for the Lehigh Valley Suits Awards program benefiting Equilibrium, as well as a member of the Equilibrium board. An active member of the Partnership for a Disability Friendly Community, Jan also serves on the Communications Committee of the Northeast Synod of the Lutheran Church in America. She also served on the executive committee and chaired the marketing committee of the Cancer Support Community.
Gale Schmidt Hodavance was the founding marketing and communications executive at what is now Lehigh Valley Health Network. She also ran her own consulting business in marketing, communications and healthcare management; was vice president of HealthSearch, Lehigh Valley Hospital’s in-house search agency for physicians and executives; and managed the public relations function at DeSales University before working in advertising. As an advertising account executive, she has handled the marketing for many different businesses and organizations. Gale holds a Bachelor of Arts degree in Sociology and a Master of Science degree in Health Planning and Administration, both from the Pennsylvania State University.

Integrally involved in the community, she is an executive committee member of Communities In Schools Lehigh Valley, the local chapter of the largest dropout prevention organization in the country, and of The Swain School. She is a member of the Nazareth Business Council, a past president of the Women’s Business Council and a past board member of the Greater Lehigh Valley Chamber of Commerce. She is a sustaining member of SOTA (Society of the Arts) and a member of the marketing committee of the National Canal Museum. Gale was chosen as one of Pennsylvania’s Best 50 Women in Business by the Department of Community and Economic Development and Pennsylvania’s Business Journals.
SOCIAL RECONNAISSANCE PARTICIPANTS

