HEALTHStyle
SPRING 1996

Health Coverage After Retirement
What will you need?

Plus:
Nutrition in the Work Place

Cities in Schools A Success Story

Fred and Pat Zweifel of Macungie and their grandchildren, Haley and Kyle
Health Coverage After Retirement
With early retirements on the rise and changes coming in Medicare, it’s time to think about what you’ll need.

Nutrition in the Work Place
Is it possible to maintain a healthy diet on the job?

Cities in Schools
A hospital/school partnership transforms at-risk students into successful learners.

HealthStyle Profile
A new kidney turned Sherwood Heard’s life around.

Eat Smart
Sunset Grille, a perfect workday getaway.

On Record
Mapping Our Future Through Partnerships by Katryna A. Stephanoff, Board of Trustees Lehigh Valley Hospital and Health Network

Network News
News from around Lehigh Valley Hospital and Health Network

Cover Photo: Fred and Pat Zweifel face a likely early retirement offer this year. It will give them more time to enjoy their grandchildren but will raise serious health coverage issues.
HEALTH
COVERAGE
After
RETIREMENT

What Will
You Need
Then?
Think
About it
Now!

More and more employers today are offering early retirement as a way to trim the work force. For the employee, such an offer can be a blessing. But when it comes to health care, the blessing is decidedly mixed.

Too young for Medicare, most early retirees haven’t given health care coverage much thought. Suddenly, they are thrust into a complex and confusing decision-making process at the same time they’re dealing with a major change in lifestyle and a lower income. “The adjustment can be difficult,” says Steven Scott, M.D., Lehigh Valley Hospital.

“It’s important to take a preventive view now,” Scott says. He advises his patients to lay the groundwork for a healthy retirement by establishing good habits such as regular exercise, a healthy diet and mentally stimulating activities. “You also need to assess your health care coverage ahead of time,” he says. “Explore the options thoroughly.”

Here are the major coverage options with which you should be familiar.

1. Medicare

The federal health insurance program for those 65 and over comes in two parts. Part A covers hospital, skilled nursing and some home health care. There is no premium; you pay a deductible and co-insurance for care that exceeds the limits (for example, more than 60 days in the hospital). Part B covers a portion of physician services, outpatient hospital care, tests, etc. You pay a monthly premium, a deductible and co-insurance for the non-covered portion (for example, 20 percent of doctor bills).

Continued on next page

FRED ZWEIFEL:
Looking Ahead to
Early Retirement

Fred Zweifel of Macungie is a classic candidate for early retirement. The switching equipment technician with Bell of Pennsylvania has racked up 39 years of service at age 61. Bell last year offered an early retirement incentive program that spurred Zweifel’s thinking. This year he will almost certainly be eligible for the program.

If he’d retired five years ago, it would have been easy: Bell offered its retirees essentially the same health package it provided employees. Now, changes in retiree coverage are a possible outcome of contract negotiations. Also, managed care has entered the equation.

“It’s a relief not to have to fill out all the forms anymore,” Zweifel says about his HMO. But this spring he and his wife Pat, 58, will have to look at changing the physician group they’ve had a relationship with for 30 years.

Zweifel hasn’t given his future health coverage a lot of thought yet, but he will probably want to explore long-term care insurance. “We went through that expense with my mother,” he says.
FRANK AND MINNIE COLE: Veterans of the Insurance Search

When Frank Cole retired from his supervisory job three years ago at age 65, he and his wife, Minnie, knew they had to work out for them. Frank’s Medigap plan would be covered by his company, the former Cooper Industries in Palmerton, for just a year. Minnie, then 53, wouldn’t even be eligible for Medicare for two years.

After setting up a stopgap policy for herself, Minnie Cole began a serious search. “We got lots of calls and fliers from insurance companies,” she says, but the couple found the marketing blitz more confusing than helpful. It soon became apparent that Minnie’s history of diabetes and heart disease would be a major obstacle. “Two companies refused to cover us for a year due to pre-existing conditions,” she says.

Through an insurance broker, the Coles found a Medigap policy with no pre-existing clause. Within weeks of activating the policy, Minnie was in the hospital, and she was back in four more times before the year was out. “The plan took care of everything,” she says. The policy, which costs Minnie $1,600 a year and Frank $700, includes some prescription drug coverage.

