



the DOROTHY RIDER POOL
HEALTH CARE TRUST

2005 REPORT to the REGION



“During my lifetime I have had an intense interest concerning health care for my fellowman”



Report of the Chairman and Executive Director

In the tradition of Leonard Pool, the Trust has always placed great emphasis on creative, flexible, and dependable leadership. Leadership of this caliber is crucial to the work of the Trust. Fortunately, we have been guided by a succession of trustees with uncommon experience in the healthcare field and genuine wisdom in making decisions that guide our philanthropic agenda. The future is bright.

In 2005, S. Brooke Cheston, who represented PNC Bank as the Corporate Trustee for 18 years, was succeeded by Denise M. Gargan as PNC's representative to the Trust. We appreciate Mr. Cheston's collegial style, strong efforts, and encouragement of the Trust's work during his tenure, a period when more than \$63M

of a total \$75M was disbursed to advance the mission of the Trust. We welcome Ms. Gargan in her new role and look forward to a long and productive relationship.

We acknowledge the leadership that has successfully guided the Trust over the past decade. Particularly, we note with regret the planned departure from the Trust of Mr. H.A. Wagner. Mr. Wagner joined the board in 1996 and served as Chair during his tenure. We recognize and appreciate Mr. Wagner's steadfast problem-solving approach and strength of character during his leadership of the Trust. We greatly appreciate his time in service to the Trust and his encouragement to assertively address the health of the citizens of the region from a broad perspective. Mr. Wagner is

succeeded by Mr. John Paul Jones III, president, chairman, and CEO of the board of Air Products and Chemicals, Inc. (APCI). Mr. Jones' service to the Trust continues the legacy of service to the community established by Leonard Pool as CEO and founder of APCI. We look forward to Mr. Jones' vision, energy, and vitality to complement an already strong team.

In the first quarter of 2006, Dr. Andrew G. Wallace stepped down as a Pool Trustee, as required by Mr. Pool's instructions regarding length of service. Dr. Wallace served as an advisor to the Trust for a number of years prior to joining the board in 2000. Dr. Wallace's wisdom regarding the current status of medical education, and his insight on its

future, has been of tremendous benefit. His passion for proactively improving the health of all the citizens of the Valley through Trust initiatives is greatly appreciated. He remains a champion for improved access to health care and development of public health infrastructure, and we are in his debt. Succeeding Dr. Wallace, we welcome as our newest trustee, Dr. Harold L. Paz, former dean of the University of Medicine and Dentistry of New Jersey Robert Wood Johnson Medical School, and recently named senior vice president of health affairs, dean of the College of Medicine, and CEO of the Milton S. Hershey Medical School at Penn State University. Dr Paz's tremendous academic medical leadership, combined with his intense interest in community health improvement, will position the Trust for decades to come.

of these individuals, both those who now leave their imprint and those who step forward to continue the legacy, are the true legacy of Mr. Pool to Lehigh Valley Hospital and the region.

Thirty years ago, Leonard Parker Pool established the Pool Health Care Trust as a memorial to his wife, Dorothy Rider Pool. Mr. Pool's specific intent for the Trust was to enable Lehigh Valley Hospital (LVH) to become "a superior regional hospital" that would provide "superior regional health care for the citizens of the region." In the past three decades, there have been significant changes in the practice of medicine, in health care service delivery, and in the landscape of the Lehigh Valley. Over the years, LVH has risen to confront these huge challenges. It continues to improve, mature, and grow as a major center for health care service delivery and the

practice of modern medicine. The quality of LVH is recognized by peer institutions around the country. We congratulate the board, administration, medical staff, nurses, employees, volunteers, and others who have built this superior regional hospital. The stewardship of these fine people has created the advantageous position LVH now enjoys. Without a doubt, it exceeds the expectations that almost anyone in the community could have held three decades ago.

Lehigh Valley Hospital is a superior regional hospital. In thirty short years, the leaders of this community have built the foundation for Leonard Pool's dream: a superior regional hospital. We applaud those leaders who have embraced Mr. Pool's vision and contributed to our current reality.

