

**The Roots of the Foundation:**  
**The Christian H. Buhl Hospital**  
**and the**  
**Sharon Regional Health System**

In the late 19th century, the lack of an adequate sanitation system and the stagnant waters of the abandoned Erie Extension Canal, which ran through the center of the Shenango Valley, produced an environment for many diseases. Diphtheria, small-pox, pneumonia, and



*Abandoned Erie Extension Canal*

pleurisy claimed many lives, as did typhoid, tuberculosis, and cancer. Those with contagious diseases were not quarantined, so the diseases spread rapidly through the population. The burgeoning steel industry, with new processes that lacked adequate safety measures, resulted in many industrial accidents.

The problem with medical care wasn't a lack of competent doctors. A law passed in 1881 required all physicians to register with the Prothontary's Office. By 1890, about 140 had done so. Many of them held degrees from the most prestigious medical schools in the country.

The problem was the lack of adequately equipped, sterile facilities. Dr. Elisha Griswold, with extensive experience coping with catastrophic injuries and inadequate surgical facilities as a Civil War surgeon, opened the

Valley's first hospital in Sharon on Silver Street between Shenango and Vine avenues. Dr. Thomas Elliott opened another on East State Street. But they and others in the community recognized the need for a larger, better equipped hospital.



*Elliott Hospital and Doctor's Residences*

## Financed by the community

As always, financing was a challenge. Not everyone with the means to contribute was willing to do so. One physician had a granite monument to himself built for more than \$75,000, nearly twice the eventual cost of the Buhl Hospital. Dr. Griswold and a group of other doctors joined with community leaders to form a foundation. With large and small contributions from people in the community, the foundation provided 80% of the \$40,000 needed to build it. The remaining 20% came from the state of Pennsylvania.

The plan was to name it the Sharon and Sharpsville Charitable Hospital. On May 5, 1896, three days before the hospital was scheduled to open, the board changed the name to Christian H. Buhl Hospital to honor the Buhl family's investments and philanthropy in the area. This name led many people to believe that the hospital was financed or endowed by the Buhl family. It was actually made possible by the generosity of ordinary citizens of the community.



*Christian H. Buhl*



*Christian H. Buhl Hospital*

With 18 beds and a basic operation room, the new hospital was much better than any earlier health care facility in the Shenango Valley, but it was only a beginning. In 1901, barely five years after the hospital opened, an addition was built onto the back of the original building, and two twelve-bed wards followed in 1903.

The wards were tended by eight nurses at one time. There were 12 private rooms, two large and two small wards, but crowding sometimes forced patients into sun parlors.

Nurses lived on the third floor and worked 10-12 hour shifts before taking night classes from the medical staff. A home for the nurses was built in 1917 with funds from the estate of Peter L. Kimberly.



*Groundbreaking for the 1901 or 1903 addition to the hospital*

## Community support

Another addition to the hospital was built in 1917. The extent to which the hospital was truly a community institution is illustrated by the list of donors



*Christian H. Buhl Hospital and the Kimberly Memorial Nurses Home. Right: Peter L. Kimberly*



who gave to enable this construction. It starts with \$70,000 contributed by Frank H. Buhl and continues all the way up to seven employees of the Stewart Iron Company who gave fifty cents each: Mike Stefani, W. H. Harris, Charles Morgan, John Scicon, John Dur, Pete Goisovich, and George Siback.

Those men were probably not the ones who made the smallest contributions (and possibly the biggest sacrifices). Many businesses, organizations, and schools collected sums of money from their colleagues, employees, and students and submitted it without listing the contributors. So the smallest amount may have been a precious penny, nickel, or dime from a kid in the Prospect Heights School annex, which sent in a collection totaling \$3.25.

### Continuous Growth

Another addition was created in 1939 with the help of \$145,314 raised from the community. The third floor was rebuilt and the fourth floor was replaced with a new one that housed the Maternity Department. During the next four years, the people of the Shenango Valley contributed another \$490,000 to better equip the facility for increased demands from war workers, soldiers, and their families.