The Coles also have a home health policy—although with Frank’s help, Minnie hasn’t needed home health assistance. In fact, she is doing well after having an angioplasty and getting her diabetes under control. Minnie Cole’s advice: “Do your homework! Check into exactly what’s covered before you sign anything.”

Medicare may look quite different by the time the federal budget-balancing debate is over. It seems safe to assume that the program will be more restricted with respect to choice and coverage.

2. “Medigap” insurance

These supplemental policies fill the gaps in Medicare benefits. They are regulated by law and come in 10 standard plans. In addition to Medicare co-insurance and deductibles, Medigap plans offer such options as prescription drugs and overseas emergency care. Since each company’s Medigap products are alike, the companies compete on service, reliability and price, which can vary considerably.

3. Managed care

Managed care plans, including HMOs, offer comprehensive services to members on a prepaid basis. Such plans are popular because of their simplified paperwork and coverage of preventive health services. The disadvantages: a limited choice of physicians and hospitals, and the fact that your primary physician must give the go-ahead before you can consult a specialist.

Managed care plans are now available to Medicare recipients. You don’t have to pay the regular Medicare deductible and co-insurance; instead, the plan charges you a monthly premium and/or small copayments as services are used.

“I think managed care is essential to control costs, and for the Medicare recipient it may even provide additional benefits such as covered office visits,” says Laura Mertz, network development manager for Lehigh Valley Physician Hospital Organization.

4. Employer insurance

In many cases the coverage you had through your employer can be continued after early retirement. Such an approach usually has the advantage of no waiting periods or exclusions for pre-existing conditions, and the premium typically is lower than for an individual policy. You’ll need to check with your benefits office on how your plan works in conjunction with Medicare.

5. Other types of group insurance

Many organizations other than employers—for example, professional or senior citizen associations—offer group health coverage for members. Be sure you understand the benefits, and compare prices carefully.

6. Individual coverage

Shopping for individual coverage can be difficult, but if you find yourself in this situation, don’t despair. “Your priority is to cover the catastrophic costs—hospitalization for a major illness or accident,” says Richard Sodl, senior health insurance manager for Hoffman Marketing Corp. in Bethlehem. “We offer a reasonably priced individual major medical plan through our brokerage firm, as well as other options such as small-business plans for the self-employed.”

7. Long-term care

Custodial nursing home care—the non-skilled type of care most people in nursing homes require—is not covered

Continued on page 9
Is It Possible to Maintain a Healthy Diet on the Job?

It's 2 p.m. in the office and your stomach is screaming for attention. You meant to pack a lunch this morning but ran out of time. Do you go to the cafeteria to see what's left of the salad bar? Stand in line for a sandwich? Or just grab a candy bar and some chips from the vending machine?

For most people, the raid on the vending machine is inevitable now and then. But it is possible to follow a healthy diet on the job. It's all a matter of responsibility, says Sandra Barillo, registered dietitian, Lehigh Valley Hospital and Health Network.

Is good worksite nutrition the responsibility of the employer or the employee? "Both," Barillo says. "Ultimately, it's up to the employee, each of us has to take charge of our own health. And there's only so much an employer can do, especially if it's a smaller company. But it is in the employer's best interest to provide a source of healthy meals and snacks, a way to heat or cool foods, and an attractive, quiet dining area. The message sent to employees is, 'We value your health and we value you.'"

That message is clearly important to area employers like Day-Timers, Inc. in Allentown. "Within the confines of a small kitchen, we try to offer as much variety as possible," says Lesa Mesaros, food service director. Day-Timers provides its 700 to 1,000 employees with a "healthy choice" daily among the grill and entree items. There's also a large and varied salad bar.

At Air Products in Trexlertown, the food service program operates on a larger scale. "With over 4,000 employees, we have two large cafeterias and two satellites," says general manager Gary Holland. "A sizable group of our employees is vocally health-conscious. Many of them are into fitness, and they need and want low-fat meals."

