



Research in

LEARNING

DISABILITIES

at the

NICHD



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NATIONAL INSTITUTES OF HEALTH
National Institute of Child Health and
Human Development

THE NICHD RESEARCH PROGRAM IN LEARNING DISABILITIES

The National Institute of Child Health and Human Development (NICHD) and its Human Learning and Behavior Branch (HLB) has an extensive history of conducting and supporting research in the areas of language development and disorders, dyslexia and other forms of learning disabilities. NICHD support for projects related to learning and language disabilities has increased from \$1.75 million in 1975 to over \$15 million in 1993—a cumulative total of approximately \$80 million. Within the past 10 years, NICHD research has identified some of the major cognitive mechanisms underlying dyslexia and other learning disabilities and how the assessment of these mechanisms can help to predict the onset developmental course, and outcome of such disorders. Moreover NICHD scientists have contributed substantially to an understanding of how the brain and the genetic and environmental influences interact to produce variations in learning. Given these findings, the HLB is now embarking on a series of well designed treatment/intervention studies with children with language-based reading disorders (dyslexia) to identify intervention methods that have the highest probability of success in addressing the needs of these youngsters.

This research has been accomplished through the funding and establishment of a network of Learning Disability Program Projects and Learning Disability Research Centers (LDRCs). Information relevant to these research programs is provided below.

The University of Colorado LDRC
Principle Investigator: Dr. John DeFries
Phone: 303/492-7362

Yale University LDRC
Principle Investigator: Dr. Bennett Shaywitz
Phone: 203/785-4641

The Human Learning and Behavior Branch

The Human Learning and Behavior Branch of the Center for Research for Mothers and Children, part of the National Institute of Child Health and Human Development, supports research on behavioral and biobehavioral processes involved in development and learning from infancy to maturity. Specific research areas include behavioral pediatrics, developmental behavioral biology, learning and cognitive development, learning disabilities and disorders of attention, language development and disorders, social and emotional development, and child care and psychological development.

BRANCH STAFF

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GETTING READY TO READ

 *Learning How Print Maps to Speech*

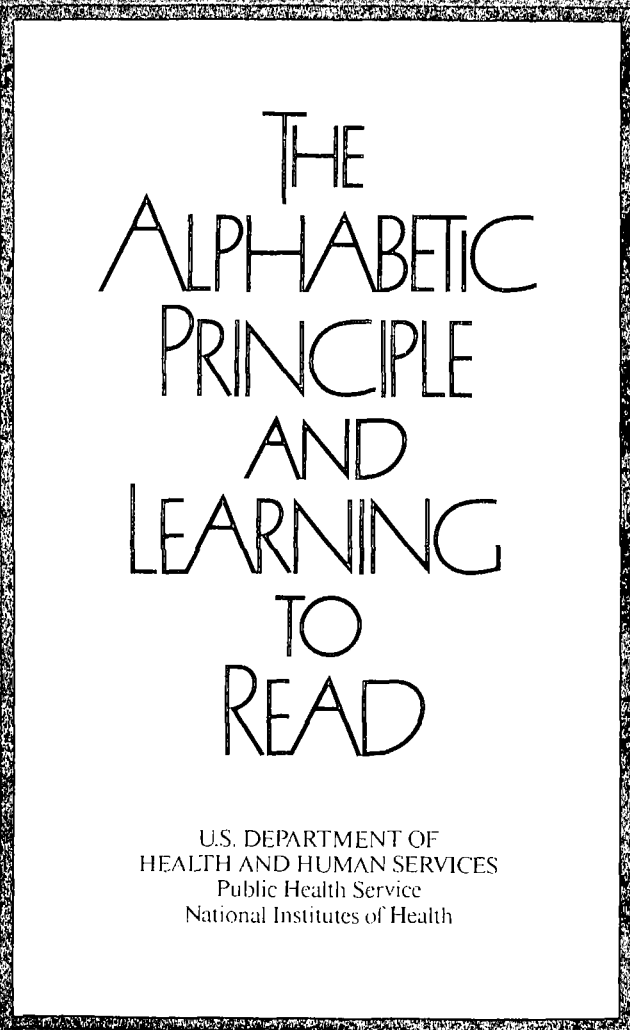
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THE ALPHABETIC PRINCIPLE AND LEARNING TO READ

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The resource that equips you with state-of-the-art measurement concepts and strategies for assessing learning disabilities

NEW!

Frames of Reference for the Assessment of Learning Disabilities

New Views on Measurement Issues

Edited by **G. Reid Lyon, Ph.D.**, Psychologist, Human Learning and Behavior Branch, National Institute of Child Health and Human Development, Bethesda, Maryland

Today's researchers and educators realize the significant need to have guidelines for measuring learning disabilities, but many don't know where to turn for a comprehensive analysis of assessment issues. Now you can rely on the authoritative guidance of experts who attended—by invitation only—a 1992 conference sponsored by the National Institute of Child Health and Human Development to examine these issues and subsequently develop this book.

Frames of Reference for the Assessment of Learning Disabilities: New Views on Measurement Issues offers you an in-depth look at the fundamental concerns facing professionals who work with children with learning disabilities. This probing examination of the tools that measure learning disabilities covers a broad range of domains, linking current measurement research with practical applications for both the present and the future.

Broaden your understanding of learning disabilities issues

Unique in the learning disabilities field because of the breadth of material it covers, this state-of-the-art reference leads you to a better understanding of the measurement issues related to all types of learning disabilities, including disabilities that affect:

- attention
- executive function
- spelling and linguistics
- cognitive abilities
- written language expression
- mathematics
- social competence
- reading

This seminal volume establishes a framework for the systematic measurement of learning disabilities by determining five decision points that are critical to sound measurement. Then it takes you into each domain of learning disabilities to identify constructs that are fundamental to measuring accurately a child's abilities. These constructs enable you to focus your assessments on the learning areas that are most crucial—and most difficult—for a child to master.

Evaluate current measurement tools and explore future research

This groundbreaking work challenges the traditional aptitude-achievement definition of learning disabilities. Based on this redefinition, you'll explore new approaches to measuring a child's progress reliably, guided by recognized authorities in each field whose insights enable you to evaluate today's measurement tools and strategies . . . develop criteria for choosing and evaluating core test batteries . . . benefit from the peer review process as the authors critique each other's work . . . and assess the efficacy of improving existing measurement tools or developing new ones.

Turn to this perceptive resource for provocative discussions of the issues surrounding the assessment of learning disabilities! If you are a researcher, clinician, educator, or graduate student in special education, psychology, neurology, or pediatrics, let this essential reference heighten the effectiveness of your work. Order **Frames of Reference for the Assessment of Learning Disabilities: New Views on Measurement Issues** today, and gain cutting-edge strategies and insights into measuring learning disabilities!

Order: Stock #1383/Lyon/Frames of Reference for LD/\$55.00
1994/672 pages/hardcover/ISBN 1-55766-138-3

Contents: *Section I: Issues and Directions in the Measurement of Learning Disabilities*—Critical Issues in the Measurement of Learning Disabilities (Lyon)/A Matrix of Decision Points in the Measurement of Learning Disabilities (Keogh)/*Section II: Critical Concepts in Learning Disabilities: What Are We Measuring*—Measurement of Change: Assessing Behavior over Time and within a Developmental Context (Francis, Shaywitz, Stuebing, Shaywitz, & Fletcher)/Measuring and Analyzing Change (Shaywitz & Shaywitz)/The Assessment of Attention in Children (Barkley)/Attention as a Process and as a Disorder (Fletcher, Shaywitz, & Shaywitz)/Measurement of Executive Function (Denckla)/Issues in the Assessment of Executive Function: An Information-Processing Perspective (Torgesen)/Redefining Learning Disabilities: Moving Beyond Aptitude-Achievement Discrepancies to Failure To Respond to Validated Treatment Protocols (Berninger & Abbott)/Issues in Definition and Measurement of Learning Disabilities: The Need for Early Intervention (Fletcher & Foorman)/*Section III: What Children Learn in School: Assessment in Specific Academic Domains*—Measurement of Listening and Speaking (Johnson)/Honing the Concepts of Listening and Speaking: A Prerequisite to the Valid Measurement of Language Behavior in Children (Moats)/Measurement of Word Recognition, Orthographic, and Phonological Skills (Olson, Forsberg, Wise, & Rack)/Components of Reading Ability: Issues and Problems in Operationalizing Word Identification, Phonological Coding, and Orthographic Coding (Vellutino, Scanlon & Tanzman)/Assessment of Spelling in Learning Disabilities Research (Moats)/Issues in Researching the Link Between Phonological Awareness, Learning Disabilities, and Spelling (Lindamood)/Measurement of Written Language Expression (Hooper, Montgomery, Swartz, Reed, Sandler, Levine, Watson, & Wasileski)/Future Directions for Research on Writing Disabilities: Integrating Endogenous and Exogenous Variables (Berninger)/Diagnosis and Assessment of Mathematics Learning Disabilities (Fleischner)/Mathematics Assessment for Students with Learning Disabilities (Vaughn & Wilson)/*Section IV: Emerging Trends in the Measurement of Learning Disabilities*—Neuropsychological Assessment of Children with Learning Disabilities: Measurement Issues (Rourke)/Multidimensional Neuropsychological Assessment Models: Potential and Problems (Morris)/Techniques for Measuring Social Competence in Children (Voeller)/The Measurement and Assessment of Social Skills (Vaughn & Hauger)/Assessment of Learning Disabilities: The Challenge of Evaluating the Cognitive Strategies and Processes Underlying Learning (Meltzer)/Strategy Assessment in Perspective (Moats)/A Review of Critical Concepts and Issues in the Measurement of Learning Disabilities (Morris)/Index.

Language-Related Learning Disabilities Their Nature and Treatment

By **Adele Gerber, M.A.**, Professor Emeritus, Department of Speech, Language, and Hearing, Temple University

With contributions by **Betty H. Bunce, Jack S. Damico, Diana Kaufman, and Charlann S. Simon**

Order this valuable resource for a comprehensive examination of the relationship between learning disabilities and language disabilities. Written by respected authorities in the field, this book reviews assessment, evaluation, and remediation procedures, as well as practical intervention methods.

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**perceptive . . . elucidating . . . impelling . . . The comprehensive resource
for establishing a framework for the study of learning disabilities . . .**

Better Understanding Learning Disabilities **NEW!**

New Views from Research and Their Implications for Education and Public Policies

Edited by **G. Reid Lyon, Ph.D.**, Psychologist, Human Learning and Behavior Branch, National Institute of Child Health and Human Development, **David B. Gray, Ph.D.**, Acting Deputy Director, National Center for Medical Rehabilitation Research, **James F. Kavanagh, Ph.D.**, Deputy Director, Center for Research for Mothers and Children, National Institute of Child Health and Human Development, **Norman A. Krasnegor, Ph.D.**, Chief, Human Learning and Behavior Branch, National Institute of Child Health and Human Development, National Institutes of Health, Bethesda, Maryland Foreword by **Doris J. Johnson, Ph.D.**, Northwestern University

The learning disabilities field is plagued by much controversy and confusion—confusion that stems from disagreements about definition, assessment, etiology, and the efficacy of interventions. With today's growing number of students identified as having learning disabilities, the need for a sound conceptual framework has never been more critical.

At last—in response to these pervasive challenges—a groundbreaking new book has emerged: **Better Understanding Learning Disabilities: New Views from Research and Their Implications for Education and Public Policies**. In this illuminating resource, the most distinguished leaders in the field have collaborated to bring you a state-of-the-art review of the critical issues confronting the study and practice of learning disabilities. Emanating from a National Institute of Child Health and Human Development Conference—attended by invitation only—this authoritative work exposes the reasons behind the field's limitations, and identifies the conditions that are essential for establishing valid, reliable foundations.

You'll probe the vexing issues of definition and classification, learn about the appropriate development of theory, examine various frameworks of study, and evaluate the implications of policy and practice. Knowledge of these challenging topics is vital for the field to prosper as a science and a clinical practice. And only with this fundamental reference book will you have access to the research and insight that can lead to monumental advancements.