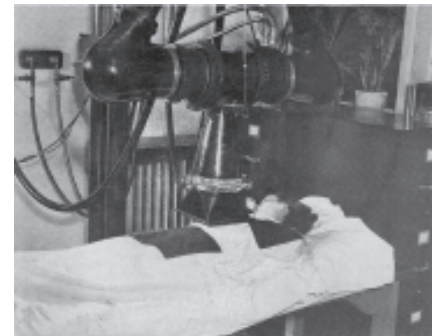
Cover of 1946 Annual Report:  
*“Doors That Never Close:*

Since World War II the hospital has continued to add facilities and services, including the following:

- 1949: Name changed to Sharon General Hospital
- 1958: \$1.25 million north addition was completed.
- 1963: Psychiatric unit added.
- 1968: Intensive/coronary care opened; hospital’s bed capacity increased to 292.
- 1979: Six-year \$17 million expansion program started - included the construction of a six-story, 111,179 square-foot addition

to the hospital’s west side and the renovation of 77,500 square feet in the original building.

- 1986: Comprehensive occupational medicine program.
- 1988: Magnetic Resonance Imaging and 40-bed Skilled Care Center added; renovated its 4th floor to relocate an expanded Behavioral Health Center.
- 1990: Sharon General Hospital became Sharon Regional Health System.
- 1991: Established its Heart Center that brought cardiac diagnostic, treatment and rehabilitative services into one newly remodeled facility on the second floor of the hospital.
- 1990s: New programs included a 19-bed Inpatient Physical Medicine and Rehabilitation Unit, 12-bed Inpatient Child/Adolescent Psychiatric Unit, Speech Therapy Department, Pain Management Program, full service Cancer Care Center, and expanded Occupational Therapy services.
- 2000: \$8 million Heart and Vascular Institute opened; brought open heart surgery capabilities, along with angioplasty, stenting, and a second cardiac catheterization lab.



*X-ray equipment pictured in the 1946 annual report*

### Reaching out

Also in the 1990s, the Sharon Regional Health system reached out into the community with initiatives that touched on the more general aspects of health and safety. The 1994 Annual Report lists a few of them.

- Prompted by a series of house fires, Sharon Regional spent \$35,000 to purchase 7,000 smoke detectors, which were installed in every Sharon home by the Sharon Fire Department
- Established Mercer County’s first hospital-based Community Health Assessment program to determine how factors such as demographics,

life-style, and environment impact the health of the area's residents

- Participated in the free National Depression Screening Day
- Affiliated with United Community Hospital in Grove City to offer substance abuse services
- Promoted health education through a variety of existing and new programs and facilities

Since the beginning of the new century, the Sharon Regional Health System has experienced unprecedented growth in the number of services offered to residents, as well as steady increases in families choosing Sharon Regional for their care. Sharon Regional now has facilities in Sharon, Hermitage, Mercer, Neshannock, Brookfield, Hubbard, and Liberty Township.

### Looking to the Future

During this time, the Board of Directors looked to the future and saw the limitations of remaining an independent hospital system. They also saw the synergistic advantages of affiliating with other hospital systems to increase purchasing power, share knowledge, and gain access to resources.

After extensively exploring the possibilities, the Board felt that the best option was to sell the Sharon Regional Health System assets to the for-profit Community Health System, Inc., based in Franklin, Tennessee. This move assured the continuation of patient care services currently being offered and guaranteed the investment of \$75 million in improvements over the next five years.



*Diagnostic and Imaging Center in the Sharon Regional Medical Park, Hermitage*

It also enabled the continuation of the nonprofit aspects of health care by creating the Buhl Regional Health Foundation in 2012.