However, as those who knew Leonard

Pool well can attest, Mr. Pool would be pleased, but never entirely satisfied. While Lehigh Valley Hospital is a superior regional hospital, it aspires to more, as Mr. Pool would wish. Lehigh Valley Hospital has expressed a desire to become a premier academic community hospital. In the brave new world of modern medicine, our nation will need to seek new models of health care service delivery that address the emerging needs of this century. Without lengthy elaboration, these emerging needs certainly include caring for increasing numbers of frail and vulnerable patients, growing disparities in the status of the health of the population, growing numbers of uninsured, increasing costs of technology, and decreasing dollars. Developing these models will challenge the best minds in medicine, management, government, and economics. It is likely that the traditional

bastions of medical teaching, i.e., medical schools, will be pressed to produce a sufficient workforce adequately prepared to meet the changing health needs of the American public. Similarly, it is likely that the traditional sources of health care at the regional level, i.e., community hospitals, will be challenged to adapt current practices to respond to the health needs of the people they serve. We are intrigued with Lehigh Valley Hospital's aspiration to be a premier academic community hospital and a national model of caring for the community's health, combined with the best aspects of scientific medicine and health services research. We encourage the leadership of LVH to pursue this concept with all the creativity, imagination, and talent they possess.

Mr. Pool would be pleased, but never entirely satisfied. "His" superior regional

hospital exists, but that was only part of the vision. The second half of the dream is superior health care and, ultimately, health for all the citizens of the region. To fulfill the entire dream, LVH and the Pool Trust will need to work harder than ever before. The health of "the citizens of the region," Mr. Pool's ultimate beneficiaries, is less than optimal. Chronic diseases such as diabetes and hypertension, low birth weight, asthma, and motor vehicle trauma are just a few of the health problems we face as a community. LVH is poised to meet these problems with the same strength and ability as it has in decades past. Yet it is increasingly apparent that improving the health of the citizens of the region is a task that exceeds any one hospital, in fact, any one segment of the community. We encourage the leaders of Lehigh Valley Hospital, other hospitals, and other health care providers to work with

each other, and with leaders in government, higher education, not-for-profit agencies, civic groups, and communities, to expand and improve care to the most vulnerable in our area.

With this encouragement, we make two observations:

First, we cannot improve the health of the citizens of the region unless we improve the health of ALL the citizens of the region. Our not-for-profit hospitals and clinics in the Lehigh Valley do an outstanding job providing health care. No one is turned away. Yet there are large numbers of individuals, families, and children, particularly in Allentown neighborhoods, who do not enjoy the same access to health care as the rest of the citizens of the Valley. In related fashion, the health status of the citizens of Allentown is unbreakably linked to

the economic vitality and quality of life of Allentown and the entire region. One cannot be achieved without the other. It is in our collective best interest to do both. In its quest, LVH should find willing partners for common benefit.

Second, the Pool Trust is a public charitable trust. It has this designation because Mr. Pool named LVH as its primary beneficiary. Accordingly, the Pool Trustees distribute funds, as they alone determine, "to or for the benefit of LVH." While Mr. Pool wished his Trust to be "to or for" the benefit of LVH, he did not indicate that the use of these funds should be to the detriment of other hospitals or institutions in the region. Simply put, the Pool Trustees are able and willing to support cooperative efforts to improve the health of the citizens of the region in a tangible and lasting way.

The challenge to LVH in the next decade is to use its significant capacity to work with others for "superior health for the citizens of the region." The Pool Trust is available and ready to help. The second half of the dream awaits.



Lawrence P. Levitt, MD
Chairman



Edward F. Meehan
Executive Director

Background and History

"During my lifetime I have had an intense interest concerning health care for my fellowman. This interest was first expressed as an active trustee of the Allentown Hospital Association and more recently, as a founder, director, and president of the Allentown and Sacred Heart Hospital Center, Inc. Because of this interest, upon my death, I wish to have the residue of my estate used for the continued provision of health care to the citizens of the Lehigh Valley and others served by the Allentown and Sacred Heart Hospital Center (now Lehigh Valley Hospital)."

Leonard Parker Pool

The Dorothy Rider Pool Health Care Trust came into being upon the death of Leonard Parker Pool on December 27, 1975. Mr. Pool amassed a financial fortune as founder and long-time chief executive of Air Products and Chemicals, Inc. He directed that the Trust be named as a memorial for his first wife, Dorothy Rider Pool, who died of cancer in 1967.