Investigate the complexities of classification, definition, and theory

The most pressing scientific goal in the field is the development of a valid, theory-driven definition and classification system. This book outlines five different models of classification and analyzes each one in terms of its possible relevance to the learning disabilities field. You'll study both clinical and empirical approaches to classification research, learn about the problems that inhibit development, and examine the powerful role of ecological factors and their impact on etiology, prediction, and intervention.

Current learning disabilities definitions are intertwined with those of mental retardation and childhood psychopathology. This provocative text examines all three disorders, identifying important differences, parallels, and ambiguities. You'll focus on discrepancy and IQ, the existence and treatment of co-morbidities, and proposals for new methods of identification. Plus, you'll learn more about the link between definition and diagnosis, and how this affects the school system's identification process of referral, assessment, and placement.

Theoretical development is an important and necessary goal of the learning disabilities field. This comprehensive resource justifies the need for a macro-level theory, and provides detailed descriptions of two crucial elements: knowledge accumulation and metatheoretical development. You'll learn what a causal theory of learning disabilities should encompass, and receive helpful critiques of two important models: the non-verbal learning disability syndrome and the phonological theory of reading disability.

Explore a range of perspectives

View the study and practice of learning disabilities through the eyes of four different researchers:

- **Cognitive researchers:** Focus on the assessment of performance discrepancies and receive tips for enhancing cognitive processing in students with learning disabilities.
- **Developmental researchers:** Examine an "interactive developmental paradigm," a conceptual framework for the study of learning disabilities. Then, watch the paradigm in action as it's applied to written output disorder.
- **Educational researchers:** Explore the ways in which learning disabilities have been handled by the school systems. Consider how this has had an impact on the outcomes of research.
- **Reading disability researchers:** Focus specifically on dyslexia, and why it is unnecessary to distinguish this impairment from poor reading ability.

Move from research to policy and practice

You'll go beyond theoretical and empirical issues to investigate the ways in which science has followed, not preceded, social and political decisions. Trace the historical development of the study of learning disabilities, and examine definitions of minimal brain damage, hyperactivity, and attention deficit disorder. Study how economic, professional, and institutional politics have influenced and modified research and practice. And consider the ways in which federal public policy has affected the education of children with learning disabilities.

A sound reference on cutting-edge data and practical perspectives . . . a thorough agenda for continued research . . . and a long-needed catalyst for initiating innovations in theory, measurement, and assessment . . . this enlightening volume will pave the road to a broader, more unified understanding of learning disabilities, and the factors that have hampered progress. For researchers interested in the biological underpinnings of learning disabilities . . . for clinicians interested in development and specific learning disorders . . . and for practitioners concerned with current perspectives on treatment and remediation . . . this innovative work is essential. Thought-provoking discussion questions at the end of each chapter make this book highly accessible for graduate-level students and educators in special education, developmental and educational psychology, neurology, and pediatrics. Order today, and get the insight you need to initiate much-needed advancements in the field!!

**Order: Stock #1162/Lyon/Better Understanding LD/\$35.00
1993/384 pages/hardcover/ISBN 1-55766-116-2**

Contents: Foreword (D. Johnson)/An Examination of Research in Learning Disabilities: Past Practices and Future Directions (G.R. Lyon & L. Moats)/**Section I: CLASSIFICATION OF LEARNING DISABILITIES**—Models of Classification as Related to a Taxonomy of Learning Disabilities (R. Blashfield)/Classification of Learning Disabilities: Relationships with Other Childhood Disorders (J. Fletcher, D. Francis, B. Rourke, S. Shaywitz, & B. Shaywitz)/Broadening the Scope of Classification: Conceptual and Ecological Perspectives (D. Speece)/Issues in Empirical versus Clinical Identification of Learning Disabilities (R. Morris)/**Section II: DEFINITION AND THEORY IN LEARNING DISABILITIES**—Defining Learning Disabilities: A History of the Search for Consensus (J. Doris)/Development of Operational Definitions in Mental Retardation: Similarities and Differences with the Field of Learning Disabilities (D. MacMillan)/Variations on Theory in Learning Disabilities (J. Torgesen)/A Science and Theory of Learning Disabilities (K. Kavale)/**Section III: PERSPECTIVES ON RESEARCH AND CLINICAL PRACTICE IN LEARNING DISABILITIES**—Learning Disabilities from the Perspective of Cognitive Psychology (H.L. Swanson)/Learning Disabilities: An Interactive Developmental Paradigm (M. Levine, S. Hooper, J. Montgomery, M. Reed, A. Sandler, C. Swartz, & T. Watson)/ Learning Disabilities from an Educational Perspective (N. Zigmund)/The Construct Validity of Discrepancy Definitions of Reading Disability (K. Stanovich)/**Section IV: IMPACT OF SOCIAL AND PUBLIC POLICY ISSUES ON LEARNING DISABILITIES**—Linking Purpose and Practice: Social/Political and Developmental Perspectives on Classification (B. Keogh)/Learning Disabilities and Public Policy: Myths and Outcomes (E. Martin)/Conclusions and Future Directions (D. Alexander, D. Gray, & G.R. Lyon)/Index.

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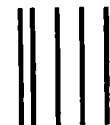
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*Learning
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THE HUMAN BRAIN PROJECT

Understanding brain function requires the integration of information from the level of the gene to the level of behavior. At each of these many and diverse levels there has been an explosion of information, with a concomitant specialization of scientists. The price of this progress and specialization is that it is becoming virtually impossible for any individual researcher to maintain an integrated view of the brain and to relate his or her narrow findings to this whole cloth. Although the amount of information to be integrated far exceeds human limitations, solutions to this problem are available from the advanced technologies of computer and information sciences.

On April 2, 1993, the Human Brain Project was announced and published in the NIH Guide, grant applications for Phase I feasibility studies were solicited, and some 25 investigators are now supported. Research grant applications continue to be solicited. The Human Brain Project is a broad-based long-term research initiative which supports research and development of advanced technologies to open information superhighways to neuroscientists and behavioral scientists by providing an array of information tools for the 21st Century. These include databases of, and querying tools for, the full range of information about the brain and behavior, as well as technologies for such information to be managed, integrated and shared over networks. The network tools will provide channels of communication and collaboration between geographically distant sites.

The Human Brain Project evolved from the concept of a National Neural Circuitry Database; the idea of developing such a national resource was evaluated by a committee empaneled by the National Academy of Science's Institute of Medicine. A summary of that evaluation, which spanned two years and included consultation with about 150 scientists, was published in the summer of 1991 by the National Academy Press as a book entitled Mapping the Brain and its Functions: Integrating Enabling Technologies into Neuroscience Research. The report recommended that this initiative, now called the Human Brain Project, be implemented.

Because the scope of the Human Brain Project extends to all facets of brain and behavioral research and includes a range of technology sciences, this initiative is sponsored, in a coordinated fashion, by fourteen federal organizations across five federal agencies: the **National Institutes of Health** (National Institute of Mental Health, National Institute on Drug Abuse, National Institute on Aging, National Institute on Child Health and Human Development, National Institute on Deafness and Other Communication Disorders, National Library of Medicine, the National Heart, Lung, and Blood Institute, the National Institute of Dental Research, the National Institute on Alcohol Abuse and Alcoholism and the Fogarty International Center), the **National Science Foundation**, the **Department of Defense** (Office of Naval Research), the **National Aeronautics and Space Administration**, and the **Department of Energy**. Representatives from all of these organizations comprise the Federal Interagency Coordinating Committee on the Human Brain Project.

In the long term, the Human Brain Project will provide more than just a sophisticated array of information technologies to help scientists understand how various aspects of brain function fit together. It will also make available to researchers powerful models of neural functions, and facilitate hypothesis formulation and electronic collaboration. The technologies and standards which are developed as part of the Human Brain Project will serve as models for other scientific information tools. The Human Brain Project will, therefore, have impact far beyond the community of brain and behavioral researchers, and this impact will be felt long after the end of the Decade of the Brain.

For further information regarding the Human Brain Project, contact:

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Neuronal Vulnerability and Informatics in Human Disease (1 P20 MH/DA52154)

Floyd Bloom, Scripps Research Institute

Co-Funded by NIMH, NIDA and NASA

This application proposes to develop computer-assisted quantitative microscopy data acquisition and analysis software, and construct a database based on brain atlas templates. These data will be accessible through high speed electronic networks. The quantitative data atlases and databases will be used to establish norms of cellular, circuitry, and neurochemical information which will then serve to detect and define experimental and pathological variations.

The informatics component proposes research and development of the following tools:

- o Digital atlases of several species widely used in neuroscience research
- o Databases of neuronal circuitry for each of several major neural systems
- o A database of molecular, cellular and physiological features of the retina
- o Several computer-based tools for acquisition and quantitative analysis of microscopic data
- o A computing environment which contains tools for data acquisition, storage, analysis, and transmission, and which works on both local and wide area networks.
- o Atlases, databases, and computing environment will be shared with several laboratories distributed across the country.

The neuroscience component includes research on the following topics:

- o Animal models of (primate and non-primate) human immunodeficiency virus syndrome
- o Distribution of excitatory amino acid receptors and related molecules in specific brain regions in primates
- o Long term changes in dopamine receptor expression in primates
- o Cross-species comparisons of developmental and pathological changes in a specific sensory epithelium

Extended Thin-Plate Splines for Brain Variation in Three Dimensions (1 R01 DA/MH09009)

Fred Bookstein, University of Michigan, Ann Arbor

Co-Funded by NIDA, NIMH and NIA

This application proposes to develop techniques to standardize gross brain shape derived from neuroimaging. This general goal is necessary to accomplish in order to optimize intersubject and intrasubject comparisons of data of all types. The application specifically proposes to:

- o Extend statistical techniques from those that operate on two-dimensional images to those that operate on three-dimensional images
- o Construct a comprehensive algebraic-geometric framework for gross brain shape standardization
- o Generate a consistent set of three-dimensional warping technologies for the uniform representation of certain aspects of brain geometry which is independent of scale
- o Serve as a test site for new approaches to sophisticated visualization of structure-function relationships

A Simulator-Based Neuronal Database (1 R01 MH/DA52145)

James Bower, California Institute of Technology

Co-Funded by NIMH and NIDA

This application proposes to augment an existing research tool called GENESIS. This simulator has over one hundred sophisticated users world-wide, and is considered to be the cutting-edge of such technologies. This application specifically proposes to:

- o Apply new visualization tools, such as virtual reality, to enhance the ability of neural modelers and experimentalists to look at the structure and function of the mammalian nervous system as revealed by the organization of realistic neuronal modelers
- o Expand network access to the GENESIS database to experimental neurobiologists and neurobiology students
- o Enhance the storage capacity and efficiency of GENESIS libraries
- o Further facilitate the electronic communication between neurobiologists and modelers interested in particular brain regions

Structural Information Framework for Brain Mapping (1 R01 DC/LM02310)

James Brinkley, University of Washington, Seattle

Co-Funded by NIDCD and NLM

This application proposes to research and develop multimedia three dimensional databases and space-based frameworks and models for integrating multimodal data regarding the human brain, with a focus of feasibility testing on the cortical organization of language.

Goal-Directed Magnetic Resonance Brain Micro-Imaging (1 P20 DA/MH08944)

Russell Jacobs, California Institute of Technology

Co-Funded by NIDA and NIMH

This application proposes to combine imaging and visualization research with the development of novel computer algorithms in the context of developmental neuroscience research. This research has the potential to change the way imaging is carried out. Specifically, this research will link the data collection with the image processing by the use of interactive computational tools. The application specifically proposes to:

- o Creation of a working model of magnetic resonance imaging experiments which incorporates the effects of magnetic field gradients, inhomogeneous samples, and relaxation times
- o Development of three dimensional magnetic resonance-based atlases of the developing brain in three vertebrate species with spatial resolution approaching 30 microns
- o Using novel magnetic resonance contrast agents to study neural connectivity in the developing brain

John Mazziotta, University of California, Los Angeles
Co-Funded by NIMH and NIDA

This application proposes to develop a population-based probabilistic atlas and database that performs morphometric correlations of the brain in three-dimensions. This will result in a complex framework for modeling complex structural and physiological responses on an anatomic substrate, and will permit sophisticated statistical analyses of these data.

