



# Jewish Healthcare Foundation

**Ten Year Report  
1990 – 2000**

**Mapping where  
we've been and  
where we're going**



## Key to Jewish Healthcare Foundation Lines

-  **Research**
-  **Healthy Children**
-  **Financing and Delivering Health Care**
-  **Perfect Patient Care**
-  **Healthy Jewish Community**
-  **Healthcare Professions Training**
-  **HIV/AIDS Prevention and Treatment**
-  **Successful Aging**
-  **Consumer Information Technology**
-  **Breast Cancer**
-  **Behavioral Health**
-  **Nutrition**
-  **Transfer Station**
-  **Ten Year Projection**

## How to Use Your Map



On the eve of its tenth anniversary, the Jewish Healthcare Foundation wanted to track where it's been and where it's going. We envisioned a map, with our different grant agendas as transit lines, each line displayed in a singular color and each leading to a terminus – our destination – a large colored circle that represents the ultimate goal, the place where we want to be.

Along our transit lines, or grant agenda paths, we've identified the signature grants as separate stations, with smaller individual circles.

The transfer stations represent our “connector grants,” where different transit lines intersect. We highlight these intersections with double circles; they provide coherence among our grants and the destinations we've established.

As one tracks the routes on the map, the parameters of our overall agenda become apparent: to help each person achieve a successful childhood, adulthood, and old age by providing physical and behavioral care that is as close to perfect as possible, covered by reliable insurance and delivered by caring and well trained professionals and volunteers.

## Frequently asked questions

What is a **Jewish** Healthcare Foundation?

A foundation that applies Jewish values to healthcare improvement, attends to the health needs of the Jewish community and its neighbors, and manifests communal priorities. A foundation that reflects the cultural style of its ethnic heritage: caring, creative, ambitious, risk taking, and attentive to vulnerable populations – children, women and the aged.

Can a **local** foundation accomplish meaningful change in health care?

All care, like politics, is inherently local. Problems will improve when caregivers and health teams can fix things one patient at a time at the point of care. These solutions can enlighten an industry. Local foundations, closest to the action, can seed the vanguard of change in healthcare delivery.

Can the annual contributions of a **medium sized** foundation make a difference in a mega-billion \$\$ health industry?

Relatively modest investments that apply pressure or offer useful innovation at the right time and through the right people can have enormous impact. They can leverage significant funds, present powerful new program models, and leave a lasting heritage. Several grants come to mind: Jewish Association on Aging, Pittsburgh Regional Healthcare Initiative, The Breast Test, Operation KidShot, Coordinated Care Network, the Kosher Food Pantry, Interfaith Volunteer Caregivers, Southwestern PA Partnerships for Aging, the Court Masters Program, and others.

What **legacy** do we seek in the next ten years?

The recognition that quality improvement is the only direction and single solution to what ails health systems today. At the core of so many issues – worker retention, medical error, the high cost and underperformance of American health care – are basic systems problems that can be identified and fixed. We hope, through our grants and outreach, crossing all agendas, to move a region and a nation to patient care that is as perfect as possible in decision making, execution and outcome.

## Message from the President and Staff

Our staff hope you have fun reading this Ten Year Report, and that you feel some wonder at what a local, moderate size, Jewishly inspired foundation can do with its assets over one decade – because that is how we reacted during this opportunity for reflection and anticipation. In fact, we regard the whole enterprise with a certain amount of wonder, mixed with humor at our shortcomings and setbacks; awe at some of our ambitions and seeming successes; passion for realizing the promise in our local health delivery systems; and gratitude for the opportunity to work with four truly fine Chairmen, a lively engaged Board of Trustees, the region's best health professionals, and each other.

Thanks to all of you who have joined us in one way or another in bringing our mission statement alive. Out of respect for the proud heritage of Montefiore Hospital, we hope we have returned to the region another valued civic asset. I personally want to express my gratitude at being given the privilege of starting up this new enterprise and the opportunity to serve.



*Karen Wolk Feinstein, PhD*  
*President*

*Karen Wolk Feinstein*



## Letter from the Chair

My predecessor Chairs and our outstanding professional staff have created, built and sustained a wonderful institution, and it was my privilege to become its Chair in December 1999. April 2000 marked the tenth anniversary of the creation of our Foundation. Today it is positioned as a premier foundation primarily serving the healthcare needs of our Jewish Community, but also involved with healthcare initiatives for our region and our entire state. We have presence that transcends our financial capacity and are highly regarded both locally and nationally. We look forward to the next ten years and to building on our past successes.

*Farrell Rubenstein*  
*Chair*

*Farrell Rubenstein*



## Comments from Past Chairs

Ten years ago, when the JHF was established, there were no blueprints for a “hospital conversion.” The Montefiore Board of Directors wanted the new foundation to replace Montefiore as a Jewish community contribution to the general Pittsburgh community and to continue its tradition of excellence. However, we were really facing unknown territory.

We felt our foundation should meet the health care needs of the Jewish community in partnership with the United Jewish Federation, and address important community wide concerns. Being a small foundation, we had to be proactive and exhibit leadership capability to convene other institutions, both public and private, to make a difference.

It’s gratifying that what has resulted from our original deliberations far exceeds our best expectations. Thanks to a superb staff which has provided unusual insight, expertise and leadership in the health field, and thanks to an interested and involved Board of Trustees, our foundation has become nationally recognized as an example for others to follow.

Our community should look at it with pride, and continue to support its future.

*Alvin Rogal*

*Chair, 1991 – 1993*

My keenest ambition in my civic engagements is to build institutions of excellence. Chairing the Jewish Healthcare Foundation in its toddler years (1994 – 1996) gave me a double thrill: I was able to help the Foundation become a leader locally and nationally and through it to support the development of such powerful new organizations as the Jewish Association on Aging, the Consumer Health Coalition and the Southwestern Pennsylvania Partnership for Aging.

*David Shapira*

*Chair, 1994 – 1996*

Here’s the question that I liked to ask of ourselves: are we being ambitious enough? During my tenure (1997 – 1999) I can safely say that we met the test of responsible risk, thinking big and looking for serious solutions to serious problems. I’m proud that I was part of the launching of the Pittsburgh Regional Healthcare Initiative, Pittsburgh Elderhostel and Kosher SuperPantry. I look at a legacy of bold action and feel pride.