The company responds by offering such choices as low-fat muffins, frozen yogurt and a sophisticated salad bar with flavored vinegars. "In addition to our daily 'lite fare,' a very popular choice is our steamed vegetable entree," Holland says. "Employees have a choice of any three vegetables or starches—things like broccoli, corn, beans, cauliflower, potatoes and rice. The vegetable plate accounts for 50 of every 300 entrees we sell."

Both Holland and Mesaros are employees of the Wood Company, the $330 million, Allentown-based food

Continued next page
A “Nutrition Audit” for Your Company

- Do you offer a range of healthy food choices in the cafeteria?
- Do your vending machines contain items such as fruit and low-fat snacks?
- Do you promote bagels or low-fat muffins as the morning treat?
- Do company celebrations include healthy choices such as a fresh vegetable tray?
- Do employees have adequate time for meals?
- Do you provide a quiet, clean, smoke-free place for employee meals?
- Do you provide nutrition information through the cafeteria, bulletin boards or newsletters?
- Do you offer nutrition education events or screenings?
- Do managers set a good example for on-the-job nutrition?

service management firm that serves many of the hospitals, nursing homes, colleges and businesses in the region. In response to the consumer trend toward low-fat, healthy eating, the Wood Company has developed a number of health-oriented menu lines such as Heartland and Garden Bounty. Meals emphasize fresh fruit and vegetables, high-fiber foods, and herbs and spices for flavoring rather than rich sauces.

What if your company is too small to have such a sophisticated meal program? Even those without a cafeteria can help promote good nutrition by taking a close look at their vending machines. Granted, “if there’s only one machine on the premises, it’s probably candy or soda,” says Andy Posiak, Lehigh Valley branch manager of the vending machine company Covenco, Inc. “But we do respond to requests for low-fat items. There is a growing number of low-fat snack products from companies like Frito Lay and TastyKake. Snacks like pretzels are very popular. We also offer diet sodas, low-fat muffins, salads and fresh fruit.”

Do employees really take advantage of all these new choices in the vending machine or cafeteria line? Yes and no. Partly, it’s a matter of nutrition awareness. “Nurses and other health-conscious employees are the ones who go for the bagels and rice cakes and caffeine-free diet sodas,” Posiak says.

Time is also a factor in today’s high-pressure work environment. Many wage workers have half an hour or less to grab a meal, and salaried staff as well are feeling the crunch. “Although Air Products encourages eating together and sharing ideas, the
It’s a Great Way to Do Lunch

"If you really want to have control over what you eat at work, pack your own lunch," says Sandra Barillo, registered dietitian, Lehigh Valley Hospital and Health Network. Brown-bagging is a sound idea for lots of reasons:

1. **You control the quality, quantity, freshness and nutritional content.** Brown-bagging is the healthiest way to go because you decide what you’re going to eat, rather than having it dictated by what the cafeteria is serving that day.

2. **It’s not as tough as you think.** Packing a lunch is easy if you plan ahead. Take a few minutes over the weekend and write out your lunch menu for the next five days; chances are you already do this for dinners. Make five sandwiches ahead of time—everything except the lettuce and tomato—and freeze them. Take one out in the morning and add the trimmings, fruit and beverage and you’re ready to go.

3. **There’s unlimited variety.** If you’re tired of sandwiches, try a bagged salad mix and add chunks of turkey breast. Take it to work in a plastic bowl with an individual packet of low-fat dressing. Or freeze a non-fat yogurt, pull it out in the morning and it will be defrosted by lunchtime. Complete your healthy lunch with some fruit and carbohydrate.

4. **Hot or cold foods are not a problem.** To keep your lunch cool, get a freezer pack and an insulated bag. If there’s a microwave at work, you can have a hot lunch. There are many healthy frozen entrees that make a complete meal when paired with, for example, crackers and skim milk.

5. **Your snacks are under control, too.** By 4 p.m., chances are your body needs a snack. Your brain chemistry is affected by carbohydrate levels, and if they get too low the pull to the candy machine can be irresistibly strong. Fruit, part-skim string cheese, saltines, pretzels and low-fat tortillas make excellent snacks, and you can plan the portions ahead of time.