The informatics component proposes research and development in the following areas:

- o Tools to assess the accuracy of methods to register image data obtained through different modalities and at different sites
- o Manual and automated tools to segment image data according to neuroanatomic principles
- o Operational space that maximizes the spatial overlap of neuroanatomic components
- o Database and associated tools permitting appropriate queries for any of a wide range of attributes

The neuroscience component includes research on the following topics:

- o Intersubject variation of normal human neuroanatomy
- o Structure-function relationships in the normal human brain with respect to site and variance
- o Structure-structure relationships between magnetic resonance and post-mortem tissue of the normal human brain

Imaging Software & Methods for Mapping Brain Development (1 R01 HD31715)

Allan Reiss, Kennedy Krieger Research Institute, Inc., Baltimore, Maryland
Funded by NICHD

This project is focused on the development of advanced software for image processing and quantitative image analysis, with emphasis on the tests of reliability and validity of approaches developed. These tools will be linked to databases. The feasibility and utility of the software will be determined in pilot studies of image datasets collected from normal controls and special pediatric groups. Specifically, this application proposes to:

- o Develop modular, modifiable software with cross-platform capability
- o Develop software capable for parallel/distributed processing

Integration of Multidisciplinary Sensory Data (1 R01 MH52550)

Gordon Shepherd, Yale University
Co-Funded by NASA, NIMH and NIDCD

This application proposes to integrate different types of experimental neuroscience data, different functional operations and different levels of neural organization into a comprehensive model of the olfactory system. Specifically, this application proposes to:

- o Develop databases accessible over an electronic network
- o Create shared databases of experimental data from molecular biology, microcircuitry, electrophysiology, and pharmacology
- o Address problems regarding the formatting, storage, analysis, integration, modeling and dissemination of data in the shared databases

**MERCY HEALTH CORPORATION
MONTGOMERY COUNTY PRIMARY CARE INITIATIVE
ANNOUNCEMENT CEREMONY**

On Tuesday, September 20, 1994, Congresswoman Marjorie Margolies-Mezvinsky will join Mercy Health Corporation as Mercy announces plans to construct and operate three Ambulatory Care Centers with programatic emphasis on women and children in Montgomery County. The announcement will be followed by comments from Plato A. Marinakos, President and Chief Executive Officer of Mercy Health Corporation and special guest, First Lady, Hillary Rodham-Clinton.

The program will commence sometime after 3:00 p.m. and will be attended by approximately one hundred (100) representatives of the Mercy Health Corporation Board of Trustees, employees and friends. The program will last for approximately twenty (20) minutes. It will be highlighted by the unveiling of the architects rendering of the first center, as well as remarks by Hillary Rodham-Clinton.

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For your review the following materials have been enclosed:

- 1.) A brief overview of the Mercy Montgomery County Women and Children Program
- 2.) A listing of Selected Health Status Indicators for Montgomery County and Norristown
- 3.) A biography of Plato A. Marinakos, President and Chief Executive Officer Mercy Health Corporation.

If you should have any questions please feel free to contact Daniel J. Hilferty, Senior Vice President for Corporate and Government Affairs at (610) 660-7450 during the day, and at (610) 446-8262 in the evening.

Call
for

MERCY HEALTH CORPORATION
SELECTED HEALTH STATUS INDICATORS
FOR
MONTGOMERY COUNTY
AND
NORRISTOWN

MONTGOMERY COUNTY

BARRIERS TO RECEIVING PRENATAL CARE¹

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² Healthy People 2000. Office of the Surgeon General, Department of Health and Human Services.

09/14/94

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09/14/94

NORRISTOWN

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09/14/94

P007/008

TO 86641160

09-16-94 12:26PM FROM MERCY HEALTH CORP.

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National Journal's CongressDaily

December 10, 1993

SECTION: HILL BRIEFS

LENGTH: 160 words

BODY:

Representatives of three interest groups that gave a total of \$100,000 towards the cost of an entitlement conference President Clinton will attend Monday near Philadelphia -- and to another entitlement project -- will no longer participate on a panel with Clinton, the Philadelphia Inquirer reported today. The participants -- representing the Hospital Association of Pennsylvania, Mercy Health Corp. and Merck and Co. -- were taken off a healthcare panel to avoid "an appearance of impropriety," White House Press Secretary Dee Dee Myers was quoted as saying. The conference is being held in the district of freshman Rep. Marjorie Margolies-Mezvinsky, D-Pa., as a payback for her key vote for Clinton's budget plan last August.

LANGUAGE: ENGLISH

LOAD-DATE-MDC: December 10, 1993



fax cover sheet

To: LIZ BOWYER
Fax #: 202-456-2239
Date: 9/16/94

From: AMY WALTER
at Friends of MMM
Phone: 215-664-5846
Fax: 215-664-7861

Pages: 8 incl. Cover

Memo:

This facsimile transmission is for the exclusive use of the above named recipient; use by others is prohibited. If you accidentally receive this transmission, please notify the sender.

Montgomery County Women & Children's Health Services The Need Is Now

Traditionally, Montgomery County is known for its rich suburban communities and its large rural sprawl. It is known for being one of the richest counties in the US.

But, a closer look reveals a county that has a sub-culture of people whose needs are as critical as those individuals who live in the inner cities of our country. The statistics tell a grim story of a large segment of the population that is having serious, if not life threatening, health related problems. Breast cancer, infant mortality, low birth weight, and other issues relating to serious medical problems for young children are all problems that are imbedded in Montgomery County communities.

In many cases, the "incidence rate" for these serious medical problems runs ahead of the rest of Pennsylvania. Figures available from the late 1980's indicate the incidence rate for breast cancer for the state was 107 per 100-thousand women. In Montgomery County, the rate was 124 women per 100-thousand.

In some sections of Montgomery County, the figures for death rates due to prenatal conditions match those of the rest of the state. In the Norristown and Lower Merion/Bala Cynwyd communities alone, the "non-white infant mortality rates" per one thousand are 21.4 and 30.3 respectively. The average for these two communities (25.85%) is above that of the entire region which is 22.59%. Low birth weight figures for Norristown are also equal to the Pennsylvania average. More recent figures from the Pennsylvania Department of Health indicate serious medical risks for mothers and children whose births take place in their home. For example, 32% of those births have serious complications during labor and delivery.

The most practical manner to solve the problems relating to breast cancer, prenatal, and post-natal care involve programs that will be the center piece of the Mercy/Montgomery County Women and Children's Health Services Program. The three-clinic approach will help develop services for women and children throughout the county. Each center will be able to carry out an extensive array of services. They include, but are not limited to: gynecology, prenatal and postnatal care, mammography, immunizations, pediatrics, mental health, drug & alcohol abuse prevention, stress reduction, heart disease, and wellness/prevention programs.

Working with local communities and the Montgomery County Health Department, the new Women and Children's Health Services program will be the beneficiary of Mercy's long track record of working in this vital health care area. Taking the experience from Misericordia, Fitzgerald Mercy, and Mercy Haverford outpatient services, the program will be designed to meet the ever-growing needs of Montgomery County's communities in a fashion never seen before in the region.

WYNDHAM FRANKLIN PLAZA HOTEL

TRANSMITTAL COVER SHEET

DATE: _____ / _____ / _____

TIME: _____ : _____ AM
PM

TOTAL PAGES: 19
INCLUDING THIS COVERSHEET

Please photocopy

TO: LIZ BOYER

NAME: ~~_____~~ ~~_____~~

FAX # 202-456-2317

COMPANY: _____

PHONE # _____

ROOM # _____

FROM:

NAME: Mike HERNON

FAX # (215) 448-2864

COMPANY: _____

PHONE # (215) 448-2000

HOTEL NAME: WYNDHAM FRANKLIN PLAZA HOTEL

ROOM # _____

SPECIAL INSTRUCTIONS: _____

- + SITE DIAGRAMS **THE RIGHT WAY.**
- INFO ON MERCY **THE WYNDHAM WAY.**
- INFO ON DISCOVERY

GUEST SIGNATURE: _____

DATE: _____

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09/14/94

P004/008

TO 86641160

FROM MERCY HEALTH CORP 09-16-94 12:26PM

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09/14/94

800/500d

TO 86641160

FROM MERCY HEALTH CORP. 09-16-94 12:26PM

NORRISTOWN

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→ MONTGOMERY COUNTY PRIMARY CARE INITIATIVE
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0007/008

0911160 TO 66641160

FROM MERCY HEALTH CORP.

09-16-94 12:26PM

PLATO A. MARINAKOS

Plato A. Marinakos is the President & Chief Executive Officer of Mercy Health Corporation, a multi-institutional system of healthcare.

Mr. Marinakos's hospital management and healthcare expertise spans thirty years. He joined Mercy in 1977 as the Executive Vice President and Chief Executive Officer of Mercy Catholic Medical Center (Fitzgerald Mercy and Misericordia Hospitals). Since this time, Mr. Marinakos has led the organization through tremendous growth and has successfully implemented a vision of providing quality care to the residents of Philadelphia and Delaware County. More importantly, Mr. Marinakos has not only executed the Sister's mission in providing care and instruction to the disadvantaged, he has worked to enhance this mission further to meet today's changing and increasing healthcare needs.

Under his leadership, Mercy Health Corporation gives back to the community, annually, close to 25 million dollars toward inner city health and education programs. In 1980, Mr. Marinakos sought ways to provide quality care to those with no insurance or other financial means. He approached the State of Pennsylvania with a concept to enroll Medicaid recipients into a managed care program. Mercy Health Plan, which celebrates its tenth anniversary in 1993, is a national model and saves the State 12 million dollars annually. The Plan also provides 3 million dollars in uncompensated care such as eyeglasses, vitamins, improved dental benefits and health education programs to its 80,000 enrollees.

Mr. Marinakos is an active board member for numerous organizations: the Hospital Association of Pennsylvania, Delaware Valley Hospital Council, Pennsylvania Trauma Systems Foundation, Hospital Purchasing Systems, and Eastern Mercy Health System just to name a few. He has participated extensively in task forces for the United States Government, and served in an advisory and consultative role to the Chairman for the Secretary's Commission on Medical Malpractice, U.S. Department of Health, Education and Welfare. Mr. Marinakos is also active in civic and community affairs including the West Philadelphia Corporation (board member) and a member of the board of Board of Directors for the Better Business Bureau of Southeastern Pennsylvania.

Prior to joining Mercy, Mr. Marinakos was the President of Conemaugh Valley Memorial Hospital in Johnstown, Pennsylvania, Executive Director of Allegheny General Hospital in Pittsburgh and the Associate Executive Director of Allegheny General Hospital. He received a masters of science and graduated with honors in hospital administration from the University of Pittsburgh in 1961. He received his B.S. in Zoology (with an Honorary Biological Award) from the University of Pittsburgh in 1957. Mr. Marinakos was a preceptor at the Wharton School of Business, Duke University and the University of Pittsburgh. He has authored numerous publications.

Mr. Marinakos and his family reside in Rosemont, Pennsylvania.

THE MANAGEMENT TEAM

The following is a list of the current Discovery Corporate management team. We have included a brief biography on each member of the team with individual qualifications, experience and length of service.