*Lee Netzer*

*Chair, 1997 – 1999*

Alvin Rogal



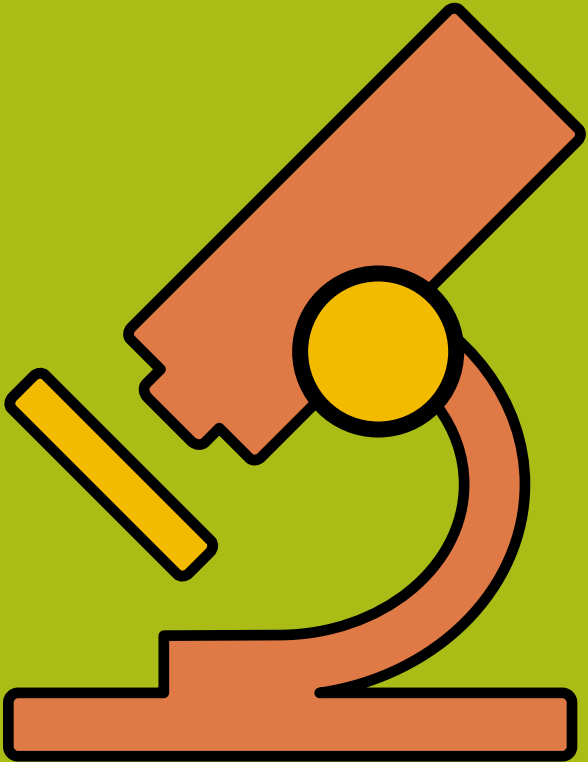
David Shapira



Lee Netzer



Research



## Information

The Pittsburgh region is uniquely positioned for global leadership in biomedical informatics, biomedical research and biotechnology.

Our blueprint: To encourage talented researchers to collaborate within and across institutions for research and discovery, transforming their inventions into marketable products and speeding their application to clinical practice improvement.

## Stations – Research Line

The JHF has promoted research initiatives that support existing and upcoming medical “superstars” to leverage major sustained funding.

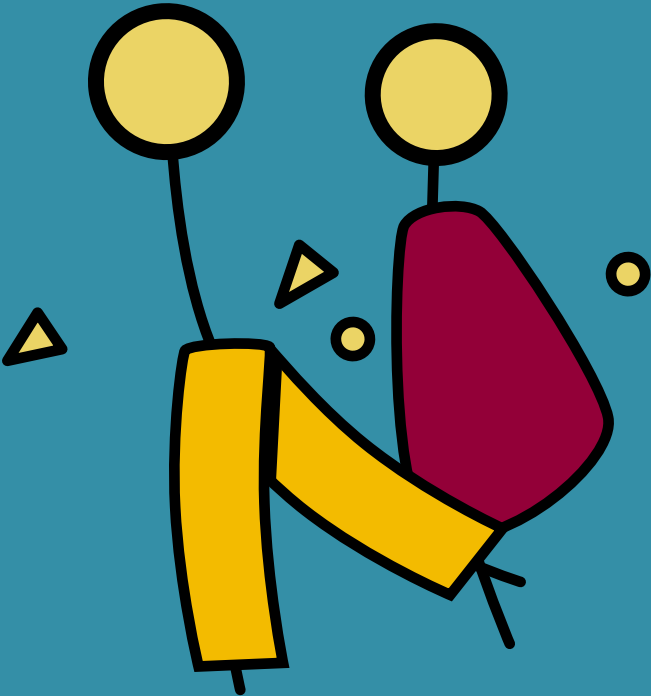
- ① **Transfer Station: Breast Cancer Live-Cell Videos**  
Magee Research Institute
- **McGowan Center for Artificial Organ Development**  
Advancing the frontier of biomedical technology  
\$200,000 (1999)
- **Demegen, Inc.**  
Clinical trials for prostate cancer therapies: a program-related investment  
\$150,000 (1999)
- **Pittsburgh Tissue Engineering Initiative (PTEI)**  
\$150,000 (1996)  
Allegheny Conference on Community Development: a community feasibility study  
\$25,000 (1996)
- **Cervical Cancer Research Institute**  
The Western Pennsylvania Hospital Foundation: developing and testing of a therapeutic cancer vaccine  
\$125,000 (2000 to 2002)
- **Care of Chronic Wounds**  
Preserving limbs, maintaining independence: educating our community about the care of chronic wounds  
\$58,000 (1994)
- **Pittsburgh’s Biomedical Centers of Excellence: A Validation Study and Communications Tool**  
Marketing Medical Pittsburgh: a report and marketing plan by the Pittsburgh Regional Alliance  
\$250,000 (1999)  
World Trade Center: *Pittsburgh Biotechnology Life Sciences Directory*  
\$50,000 (1999)

## Ten-Year Terminus

Pittsburgh’s “new era industries” funded through public and private sources will promote health, generate high-quality jobs that attract and retain talent and enhance the global image of Pittsburgh.



# Healthy Children





## Information

The JHF believes the community has an obligation to guarantee every child access to preventive and high-quality health care by qualified physicians, behavioral health and public health providers.

Our blueprint: To strengthen the partnership among pediatricians, caregivers, families and schools to protect and enhance their children's health, and to give every child the tools for success.

## Stations – Healthy Children Line

JHF-sponsored initiatives have helped establish and coordinate programs to provide childhood immunizations, health insurance for uninsured children, and school-based wellness centers. They have strengthened services and community support for children with special needs and their families, and reinstated thousands of families wrongly terminated from Medicaid coverage.