Jeff Aiken, Retired Senior Pastor, First Presbyterian Church of Allentown
Phyllis Alexander, Director of Human Relations, City of Allentown
Pastor Gus Al-Khal, President, Everlasting Life Ministries
David Beckwith, PhD, Retired CEO, Health Network Laboratories; Chair, Bethlehem Health Board
JoAnn Bergeron-Nenow, Executive Director, Meals on Wheels
Donald Bernhard, Community Development Director, PPL Corporation
Polly Beste, Chair, Equi-librium
Robert Black, Vice President, Morris Black & Sons; Chair, Lehigh Valley Board of Health
Rosemary Browne, Program Officer, Highmark Foundation
Paul Brunswick, President, Two Rivers Health & Wellness Foundation
Lee Butz, President & CEO, Alvin H. Butz, Inc.
Joshua Chisholm, Executive Director, Congregation United for Neighborhood Action
William Coles, Retired Dunn & Bradstreet Executive, United Way Board of Directors
Michael Cox, Director of the Cora L. Brooks Foundation and The Priscilla Payne Hurd Foundation
Melissa Craig, Assistant Director, Community Health, St. Luke’s University Health Network
Richard Daugherty, Executive Director, Lehigh County Senior Center
Phillip Davis, Youth Pastor, Shiloh Baptist Church
Charlie Dent, U.S. Representative
Ed Donley, Retired Chairman, Air Products
Joyce Dougherty, Executive Director, The Program for Women & Families Lehigh Valley
Ethel Drayton-Craig, Independent Consultant
Roger Duperree, Lehigh Valley Coordinator, The Salvation Army
Gregory Edwards, Pastor, Resurrected Life Community Church and CEO, Resurrected Life Community & Economic Development Corporation
Alyssa Emili, Director K-12 People Services, Easton Area School District
Jane Ervin, CEO & President, Community Services for Children
Anne Evans, Grants Coordinator, Sacred Heart Hospital
Scott Fainor, President & CEO, National Penn Bancshares, Inc.
Brian Finestein, Chief Executive Officer, Easton Hospital
Joseph Fitzpatrick, Partner, Fitzpatrick, Lentz & Bubba
Richard Fleming, Owner, Richard Fleming Associates; Principal, Fleming Foundation; Past President of the Board of Trustees, Lehigh Valley Hospital
Deborah Fries-Jackson, Chief Professional Officer, Boys & Girls Club of Allentown
Daniel Gambet, President Emeritus, DeSales University
Sally Gammon, President & CEO, Good Shepherd Rehabilitation Network
David Gilgoff, Executive Director, Valley Youth House
Susan Gilmore, President, United Way of the Greater Lehigh Valley
Laurie Gostley, Corporate Relations, Air Products
Karen Grady, Executive Director, ARC Lehigh & Northampton Counties
Mary Ellen Griffin, Executive Director, The Caring Place
Malcolm Gross, Partner, Gross McGinley
Sara Hailstone, Director, Community & Economic Development, City of Allentown
Renee Haines, Director, Allentown Public Library
Judith Harris, Partner, Norris, McLaughlin & Marcus
George Hartzell, Internal Medicine Physician, Medical Associates; former Chair of Surgery, Lehigh Valley Hospital
Carol Henn, Senior Philanthropic Advisor, Lehigh Valley Community Foundation
Leon Holt, Jr., Retired CEO, Air Products; Former Trustee, Dorothy Rider Pool Health Care Trust
Timothy Holt, Director Corporate Relations, Air Products
Anne Huey, Chaplain, St. Luke’s Hospice
Tony Iannelli, President/CEO, Greater Lehigh Valley Chamber of Commerce
Robert Jacobs, Executive Director, Pinebrook Family Services
Alan Jennings, Executive Director, Community Action Committee of the Lehigh Valley
Helen Kelleher, Executive Director, Catholic Charities of the Diocese of Allentown
Ellen Kern, Chief of Staff, Senator Pat Browne
Janice Komisor, Executive Director, ProJeCt of Easton
Cynthia Lambert, Vice President, Government & Community Relations, Good Shepherd Rehabilitation Network
Dolores Laputka, Partner, Norris, McLaughlin & Marcus; Board Member, United Way of the Greater Lehigh Valley
Larry Levitt, Senior Consultant in Neurology Emeritus, Lehigh Valley Health Network; Author; Retired Trustee Dorothy Rider Pool Health Care Trust
James Martin, Lehigh County District Attorney
Judy Matthewson, Executive Director, Third Street Alliance for Women & Children
C. Russell Mayo, Superintendent of Schools, Allentown School District
John McGlade, Chairman, President & CEO, Air Products
James Miller, Retired Chairman, President & CEO, PPL Corporation
Gary Millspaugh, Executive Director, Allentown Rescue Mission
Christine Nelson, Executive Director, Lehigh County Conference of Churches
John Nespoli, President & CEO, Sacred Heart Hospital & HealthCare System
Caroll Neubauer, Chairman & CEO, B. Braun Medical
Ernest Perry, Executive Director, Promise Neighborhoods of the Lehigh Valley
J. Scott Pidcock, Principal, The Pidcock Company
Edward Reibman, Judge, Lehigh County Court of Common Pleas
J. B. Reilly, President, Landmark Communities; former Board Chair, Lehigh Valley Health Network
Janet Roth, Executive Director, The Harry C. Trexler Trust
David Schaffer, Co-CEO, Just Born
Peter Schweyer, Director of Community & Government Affairs, Sacred Heart Hospital
Matt Sorrentino, Partner, Norris, McLaughlin & Marcus; Lehigh County Solicitor
Bernard Story, Executive Director, Lehigh Valley Community Foundation
Deborah Swavely, Administrator, Community Health & Health Studies, Lehigh Valley Health Network
Ronald Swinfard, President & CEO, Lehigh Valley Health Network
Martin Till, CEO, Publisher, The Express-Times; President, Lehigh Valley Media Group
Duane Tolson, Business Development Liaison, City of Allentown
Joseph Topper, Chairman and CEO, Lehigh Gas
Seymour Traub, Senior Counsel, Blank Rome, LLP; Chairman, Allentown Neighborhood Improvement Zone
Pamela Varkony, Writer; Speaker; Commentator; Women’s Empowerment Advocate; Member, Pennsylvania Commission for Women
William Vogler, Executive Director, Family Answers
Thomas Whalen, Chief Medical Officer, Department of Surgery, Lehigh Valley Health Network
Ilene Wood, Philanthropist
INDIVIDUAL QUESTIONSPOSED

1. How would you describe where you live? Are you proud to live in the Lehigh Valley?

2. What keeps you living in the Lehigh Valley? What is your Quality of Life here? What do you see your QoL being here in 10 years?