DISCOVERY SCHOOLS, L.P. **THE MANAGEMENT TEAM**

NAME	TITLE
<i>Carol L. Rabe</i>	CHIEF EXECUTIVE OFFICER
<i>Donna Bonfiglio-Knoll</i>	CHIEF OPERATING OFFICER
<i>Glenn Kuller</i>	CONTROLLER
<i>Jennifer A. Makuch</i>	DIRECTOR OF MARKETING/CORPORATE DEVELOPMENT
<i>Judith B. Leslie</i>	REGIONAL DIRECTOR
<i>Tammy L. Brooks</i>	TRAINING SPECIALIST
<i>Michelle R. Jorgensen</i>	ADMINISTRATIVE ASSISTANT, OFFICE MANAGER, CORPORATE OFFICE
<i>Greta S. Stark</i>	ADMINISTRATIVE ASSISTANT, HARRISBURG REGION

CURRENT WORKSITE CENTERS & REFERENCES

The following is a list of current work-site centers, their corporate sponsors, telephone numbers, addresses and contact people. Reference letters from our corporate sponsors and parents who use our service are also included:

NAME & ADDRESS OF CENTER

PHICO CENTER

718 Hogestown Road
Mechanicsburg, PA 17055
TELEPHONE: 717-790-0770
CONTRACT ASSIGNED: Oct. 14, 1991

NAVY CHILD DEVELOPMENTAL CENTER

Naval Supplies Depot
Mechanicsburg, PA 17005
TELEPHONE: 717-790-5683
CONTRACT ASSIGNED: Aug. 20, 1992

AUDITOR GENERAL CENTER

Finance Building
Harrisburg, PA 17120
TELEPHONE: 717-783-3842
CONTRACT ASSIGNED: Nov. 12, 1991

CENTER CITY CENTER

1700 Market St.
Lower Level Fidelity Bldg.
Philadelphia, PA 19103
TELEPHONE: 215-563-9499
CONTRACT ASSIGNED: May 15, 1992

CONSHOHOCKEN CENTER

10 Oak Street
Conshohocken, PA 19428
TELEPHONE: 215-940-5833
CONTRACT ASSIGNED: Aug. 17, 1992

CHARMING SHOPPES CENTER

3434 State Road
 Bensalem, PA 19020
TELEPHONE: 215-245-8760
CONTRACT ASSIGNED: Dec. 31, 1992

PHEAA PARENTS' ASSOCIATION, INC.

1200 North 7th Street
Harrisburg, PA 17102
TELEPHONE: 717-720-2267
CONTRACT ASSIGNED: Dec. 16, 1993

VOORHEES CENTER

Voorhees Drive
Voorhees, New Jersey 08043
CONTRACT ASSIGNED: Feb. 15, 1994

INDEPENDENCE HALL CENTER

600 Arch Street
Philadelphia, PA 19106
TELEPHONE: 215-597-0094
CONTRACT ASSIGNED: Mar. 21, 1994

CORPORATE SPONSOR & CONTACT

PHICO Insurance Company

CONTACT: James Kroh, 2nd V.P.
Human Resources
1 PHICO Drive
Mechanicsburg, PA 17055
TELEPHONE: 717-766-1122

NSPCC

CONTACT: Michael Lukehart, COTR
Sporting Hill Road
Mechanicsburg, PA 17005
TELEPHONE: 717-790-1611

PA Auditor General

CONTACT: Sue Wilson
Parent Assoc. President/Governor
Policy Office
Finance Building - Room 506
Harrisburg, PA 17120
TELEPHONE: 717-787-1954

SmithKline Beecham, Cigna, Blue Cross, Towers Perrin

CONTACT: Directors of Human Resources
at respective corporations
Philadelphia, PA

SmithKline Beecham

CONTACT: Kit Ogilvie, V.P. and Dir.
Personnel - U.S.
Research & Development
709 Swedeland Road
King of Prussia, PA 19406
TELEPHONE: 215-270-5697

Charming Shoppes

CONTACT: Anthony DeSabeto,
Dir. Human Resources
450 Winks Lane
Bensalem, PA 19020
TELEPHONE: 215-245-7022

PHEAA

CONTACT: Tim Dundorf
1200 North 7th Street
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Signature Financial Corporation

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General Services Administration

CONTACT: Linda Vizi
600 Arch Street
Philadelphia, PA 19106
TELEPHONE: 215-829-8240

AT A DISCOVERY SCHOOL:

Our commitment to excellence starts with the care we take in guiding young children through the delicate transition from home to school. Then, using professionally developed programs designed by our own curriculum specialists and keyed to each child, our dedicated staff promotes their intellectual, social, emotional and physical development. Emerging from the Discovery experience, a child has a foundation for successful learning to take into his or her adult years.

We understand that exceptional early childhood education requires a well-developed three-way partnership between parent, teacher and child. The acceptance, encouragement, respect and love received at home form the basis for a child's self-esteem. We act as an extension of the family and carry these qualities into a child's school day. Open and systematic communication, flexible scheduling, access to staff, and workshops involving parents and families, all help to make your partnership with us a success.

Since the best interests of a child are served only when there is a confidence and trust between parents and teachers, our centers provide numerous channels for the exchange of ideas and information. Our work-site directors and our entire administrative staff, work very closely with parents and parent advisory boards at our Corporate Centers. Of course, parents are welcome visitors to our centers at all hours of the day.

Our centers provide care for children from infant through kindergarten with after school care and summer camp for school age children. Our curriculum is developmentally based. Programs combine a balance of indoor and outdoor activity time, quiet and active periods, and teacher directed and child selected activities planned for both individuals and groups. Activities are designed to promote the development of language, creativity, fine and gross motor skills, and social and problem-solving abilities. We employ teachers who are specialists, professionally trained and experienced in the field of early childhood education. Every effort is made to keep staff turnover at a minimum. Discovery teachers and caregivers participate in continual in-service training programs.

When taking over management of an existing program, we make every effort to retain the center's current staff and make the transition a smooth one for children and parents.

ABOVE ALL, WE RESPECT EACH CHILD'S OWN INDIVIDUAL LEARNING STYLE AND PERSONALITY.

PROGRAM GOALS:

OUR GOAL AT DISCOVERY SCHOOLS IS TO HELP CHILDREN DEVELOP INTO FULLY FUNCTIONING, WELL-ROUNDED, SELF-CONFIDENT INDIVIDUALS WHO FEEL GOOD ABOUT THEMSELVES AND THEIR ABILITIES AND FEEL SAFE IN THE WORLD AROUND THEM.

OUR CURRICULUM REFLECTS ALL DEVELOPMENTAL DOMAINS:

SOCIAL: *Social development refers to the way children learn to get along with others and to enjoy the people in their lives. As children develop socially, they learn to share, cooperate, take turns, and negotiate with other children and adults. Children's social development is strengthened when they have many opportunities to play with other children. Although they may argue and fight, most children really enjoy playing with others. They learn to cooperate so that play can continue.*

Social development begins when an infant responds to a familiar voice or the special touch of a caregiver. It continues as toddlers first enjoy playing alongside each other and as preschoolers learn to play in groups. Young children spend a lot of time engaged in dramatic play. They try out different roles, practice their social skills, and workout for themselves a system for taking turns being the cook, the firefighter, or the baby.

Caregivers play an important role in promoting children's social development. Through their relationships with adults, children learn what behaviors are accepted in society. As a caregiver, you let children know that they are loved and accepted; you meet their needs as consistently and promptly as possible. This gives children a sense of security, which helps them feel safe as they learn how to get along with other children and adults. In addition, you provide an environment where children can spend time alone or with others, so that everyone can enjoy the benefits of being a part of a group as you help them understand their feelings and show them accepted ways to express these feelings.

MENTAL: *Cognitive development is the process of learning to think and to reason.* The word "cognition" actually means "to come to know". This is a good way to describe cognitive development. Young children are coming to know the world around them. This process begins from the moment of birth and extends throughout life.

We have learned a great deal about children's cognitive development from the work of Jean Piaget. Piaget carefully observed young children to find out how they think at different ages and how they learn. He defined a series of stages that all children progress through from birth to maturity. Through his research, he noticed that children think differently from adults. For example, young children believe that water in a short, wide glass increases in amount if it is poured into a tall thin glass. This is because children think it looks like more in the tall glass. They can't remember that it is the same water in a different glass. Eventually, they will understand the concept that the amount of water remains the same. This understanding will come when children are old enough to be able to think more abstractly and after they have had many experiences playing with water. It is through their play with real objects and materials that children come to know more and to understand the world around them.

Discovery firmly believes that children need concrete experiences. Materials and experiences are selected to encourage "learn by doing" interactions, and enhance problem solving abilities.

EMOTIONAL: *Self-esteem is a sense of one's own worth.* With self-esteem we are proud of who we are and what we can do. When we have self-esteem, we feel:

- Connected to others -- to friends and to our families:
- Respected and valued by others
- Powerful -- able to do things on our own.

Our self-esteem comes from daily experiences that confirm who we are and what we are capable of doing. If most of these experiences are good, our self-esteem grows. If most of our experiences are bad, we wonder if there is something wrong with us. Our self-esteem is lowered.

From birth, children develop a sense of self. Some of their feelings toward themselves may be positive, and some may be negative. These feelings will affect their adjustment to life - their ability to play, to relate to others, and to learn. Young children develop these feelings about themselves from the people around them.

Caregivers are very important people to the children they care for. In the course of daily life at the Center -- as caregivers change a diaper, help a child build with blocks, or share the task of setting up tables for a snack -- they are helping children develop feelings about themselves. The children we care for are young, they are just beginning to develop views of themselves. Through our relationships with the children in our care, we can support the development of self-esteem that will help children throughout their lives.

A quote by Harriet Hartman summarizes the importance of self-esteem: "A positive self-concept is the foundation of sound mental health and paves the way for success and happiness in life."

PHYSICAL: *Physical development refers to the gradual gaining of control over large and small muscles.* It includes the acquiring of gross motor skills such as crawling, walking, running, and throwing, and of fine motor skills such as holding, pinching, and flexing fingers and toes. Coordinating movement is also part of physical development. We use our senses -- especially sight, sound, and touch -- to coordinate movement of large and small muscles.

A tremendous amount of physical development takes place during infancy, toddlerhood, and the preschool years. During this time, children learn to control their body muscles and to practice the physical skills they will use for the rest of their lives. Although these skills are retained during adolescence and adulthood, new skills are not usually acquired. The skills learned during early childhood combine to allow for the complex movements of adults. Therefore, it is crucial for young children to have many opportunities to learn and practice basic physical skills in their daily schedule.

Young children do not have to be reminded to practice their physical skills. Most infants will gleefully kick their legs and reach for objects. Toddlers often push, pull, and turn over anything they can get their hands or feet on, and most preschoolers delight in running, jumping and climbing. Young children who use their large and small muscles discover their world and the effects they can have on it.

Physical development is also important for developing self-esteem. We develop views of ourselves and attitudes about attempting new tasks on the basis of how we feel about our bodies and what we think we can or cannot do physically. Young children who have had many successful experiences using their fine and gross motor skills tend to feel that they are competent. They are likely to continue to attempt new tasks without worrying about failure.

Caregivers play an important role in promoting children's physical development. They provide safe spaces indoors and outdoors for children to move their bodies. Caregivers, schedule time for active play each day, and encourage children to use their bodies and all their senses as they play. We reinforce practicing fine and gross motor skills by letting children know we are aware of their physical activity and praising them for their accomplishments.

PRIOR EXPERIENCE

DISCOVERY SCHOOLS was founded in Camp Hill, Pennsylvania in 1971. Discovery Schools initially offered nursery school education to three, four and five year olds in the greater Harrisburg area. During the late 1970's, the company grew to include residentially based preschools in Harrisburg, Mechanicsburg and Lebanon. In the early 1980's, the company realized that it must expand its services to offer child care to working parents, and, as a result, expanded operating hours to 7:30 am to 6:00 pm. In the late 1980's, the company entered into management contracts to provide child care on-site to one federal and two state agencies in the greater Harrisburg area.

DISCOVERY SCHOOLS was positioned well and had the potential to become the pre-eminent provider of quality work-site child care in south central Pennsylvania. Discovery Schools, L.P. a Philadelphia Limited Partnership, acquired Discovery Schools in August, 1991 to capitalize on Discovery's potential to become the strongest regional work-site provider in the industry.