### Summary: Continuity and change

The 1966 annual report published the picture at right with the following summary:

*In spite of all, there are some things which haven't changed much. This photograph was taken in our hospital in 1885 [sic]. Except for the gas light, we still feed babies in basically the same manner.*

*Think of the changes in medicine that have occurred, however, during this baby's lifetime. It would be 81 years old. During this lifetime, the death rate from pneumonia and influenza declined 87%. The tuberculosis death rate dropped 94%. The rate from diarrhea and gastrointestinal conditions has been lowered by 96%. Diphtheria is down 99%. The bronchitis death rate is down 96%.*

*This infant faced a life expectancy of 47 years with the greatest hazard during his first few years. Today's newborn infant looks to a life expectancy of 70 years, with unlimited discoveries yet on the horizon.*

*Much of this improved outlook is directly attributable to the role that the modern community hospital has played in magnifying the abilities and capabilities of today's doctor of medicine. We are proud of our role and our contribution to a better society.*





*A display at the Buhl Regional Health Foundation's Open House illustrates the continuity from the creation of the C. H. Buhl Legacy Trust in 1893 to today's Buhl Regional Health Foundation*

### Community Vision

- ◆ Safe and healthy communities
- ◆ Respect & equity
- ◆ Growth and progress
- ◆ Improved services and service delivery
- ◆ Coordination and collaboration

### Shared Values

- ◆ Collaboration & shared vision
- ◆ Commitment
- ◆ Respect, empathy & service to others
- ◆ Communication: honesty, openness & willingness to listen
- ◆ Equity
- ◆ Follow-through & action
- ◆ Patience

**Beyond patient care:**

## Buhl Regional Health Foundation

The non-profit corporation now known as the Christian H. Buhl Legacy Trust was created in 1893 when a number of community leaders decided to build the first hospital in the Shenango Valley. The men, women, and children whose contributions made the C. H. Buhl Hospital possible got an excellent return on their investment: an ever-growing and ever-improving nonprofit community hospital which served the community more than 120 years. It expanded into an extensive health care system that reaches far beyond the walls of the original hospital.

The sale of the assets of the Sharon Regional Health System in 2014 did not put an end to the benefits of their investments. On May 18, 2016, Mercer County Judge Christopher St. John approved a petition to transfer \$21.9 million from the Christian H. Buhl Legacy Trust to the Buhl Regional Health Foundation.

### Mission

The mission of the Buhl Regional Health Foundation is to identify and address the diverse health care needs of the greater Sharon regional area. Among the Foundation's primary objectives will be the promotion of collaborative partnerships and programs and capacity building for organizations currently addressing community health needs, and targeted grants

*Ribbon Cutting September 22, 2016:*

*Angela Palumbo, Joanne Bisson, Michael L. Wright, Attorney Ruthanne Beighley, Riley Smoot Jr., Executive Director Michaelene Gula, Robert G. Liptak, Attorney Mary Ann Odem, Representative Mark Longietti, Attorney James P. Epstein*



that will focus on and invest in all people impacted by health-related needs by achieving measurable results.

Good health and safety should be the norms of community life. Patients who seek care and treatment in medical facilities actually represent breakdowns in the environment in which they live. The best way to improve community life is to prevent or avoid those breakdowns before they happen. To do that, one must be aware of their roots and causes.

### Social Determinants of Health

Since the beginning of the new millennium, organizations such as the World Health Organization (WHO) have been studying and defining those roots and causes, which they call the Social Determinants of Health.

As defined by the WHO, the Social Determinants of Health are “the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.”

The chart below is one organization’s efforts to categorize these conditions. A region’s health care system (right column) is only one of a multitude of factors that determine the health of a community.

Economic Stability	Neighborhood and physical environment	Education	Food	Community and Social	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Linguistic and cultural competency of providers
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical Bills	Playgrounds	Higher education			
Support	Walkability				

Source: Henry J. Kaiser Foundation

Fortunately, there are many organizations and foundations that work to improve the health impact caused by some of the other determinants.

Most of these organizations are established to meet one specific, perceived need. They generally do not have the resources to study other needs

of the community as a whole, to know and understand the other organizations confronting the same problem, and to discover what resources are available to help them meet their objectives.

### Discovering Gaps and Overlaps

Efficient use of resources would be enhanced by discovering overlaps and gaps in the work being done. That is one of the primary goals of the Buhl Regional Health Foundation. The Foundation is committed to work with individual organizations to help them work together to reduce the overlaps. Gaps might be filled through a shift of focus by existing organizations or by the establishment of new ones.