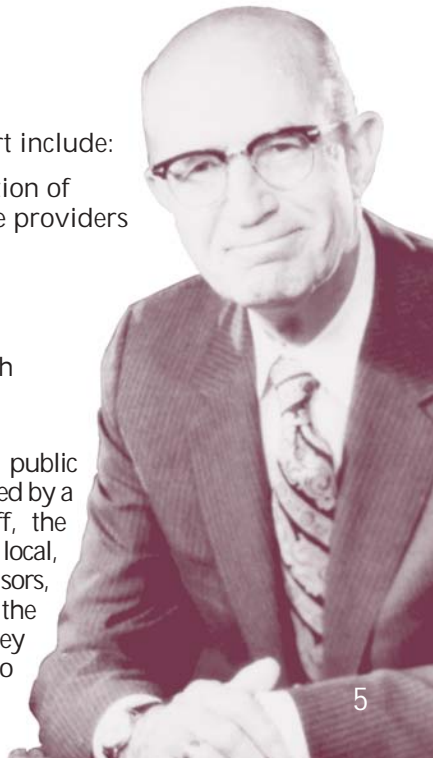
The mission of the Dorothy Rider Pool Health Care Trust is to serve as a resource that enables Lehigh Valley Hospital to be a superior regional hospital and improve the health of the citizens of the region it serves.

While the Trust welcomes all proposals supportive of its mission,

areas of program support include:

- Recruitment and retention of outstanding health care providers
- Medical education
- Clinical innovation
- Community health
- Health services research
- Access to care

The Trust operates as a public charitable (support) trust. Led by a small and dedicated staff, the Trust, with the assistance of local, regional and national advisors, addresses the needs of the citizens of the Lehigh Valley and supports programs to meet those needs.



2005 Grant Awards

LVHHN Center for Education
Evidence at the Point Of Care (EPOC)
Project: Phase II, Phase III and Beyond
\$138,363 over 18 months

LVHHN Department of Anesthesiology
Research Fund
\$150,000 over three years

**Da Vinci Discovery Center
of Science & Technology**
*Mark J. Young, MD Medical
Challenges Program*
\$300,000 over three years

LVHHN Burn Center
*Juvenile Fire Setter
Prevention/Intervention Program*
\$70,000 for one year

LVHHN Community Practices
*“Tapping our Talent” - An Adjunct to
Improving Latino Health and Reducing
Barriers to Care*
\$178,910 over two years

**LVHHN Department of
Family Medicine**
*Federally Qualified Health Centers (FQHC)
Feasibility Study*
\$25,000 for one year

**LVHHN Neurosciences and
Pain Research**
Stroke Patient Peer Visitor Program
\$15,000 for one year

LVHHN
Nite Lites for Nursing
\$25,000 for one year

**LVHHN Department of Community
Health, Health Studies and Education**
Core Support for Health Studies
\$500,000 over two years

**LVHHN Department of Community
Health, Health Studies and Education**
Project Support for Community Health
\$1,006,000 over three years

LVHHN Department of Medicine
Puerto Rican Health Care Initiative
\$241,100 over three years

Hispanic American Organization, Inc.
*Roberto Clemente Charter School
Healthcare Professions Initiative*
\$50,000 over two years

Jenn's House, Inc.
Jenn's Hospital Hospitality House
\$30,000 over three years

WLVT PBS 39
The Life of Leonard Pool Documentary
\$20,000 for one year

LVHNN Department of Community
Health, Health Studies and Education
Core Support for the Center for Education
\$405,700 for one year

LVHNN Department of
Family Medicine
Access to Care Initiative
\$46,784 for one year

LVHNN Helwig Health and
Diabetes Center
*Diabetes in Pregnancy Program:
Blood Sugar and Beyond*
\$62,590 for one year

LVHNN
*Support for Emergency Medicine
Endowed Chair*
\$375,000 over five years

LVHNN Department of Community
Health, Health Studies and Education
Project Support for Health Studies
\$333,831.66 over two years

Guardian Support Agency, Inc.
Expansion of Guardianship Services
\$100,000 over three years

Highlighted Programs

Lowering of Vascular Atherosclerotic Risk (LOVAR)

Disease management for high-risk, high-cost vascular patients is a complex process requiring cross-functional and cross-organizational teamwork to redesign how health care is delivered. The Lowering of Vascular Atherosclerotic Risk (LOVAR) study was a 5-year prospective controlled trial evaluating a cohort of high-risk vascular patients. These patients entered in the study within six months of symptoms of myocardial infarction, stroke, transient ischemic attack (TIA) or limb claudication.