DISCOVERY SCHOOLS, L.P. currently owns six residential centers in the Greater Harrisburg and Lebanon Areas and manages nine on-site or near site, employer sponsored child care centers: (i) the *Pennsylvania Auditor General's Center* located in the Finance Building in Harrisburg, Pennsylvania, (ii) the *United States Department of the Navy Center* located at the Navy Ships Parts Control Center in Mechanicsburg, Pennsylvania (iii) the *PHICO Insurance Company Center* located in Mechanicsburg, Pennsylvania, (iv) the *Center City Philadelphia Corporate Center* located in the Fidelity Building, 1700 Market Street, Philadelphia, Pennsylvania, (v) the *SmithKline Beecham Corporate Center* located in Conshohocken, Pennsylvania, (vi) the *Charming Shoppes Corporate Center* located in Bensalem, Pennsylvania, (vii) and *Pennsylvania Higher Education Assistance Agency Center* located in Harrisburg, Pennsylvania, (viii) the *Travelers Insurance Center*, located in the Voorhees Corporate Center in Voorhees, New Jersey, and (ix) *The Independence Hall Center* at The Federal Building, 600 Arch Street, Philadelphia, Pennsylvania. Discovery's management team has provided worksite child care for employers such as AT&T, Prudential, Aetna, Cigna, Blue Cross, American Express, and Bryn Mawr Hospital. *The Discovery Management Team has had comprehensive operating responsibility for more than thirty (30) for-profit child care centers and school age programs in Eastern Pennsylvania, Southern New Jersey and Connecticut, and regional operating responsibility for YMCA non-profit child care centers in the Eastern United States. The team has been a leader and innovator in developing and managing corporate child care programs, school age programs and related curriculum and staff training initiatives.*

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offer its services on-site
at workplaces

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MERCY HEALTH CORPORATION**FACSIMILE TRANSMITTAL FORM****TO:** Liz BoyerOffice of Mrs. Hillary Rodham Clinton**COMPANY:** _____**FAX NUMBER:** 202 456-2239**DATE:** 9/19/94**NUMBER OF PAGES** 8
*(Including Header Page)***DEPARTMENT:** DANIEL J. HILFERTY - GOVERNMENT & EXTERNAL AFFAIRS**PHONE NUMBER:** (215) 660-7450 **FAX:** (215) 660-7498**COMMENTS:** _____

MERCY HEALTH CORPORATION

Mercy Health Corporation of Southeastern Pennsylvania is a healthcare ministry of the Sisters of Mercy with over 130 years of service to its communities. Its mission began in Dublin, Ireland with the Sisters of Mercy, who devoted their lives to "the services of the poor, the sick and the uneducated." To carry out this mission, the Sisters of Mercy came to Philadelphia and established educational institutions as well as healthcare facilities. The healthcare ministry facilities bear the stamp of Mercy: quality care, compassion for the individual, community access, professional excellence and sound stewardship.

Mercy's health care ministries began in 1918, with the founding of Misericordia Hospital in West Philadelphia. In 1933, the Sisters of Mercy assumed the administration of Fitzgerald Mercy Hospital in Darby, Delaware County. Ownership of Fitzgerald Mercy was transferred to the Sisters of Mercy from the Archdiocese of Philadelphia in 1950. In 1991, Mercy Haverford Hospital in Haverford joined Mercy Health Corporation.

Healthcare is constantly changing, as it extends beyond the hospital setting, Mercy Health Corporation has expanded as well. Mercy Health Plan, established in 1983, is a managed care plan for Medicaid Assistance and serves 100,000 recipients in the Greater Delaware Valley area. Mercy Diversified Services consists of Mercy Eastwick, Inc., a real estate development and management company; Mercy Apothecary, Inc., Mercy Management of Southeastern Pennsylvania, Mercy Elderly Housing Corporation and Liberty Health System, a home healthcare agency. Mercy Health Corporation uses all of the resources of its subsidiaries to offer accessible, quality service which is creative, competent and compassionate.

For more than a century, the Sisters of Mercy have sustained a whole-hearted commitment of service to the people of this area – a commitment that bridges hardship and struggle with resources and hope. A commitment renewed in the '70s when city hospitals were closing doors or moving to the suburbs while Mercy remained faithful to its enduring promise of service to the people of West Philadelphia. A commitment manifested today in the services provided daily by Mercy Health Corporation. Animated by the Sisters of Mercy's special concern for the poor and disadvantaged, our mission is rooted in a tradition of values... respect for the dignity of all persons, excellence in healthcare, community empowerment and responsible stewardship.

Today, Mercy Health Corporation continues to strive to embody these values in the healthcare delivered to the multiple constituencies served by Fitzgerald Mercy Hospital in Darby, Misericordia Hospital in West Philadelphia and Mercy Haverford Hospital in Havertown. This is done in the face of adversity. Government changes in reimbursement have shifted the burden of healthcare delivery to the private sector. The cutbacks are real. Uncompensated care increases daily. Despite these circumstances, the delivery of care continues at Mercy. Each year, we give back to the community \$25 million dollars toward inner city health and education programs. System-wide resources enable us to support initiatives which will benefit the well-being of individuals and communities. We remain committed to uncompromised quality, to community access, to professional excellence, to compassionate care, to responsive innovation, and to responsible stewardship.

Although the primary work of Mercy Health Corporation is the delivery of healthcare services, we are driven by a mission which impels us to confront the social ills which ultimately affect health. Therefore, our commitment includes the support of community initiatives that go beyond "traditional" healthcare services. This report gives an account of our investment in the community...in people...in you!

Sister Rita Powell, R.S.M.

Sister Rita Powell, R. S. M.
Chairman, Board of Trustees

Plato A. Marinakos

Plato A. Marinakos
President and Chief Executive Officer

**THE MERCY MISSION:
ACCESS, EXCELLENCE,
COMPASSION, STEWARDSHIP**

Mercy Health Corporation of Southeastern Pennsylvania is rooted in a tradition of healthcare established by the Sisters of Mercy in Philadelphia more than 130 years ago—a mission devoted to “the services of the poor, the sick and the uneducated.” In carrying out that mission, the Sisters of Mercy have established hospitals and healthcare facilities and services in the Delaware Valley which bear the stamp of Mercy care: community access, professional excellence, compassion for the individual, and financially sound stewardship.

Over the years, Mercy Health Corporation has developed into an integrated multi-institutional system of healthcare delivery that continues to respond to the changing healthcare environment with vision and commitment to the community. This comprehensive system builds on four interrelated elements of care: acute, ambulatory, long-term, and managed care. Within this framework lies the flexibility to deliver sophisticated healthcare services which encourage wellness, through education and outreach. The philosophy that guides and imbues all Mercy's activities with vitality and substance is the concept of a continuum of care for the individual, the family, and the community.

Mercy's health ministry was formalized in 1918 with the sponsorship of Misericordia Hospital in West Philadelphia. In 1933, the Sisters of Mercy assumed the administration of Fitzgerald Mercy Hospital in Delaware County. The Archdiocese of Philadelphia transferred ownership of Fitzgerald Mercy to the Sisters of Mercy in 1950.

In 1991, Mercy Haverford Hospital in Delaware County joined the Mercy family.

As healthcare delivery increasingly extends beyond the traditional hospital setting, Mercy Health Corporation has enlarged its sphere of activity. Today, additional initiatives include Mercy Health Plan (a Medicaid HMO), Mercy Elderly Housing (operating Mercy Court, affordable housing for mature adults), Mercy Management of Southeastern Pennsylvania (providing contracted management services), and Mercy Eastwick (real estate development and management). Mercy Health Corporation channels the resources of its subsidiaries to offer accessible, quality service which is competent, creative, and compassionate. And, as part of its commitment to medical education, Mercy Health Corporation has established a comprehensive academic affiliation with the Medical College of Pennsylvania which encompasses all facets of medical education including undergraduate, graduate, continuing medical education and research.

Mercy Health Corporation is a member of the Eastern Mercy Health System (EMHS). In 1986, eight regional communities of the Sisters of Mercy along the Eastern seaboard founded EMHS to ensure the future vitality of their Catholic health ministry. Mercy Health Corporation looks forward to the challenges and opportunities that face the healthcare provider of the nineties with a clear sense of mission, and the skills, resources and economic viability of a forward-thinking organization.

71,200 Philadelphia households have at least one family member with a chronic illness that requires ongoing care.

Dignity of All Persons. Respect for each person's unique gifts, contributions, circumstances and needs...the old and young...the healthy and sick...the rich and poor...people of every color...every culture...every religion.

Mercy Health Plan (MHP) has successfully taken the bureaucracy out of healthcare for its 74,000 Medicaid enrollees and replaced it with a quality system of care that works.

- In 1992, MHP provided free care beyond state or medical assistance expectations by spending:
 - \$2.8 million dollars for eyeglass benefits
 - \$333,000 for improved dental benefits
 - \$142,000 for monthly vitamin allowances
 - \$81,000 for increased customer service staff – 24 hours a day, seven days a week
- Members select a primary care physician from a network of 4,000 doctors.
- MHP seeks opportunities to offer preventive care unlike any government or traditional insurance program.

Working to enrich the lives of the materially poor: Mercy Health Corporation cultivates employee responsibility to work with, and contribute to, the disadvantaged.

The following programs were achieved in 1992 through employee contributions:

- Adopt-A-Family program – \$27,000 was collected

from employees and physicians to provide food and clothing to families in need.

- Scholarships for college are awarded to Mercy Health Plan members.
- Employee volunteers prepared and served 5,000 meals at the Salvation Army soup kitchen last year.
- This past Thanksgiving \$2,150 was donated in food items to the needy.
- Donations for families in crisis totaled \$11,000.

Mercy Health Corporation Donated:

- \$700,000 toward nursing home access due to the 5,000 bed shortage in our region.
- \$150,000 to Project Home to make free job skills training and after school programming possible.
- \$30,000 to the holiday food initiative at Dixon House Community Center, My Brother's Place, Philadelphia Emergency Center, Rainbow Project.
- \$24,100 to provide meals, clothing, health and hygiene-related services to the homeless of Delaware County and West Philadelphia.
- \$21,965 to Salvation Army Food Kitchen.
- \$12,000 to provide a social service referral resource to the clergy.



Mercy

Mercy Health Corporation
of Southeastern Pennsylvania
A healthcare ministry of the Sisters of Mercy

In 1990, 133 of 1,000 births in the Philadelphia region received inadequate prenatal care – that's nearly 3 times higher than the state average.

Community Empowerment. Working in partnership with communities to recognize and develop skills and to improve the quality of life for our neighbors through shared goals.

- Community leaders participate in the governance of our hospitals.
- \$103,150 was used to support the Mercy Community Health Van which annually reaches over 32,000 people through programs or health screenings.
- Over \$250,000 a year supports Misericordia Hospital's Community Outreach Center.
- More than \$25,000 a year in staff and resources supports local youth education programs.
- \$35,000 a year allows Misericordia Hospital to partner with The Turner Middle School in West Philadelphia to provide students with an opportunity for hands-on experience within the hospital setting.
- \$48,000 supported the efforts of Mercy Health Corporation's Church Program which builds partnerships with area clergy to address community needs and establish linkages with hospital services.
- Mercy Health Corporation invested \$50,000 in United Bank, the first minority owned bank in West Philadelphia.
- \$46,000 a year allows Mercy Health Corporation staff to participate in over 60 community and civic organizations throughout the Delaware Valley.



Mercy Health Corporation
of Southeastern Pennsylvania
A healthcare ministry of the Sisters of Mercy

Citywide, approximately 5,400 children have never been vaccinated against measles, mumps, and rubella.

Excellence in Healthcare. Compassionate delivery of care and services for the whole person...the spirit, mind and body. The integration of technology, leadership, human skills, resources and healing.

- \$230,000 supports the Huey Family Health Center which provides medical and health-related services to the 900 students and their families. The health center is staffed by a nurse practitioner, a Misericordia physician, social worker, medical technician and psychologist.
- In 1992, Mercy Health Plan spent \$563,000 on the WeeCare Program, a perinatal risk reduction program.
- One of the most troubling and costly medical conditions experienced by the Medicaid population is the incidence of sickly newborns unable to leave the hospital with their mothers - "detained babies." In the first two years of operation, the MHP detained baby rate was cut in half.
- Furthermore, the number of days a detained baby stayed in the hospital was reduced by 40 percent during the first 10 months of 1992.
- \$640,000 will be spent for Mercy Health Plan's Immunization Outreach Program in 1993.
- Mercy Health Corporation commits resources for physicians to provide care at Philadelphia Health Centers 3 and 4.
- North Philadelphia Health System, experiencing financial difficulty, invited Mercy Health Corporation to provide management services. Within eight months, North Philadelphia Health System regained stability which allows its hospitals to continue to provide care for the underserved members of its community.
- Mercy Health Corporation spent \$12,490 in free cancer screenings in 1992.
- \$121,606 was spent to make free community health education programs available.
- Good Health Calendars were distributed to 70,000 people in West Philadelphia.
- Mercy provides financial support and leadership to improve services and access to care for the Latino community in North Philadelphia.