The Foundation can provide grants where needed to accomplish this, but we want to go beyond the normal funding process. Typically, because funds are always limited, the money seekers must compete with one another by attempting to submit the most impressive grant request. Then the funding source determines where its grants will do the most good.

Unfortunately, the grant request process is often the only point of contact between the foundation and the client. To overcome this difficulty, we will form ongoing collaborative relationships with our clients to assist them in other ways beyond granting them money. As we get to know them and others in our community, we will be well positioned to help them clarify needs, work with peers, and tap other resources.



Forum keynote speaker Terie Dreussi-Smith

By learning and evaluating their strengths and their needs over time, we can further improve the effectiveness of the resources we can provide. Perhaps it will be as simple as providing a vehicle or piece of equipment to a facility, or as complex as discovering gaps and overlaps in the services being provided. Perhaps we can finance studies on how to fill those gaps, or how overlapping organizations can coordinate their activities so they can all make more efficient and effective use of their efforts and assets.

The Buhl Regional Health Foundation is already in the process of doing this with a dual approach: 1) We use data from external sources such as the PA Department of Health; 2) We rely on internal sources, such as local studies and the expertise of people in our area who are already engaged in the improvement of the health of our community.

During the last year, Executive Director Michaelene Gula met with over 200 people representing nearly 80 agencies and programs in our community to learn what they believe are the most pressing health needs.

## Regional forum

The next step was to host the Buhl Regional Forum 2016 in the Penn State Shenango Auditorium on October 19, 2016. More than 170 people from community organizations, municipalities, churches, and other committed citizens came together to get to know each other and to start developing ideas for working together more effectively.

Participants listened to keynote speaker Terie Dreussi-Smith, a consultant with expertise in health and wellness initiatives. They also heard talks by Foundation leaders and participated in a panel discussion. They emerged



*First Buhl Regional Health Foundation forum, October 19, 2016. Notice the pink, blue, and yellow notes stuck on the wall.*

from the Forum with a better understanding of the social determinants of health and of their effects on communities.

But one of the most important aspect of the conference is not what attendees received, but rather what they contributed. They discussed the issues and ideas among themselves, then shared their observations and suggestions by sticking post-it notes on a wall under three main categories: Thriving Communities, Strong Families, and Healthy Residents. The notes were color-coded to indicate whether they pertained either to assets, challenges, or opportunities.



*Participants posting ideas on the wall.*

Hundreds of notes were posted, resulting in more than 300 suggestions that were included in an Outcomes Report.

A less tangible but perhaps more important function of the Forum was the unprecedented opportunity it provided for networking among the many agencies and institutions represented.

The evaluation forms showed that 92 percent of those who attended felt that they can now better connect with key groups operating in the region. 87 people signed up to be part of a future working group. Nearly all of the attendees indicated that the Forum should be repeated. This has already happened: a follow-up meeting was convened at Penn State on Friday, January 20, 2017, to discuss the Outcomes Report and to move the process forward.

The meetings affirmed the role the Foundation can indeed serve as a catalyst to improve the health and well-being of the community.

## Moving forward

The leaders of the Foundation will combine the knowledge provided by the meetings with information they have gleaned from other sources and begin to set priorities and establish procedures for awarding grants.

## What you can do

We welcome the input of anyone, whether or not you have been part of efforts to improve the health and wellbeing of our community.

If you have ideas or information that can help us fulfill our mission, please contact our executive director:

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## Contributions

As an independent 501(c)(3) organization, we are eligible to accept tax-exempt contributions.



## Mission

**T**o identify and address the diverse health care needs of the greater Sharon regional area. Among the Foundation's primary services will be promotion of collaborative partnerships and programs, and capacity building, and grants which will focus on and invest in all people impacted by health-related needs throughout their lives.

## Values

1. Integrity
2. Embrace and drive change
3. Build open and honest relationships with communication
4. Serve and support our community
5. Welcoming innovative approaches to health and community well-being
6. Challenge assumptions
7. Meaningful change



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