6. **You can make it easier with a buddy system.** "If you hate making lunch in the morning, sign up a friend and take turns packing lunches for each other. Having an ally in good nutrition will also help keep you on track."

For more information on nutrition and nutrition classes from the Center for Health Promotion and Disease Prevention of Lehigh Valley Hospital and Health Network, call (610) 402-CARE.
Guest teacher Fran Derhammer, R.N., (photo at right), coordinator of WomanCare at Lehigh Valley Hospital, gives a presentation as part of the innovative "problem-based learning" unit of Cities in Schools.

Zila Gonzalez (R) applies her typing skills in the Nursing Services office at Lehigh Valley Hospital. "She's very willing to learn and a really good typist!" says Kelly Beauchamps, senior secretary. This is Zila's second service learning experience at the hospital; she worked in the John and Dorothy Morgan Cancer Center during the 1994-95 school year and had a paid job there over the summer. "I was so happy when they gave me that job," she says. "I felt privileged, special." Kelly Beauchamps knows the value of this experience for Zila; she was in a school-to-work program in high school herself.

Albert Albino mixes barium into various soft foods as part of his service learning experience in the Speech Pathology department at Lehigh Valley Hospital. The foods will be used in a video procedure that tests a patient's ability to swallow. Albert also does filing, takes data from charts and will eventually be able to help feed patients. He works with Patti Schlegel, speech-language pathologist.
A Partnership Transforms At-Risk Students into Successful Learners

Cities in Schools

Each day, 3,000 young Americans drop out of school. The cost to the country is enormous: an estimated $240 billion a year in social services and lost wages and taxes. And the cost to the young people themselves? Lower earnings, a higher likelihood of going to juvenile court or prison and an unemployment rate more than double that of high school graduates.

Cities in Schools is determined to turn those numbers around. The nation's largest dropout prevention program, Cities in Schools operates on the concept that a united community can break the cycle of school failure. "We are a non-profit partnership of education, business, government, human service providers and others, all working together to keep at-risk students in school," says Anne Taylor, executive director of Cities in Schools of the Lehigh Valley.

One of Taylor's principal partners is Lehigh Valley Hospital. "The hospital is involved with our program in two ways," she says. "First, it provides job experiences and mentoring to prepare students for the transition from school to work. Hospital staff are also involved on the classroom side, with an innovative curriculum that helps students see the real-life application of what they're learning in school."

The job-experience aspect of Cities in Schools, called "service learning," is extremely valuable to the ninth- and tenth-graders in the program at William Allen High School. One day a week, each student reports to a work setting in the community.

Thirty students log in at Lehigh Valley Hospital, where they roll up their sleeves and go to work in such departments as engineering, nursing education and community health.

One purpose of the program is simply to expose students to the variety of jobs available in the community; to demonstrate, for example, that "there are many health care personnel besides physicians and nurses," says Patti Schlegel, speech-language pathologist.

"We're also giving these students practical exposure to the world of work," says Allentown School District teacher Darryl Skrowanek. "They need to learn skills as basic as being on time, how to dress, how to relate to people and handle criticism."

Service learning can translate into paid employment. "Last year, some of the students wound up with part-time and summer jobs through the program," Skrowanek says. "You can make whatever you like of the opportunity."

The other four days of the week, the students are in the classroom—but it's not your typical classroom.

Skrowanek and fellow teacher James Gollatz meet with their students in self-contained schoolrooms at the hospital's 17th & Chew site.

Here, they study all the usual subjects, but at their own pace and in a completely flexible environment.

"There's more time to learn things," says tenth grader Zila Gonzalez. "You can do math all day if you need to." And the environment is safe and supportive. "It's better being away from your home school with all the disruptions," says her classmate Sayward Cross. "This is a more peaceful place to learn."

For all the flexibility, students are held accountable for their attendance and actions—a new way of thinking for many of them. "These kids slipped through the system for years; they're
They develop problem solving skills they can transfer to other areas of life, and in the process they gain self-worth and motivation to stay in school.

At a final group session, Libby herself paid a surprise visit to the students to talk about her experience. “It was a pretty powerful day for all of us,” Skrovanek says.

A key goal of problem-based learning is to help students with their own lives. “We asked them to look at the issues each of them might be facing relating to violence and drugs,” Skrovanek says.