Mercy

Mercy Health Corporation
of Southeastern Pennsylvania
A healthcare ministry of the Sisters of Mercy

Sent 9/16



94

fax cover sheet

To: LIZ BOWLER
Fax #: 202-456-2239
Date: 9/16/94

From: AMY WALTER
at Friends of MMM
Phone: 215-664-5846
Fax: 215-664-7861

Pages: 8 incl. Cover

Memo:

This facsimile transmission is for the exclusive use of the above named recipient; use by others is prohibited. If you accidentally receive this transmission, please notify the sender.

**MERCY HEALTH CORPORATION
MONTGOMERY COUNTY PRIMARY CARE INITIATIVE
ANNOUNCEMENT CEREMONY**

On Tuesday, September 20, 1994, Congresswoman Marjorie Margolies-Mezvinsky will join Mercy Health Corporation as Mercy announces plans to construct and operate three Ambulatory Care Centers with programmatic emphasis on women and children in Montgomery County. The announcement will be followed by comments from Plato A. Marinakos, President and Chief Executive Officer of Mercy Health Corporation and special guest, First Lady, Hillary Rodham-Clinton.

The program will commence sometime after 3:00 p.m. and will be attended by approximately one hundred (100) representatives of the Mercy Health Corporation Board of Trustees, employees and friends. The program will last for approximately twenty (20) minutes. It will be highlighted by the unveiling of the architects rendering of the first center, as well as remarks by Hillary Rodham-Clinton.

On behalf of Mercy Health Corporation, Plato Marinakos will talk briefly about Mercy's commitment to delivering quality health care services to women and children. In addition, he will discuss the need for such services in Montgomery County. His remarks will last no more than five minutes.

For your review the following materials have been enclosed:

- 1.) A brief overview of the Mercy Montgomery County Women and Children Program
- 2.) A listing of Selected Health Status Indicators for Montgomery County and Norristown
- 3.) A biography of Plato A. Marinakos, President and Chief Executive Officer, Mercy Health Corporation.

If you should have any questions please feel free to contact Daniel J. Hilferty, Senior Vice President for Corporate and Government Affairs at (610) 660-7450 during the day, and at (610) 446-8262 in the evening.

Montgomery County Women & Children's Health Services The Need Is Now

Traditionally, Montgomery County is known for its rich suburban communities and its large rural sprawl. It is known for being one of the richest counties in the US.

But, a closer look reveals a county that has a sub-culture of people whose needs are as critical as those individuals who live in the inner cities of our country. The statistics tell a grim story of a large segment of the population that is having serious, if not life threatening, health related problems. Breast cancer, infant mortality, low birth weight, and other issues relating to serious medical problems for young children are all problems that are imbedded in Montgomery County communities.

In many cases, the "incidence rate" for these serious medical problems runs ahead of the rest of Pennsylvania. Figures available from the late 1980's indicate the incidence rate for breast cancer for the state was 107 per 100-thousand women. In Montgomery County, the rate was 124 women per 100-thousand.

In some sections of Montgomery County, the figures for death rates due to prenatal conditions match those of the rest of the state. In the Norristown and Lower Merion/Bala Cynwyd communities alone, the "non-white infant mortality rates" per one thousand are 21.4 and 30.3 respectively. The average for these two communities (25.85%) is above that of the entire region which is 22.59%. Low birth weight figures for Norristown are also equal to the Pennsylvania average. More recent figures from the Pennsylvania Department of Health indicate serious medical risks for mothers and children whose births take place in their home. For example, 32% of those births have serious complications during labor and delivery.

The most practical manner to solve the problems relating to breast cancer, prenatal, and post-natal care involve programs that will be the center piece of the Mercy/Montgomery County Women and Children's Health Services Program. The three-clinic approach will help develop services for women and children throughout the county. Each center will be able to carry out an extensive array of services. They include, but are not limited to: gynecology, prenatal and postnatal care, mammography, immunizations, pediatrics, mental health, drug & alcohol abuse prevention, stress reduction, heart disease, and wellness/prevention programs.

Working with local communities and the Montgomery County Health Department, the new Women and Children's Health Services program will be the beneficiary of Mercy's long track record of working in this vital health care area. Taking the experience from Misericordia, Fitzgerald Mercy, and Mercy Haverford outpatient services, the program will be designed to meet the ever-growing needs of Montgomery County's communities in a fashion never seen before in the region.

MERCY HEALTH CORPORATION
SELECTED HEALTH STATUS INDICATORS
FOR
MONTGOMERY COUNTY
AND
NORRISTOWN

MONTGOMERY COUNTY

BARRIERS TO RECEIVING PRENATAL CARE¹

1. Non-acceptance of the pregnancy.
2. Condescending attitude of pregnancy counselors because of (mother's) age or economic status.
3. Lack of bilingual health care staff.
4. Lack of transportation.
5. Lack of insurance.
6. Lack of accurate information.

THE PERCENTAGE OF DELAYED PRE-NATAL CARE DOES NOT MEET THE SURGEON GENERALS YEAR 2000 HEALTH OBJECTIVE².

THE PERCENT OF AFRO-AMERICAN WOMEN NOT RECEIVING PRENATAL CARE IS 3.5 TIMES THAT OF THE WHITE POPULATION.

MONTGOMERY COUNTY IS THE THIRD LARGEST IN THE COMMONWEALTH OF PENNSYLVANIA.

¹ 1993 Study - Montgomery County Department of Health.

² Healthy People 2000. Office of the Surgeon General, Department of Health and Human Services.

09/14/94

THE COUNTY HAS GEOGRAPHIC AND POPULATION CHARACTERISTICS WHICH ENCOMPASS URBAN AND RURAL SETTINGS.

FOUR PERCENT OF THE RESIDENTS HAVE INCOMES BELOW THE FEDERALLY DEFINED POVERTY LEVEL.

THE POPULATION IS 10% MINORITY OF WHICH 6% IS AFRO-AMERICAN.

THE PERCENT OF DELAY PRE-NATAL CARE BY RACE IS:

Afro-American	37%
Puerto Rican	32%
Other/Asian	20%
Caucasian	11%

FORTY-NINE PERCENT OF PREGNANT TEENS DO NOT RECEIVE ADEQUATE PRENATAL CARE.

THE INFANT MORTALITY RATE IS 7.3 INFANT DEATHS PER 1,000 LIVE BIRTHS. THE AFRO-AMERICAN INFANT MORTALITY RATE IS 14.9. THE WHITE INFANT MORTALITY RATE IS 6.7. THE PUERTO RICAN INFANT MORTALITY RATE IS 10.6.

THE RATE OF INFANTS WEIGHING UNDER 1500 GRAMS (3.3 LBS) INCREASED FROM 9.4 IN 1991 TO 11.2 IN 1992.

THE THREE YEAR RATE FOR INFANTS WEIGHING UNDER 2500 GRAMS (5.5 LBS) IS 55.9.

MOTHERS UNDER 19 YEARS OF AGE HAVE RATES OF LOW BIRTH WEIGHT OF 13.5 (UNDER 1,500 GRAMS) AND 79 (UNDER 2,500 GRAMS).

THE TEEN PREGNANCY RATE IS 4.2% OF TOTAL LIVE BIRTHS.

09/14/94

NORRISTOWN

THE INFANT MORTALITY RATE, INCIDENCE OF LOW BIRTH WEIGHT, PRENATAL ALCOHOL AND TOBACCO USE EXCEED THE TARGETS SET FORTH IN THE YEAR 2000 HEALTH OBJECTIVES.

TEN PERCENT OF THE RESIDENTS HAVE INCOMES BELOW THE FEDERALLY DEFINED POVERTY LEVEL.

NORRISTOWN RANKS FIRST IN THE COUNTY FOR THE NUMBER OF FAMILIES AND THE NUMBER OF PERSONS BELOW POVERTY LEVEL.

FIVE PERCENT OF THE CIVILIAN LABOR FORCE IS UNEMPLOYED.

EIGHTEEN PERCENT OF HOUSEHOLDS HAVE INCOMES LESS THAN \$15,000.

SIXTEEN PERCENT OF HOUSEHOLDS WITH CHILDREN ARE HEADED BY SINGLE FEMALES, MORE THAN TWO AND ONE-HALF TIME THE COUNTY AVERAGE.

INFANT MORTALITY RATE IS 12.9 DEATHS PER 1,000 LIVE BIRTHS, EXCEEDING THE NATIONAL AVERAGE OF 8.9.

THE PERCENT OF LOW BIRTH WEIGHT BABIES (UNDER 2500 GRAMS) FROM 1986 THROUGH 1991 RANGES FROM 66 TO 79.

THE MORTALITY RATE IS 921 WHICH IS ABOVE THE COUNTY'S 893.

THE SUICIDE AND MOTOR VEHICLE FATALITY RATES ARE EACH 20 - TWICE THOSE OF THE COUNTY.

09/14/94

NORRISTOWN MINORITY COMMUNITY

THE INFANT MORTALITY RATE FOR AFRO-AMERICAN INFANTS IS TWICE THAT FOR WHITE INFANTS.

THE POPULATION IS 33% MINORITY-OF WHICH 27% IS AFRO-AMERICAN.

THE INFANT MORTALITY RATE FOR AFRO-AMERICAN INFANTS IS 20.5. THE INFANT MORTALITY RATE FOR WHITE INFANTS IS 8.6.

09/14/94

P007/008

TO 86641160

09-16-94 12:26PM FROM MERCY HEALTH CORP.

PLATO A. MARINAKOS

Plato A. Marinakos is the President & Chief Executive Officer of Mercy Health Corporation, a multi-institutional system of healthcare.

Mr. Marinakos's hospital management and healthcare expertise spans thirty years. He joined Mercy in 1977 as the Executive Vice President and Chief Executive Officer of Mercy Catholic Medical Center (Fitzgerald Mercy and Misericordia Hospitals). Since this time, Mr. Marinakos has led the organization through tremendous growth and has successfully implemented a vision of providing quality care to the residents of Philadelphia and Delaware County. More importantly, Mr. Marinakos has not only executed the Sister's mission in providing care and instruction to the disadvantaged, he has worked to enhance this mission further to meet today's changing and increasing healthcare needs.

Under his leadership, Mercy Health Corporation gives back to the community, annually, close to 25 million dollars toward inner city health and education programs. In 1980, Mr. Marinakos sought ways to provide quality care to those with no insurance or other financial means. He approached the State of Pennsylvania with a concept to enroll Medicaid recipients into a managed care program. Mercy Health Plan, which celebrates its tenth anniversary in 1993, is a national model and saves the State 12 million dollars annually. The Plan also provides 3 million dollars in uncompensated care such as eyeglasses, vitamins, improved dental benefits and health education programs to its 80,000 enrollees.

Mr. Marinakos is an active board member for numerous organizations: the Hospital Association of Pennsylvania, Delaware Valley Hospital Council, Pennsylvania Trauma Systems Foundation, Hospital Purchasing Systems, and Eastern Mercy Health System just to name a few. He has participated extensively in task forces for the United States Government, and served in an advisory and consultative role to the Chairman for the Secretary's Commission on Medical Malpractice, U.S. Department of Health, Education and Welfare. Mr. Marinakos is also active in civic and community affairs including the West Philadelphia Corporation (board member) and a member of the board of Board of Directors for the Better Business Bureau of Southeastern Pennsylvania.

Prior to joining Mercy, Mr. Marinakos was the President of Conemaugh Valley Memorial Hospital in Johnstown, Pennsylvania, Executive Director of Allegheny General Hospital in Pittsburgh and the Associate Executive Director of Allegheny General Hospital. He received a masters of science and graduated with honors in hospital administration from the University of Pittsburgh in 1961. He received his B.S. in Zoology (with an Honorary Biological Award) from the University of Pittsburgh in 1957. Mr. Marinakos was a preceptor at the Wharton School of Business, Duke University and the University of Pittsburgh. He has authored numerous publications.

Mr. Marinakos and his family reside in Rosemont, Pennsylvania.