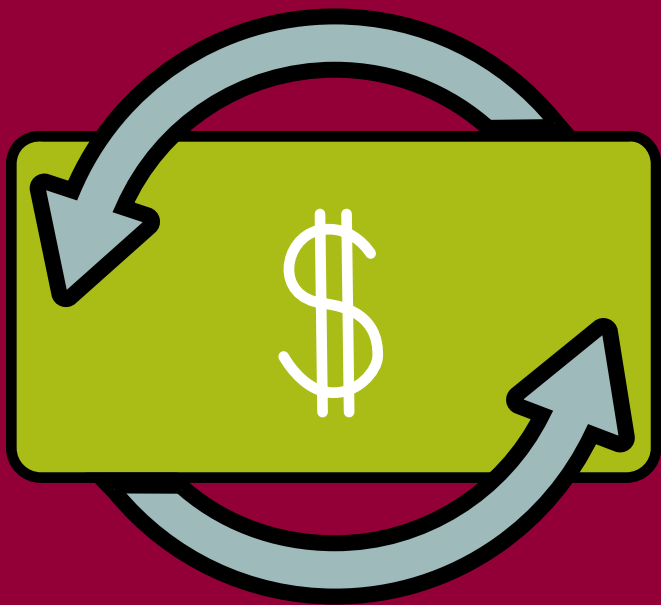
- ① **Transfer Station:**  
Girl Scouts Summer Nutrition Camp
- **Operation KidShot**  
Model childhood immunization campaign  
\$60,000 (1992)
- **Reach Out to Families**  
Comprehensive parent support initiative  
\$110,000 (1994)  
Program renewal and expansion  
\$55,000 (1996)
- **Healthy Steps for Young Children**  
Children's Hospital of Pittsburgh:  
a national demonstration site  
for developmental pediatrics  
\$300,000 (1996)
- ① **Transfer Station: Training in  
Developmental Pediatrics**  
Children's Hospital of Pittsburgh:  
developmental and behavioral  
training for pediatricians, medical  
students and child care workers  
\$225,000 (1999)
- **Children's Health  
Insurance Program (CHIP)**  
Extending health insurance to  
children without coverage  
\$305,000 (1997 to 2000)
- **Juvenile Court Masters Program  
for Allegheny County**  
Hiring new hearing officers to  
improve care of dependent children  
\$110,000 (1998)
- **Camping for Children  
With Special Needs**  
Spina Bifida Association, Camp Variety  
YMCA, Camp Spencer  
\$32,000 (1993)
- ① **Transfer Station:  
Consumer Health Coalition**

## Ten-Year Terminus

All of Pennsylvania's children will have access to physical and mental health coverage, minimizing treatable illnesses and developmental problems. Their lifelong potential will be enhanced

through high-quality parenting, fully engaged pediatricians, and community support – and through the resulting emotional and physical health.

Financing and Delivering Health Care



## Information

The JHF has worked with stakeholders and policy makers to develop local healthcare delivery and financing systems of national renown

(1) without error, waste, redundancy or unnecessary procedures, (2) where qualified staff perform evidence-based services appropriate to their skills, and (3) where the vulnerable are guaranteed care.

Our blueprint: To enhance patients' access to high-quality, error-free, state-of-the-art medicine, while enhancing worker satisfaction. We have promoted new and expanded insurance products, ensuring that vulnerable populations receive their entitlements. Our initiatives have seeded new financing and delivery models and rallied community leadership to identify, support and reward the highest quality, error-free care.

## Stations – Financing and Delivering Health Care Line

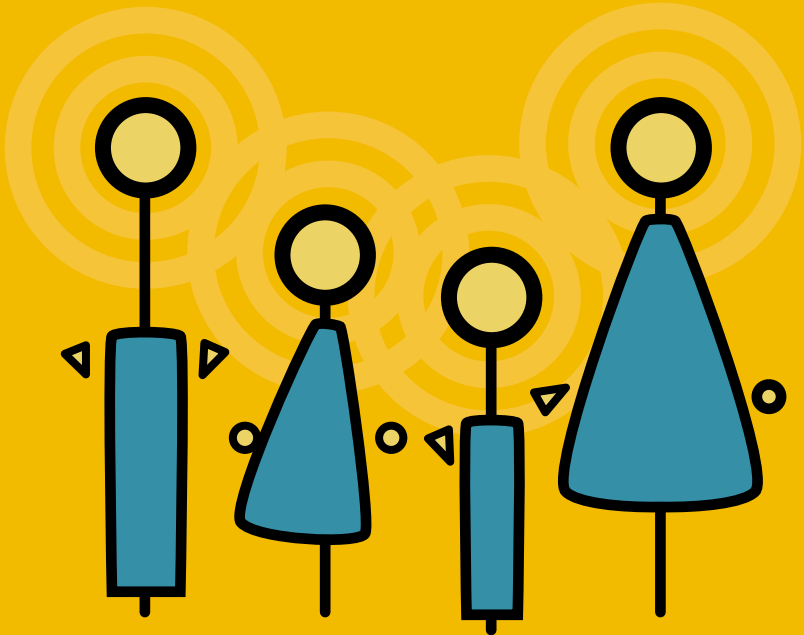
- ① **Transfer Station: Consumer Health Coalition**
  - Collaborating to protect vulnerable consumers  
\$213,700 (1996 to 1998)
  - The New Advocacy: shaping changes to health systems from the consumer perspective  
\$100,000 (2000)
- **Pennsylvania Health Law Project**
  - Health Choices: consumer watchdogs for the managed care revolution  
\$120,000 (1997)
  - Documenting gaps in dental coverage  
\$25,000 (2000)
  - The New Advocacy: assuring consumer protections in health policy  
\$300,000 (2000)
- **Coordinated Care Network**
  - A safety net for the vulnerable in an era of managed care  
\$150,000 (1997)
- **The Pittsburgh Region Health Workforce Summit**
  - Attracting and retaining healthcare workers; thinking differently about our human capital  
\$60,000 (2000)
- ② **Transfer Station: Pittsburgh Regional Healthcare Initiative**

## Ten-Year Terminus

As Pittsburgh becomes the center of healthcare quality improvement, healthcare workers will be increasingly satisfied in their work, and retention will improve. We will know the real cost of quality and insurers will reimburse accordingly,

rewarding for good performance. People who are entitled to programs for medical assistance and insurance will understand those entitlements, have full access to them and select for quality.

Perfect Patient Care



# Information

Since 1997, the JHF has provided funding and staff support for the nationally recognized Pittsburgh Regional Healthcare Initiative (PRHI). The Initiative seeks to establish the 11-county Pittsburgh region as a world leader in health system performance. PRHI has assembled a broad coalition of health professionals, hospitals, healthcare purchasers, insurers, and corporate and civic leaders to pursue this goal. Among PRHI's generous supporters are a number of local foundations and corporate partners, as well as the Robert Wood Johnson Foundation.

Our blueprint: To establish Pittsburgh as the world focal point for healthcare quality. PRHI envisions a healthcare system that delivers to patients just what they need, when they need it, in the quantity they need it, error-free, without waste, safely, every time. The incremental effects of these small improvements will be to solve the larger problems facing health care, while saving billions of healthcare dollars.