3. How would your children rank QoL now and in 10 years here?

4. What do you think is the QoL for people who work in your organization?

5. Does the community reach your expectation? Does it have all the health, culture, social services and other things that you need and want?

6. What do you think are the 3 biggest health issues today? What do you think those will be in the future?

7. What do you think the healthiest community in America looks like?

8. What do you think are vulnerable areas that need to be focused on? Where are these vulnerable neighborhoods? When working on a “healthiest community” where would you begin? Women and children? A distressed neighborhood?

9. What are the overall challenges and strengths with the Lehigh Valley? With health care?

10. If you were leading a campaign to better the community what people and organizations would you ask to join you?

11. What is the best thing about local hospitals and health care? What do you think they should be doing or focusing on?

12. What do you know about the Pool Trust and where do you think the money should be spent? What comes to your mind when you think of Pool Trust and Lehigh Valley Health Network?

13. What is your favorite Pool Trust effort to date?

14. Who else should we be meeting with as part of this “social reconnaissance?”

15. What don’t you tell colleagues about the Lehigh Valley?

16. What do you wish we would have discussed?
The Dorothy Rider Pool Health Care Trust was created on December 27, 1975 upon the death of Leonard Pool. It began with the residue of his estate, $15 million. Since the Trust’s beginning, the Trustees have distributed $115 million. Today the Trust assets total approximately $80 million.

The Trustees have fulfilled Mr. Pool’s wish that the Trust “enable LVHN to be a superior regional hospital and improve the health of the citizens of the region.” The accomplishments include:

- One of the first Hospice programs in the country
- Excellent poison and burn-care programs
- A sophisticated regional emergency medicine system
- A premier trauma program
- Fluoridation of the City of Allentown’s water
- Alert Partnership for a Drug Free Valley
- The first Federally Qualified Health Center in eastern Pennsylvania
- Numerous programs for the elderly, young, and those most significantly at risk of poor health

The Lehigh Valley is blessed with well-managed hospitals and excellent physicians and nurses. This is a terrific place to receive care if you are sick or injured. Unfortunately, it is not that great a place to remain healthy. Year after year, the Valley receives average to mediocre rankings on overall health — heart disease, diabetes, and other chronic conditions such as high blood pressure affect far too many of us. We are pretty good at keeping folks from dying, but not so good when it comes to vitality and quality of health. Further research suggests that income, education, race and ethnicity influence health to a tremendous degree. Women with lower levels of education have a greater risk for premature birth, low birth weight babies and stillbirth. People who have an income of less than $10,000 are 3.22 times more likely to die of any cause than were those with incomes over $30,000. Even civic and social engagement influence health.

Leonard Pool’s genius has been described as the ability to cling to the vision of what he was trying to achieve, while remaining open and flexible to all possible methods to achieve the goal. And it has been said that he could be pleased, but never entirely satisfied.

In the 13 years of life the Trust has left, and with the $80 million in assets, the Trustees intend to leverage, convene and facilitate a strategic direction to accomplish Leonard Pool’s ultimate goal and make the Lehigh Valley the healthiest community in America.
America leads the world in medical research and medical care, and for all we spend on health care, we should be the healthiest people on Earth.