“This brought the curriculum right down to reality. And we talked about what they could do to prevent the kind of thing that happened to Libby. Many of these kids don’t know how to deal with problems except by violence. We discussed ways to stay calm and come to your senses before you act.”

This year’s problem-based learning component will focus on another issue of real concern to the Cities in Schools students: pregnancy and parenting. Five of the tenth graders are already mothers. The unit will include material on reproduction, contraception, sexually transmitted diseases, the effects of substance abuse on fetal development, genetics, evolution and the perceptions versus the realities of childbirth. There will be presenters from the Allentown Health Bureau and Turning Point, as well as nurses, physicians and others from the hospital.

By the end of this year, the tenth graders will have experienced two years in Cities in Schools, and the effects of the program have begun to show. “We’re averaging 90 percent attendance,” Skrovanek says. “Now, that wouldn’t be great for a class of honor students, but some of our kids had a history of 60 to 100 absences a year.

“I’ve also seen a big improvement in how they handle themselves,” he says. “They not only lacked confidence, they had no concept of it. Education was totally intimidating. But gradually they’ve come to see that I can do that! They develop problem-solving skills they can transfer to other areas of life, and in the process they gain self-worth and motivation to stay in school.”

Cities in Schools of the Lehigh Valley boasts some impressive overall statistics: students’ attendance improved by 71 percent, reading scores by 93 percent and math by 94 percent, and 84 percent of the students were promoted.

“With all the stresses these kids face in regular school, it is just so valuable to get them into a different environment,” says Shirley Wagner, RN, pediatric clinical nurse facilitator. “Cities in Schools gives them a chance to concentrate, check out careers and prepare themselves better for life. I hope this program never stops.”

For more information about Cities in Schools, call (610) 492-CARE. Tax-deductible donations are always needed and welcomed.
by Medicare or most Medigap policies. Such care can cost up to $50,000 a year in a good private nursing home, a sum that can put a retiree’s entire nest egg at risk. “On the other hand, long-term care insurance itself can run $2,000 to $4,000 a year,” Scott says. “Whether or not you need it depends on whether you have family members or other resources available.”

Where do you start in making decisions about health care after retirement? Here are some suggestions:

**Be aware of your own situation and needs.** Do you have a pre-existing health condition? Do you plan to live in more than one state? Do you have a relationship with a doctor and/or hospital that is important to you? Do you have family members or friends you could rely on for home health care? Answers to these questions can help guide your decisions on health care coverage.

**Make sure you’re dealing with a reputable insurance company.** The company and the agent must be licensed; verify this.

**Get good coverage early.** It’s important to “lock in” the coverage you’ll need—especially for long-term care—while it’s still accessible and affordable to you. “The younger you are, the lower the risk and the lower the premium,” Soll says.

**Don’t buy more policies than you need.** Duplicate coverage can be expensive and generally isn’t necessary.

**Take your time and do your homework.** You need to be aware of Medicare/Medigap’s open enrollment time limits. Other than that, don’t feel pressured into buying something before you’re sure it is right for you.

**Take advantage of the Pennsylvania Insurance Counseling Office.** Call (800) 783-7067.

Two brochures you may find useful are *A Shopper’s Guide to Long-Term Care Insurance and Medicare and Managed Care Plans.* Call (610) 402-CARE for more information.
A New Kidney Turned Sherwood Heard’s Life Around

“We need to raise public awareness about organ donation.”

Sherwood Heard

When Sherwood Heard stands up before a group and talks about the value of organ donation, he speaks from experience. The Bangor man’s kidney transplant nine years ago made “a night-and-day difference” in his life.

That’s why Heard is on the speaker’s platform as chairman of the Greater Lehigh Valley Coalition for Organ and Tissue Donation. More than 40,000 people nationally are on waiting lists for a lifesaving transplant. “We need to raise public awareness of the importance of organ donation,” Heard says. “It helps to have a speaker who can say, ‘This works.’”

Heard himself was spared the agony of a waiting list for his 1987 transplant. As an insulin-dependent diabetic, he knew kidney failure was a possibility; but when it happened in his 40th year, his sister was a willing donor. “She always said she would be ready if the time came that I needed it,” Heard says. “We turned out to be a perfect match.”