## Stations – Perfect Patient Care Line

PRHI partners selected specific indicators by which to measure improvement in healthcare delivery: perfect patient safety beginning with control of hospital-acquired infections and medication errors; perfect clinical outcomes in five areas of care; and application of a successful business model to perfect decision making and execution.

- ① **Transfer Station: Pittsburgh Regional Healthcare Initiative (formerly Working Together Consortium Healthcare Initiative)**
  - Strategic plan to position the region as a national model in financing and delivering health care  
\$30,000 (1997)
  - Startup staffing and operations  
\$175,000 (1999 to 2000)
  - Expansion  
\$450,000 (2000 to 2002)

- **Pennsylvania Health Care Cost Containment Council (PHC4)**
  - Regional databases to measure patient outcomes and costs in select clinical areas  
\$130,000 (1999 to 2000)
- **Trustee Leadership Development for Patient Safety**
  - Duquesne University  
\$10,000 (1994)
- ② **Transfer Station: Center for Shared Learning**
  - Regional training in use of Toyota Production System principles to deliver perfect patient care  
Up to \$750,000 (2000 to 2002)

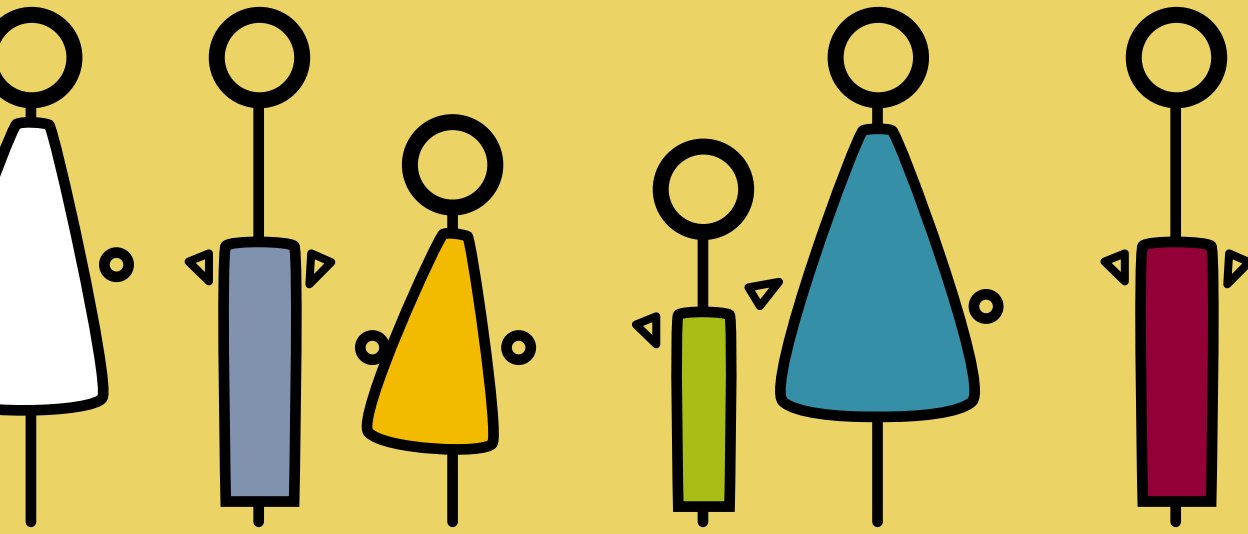
## Ten-Year Terminus

PRHI will achieve continuous, measurable breakthroughs in improvement for each clinical and patient safety area. Pittsburgh's hospitals will be far safer, more efficient and well on their way to the goal of zero errors in dozens of areas.

As they create sustainable improvements in both patient care and cost efficiency, they will serve as improvement models for a more thorough overhaul of all health systems.



# Healthy Jewish Community



## Information

The JHF recognized a unique responsibility to improve the health of the Jewish community. We researched the healthcare preferences and needs of the Jewish community, which established a “Healthy Jewish Community” grantmaking agenda.

Our blueprint: To build sustainable, high-quality networks of services and facilities to serve vulnerable members of the Jewish community, and serve as models of excellence.

## Stations – Healthy Jewish Community Line

Our grants have built Jewish volunteer networks and professional systems of care for the vulnerable, the elderly, Jewish children, women and families.

- ① **Transfer Station: Jewish Association on Aging**
  - Renaissance campaign to provide funding to build a continuum of care for seniors, including new long-term care and assisted living facilities.  
\$32,630,000
- **United Jewish Federation**
  - Addressing the physical and mental health needs of the Jewish community  
\$9,325,000 (1990 to 2000)
  - Exodus Campaign: resettling Jews from the former Soviet Union  
\$1,000,000 (1990 to 1994)
  - Continuum of Care I and II: planning for the needs of Jewish elderly  
\$308,420 (1990 to 1994)
- ① **Transfer Station: Genetic Education and Counseling**
  - University of Pittsburgh Medical Center
- **Riverview Towers Congregate Housing for Frail Seniors**
  - Home-based services for frail elders  
\$60,000 (1993 to 1998)
  - Prevention of falls in the aged  
\$55,000 (1993)
  - Market analysis for Pennsylvania Housing Finance Agency (PHEFA) Funding  
\$25,000 (1999)
- **Health and Support for Vulnerable Community Members**
  - Jewish Family Assistance Fund  
\$75,000 (1992 to 2000)
  - Hebrew Free Loan  
\$10,000 (1993)
- **Jewish Volunteer Connection**
  - National Council of Jewish Women (NCJW): development of volunteer capacity in the Jewish community  
\$100,000 (1997 to 2000)
- **Special Needs Care Coordination Project**
  - Jewish Family & Children’s Service  
Jewish Community Center  
Jewish Residential Services  
Jewish Day Schools  
\$449,500 (1994 to 2000)
- **Jewish Residential Services and Clubhouse**
  - Model psychiatric rehabilitation program meeting the vocational and social needs of individuals with serious mental illness  
\$286,500 (1999)
- ① **Transfer Station: Squirrel Hill Kosher SuperPantry**
  - Establishing a Jewish community response to hunger  
\$124,000 (1997 Start-up)  
\$65,000 (1999 Bridge grant)  
\$45,000 (2000 Expansion and sustainability planning)