Yet on some of the most important indicators, like how long we live, we’re not even in the top 25, behind countries like Bosnia and Jordan. It’s time for America to lead again on health, and that means taking three steps:

1. Ensure that everyone can access a health professional when they are sick.

2. Make preventive care (like screening for cancer and heart disease) available and accessible for everyone.

3. Stop thinking of health as something we get at the doctor’s office but instead as something that starts in our families, in our schools and workplaces, in our playgrounds and parks, and in the air we breathe and the water we drink.

The more you see the problem of health this way, the more opportunities you have to improve it. Scientists have found that the conditions in which we live and work have an enormous impact on our health, long before we ever see a doctor.

It’s time we expand the way we think about health to include how to keep it, not just how to get it back.
The following data was compiled by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, which ranked all U.S. counties on a series of health indicators. ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

**Mortality**

<table>
<thead>
<tr>
<th>U.S. Benchmark</th>
<th>Lehigh</th>
<th>Northampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Premature Death</td>
<td>5,466</td>
<td>6,444</td>
</tr>
<tr>
<td>(Years of potential life lost before age 75 per 100,000 population (age-adjusted))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Morbidity**

<table>
<thead>
<tr>
<th>U.S. Benchmark</th>
<th>Lehigh</th>
<th>Northampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor or fair health</td>
<td>10%</td>
<td>13%</td>
</tr>
<tr>
<td>(Percent of adults reporting fair or poor health (age-adjusted))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poor physical health days</td>
<td>2.6</td>
<td>3.5</td>
</tr>
<tr>
<td>(Average number of physically unhealthy days reported in past 30 days (age-adjusted))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6.0%</td>
<td>8.2%</td>
</tr>
<tr>
<td>(Percent of live births with low birthweight (&lt; 2500 grams))</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Behaviors**

<table>
<thead>
<tr>
<th>U.S. Benchmark</th>
<th>Lehigh</th>
<th>Northampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Smoking</td>
<td>14%</td>
<td>20%</td>
</tr>
<tr>
<td>(Percent of adults that report smoking ≥ 100 cigarettes and currently smoking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult Obesity</td>
<td>25%</td>
<td>29%</td>
</tr>
<tr>
<td>(Percent of adults that report a BMI ≥ 30)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>21%</td>
<td>25%</td>
</tr>
<tr>
<td>(Percent of adults aged 20 and over reporting no leisure time physical activity)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Excessive Drinking</td>
<td>8%</td>
<td>18%</td>
</tr>
<tr>
<td>(Binge plus heavy drinking)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teen Birth Rate</td>
<td>22</td>
<td>39</td>
</tr>
<tr>
<td>(Teen birth rate per 1,000 female population, ages 15-19)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Clinical Care**

<table>
<thead>
<tr>
<th>U.S. Benchmark</th>
<th>Lehigh</th>
<th>Northampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians</td>
<td>631:1</td>
<td>689:1</td>
</tr>
<tr>
<td>(Ratio of population to primary care physicians)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preventable hospital stays</td>
<td>49</td>
<td>70</td>
</tr>
<tr>
<td>(Hospitalization rate for ambulatory-care sensitive conditions per 1,000 medicare enrollees)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammography screening</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td>(Percent of female Medicare enrollees that receive mammography screening)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Social & Economic Factors**

<table>
<thead>
<tr>
<th>U.S. Benchmark</th>
<th>Lehigh</th>
<th>Northampton</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unemployment</td>
<td>5.4%</td>
<td>9.4%</td>
</tr>
<tr>
<td>(Percent of population age 16+ unemployed but seeking work)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children in Poverty</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>(Percent of children under age 18 in poverty)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inadequate social support</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>(Percent of adults without social/emotional support)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

These are the numbers that have to change in order for us to make the Lehigh Valley the healthiest community in America.
DORTHY RIDER POOL HEALTH CARE TRUST

1050 SOUTH CEDAR CREST BOULEVARD, SUITE 202
ALLENTOWN, PENNSYLVANIA 18103
PHONE: 610.770.9346 • FAX: 610.770.9361

www.pooltrust.org