Receiving a kidney from a relative is the best choice for a successful transplant. “The success rate is close to 100 percent,” says Craig Reckard, M.D., chief of transplant services at Lehigh Valley Hospital and Health Network. But the decision wasn’t easy for Heard. “You always have reservations about asking this of someone close to you. You wonder, ‘What if something happens to her other kidney?’” Happily, Heard’s sister was back on her feet very quickly. “The vast majority of people do fine on one kidney,” Reckard says.

Heard was also spared the need for dialysis, his only alternative if a donor kidney had not been available. “Mine was really an easy case,” he says. “Toward the end I felt extremely tired all the time, but I wasn’t really sick.”

Heard’s energy level was dramatically better after the transplant. And his attitude was transformed. “After a life-threatening situation, you get a whole new perspective,” he says. “Little things don’t matter. As they say, it’s a gift of life.”

Today, Heard works as recreation supervisor for Northampton County Parks. He swims twice a week, does weight training and works out on a stationary bike and rowing machine. He’s not out of the woods; transplant recipients go on a lifelong regimen of medications, and there are signs that chronic rejection—kidney transplants don’t last forever—may occur in the next year or two. Heard is on a waiting list in preparation for that eventualty.

Meanwhile, he’s been a busy advocate for the Greater Lehigh Valley Coalition for Organ and Tissue Donation. “I’ve always had a community-related job,” he says, “and I guess I have community service in my blood! I also feel we all owe something back. And this is such an important cause.”

For the thousands of donor families, organ donation is a way to make sense of a tragedy, to feel comfort in knowing that a part of your loved one is helping someone stay alive. “But people don’t realize that signing a donor card is not only about helping someone else,” Heard says. “You yourself could be in an accident and need a heart, cornea or other organ. This issue touches everybody.”

For more information about organ and tissue donation, call (610) 402-CARE.

Facts about Organ/Tissue Donation

- Through the kidney transplant program at Lehigh Valley Hospital—the only such program in northeastern Pennsylvania—93 people in our region have received kidneys in the past two years.
- The heart, lung, kidney, liver, pancreas, cornea, bone, skin and other tissues can be successfully transplanted today.
- One donor can help or save the lives of as many as 25 transplant patients.
- All major organized religions support organ and tissue donation.
- Donated organs are distributed through a regional and national computer registry based on medical need, time on the waiting list and best medical match.

How to Become a Donor

Tell your family so they can carry out your wishes in the event of your death, and sign and carry a donor card or donor driver’s license.
Sunset Grille Is a Perfect Lunch Time Getaway
by Sandra Barillo, M.S., R.D., and Jane Ziegler, M.S., R.D.

The Sunset Grille is located among the peaceful farm fields of Kuhnsville, yet it’s still easily accessible to I-78 and Allentown. This makes it the perfect noontime relief from a busy working day.

We enjoyed the Southwestern decor as we deliberated over many tempting choices from the large menu. The majority of the meals are Tex-Mex, which can be notoriously high in fat. But for those of us interested in lighter, healthier fare, the Sunset Grille provides a variety of offerings, including vegetarian items and “Sam’s Favorite” specials.

The chef will readily accommodate special dietary needs and preparation requests. The waitress was well versed in the dishes and what they contained, and she was helpful and pleasant through all our questions.

We started with barbecue shrimp as a shared appetizer. The shrimp were large and plump and the sauce was delicious. Served with the shrimp were the Sunset Grille’s famous Ranchero Beans, also in a mild barbecue sauce. Although this dish was delicious and tempting, we limited our servings because bacon is an ingredient.

For her entree, Sandra decided on one of the Sam’s Favorite items, the grilled pork chops. These were lean enough not to require any trimming of fat, and the preparation resulted in a tender, juicy and flavorful dish. The chops were served with a moist baked potato needed no butter or sour cream (or calories!). However, for more flavor Sandra topped her potato with salsa. A crisp lettuce and tomato salad, with fat-free raspberry dressing served on the side, completed her meal.