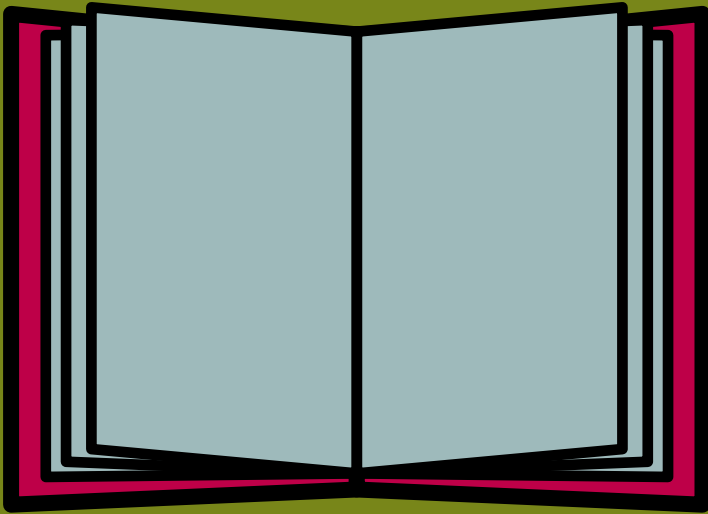
## Ten-Year Terminus

Our community will serve as a national model of excellence. Ours will be a Jewish community that (1) takes care of all of its members from cradle to grave, (2) is not satisfied until it is doing the best job possible, (3) provides such communal support for individuals that they

connect permanently, (4) optimizes intellectual, physical, behavioral and spiritual wellbeing of every member, and (5) benefits from good working relationships among its agencies and with the broader community.



# Healthcare Professions Training





## Information

Technological changes, coupled with new knowledge in genetics, discovery in pharmaceuticals and changing consumer expectations for safety and quality will increase the pace of change. Preparing healthcare professionals to perform

well in redesigned systems requires a similar transformation in healthcare education.

Our blueprint: To establish Pittsburgh as a frontier in the education of healthcare practitioners.

## Stations – Healthcare Professions Training Line

Our grants have rewarded professional training programs that incorporate new teaching methods and updated curriculum.

### Transfer Station: Geriatric Primary Care Services

University of Pittsburgh: pilot program for primary care physicians to diagnose and treat depression in the elderly  
\$55,600 (1993)

### Transfer Station: Moderating the Effects of Aging Through Caregiver Education

Alliance for Aging Research: caregivers' manual  
\$30,000 (1995)

Caregivers Training Institute: a model program to improve training across the long-term care continuum  
\$60,000 (1995)

### Transfer Station: Women's Health Epidemiology

Graduate School of Public Health (GSPH): curriculum development for women's health training program  
\$185,000 (1995)

### Transfer Station: End of Life Education

University of Pittsburgh School of Law  
Center of Medical Ethics

### Transfer Station: Training in Developmental Pediatrics

Children's Hospital

### Nursing School Curriculum Development

Carlow College: improving advocacy for quality patient care: nurse leadership policy program  
\$55,000 (1994 to 1995)

Distance learning for gerontological nurses  
\$100,000 (April 1996)

### Improving the Physician-Patient Relationship

University of Pittsburgh School of Medicine: curriculum to improve physician understanding and communications skills to interact with patients and families  
\$10,000 (1992)

University of Pittsburgh Medical Center: establishing the Dr. Leo H. Crip Chair in Patient Care  
\$75,000 (April 1998)

### Transfer Station: Center for Shared Learning

### In-Home Geriatric Care Training

University of Pittsburgh Medical Center, Benedum Geriatric Center: including house calls to seniors as part of an academic experience  
\$76,000 (September 1997)

### Pharmacy Discharge Planning

University of Pittsburgh School of Pharmacy: applied research to improve medications management by including pharmacists, nurses and patients in discharge planning  
\$150,000 (December 1998)

### Community/University Partnership for Successful Aging (CUPSA)

Developing and testing quality care and outcome measures for adult day care and adult day living center services  
\$80,000 (September 1999)

## Ten-Year Terminus

Pittsburgh will lead the nation in transforming the education of health professionals to meet the demands of redesigned systems, employing new

technologies and incorporating new knowledge about how to deliver care safely and accurately.

HIV/AIDS Prevention and Treatment



# Information

From its beginning, the JHF has supported programs to improve the response to the HIV epidemic and to care for those in Southwestern Pennsylvania who are infected. Selected by the Commonwealth to be its administrative agent for state and federal HIV/AIDS funding in the region, the JHF evaluates and monitors numerous grants each year.

The JHF has provided statewide leadership, education and advocacy in such issues as

risk-based capitation for those receiving Medicaid through managed care providers, standards of care for HIV-related treatment and support services, syringe exchange and needs assessment and planning.

Our blueprint: To improve the response to the HIV/AIDS epidemic in this region by (1) improving access to quality care and supportive services, and (2) increasing public awareness through targeted prevention programs.

## Stations – HIV/AIDS Prevention and Treatment Line

Foundation-sponsored initiatives reach those living with HIV/AIDS and those at risk in all demographic groups: minorities, teens and young adults. Physicians and healthcare providers have a forum for discussion.

### Transfer Station: End of Life Education

University of Pittsburgh School of Law Center for Medical Ethics: ethics and AIDS, an ethics provider network  
\$15,000 (1995)

Pennsylvania Commission to Improve End-of-Life Care: blending medical ethics and public policy  
\$30,000 (1998)

### Pittsburgh AIDS Task Force

Targeted case management  
\$35,000 (1995)

Using volunteers to improve medication compliance  
\$50,000 (1999)

Minority initiative  
\$30,000 (1993)

### Youth AIDS Awareness Programs

Persad Center, Inc.: education and training about HIV and sexual minority youth  
\$50,000 (1993 to 1996)

Union of American Hebrew Congregations: AIDS awareness video for Jewish youth  
\$5,000 (1994)

Rotary Club of Pittsburgh: AIDS awareness teen peer education program  
\$12,000 (1995)

### Verona House Corporation/Corpus Christi Residence

Development of a personal care home for persons with AIDS  
\$60,000 (1993)

### AIDS Interfaith Care Teams

Christian Associates  
\$30,000 (1994)