The aggressive intervention group received intense individual and group prevention education as well as case

management (n=271). The community standard group (n=242) received progress reports to share with their family physicians along with a delineation of risk factors and what was needed to control them. At the conclusion of the study, the aggressive intervention group showed statistically greater chance of lowering vascular risk factors and doing so within six months. The community group also reached statistically significant lowering of risk factors but did so more gradually over many years.

LOVAR pioneered a comprehensive multi-disciplinary biopsychosocial model for risk factor reduction, the core of which launched Lehigh Valley Hospital's Vascular Improvement Program for Life (VIP) initiative. The cost benefit analysis

gleaned from this work may stimulate secondary insurance carriers to consider better coverage for risk factor prevention intervention including programs of weight loss, exercise, diabetic education as well as traditional medication for lowering atherosclerotic risk in communities.

“Helping works better”



Community Exchange

Community Exchange is a program where people earn "time dollars" for volunteer work performed. These "time dollars" can in turn be used to purchase other volunteer services. The program

has grown to over 300 members and has resulted in thousands of hours of services exchanged. Evaluations have demonstrated reduction of social isolation and improved support systems. Current plans include looking for ways to take this small, successful

program and measure the impact it can have on access to care, chronic disease management and cost containment.

as a two-way street."

Left: Sharon Melbourne helps Sue Wolfe stay organized in exchange for piano lessons and intellectual conversation.

"Community Exchange is like a website of friends. It gives me a sense of purpose . . . I'm also giving something in return."

Right: Gwen McMickle and Andrea Brensten enjoy a game of scrabble - a wonderful afternoon pick-me-up.



The Paul Bosanac Research & Publication Award



The Bosanac Award is supported by the Pool Trust to encourage and recognize residents at Lehigh Valley Hospital who engage in scientific investigation and research. The award is dedicated to the memory of the late Paul Bosanac, MD, who was Chief of the Renal Section of Surgery at The Allentown Hospital-Lehigh Valley Hospital Center. Bosanac was also instrumental in establishing the

Research and Publication support Service at Lehigh Valley Hospital Center.

The 2005 Bosanac Award was presented to Elie Schochet, MD, currently a PGY2 in General Surgery, as the principal author of the paper titled "Cosmesis and Acute Reactions from Partial Breast Irradiation with Balloon Catheter Brachytherapy: Early Clinical Observations."

Elie Schochet, MD

Pool Trust Responsive Grantmaking Process

LETTER OF INTENT (LOI) PROCESS:

- An LOI should be a succinct (5 pages or less) description of your program, and should address the questions listed on next page.
- The Pool Trust will accept LOIs at any time.
- The Pool Trustees may act on any LOI at any Trust meeting.
- They will typically make decisions regarding LOIs during 2 cycles:
 - Spring (April-May)
LOIs submitted on or before March 1.
 - Fall (September-October)
LOIs submitted on or before August 1.

DEVELOPMENT/APPROVAL OF PROPOSAL:

- LOIs that are of interest to the Trustees will be invited for a full proposal. Proposals will provide greater detail of the questions addressed in the LOI.
- The joint (Pool Trust/applicant) effort at proposal development (including outside review for major proposals) will be completed as soon as possible.
- Decisions will be made on proposals at any Trust meeting when a proposal is ready for action.
- For relatively small grants, the Trust's decision may be made on the basis of a well-developed LOI.

PRIORITY AREAS

LOIs/Proposals should fit into one of the Pool Trust/Lehigh Valley Hospital agreed upon priority areas:

- Recruitment and Retention
- Clinical Innovation
- Access to Care
- Medical Education
- Community Health
- Health Studies

Pool Trust Responsive Grantmaking Process

All LOIs/Proposals should answer the following questions:

Purpose:

What is the specific idea or purpose behind the request?

- Provide a brief (less than 1 page) summary of the purpose of the request, including an itemized list of concrete measurable goals or expected outcomes.
- Describe how the idea matches with one of the above identified priority areas.

Method:

How will you achieve your purpose?