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**SISTERS OF MERCY MAINTAIN 150-YEAR-OLD TRADITION LONG AFTER
MODEST START,
GOALS REMAIN SAME.**

Philadelphia Inquirer (PI) - WEDNESDAY August 3, 1994

By: Kay Raftery, INQUIRER CORRESPONDENT

Edition: PENNA Section: NEIGHBORS MAIN LINE & DELAWARE Page: MD01

Word Count: 869

**MEMO:
RELIGION**

TEXT:
NARBERTH - Little Ellen Moore was a handful.

Her father, who owned a farm in what was then called Elm Station, thought the spunky, mischievous girl needed an environment where she would get a good education and learn some discipline along the way.

His prayers were answered when the Sisters of Mercy established a convent near his farm on Montgomery Avenue. He went to the nuns and asked if they would take Ellen in. They did, and Ellen Moore became the first student at the convent school that was, in 1884, nothing more than a little frame house on eight acres of open fields.

Today, the frame house is gone, but on that property is the magnificent stone structure that houses the motherhouse of the Philadelphia-based regional community of the Sisters of Mercy of the Americas, their offices, the chapel and living quarters for about 60 sisters of the 470 who are in the community.

Ellen, by the way, not only changed her mischievous ways, but grew up to become Sister Genevieve.

Sister Mary Joan Thompson, archivist at the convent, who has been a nun for 62 years, knew Sister Genevieve. She, too, was a spunky girl whose parents sent her to Mater Misericordiae Academy (as the early convent and school were called) to see if the good sisters could tame her. Considering they were not Catholic, it was a big step.

Their daughter not only mended her ways, she converted, became a nun, and rose to become superior general of the order in Philadelphia from 1980 to 1985.

"They say that the 'wild ones' make good nuns," said Sister Mary Joan,

who is 79. "I guess it's because they know, firsthand, all the tricks the kids can use."

The Sisters of Mercy were founded in Dublin, Ireland, in 1827, by a young woman from a wealthy family, Catherine Elizabeth McAuley, to alleviate the wretched conditions of the poor in Ireland.

This year marks the 150th anniversary of the arrival of the Sisters of Mercy in America, in Pittsburgh, and the 133d anniversary of the order in Philadelphia.

Ten Sisters of Mercy, under the guidance of Sister Mary Patricia Joseph Waldron, arrived in Philadelphia from a convent in Manchester, N.H., on Aug. 22, 1861.

In 1884, 20 years of hard work in Philadelphia had taken their toll on the order of nuns, then numbering about 28.

"They were so overworked and had such a poor supply of food that the only reason they didn't starve was because people in the parish donated food to them," said Sister Mary Joan. "The physician said he wouldn't be able to treat them properly unless they got food and fresh air, a place in the country."

Mother Patricia Waldron, who was only 26, bought the little frame house in Elm Station, which would be renamed Narberth in the late 1890s.

Two sisters were sent as permanent residents, and the other members of the order remained in Philadelphia, taking turns with trips to the countryside for rest and recuperation.

After Ellen Moore was accepted as a student, more and more parents enrolled their children. Desperately needing more space, the sisters, in 1889, were able to buy the adjoining property, thanks to a bequest of \$45,000 in the will of Francis Drexel, father of Blessed Katherine Drexel.

"In addition to that one big bequest, Mother Patricia scrimped and saved," said Sister Mary Joan. "She paid back loans in record time, and when she did she would write in her big ledger: 'Thanks be to God, that's finished.' "

The Sisters of Mercy of the Americas run the Mercy Health Corp. and operate soup kitchens and shelters. Sisters serve as parish administrators, visit prisoners, work with government agencies on health-care programs, and operate homes for children with AIDS.

In the Philadelphia area, they can be found on the staff of more than 60 schools and three hospitals - Mercy Haverford Hospital in Havertown and Fitzgerald Mercy Hospital in Darby and Misericordia Hospital in Philadelphia.

Of all the changes that have occurred throughout their history, however, the one that is immediately evident to the laity is their manner of dress.

They no longer wear habits with long, voluminous black skirts, black veils and white guimpes. And children in parochial schools can no longer be warned of a sister's imminent arrival when the rosary beads that hang down from the black leather belt around her waist click together as she walks down the hall.

Their works of mercy, although they have expanded tremendously, are still rooted in their founding principles: the education of poor girls, the visitation of the sick in their homes, and the sheltering of young women of good character.

And, when told that these early goals seemed to be based in feminism, Sister Mary Joan quickly responded: "Oh, yes. Did you know that Pat Carbine, founder of Ms. magazine, was one of our graduates?"

CAPTION:
PHOTO

PHOTO (2)

1. Sister Mary Joan Thompson, archivist, is familiar with the convent's history. (For The Inquirer / JONATHAN WILSON)

2. The chapel at the Sisters of Mercy motherhouse. The order's offices and living quarters for 60 sisters are in the same stone building. (For The Inquirer / JONATHAN WILSON)

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PARENTS SUE OVER BABY MIX-UP AT HOSPITAL IN DARBY FITZGERALD
MERCY STAFF
CORRECTED THE ERROR BEFORE THE MOTHERS LEFT. BOTH SETS OF
PARENTS SEEK
DAMAGES.

Philadelphia Inquirer (PI) - THURSDAY April 7, 1994

By: Ralph Cipriano, INQUIRER STAFF WRITER

Edition: FINAL Section: LOCAL Page: B01

Word Count: 573

TEXT:

Last September, a new mother who was checking out of Fitzgerald Mercy Hospital in Darby learned that she was leaving with the wrong baby.

Hospital officials discovered the baby swap by checking wristbands on the mother and child. They confirmed that the infant belonged to another mother, and a switch was made.

That much is agreed upon.

The rest of the facts may have to be settled in Common Pleas Court.

In court yesterday, Rocco C. Cipparone Jr., a lawyer for two sets of parents, filed two lawsuits against Mercy Health Corp. of Southeastern Pennsylvania, owners of Fitzgerald Mercy Hospital.

The lawsuits also named an undetermined number of "not-yet-identified employees" of the hospital, and two doctors who work at the hospital, Bonnie Kim of Darby and Carl A. Giombetti of Havertown.

According to the lawsuits, both couples incurred "emotional pain and suffering, grief and mental anguish," and "deprivation of the . . . affection and bonding with their newborn child."

In the lawsuits, each of the four parents is seeking in excess of \$50,000 for compensatory and punitive damages for a variety of alleged offenses, including intentional and negligent infliction of emotional distress.

The lawsuits allege that sometime during both couples' stay in the hospital last September, hospital employees learned of the switch but failed to immediately tell the parents.

The parents are identified in the lawsuit as Sheri and Glenn Gadonas of

Glen Mills, and Kathleen Kelley and William Sheehan of Southwest Philadelphia.

In a statement released by Mercy Health Corp., officials said that during a discharge on Sept. 18, "it was discovered by a Fitzgerald Mercy Hospital staff member that this infant and another infant had been placed in each other's bassinet."

"This was human error," the statement said.

"Both infants were wearing the correct identification bracelets, which had been on the babies since birth. These clearly identified the infants and their mothers.

"Neither mother was aware of this incident nor would have become aware had hospital personnel not been forthright in informing the families . . .

"Each mother left the hospital with her own baby," the statement said.

"No harm came to either infant. Mercy thoroughly investigated the incident and took corrective action, including disciplinary action and re-enforcement of existing policies. We sincerely regret any distress this may have caused the families. We have made every effort to offer them assistance through personal contacts by senior management of Fitzgerald Mercy Hospital."

In the statement, hospital officials added that public accusations made by Cipparone are "a gross and irresponsible mischaracterization of the facts of this incident. We question whether he is acting in the best interest of the families."

In an interview, Cipparone said that Lee Constantine Godanis and Joshua William Sheehan were born about 24 hours apart, and were with the wrong parents for between six and 24 hours. He said that the babies were of similar size and had similar hair color.

During their hospital stay, Cipparone said in an interview, neither baby was breast-fed, but both were circumcised according to the wishes of both sets of parents.

Cipparone also said that while both couples believe they now have the correct babies, they are asking that the hospital pay for genetic testing to dispel any doubt.

A spokeswoman for the hospital said she would not comment beyond the one-page statement. She said the statement was issued on behalf of the two

doctors.

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MERCY HAVERFORD HOSPITAL PLANS A \$12 MILLION EXPANSION IT SEEKS TO STAY COMPETITIVE IN A CHANGING HEALTH-CARE FIELD. PLANS INCLUDE A MORE ACCESSIBLE EMERGENCY UNIT.

Philadelphia Inquirer (PI) - TUESDAY April 5, 1994

By: Mary Blakinger, INQUIRER CORRESPONDENT

Edition: PENNA Section: NEIGHBORS MAIN LINE & DELAWARE Page: MD02

Word Count: 430

TEXT:

HAVERTOWN - To broaden its patient base, Mercy Haverford Hospital is planning a \$12 million expansion that will include a new emergency room, a same-day surgery center and a medical office building at its facility here.

Hospitals that want to remain competitive as change sweeps health care need to provide "one-stop shopping," said Dan Hilferty, vice president of government and external affairs for Mercy Health Corp.

With that goal in mind, Mercy Haverford plans to build an addition to the hospital to house its emergency facilities so that they are directly accessible to patients from Old West Chester Pike, which the addition will face. The community hospital is at 2000 Old West Chester Pike near Lawrence Road.

The addition also will group several services for ambulatory patients, including a same-day surgery center, an endoscopy unit and physical therapy facilities, Hilferty said.

Endoscopy involves the use of a tubular instrument to view internal problems such as ulcers, Hilferty explained.

Plans also call for additional operating rooms in the existing hospital building and construction of a 30,000-square-foot office building for physicians on the opposite side of Old West Chester Pike. The office building will be linked to the main hospital by an enclosed pedestrian bridge over the road.

"The key to bringing new patients into the Mercy Haverford family is the physicians," Hilferty said. "I think any (hospital) has to be conscious of reaching out in a competitive environment. . . . You've got to have a certain baseline facility."

The \$12 million expansion will be a capital investment financed by the hospital and its parent corporation, the administrator said. Hilferty also said the expansion was still in a formative stage, with municipal approval and architectural planning ahead.

"We're in the process of working with architects and finalizing land use," Hilferty said. Two years is his "guesstimation" for the time it will take to complete the project.

The expansion is not expected to affect staffing at the 107-bed hospital, Hilferty said.

Mercy Haverford also plans to explore adding pediatrics and obstetrics to its services, Hilferty said. "There's the potential of moving into those areas with a bigger facility," he said. Such cases now are referred to Fitzgerald Mercy Hospital.

Mercy Haverford Hospital was known as Haverford Community Hospital before it merged in 1991 with the Mercy Health Corp. The corporation, based in Bala Cynwyd, also includes Fitzgerald Mercy Hospital in Darby Borough and Misericordia Hospital in West Philadelphia.

Mercy Health Corp. is owned and operated by the Sisters of Mercy, an order of Catholic nuns based in Merion.

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PRIVATIZING HEALTH CARE FIRMS SEEK NEEDY CLIENTS

Philadelphia Daily News (DN) - THURSDAY December 2, 1993

By: Marc Meltzer, Daily News Staff Writer

Edition: PM Section: BUSINESS MONEYTALK Page: 23

Word Count: 1,239

TEXT:

Jada Henry in Overbrook, Kim Kocher in Folsom, Delaware County, and Barbara Liverpool in North Philadelphia are new moms with healthy babies. They all get Medicaid, the federal-state program that provides health coverage to low-income people. Each belongs to one of five Medicaid plans in the region that operate like HMOs.

"We will see dozens of companies - some from outside the state - within the next year" aiming to offer Medicaid services to the poor, said A.J. Henley, chief executive of Healthcare Management Alternatives. The company operates one of the five Medicaid plans.

So far, the five programs have a total of 260,000 members.

And Henley and Walter P. Lomax Jr., a physician whose Lomax Cos. in Chalfont, Montgomery County, owns part of Healthcare Management, said they expect the competition to get fierce.

Providing health care for the poor has become big business, and they credit Healthcare Management's success for that.

Since 1989, the company has saved taxpayers about \$85 million operating the state-owned HealthPASS Medicaid plan for 73,500 people in West and Southwest Philadelphia.

Under HealthPASS, Medicaid recipients in those areas are automatically enrolled in Healthcare Management's plan. They can switch to other HMO-style Medicaid plans, if they choose.