### AIDS Action Plan

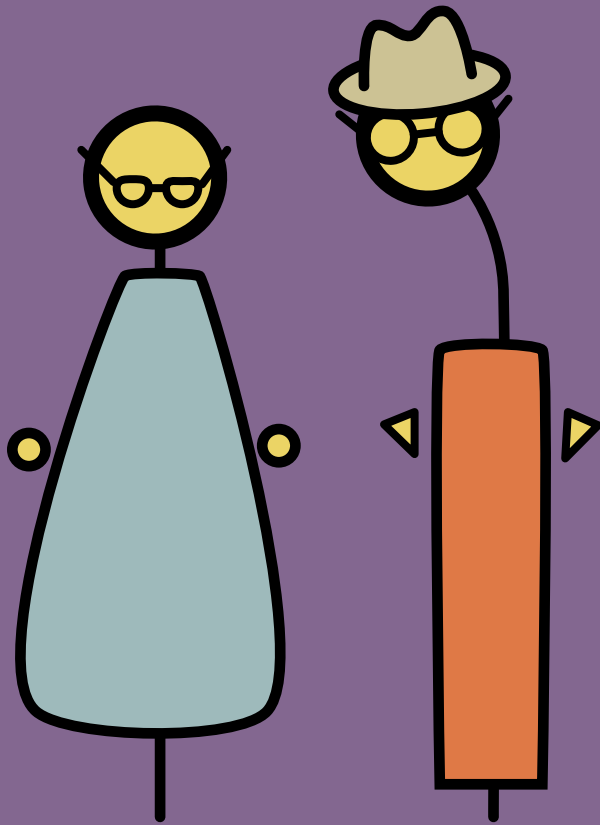
Implementation  
\$109,000 (1993)

## Ten-Year Terminus

People with HIV/AIDS will have access to high-quality, integrated care and supportive services that are responsive to all populations. Effective

prevention outreach will result in a dramatic reduction in transmission of the HIV virus among those at risk.

Successful Aging



## Information

Southwestern Pennsylvania is on the leading edge of a demographic revolution, where approximately 20 percent of the general population – and 25 percent of the Jewish population – are now older than 65. We view this demographic shift as an opportunity to engage healthy seniors in the community while building restorative villages of therapeutic services for the fragile.

## Stations – Successful Aging Line

Our initiatives have challenged traditional assumptions about the role of seniors in community life as well as about the “normal” afflictions of aging, showing that many conditions facing the elderly can be prevented, improved and treated. We have partnered with other agencies to restore Medicare benefits to low-income seniors, create the first local Elderhostel program within our own city and pursue solutions to financing of long-term care.

- ① Transfer Station: Moderating the Effects of Aging Through Caregiver Education
- ① Transfer Station: Late Life Depression Grants  
Western Psychiatric Hospital
- PACE/ONLOK Care for the Elderly  
Demonstrating cost savings in long-term care for frail seniors  
Pittsburgh Mercy Health Foundation  
\$100,000 (1998)  
Pittsburgh care partnerships  
\$100,000 (1999)

Our blueprint: To create a novel environment of energetic, engaged, stimulating and secure aging extending from independent to home care to institutional living arrangements.

- Southwestern Pennsylvania Partnerships for Aging (SWPPA)  
Advocacy and education around aging issues: a startup grant  
\$60,000 (1994 to 1997)
- ① Transfer Station: Home Delivered Meals for Frail Elderly
- ① Transfer Station: Jewish Association on Aging
- Pittsburgh Elderhostel  
A senior engagement enterprise for Pittsburgh: building on the Elderhostel experience to create ongoing local experiences  
\$200,000 (1998)
- Interfaith Volunteer Caregivers  
A network of volunteers from religious communities who regularly visit and support frail and isolated seniors  
\$424,500 (1992 to 1997)

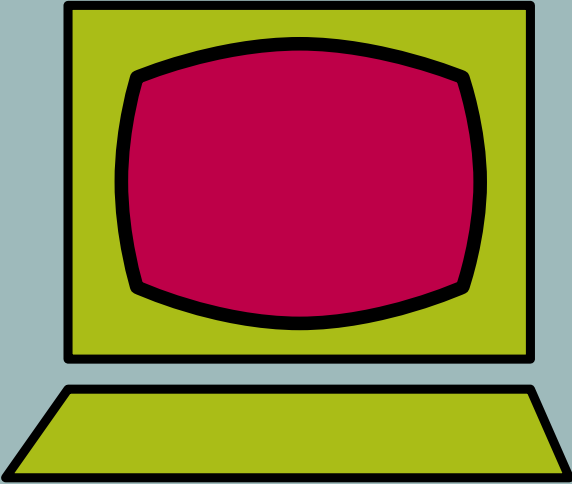
## Ten-Year Terminus

The Pittsburgh region’s older citizens will exceed all national standards on indicators of well being. Integrated delivery systems will provide comprehensive service with dignity. Continuous

breakthroughs in research will yield new therapeutic advances for every disability. Well seniors will enjoy lifelong learning, volunteering and engagement in their community.



# Consumer Information Technology



# Information

Patients and health professionals can use biomedical informatics tools as resources to advance the health of the region.

Our blueprint: To help healthcare providers and consumers test and apply new technologies to improve healthcare decision making.

## Stations – Consumer Information Technology Line

- ① **Transfer Station:  
Breast Cancer Patient Notebook**  
University of Pittsburgh Cancer Institute
- **Health Information  
Technology Scan (HITScan)**  
Connecting patients and physicians to the right information to support health decision making; a market survey  
\$135,000 (1999)
- **Computer-Assisted Decision Support  
in Hormone Replacement Therapy**  
University of Pittsburgh Cancer Institute:  
a demonstration project  
\$175,000 (1996)
- **Information Renaissance Through the  
Pittsburgh I-Net Working Group**  
Bringing medical internet applications to local communities: a matching grant  
\$125,000 (2000)

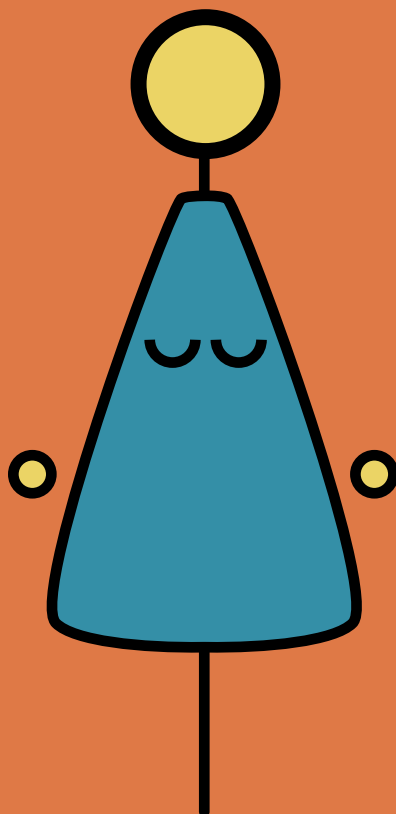
## Ten-Year Terminus

The application of information technology (bioinformatics) to health care will enable healthcare providers to have immediate access to the anticipated avalanche of emerging medical information, speeding its application to the clinical setting. Electronic medical records owned

by the patient will streamline healthcare delivery in previously unimagined ways. Accurate, easy-to-use bioinformatics will educate consumer and physician, transforming the patient-physician encounter into sessions of informed, shared decision making.