- Describe the specific outcome indicators or measurable deliverables

that will be a direct result from this proposed program.

- Provide a work plan, including a time schedule and who will be responsible for accomplishing the objectives.

Leadership:

Who is the individual that will lead this initiative? Who will work on the program?

- List the qualifications, credentials or experience of each responsible person relative to each objective.

Measurement:

How will you know if you are on target to meet/have met your goals?

- Describe the method of evaluating progress and effectiveness.

Budget:

How much will this cost?

- Attach a fully defined budget that includes total project costs.
- Include a list detailing all (committed and projected) sources of financial support.

Sustainability:

If this is not a contained study, how will the program activity be continued after Pool Trust funding ceases?

Statement of Financial Position

December 31, 2005

ASSETS		LIABILITIES AND NET ASSETS	
CURRENT ASSETS		CURRENT LIABILITIES	
Cash	\$ 23,204	Accrued Expenses and Other Liabilities	\$ 514,552
Accrued Interest and Dividends Receivable	112,012	Grants Payable	<u>4,710,448</u>
Marketable Securities	81,556,320	Total Current Liabilities	<u>5,225,000</u>
Accounts Receivable-Related Party	78,806		
Accounts Receivable	-	LONG-TERM LIABILITIES	
Prepaid Expenses	29,261	Grants Payable	<u>\$ 1,989,570</u>
Total Current Assets	<u>81,799,603</u>	Total Liabilities	<u>7,214,570</u>
FURNITURE AND FIXTURES, NET	<u>16,599</u>	NET ASSETS	
		Unrestricted	\$13,504,007
		Temporarily Restricted	<u>61,097,625</u>
Total Assets	<u><u>\$81,816,202</u></u>	Total Net Assets	<u>74,601,632</u>
		Total Liabilities and Net Assets	<u><u>\$81,816,202</u></u>

Advisors to the Trust

Carolyn Asbury, PhD

Senior Fellow, The Leonard Davis Institute of Health Economics
Senior Consultant, The Dana Foundation

Herman D. Clegg

HDC Consulting

Peg J. Dierkers, PhD

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Gadsden Schneider & Woodward, LLP

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Leon C. Holt, Jr.

Former Vice Chairman
Air Products and Chemicals, Inc.

Kathryn E. Keller, MPA

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Dean, University of Medicine and Dentistry of New Jersey

Joani Sarkiss

President
J. Sarkiss & Associates

Donna Stephens

Executive Director
Learning Well, Inc.

Betty H. Wilson

Executive Director and CEO
Health Foundation of Greater Indianapolis

Michael C. Wright

Principal & Director, Investment Consulting
Buck Kwasha Investment Consultants

Trustees

H. A. WAGNER*

Board Chairman
Retired Chairman
Air Products and Chemicals, Inc.

S. BROOKE CHESTON**

Vice President
PNC Bank, N.A.

DENISE M. GARGAN***

Vice President, Institutional
Investment Group
PNC Bank, N.A.

JOHN P. JONES III****

President, Chairman, and CEO
Air Products and Chemicals, Inc.

LAWRENCE P. LEVITT, MD

Senior Consultant in Neurology
Emeritus
Lehigh Valley Hospital

CAROL M. McCARTHY, PhD, JD

Attorney at Law
Ober, Kaler, Grimes & Shriver

ANDREW G. WALLACE, MD

Dean Emeritus
Dartmouth Medical School

* Retired from the Pool Trust September 2005

** Retired from the Pool Trust February 2005

*** Joined the Pool Trust April 2005

**** Joined the Pool Trust September 2005

Executive Director and Members of the Board of the Pool Trust

*Seated: Carol M. McCarthy, PhD, JD, Trustee, and Denise M. Gargan, Corporate Trustee
Standing Left to Right: Andrew G. Wallace, MD, Trustee, Edward F. Meehan, MPH,
Executive Director, John Paul Jones III, and Lawrence P. Levitt, MD, Trustees*



Staff

Edward F. Meehan, MPH
Executive Director

Ronald C. Dendas, MS
Program Officer

Joseph J. Napolitano, MPH, MSN
Program Officer

Bridget I. Rassler
Administrative Support Manager

Regina M. Marks
Program Secretary

Brenda C. Weidner
Secretary/Receptionist

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