Jane decided on the broiled flounder. At her request, the chef substituted a lemon/lime spritz for the usual lemon butter. Jane too chose the baked potato and salad. The flounder was tender and flavorful, very moist without the extra butter. We finished our meal with coffee and skipped the dessert selections.

Portion sizes on both of our entrees were generous, more than most people would eat at a noon meal. If you’re so inclined, you can take the remainder home for an evening snack. And the Sunset Grille does a lovely job on the presentation of its meals. Both entrees arrived hot, and it was clear that the chef took pride not only in the taste, but in the appearance of the food on our plates.

There is something for everyone on the Sunset Grille lunch or dinner menu. We recommend this dining experience to anyone looking for delicious food, prompt service and a large helping of hospitality.

Dining Out for Weekday Stress Relief

△ Plan to eat out on Wednesday. It will give your spirits a mid-week boost.

△ To avoid crowds and get faster service, go out to lunch a little later—say, 12:30 or 1 p.m.

△ Plan a monthly lunch outing with colleagues. Take turns selecting new restaurants and circulating the menu ahead of time.

△ Look for a non-smoking restaurant; if that’s not possible, always ask for a non-smoking table. Nicotine in the air will not help you relax.

△ Lunchtime conversations will be more stimulating and pleasant if you can avoid “work talk.”

△ Practice moderation in your choice of foods, especially if you dine out often.

Sandra Barillo (right) is a health educator for Lehigh Valley Hospital’s Center for Health Promotion and Disease Prevention. Jane Ziegler is the hospital’s director of clinical nutrition services.
Mapping Our Future Through Partnerships  
by Kathryn A. Stephanoff, Board of Trustees  
Lehigh Valley Hospital and Health Network  
Director, Allentown Public Library

In the introduction to his book *Future Shock*, Alvin Toffler argues that a lack of certainty about the future should not keep us from exploring the world of tomorrow. Defending the crude maps used by explorers in medieval times, Toffler writes, “The great explorers could never have discovered the New World without them. Nor could better, more accurate maps...have been drawn until men, working with the limited evidence available to them, set on paper their bold conceptions of worlds they had never seen.”

I find Toffler’s analogy an interesting one when looking at the daunting task that faces today’s health care providers. They, too, often find it difficult to map unknown worlds.

Forward-looking organizations, however, must anticipate and plan for change if they are to remain strong and viable. Lehigh Valley Hospital and Health Network is a good example of this forward focus. Our leaders have anticipated change in an effort to prepare this institution to serve the evolving needs of our community, and the process will continue over the next several years.

The planning process for Lehigh Valley Hospital and Health Network is, in essence, a partnership with doctors, staff, patients and communities—indeed, with everyone who has a stake in our future. And partnerships are essential in today’s health care environment. As more and more people are treated outside the hospital walls, the whole notion of a “hospital” is changing. Change of this kind does not come easily for many people. Partnerships are our way of involving people positively in change.

Seeking input from our constituents is also a way to stay permanently tied to our basic reason for being. The hospital is hearing from people who are going to be using our services for years to come. In effect, we are continually asking, “What are your thoughts on how we can best serve you?”

Lehigh Valley Hospital and Health Network has recognized and identified the many different constituencies that make up our community. We seek representation from each socioeconomic, geographic and cultural group, so that as many voices as possible are heard. In this process, we use surveys, community group discussions and many other means of dialogue. For example, a recent series of neighborhood meetings helped ease concerns over space and traffic intrusion and other issues that are inevitable with a healthy institution’s growth.

Partnerships and forward-looking planning are evident at both Lehigh Valley Hospital sites, where services are being reconfigured to meet the demand for high-quality health care at a lower cost. We are concentrating acute care services (those for the seriously ill or injured) at Cedar Crest & I-78, which is evolving as a regional resource. At the same time, we are expanding outpatient, diagnostic and wellness services at the 17th & Chew site to better serve the needs of the surrounding community.