Breast Cancer





# Information

At its inception, the JHF recognized women’s health issues as an understudied field of inquiry and improvement. Early efforts focused on breast cancer, the second leading cause of death in women. Research has shown that Jewish women, in particular, seem to have an elevated genetic risk of the disease.

Our blueprint: To establish Pittsburgh as a national center for women’s health research, education and service delivery.

## Stations – Breast Cancer Line

The death rate from breast cancer can be sharply reduced if tumors are found and treated early. Toward that end, the JHF has distinguished itself through its wide-ranging efforts in breast cancer education, early detection, research and treatment.

### Transfer Station: Genetic Education and Counseling

University of Pittsburgh Medical Center: genetic education and counseling for the Jewish community – responding to rapidly evolving genetic findings  
\$100,000 (1996)

### Race for the Cure

National Council of Jewish Women: original seed funding for race, and ongoing educational programming and outreach to minorities  
\$87,500 (1992 to 1996)

### Local Study of Surgical Options for Breast Cancer

The Pittsburgh Research Institute (PRI): study of lumpectomy versus mastectomy – the choice of treatment  
\$45,000 (1992)

An exploratory study of surgical practice patterns, part II  
\$40,000 (1994)

### Institute of Medicine

Breast cancer technologies inventory and policy planning  
\$30,000 (1999)

### Transfer Station: Women’s Health Epidemiology

Graduate School of Public Health (GSPH)

### Magnetic Resonance Imaging (MRI) for Early Detection

Magee-Womens Hospital: the next generation of breast cancer technology for high-risk women  
\$86,750 (1998)

### WQED Television Broadcasts

“Breast Test,” a public television documentary on breast cancer detection  
\$25,000 (1994)

“Changing the Odds,” a breast cancer screening and outreach broadcast  
\$54,800 (1993)

### Transfer Station: Breast Cancer Patient Notebook

University of Pittsburgh Cancer Institute: customized patient notebook for breast cancer patients  
\$35,000 (1996)

### Transfer Station: Breast Cancer Live-Cell Videos

Magee Research Institute: a new diagnostic tool to stage breast cancer tumors  
\$39,000 (1998)

### Cancer Research Project

Magee Research Institute: building the region’s research capacity for cervical, ovarian and breast cancer  
\$100,000 (1993 to 1994)

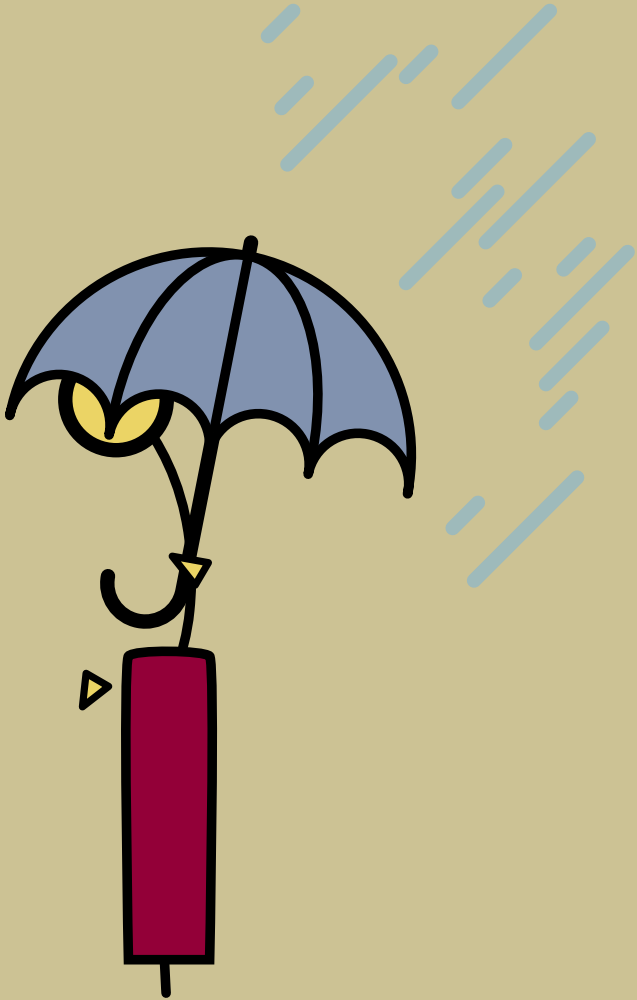
## Ten-Year Terminus

Pittsburgh will be recognized as the center for state-of-the-art research, knowledge and education in women’s health. New discoveries in prevention and treatment will continue to

be employed in this region at the earliest opportunity. The region will have the best outcomes for treatment of selected disorders common to women.



Behavioral Health



## Information

The JHF has recognized that depression, although the leading cause of disability worldwide, remains drastically undertreated and underinsured. Startling new research only confirms the connection between physical and mental health, showing that untreated depression worsens the outcomes for patients suffering from other physical illnesses.

Our blueprint: To enhance public understanding of mental illness and substance abuse as medical illnesses, and champion appropriate treatment and insurance.