HealthPASS is among a handful of programs across the country created after Congress allowed states to experiment with ways to save money spent on Medicaid.

Last month, the federal government gave the state Department of Public Welfare approval to require that all of the estimated 652,218 Medicaid recipients in Southeast Pennsylvania next year be enrolled in HMO-style plans. Up for grabs, according to one industry estimate, are total revenues of \$1.6 billion a year.

Some of the industry's biggest names - Aetna, Blue Bell-based U.S. Healthcare Inc., Blue Cross-Blue Shield - are getting into the act, or are taking a hard look.

Independence Blue Cross and Pennsylvania Blue Shield, through their Keystone Health Plan East HMO unit, offer Medicaid HMO services to 160,948 people through two plans.

One is Mercy Health Plan, which started in 1983 and is now the state's largest Medicaid managed-care plan, and Health Partners, which started nine years ago and is now owned by 11 regional hospitals.

Aetna serves 8,568 people in Berks, Lancaster and Lehigh counties, while another 2,773 people belong to an managed-care plan sponsored by the insurer in the Pittsburgh area.

Greater Atlantic Health Service HMO, owned by the Graduate Health Systems, which owns Graduate Hospital, has 22,278 Medicaid patients in Philadelphia, Bucks and Delaware counties.

OakTree Health Plan began last summer. The company has 1,602 members in Philadelphia, Bucks and Montgomery counties.

Officials of the region's existing health plans say they can make money by carefully managing members' health-care services.

They say the programs emphasize preventive medicine and greater initiative in providing care to members than the traditional Medicaid system, which still is used by 60 percent of the region's Medicaid recipients.

Under the traditional Medicaid system, recipients determine when and how to get a doctor's help. They often use the costly emergency room in their community hospital as a doctor's office. That makes their treatment more expensive, according to officials of the HMO plans.

"When you manage someone's care, you can give the patient the services they need more efficiently," said Nancy Sirolli-Hardy, a Mercy Health Plan senior vice president. "You can find a better place to provide those services."

For instance: "We become their family doctor, so they don't have to go to the emergency room anymore," Hardy said. Members of the Medicaid HMO plans choose a family doctor, who then coordinates all medical care.

The HMO plan selected by the Medicaid recipient is paid a fixed fee per member per month by the state. A payment of about \$200 is within the range.

That's the equivalent of \$1.6 billion for a year if all of the Medicaid recipients in Southeastern Pennsylvania were members of HMO-style plans.

Payments in the traditional Medicaid program work out to about \$225 per recipient, industry officials say.

"It's in (a managed-care plan's) interest to get that population healthy and out of the emergency room," said Dr. Donald Kaye, president and chief executive of Medical College Hospitals, which owns part of the Health Partners Medicaid plan.

Kaye said the Medicaid HMO plans get about 90 percent of what the state pays for Medicaid recipients under the traditional program. The HMO plans can keep the difference between the payments from the state and the cost of members' care.

That, Kaye said, is an incentive to stress prevention and other methods for members so they don't need costly treatment in an emergency room or other hospital setting if it can be avoided.

"This is really privatization of a public health-care program," said Felicia T. Neczypor, OakTree's head. "We're able to take those dollars and allocate them in a way that makes sense to provide better outcomes. Better outcomes means healthier people.

"Healthier people means less cost to the system," she added. "It's not rocket science; it's real low-tech stuff."

Kaye said he is concerned that the state's new mandatory Medicaid program could "bring in new players without any kind of track record" because of the "default" feature of the program.

The state's new program, called HealthChoices, requires Medicaid recipients to enroll in a managed-care plan, formally called managed-care organizations or MCOs under the program, starting next Oct. 1.

Under the plan, the agency is dividing the six-county region into three zones, with parts of the city of Philadelphia in each one.

Each of the region's 652,218 Medicaid recipients may choose among two to six available health-care plans that would have state contracts.

The state is to select what it calls a "default contractor." That is for Medicaid recipients who fail to voluntarily choose a plan.

Kaye is concerned that the state will award the default plan to the lowest bidder.

"People are looking at this as a way to make a fast buck . . .," Kaye said. "And the quality issues aren't in there . . ."

The details of the program are expected to become available this month.

BENEFITS

A prenatal incentive program at Cigna Corp. illustrates how such preventive care can save money.

The company's Healthy Babies effort asks employees to visit doctors for prenatal care. If they can prove they went to the doctor enough, they get a \$50 savings bond.

Stewart Beltz, director of Cigna employee health management, said that maternity-related costs are the single largest source of the company's medical claims.

"It only makes sense to look at where we're spending the dollars," he said. Healthy Babies saved Cigna \$500,000, he said.

During the first 13 months of the program through June 1992, no low-birth-weight or premature babies were born to the 280 women in the program.

But about 16 percent of the rest of Cigna's 2,000 employees who were eligible for the program under the same insurance plan, but did not participate, encountered such problems.

Also, about 80 percent of the births by program participants were considered normal or without complications, vs. 50 percent of those who didn't participate.

The average cost per birth for those in Healthy Babies program is \$3,091, vs. \$8,565 for those who didn't participate. The average cost for a normal birth throughout the U.S. is \$4,300.

CAPTION:

PHOTO

PHOTO (2)

1. Neczypor

2. Felicia T. Neczypor

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MERCY HEALTH TRIMS PAYROLL

Philadelphia Daily News (DN) - TUESDAY November 23, 1993

By: MARC MELTZER

Edition: PM Section: BUSINESS MONEYTALK Page: 19

Word Count: 107

TEXT:

Seventy of 4,800 workers at Mercy Health Corp. have been laid off, the company has said. Mercy owns Misericordia Hospital in West Philadelphia, Fitzgerald Mercy Hospital, Darby, and Mercy Haverford Hospital, in Havertown.

The Bala Cynwyd-based company said in a statement last week, "Major changes in the health-care industry occurring in the past year have made it necessary for Mercy Health Corp. and its subsidiary hospitals to take corrective steps to enact permanent cost reductions."

Mercy said earlier this month that it was offering early retirement to employees older than 55. Of the 300 eligible, 70 have accepted.

This figure is separate from the layoffs.

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SCHOOLS FILL MORE SOCIAL NEEDS HEALTH CARE, BABY-SITTING NOW AVAILABLE

Philadelphia Daily News (DN) - MONDAY November 22, 1993

By: Sheila Simmons, Daily News Staff Writer

Edition: PM Section: LOCAL Page: 24

Word Count: 1,166

MEMO:

FULL-SERVICE EDUCATION

TEXT:

Does your child need his teeth examined? Psychiatric help? Treatment for asthma? How about a hot meal? A baby-sitter? Even birth control? Try your neighborhood school.

Some Philadelphia public schools are providing a sweeping range of services for their students. In essence, they have become full-service, one-stop sources of help.

Child-care experts and school officials commend the move, and credit it to a growing recognition that physically and mentally fit children everywhere simply learn better.

But Philadelphia's children are in particular need. "Our kids are in desperate straits," said Dick Glean, director of student services for the district.

According to Philadelphia Citizens for Children and Youth:

- * Nearly half of all children in Philadelphia live in "deep poverty."
- * Child abuse and neglect are so widespread that nearly 35,000 cases are open or pending.
- * About 65,000 children under age 15 have limited access to health care.
- * Nearly 2,000 don't have a home at all. They live in shelters.

"They don't leave it at the schoolhouse door," Glean said of children's adult-size problems.

So as homes are breaking down, schools are picking up.

Samuel B. Huey Elementary, at 52nd and Pine streets in West

Philadelphia, appears to be leading the pack.

Since opening at the end of the last school year, Huey's Family Health Center has been offering periodic screenings, diagnosis, physicals, hearing, eye or blood tests and immunizations. Staff can check for the sickle cell trait and care for colds and the flu, as well as minor bumps and bruises.

And the school is just weeks away from opening a mental- health center to be staffed by an on-site supervisor, mental-health worker, therapist, psychologist, psychiatrist and art therapist.

Huey also boasts a latchkey program, as well as a program that addresses potential child abuse, and a "Parent Academy," which teaches parenting skills and helps parents brush up on school subjects.

The school gets a lot of corporate and community help in delivering these services.

Huey has been successful in establishing so many services because of the initiative of its social worker and, until recently, a parent trainer. The trainer has been laid off because of budget cuts.

The school also gets outside help.

Mercy Health Corp. provided start-up and operating costs for Huey's \$250,000 health center. Good Shepherd Pre-School Inc., at 46th and Spruce streets, runs the latchkey program, funded by the West Philadelphia Child Care Network. And South Philadelphia-based Southern Homes will pay for operations of the mental- health center.

Other schools attempting to expand services find that they, too, must supplement dwindling district funding with aid from local hospitals, private foundations, corporations, churches, health-care providers and state, local and federal funds.

Over the years the district has cut funding for some of these very services. Money for special education and latchkey programs has also dropped. The cash crunch continues, as the district struggles to sew up a \$60 million deficit for 1993-94.

The district could not provide a comprehensive picture of the number and range of services offered in city schools, or the total amount of funding it provides. Numbers aren't available because the schools supplement district-administered services with help from outside sources.

Among the services offered by other schools across the city:

- * Five on-site primary-care health centers, at Benjamin Franklin High School in North Philadelphia, John Bartram High School in Southwest Philadelphia, Mayer Sulzberger Middle School in West Philadelphia, Huey in West Philadelphia and John B. Kelly Elementary School in Germantown. The district plans to open two more health centers later this fall.

- * An on-site partial-hospitalization mental-health program at Thomas Shallcross School, at Byberry and Woodhaven roads in Northeast Philadelphia.

- * An off-site partial-hospitalization mental-health program on Lehigh Avenue near B Street.

- *

Wide-eyed 10-year-old Courtney Artis bounces into the lavender and white Huey Family Health Center.

She's just come for a checkup, but Courtney's also been treated for an ear infection, a rash and a virus at the center, which serves as her primary-care provider.

Asked how often she visits the center, she said "twice a week."

The center, open almost two hours past school closing of 2:45 p.m., is staffed by a pediatric nurse practitioner and family physician - on call at all times.

The center was started after parents pointed to health care as a primary concern. They felt that the nearest health clinic was too far and that because children were in school while they were at work, it was never accessible.

This trend toward full-service care is hardly local. Nationwide, schools are tacking on services to accommodate students' needs.

In fact, schools have long done more than just educate kids. School lunches came under a federal act in the 1920s. School nurses were mandated by the state in 1949. Dental screenings were later required.

But the times have required that today's public schools go beyond nursing, screenings and one hot meal a day.

With the rise of teen-age pregnancies, the district in 1990 opened the first of 14 parent centers for teens.

Breakfast programs were added in the mid- to late-1960s. In a few weeks, breakfast will be in every school.

The Family Planning Council in 1991 launched a program that offers counseling on sexual issues, health education and even condoms in nine high schools.

Schools that haven't added extra services have adjusted the traditional roles of some personnel. Psychologists, for example, who used to direct their efforts to grading and testing capacities, now help youth deal with emotional problems.

Can schools - cash-strapped, lacking adequate staff and supplies, and already challenged with educating youth in an increasingly high-tech, competitive world - afford to provide or take time out to find providers for such an array of services?

"I think it's something the community can't afford not to do," said Glean, the district's director of student services.

In addition to setting up programs at Huey, Barbara Johnson, the school's social worker, helps parents obtain state assistance and housing, even finding a coat, shoes or underwear for children in need.

"It's like a foundation," Johnson said. "If we ensure kids at this point that they're in good physical condition and have some semblance of order in their lives . . . , it will build security for them. When a child is secure, they can go out and do anything."

Shelly Yanoff, executive director of Philadelphia Citizens for Children and Youth, agrees, even advocating that school buildings remain open until late in the evening, as well as on weekends and during the summer.

"It's perfectly placed in every neighborhood and somewhere where parents are used to turning to for their children," she said.

CAPTION:

PHOTO

PHOTO (2)

1. Courtney Artis, 10, of Huey Elementary, is examined by nurse Hedy Reese at school's health center (ANDREA MIHALIK/ DAILY NEWS)

2. Hedy Reese checks week-old Cameron Estrada at Huey School clinic as his mother Carmen observes