Lehigh Valley Hospital is a teaching hospital, recognized for medical breakthroughs and excellence, and I have long marveled at the clinical expertise and technological wonders that take place here every day. Now, I must also marvel at the hospital’s ability to create plans for the future, respond to change and work in partnership with the community.
Lehigh Valley Hospital Joins Alzheimer’s Drug Study

Lehigh Valley Hospital is part of an international study of the effectiveness of a new drug against Alzheimer’s disease. People with mild to moderate Alzheimer’s are being enrolled in a 26-week trial to determine if the medicine is helpful in improving Alzheimer’s-related memory and thinking problems.

Forty-five hospitals in the United States and Canada will follow 560 people in the trial. To be eligible, a person must be at least 50 years old and have a diagnosis of probable Alzheimer’s with one year of documented memory decline. Some of the subjects will receive the new drug and some a placebo; no one will know who receives the placebo until the study is completed. Neurologists Lorraine Spikel, M.D., and Alex Rae-Grant, M.D., are principal and co-principal investigator, respectively, and Joan Longenecker, R.N., is research coordinator.

For more information or to find out if the study is still open to participants, call (610) 402-CARE.

Pool Trust Announces Grants

Several health-related agencies in the Lehigh Valley are finding their jobs easier thanks to recent grants from the Dorothy Rider Pool Health Care Trust. The trust in December announced grants of $478,000 to the Coalition for a Smoke-Free Valley, and its campaign against the single most preventable cause of death and disease in the United States; $120,000 to the Northeast Pennsylvania Lions Eye Bank, which is exploring a new approach to cornea transplantation; $49,815 to Cities in Schools of the Lehigh Valley, a partnership aimed at keeping at-risk students in school (see story on page 6); and $193,500 to the Burn Prevention Foundation to support its effort to expand and form partnerships with businesses.

Lehigh Valley Hospital is a partner of all of these agencies. “The Dorothy Rider Pool Health Care Trust has once again made an investment that will help us improve the health status of thousands of citizens of the Lehigh Valley,” says Elliot J. Sussman, M.D., president and CEO.

Arthritis Society Passes Mission to Lehigh Valley Hospital

After more than 20 years of service to arthritis patients, the Arthritis and Rheumatism Society of the Lehigh Valley (ARSOLV) is dissolving as an entity. Its well-known Encore Thrift Shop in Allentown has closed, but its arthritis club and adult and pediatric arthritis clinics will continue to operate at Lehigh Valley Hospital, and the therapeutic pool program will also continue.

ARSOLV has transferred stewardship of its funds—totaling some $75,000—to Lehigh Valley Hospital, to be disbursed in ways consistent with the society’s mission. The funds will be used for the arthritis clinics, club and therapeutic pool. “We will also make every effort to work with contributors and other interested community members to continue raising funds to support these valuable programs,” says Robert Srow, senior vice president, development.

Good Results at Blommer

Results are coming in on the employee health program piloted by Lehigh Valley Hospital and Health Network at Blommer Chocolate (described in the Fall 1995 HealthStyle). A hospital team came to the East Greenville processing plant and conducted a series of health risk assessments. The team then designed a 13-week series of programs to improve the employees’ nutrition, fitness and other aspects of health.

“Post-tests showed an improvement in weight, body fat, aerobic exercise and emotional well-being,” says Jane Nester, director of Center for Health Promotion and Disease Prevention at the hospital. “And we saw a significant improvement in follow-up blood pressure and cholesterol checks. We also used a quality of life measuring tool, which showed improvement in all categories, especially the employees’ general health perception and level of fatigue.”
Valley Preferred is accepted by more than 1,200 physicians in eastern Pennsylvania, which is part of the reason why more and more businesses are discovering Valley Preferred is for them.

Here are a few other reasons:

- Valley Preferred was created by local physicians to serve the specific health needs of this region.
- The plan offers members choice of doctors and access to the leading hospitals in eastern Pennsylvania.
- Wellness, fitness, pharmacy, dental, eye care, and rehabilitation programs can all be included.
- Plan premiums are among the most competitive in the market.

The list goes on...

If you are truly interested in a health plan that was created with you in mind, it's time to check out the facts on Valley Preferred.

Call 800-955-6620 to learn how Valley Preferred offers everything the other health plans do and more...for less.

Valley Preferred
...the choice in business health care.

Lehigh Valley Hospital
PO Box 689
Allentown, PA 18105-1556