## Stations – Behavioral Health Line

- ① **Transfer Station: Late Life Depression Grants**
  - Western Psychiatric Institute: improving treatment for elders suffering from depression \$150,000 (1995)
  - Improving diagnosis and intervention for late-life depression \$30,000 (1998)
- ① **Transfer Station: Geriatric Primary Care Services**
  - University of Pittsburgh
- **Pittsburgh Region Platform on Mental Health**
  - Analysis of behavioral care system in Allegheny County \$125,000 (2000)
  - University of Pittsburgh Office of Child Development: early identification and intervention in children's behavioral health \$200,000 (2000)
- **Institute for Research, Education, and Training in Addiction (IRETA)**
  - A model for comprehensive training in addiction treatment \$150,000 (1999)
- **RAND/University of Pittsburgh Health Institute**
  - Community Partners in Care: developing a community-based model for the treatment of depression \$100,000 (2000)

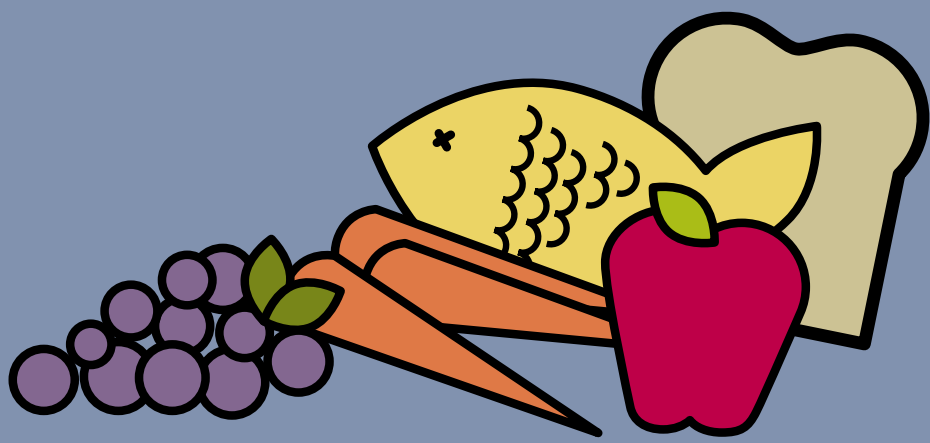
## Ten-Year Terminus

The region will have made significant progress in its status as a depression-free zone. Residents will receive evidence-based treatment with insurance coverage for mental health and substance abuse—

just as for any other medical disease. As the rate of depression in Western Pennsylvania falls, so will the costs, both human and financial, of co-occurring illnesses.



Nutrition



# Information

The Jewish Healthcare Foundation considers nutrition an underappreciated factor in good health. Our concern arises from fundamental Jewish law, which includes more than 50 blessings thanking God for various food items and more than 150 laws governing what foods may be eaten and how they must be prepared. We seek to uphold and further our traditional concern for the link between diet and health.

## Stations – Nutrition Line

The JHF grants promote effective nutrition, which can (in pregnancy and childhood) improve developmental outcomes for children; moderate the effects of aging; and help in sustaining those with HIV/AIDS and other chronic illnesses.

- ◎ **Transfer Station: Home Delivered Meals for Frail Elderly**
  - Report: Model for the Year 2000  
\$60,000 (1993)
  - Demonstration grants for systems improvement  
\$120,000 (1996)
    - Carnegie Mellon University geographic information systems
    - Jewish Association on Aging: kosher home-delivered meals
    - Vintage nutrition and volunteer services
- ◎ **Transfer Station: Girl Scouts Summer Nutrition Camp**
  - Be Your Best: camp devoted to nutrition education for girls in public housing  
\$30,000 (1994)
- **Food to Grow**
  - A coalition to improve nutrition  
\$171,000 (1994)

Our blueprint: To improve access of vulnerable populations – pregnant women, children, seniors, people with chronic conditions and the poor – to nutritious food; and to spread knowledge about nutrition and about eating disorders as illness.

- **Pennsylvania Coalition on Hunger and Nutrition: Just Harvest**
  - Expanding the summer food program  
\$45,000 (1995)
- **Center for Nutrition Education and Counseling**
  - University of Pittsburgh: nutrition, health and healthcare delivery – a campaign for prevention  
\$59,000 (1995)
- **Greater Pittsburgh Community Food Bank**
  - Assuring access to fresh produce and nutrition for low-income housing communities  
\$75,000 (1999)
- **QED Communications: “The Problem With Food”**
  - Nutritional education programs and community education on eating disorders  
\$63,000 (1992)
- **Western Pennsylvania Conservancy**
  - Vegetable gardens in low-income communities  
\$20,000 (1999)
- ◎ **Transfer Station: Squirrel Hill Kosher SuperPantry**

## Ten-Year Terminus

Diet and nutrition education, counseling and management will be an accepted, studied and treated component of all health systems, health professions and plans.

# Grant Guidelines and Procedures

To be considered for support, programs must be health-related and should address the three Foundation priorities:

- Advancing Health: Biomedical, Technological and Informatics Discovery
- Financing and Delivering Health: Strengthening Health Systems and Expanding Insurance Coverage
- Integrating Health: Physical, Behavioral, Environmental

Programs will receive special attention if they provide opportunities for new information and fresh perspectives about health problems; improve healthcare systems or utilization of health care; and build partnerships among community institutions and/or contain a community education component.

While the Jewish Healthcare Foundation will receive and fund grant proposals, it will also serve as a catalyst for change by initiating new projects. In this role, the Foundation will establish partnerships, design and test new interventions, pool its resources and support the research and publications necessary to inform others about new approaches to health problems.

For a copy of the Foundation's complete Grant Application Guidelines, please contact us:

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# Statements of Financial Position

December 31, 2000 and 1999

2000

1999

## Assets

Cash	\$ 41,167	\$ 150,587
Investments at market value	132,974,419	145,550,168
Other receivables	181,590	157,330
Prepaid excise taxes	–	61,000
Excise tax refund receivable	134,000	–
Furniture and equipment, net of accumulated depreciation of \$250,149 and \$204,986	128,394	83,172
Other assets	3,778	1,085
<b>Total assets</b>	<b>\$ 133,463,348</b>	<b>\$ 146,003,342</b>

## Liabilities and net assets

Payable on pending security transactions	–	9,633
Accounts payable	407,513	389,754
Grants payable	33,137,478	33,167,929
Deferred excise taxes	–	203,000
<b>Total liabilities</b>	<b>33,544,991</b>	<b>33,770,316</b>

## Net assets

Unrestricted	99,603,667	111,938,916
Temporarily restricted for qualified grants to successor of Montefiore Hospital	314,690	294,110
<b>Total net assets</b>	<b>99,918,357</b>	<b>112,233,026</b>
<b>Total liabilities and net assets</b>	<b>\$ 133,463,348</b>	<b>\$ 146,003,342</b>

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