

# Jewish Healthcare Foundation

2001 Annual Report

working  
toward

the  
ideal

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JHF has received an IRS ruling confirming that, effective January 1, 2001, it has begun the sixty-month qualifying period to terminate its status as a Private Foundation by operating as a Public Charity. This new status will afford the foundation flexibility in pursuing its mission by increasing our opportunities for fundraising and leveraging our investments, and for advocacy on behalf of our community's health-related needs.

Every foundation dreams of moving society toward an ideal. Every foundation hopes that at least one grant will permanently improve the way the world works, making people healthier, happier, better educated or more productive. Every foundation tries to leverage its influence to dispel a dangerous myth or break through a paralyzing tradition. But despite laudable intentions and novel strategies, most grants miss the mark.



## message

*from the chairman and president*

As grant makers, we aspire to be the right resource in the right place at the right time with the right people to set off those cascades of events that move our society closer to the ideal. What follows is our attempt to construct an anatomy of grants with revolutionary potential, a formula for successful change. So, as we considered various themes for our 2001 Annual Report, we kept returning to a focus on a select few grants where factors for success converged. These had to be grants with extraordinary potential. We asked: *What makes some grants rise to the top?*

We searched for patterns that distinguish initiatives with the potential for serious, sustainable change. We looked at what social epidemics have in common: the leadership of energetic, persuasive, respected people; a strategic direction that is irrefutably worthy; a structure and framework that is practical, sufficient and acceptable; and a coalition capable of magnifying the effect of strategic interventions.

We realized that our thinking paralleled many of the tenets Malcolm Gladwell advances in his analysis of social epidemics, *The Tipping Point*. He provides many examples of how a handful of exceptional people can produce dramatic change by planting a powerful message in the right context. Sometimes a series of small actions can send a big message, setting in motion a massive wave of action.

**FARRELL RUBENSTEIN**  
CHAIRMAN

**KAREN WOLK FEINSTEIN**  
PRESIDENT

In his book, *The Tipping Point*, Malcolm Gladwell examines the major societal changes that sometimes occur unexpectedly, spreading with the force of a viral outbreak. Gladwell theorizes that small, well placed actions, applied by a handful of imaginative people, can act as a lever that shifts society toward a goal, not slowly and incrementally, but suddenly and forcefully.

Why do foundations fail so often to “tip” traditional thought and move to higher ground? Perhaps flawed strategies, failure to create powerful coalitions, or lack of leadership divert our best intentions to use foundation investments to create improvement. So while research may yield scientific proof of a better way, our efforts fall short when we try to apply this knowledge and transform it into solutions.

However, every so often, a grant opportunity comes along that has the potential to move society closer to the ideal. Suddenly it seems possible to break new ground, challenge conventional behavior and systems operations, radically change how we think about certain problems and their solutions and, perhaps, achieve a “tipping point.”

The Jewish Healthcare Foundation has identified three such grants that have received some support over the past year and that have the potential for sustaining progressive change—change in how we think about a certain problem and how we act to solve it. The three grants, in various stages of maturity, appear to offer an opportunity to produce stunning, sustainable improvements in health care.

COMMUNITY PARTNERS INTEGRATE HEALTH CARE FOR THE DISADVANTAGED



## coordinated care network

### the problem

In the early 1990s, Pennsylvania mandated Managed Care Organizations (MCOs) for people receiving Medical Assistance and Medicare. Nonprofit organizations serving low-income people faced major reorganization if they were to continue helping their traditional clients. For their part, MCOs recognized that these hard-to-serve populations often require more complicated and costly interventions once they seek care. Often their sole source of medical care is the hospital emergency room—the most expensive and least satisfactory setting for primary care.

With MCO reorganization on its way, the community was challenged to think differently about how to deliver care to the underserved. JHF convened local leaders to review models, educate providers and plan for the future.

One goal was to use the reorganization as an opportunity to promote unprecedented prevention activities uniting medical, behavioral and public health services. The concept that emerged: a “Benevolent HMO,” providing not only primary care, but help for underlying and coexisting conditions—behavioral and psychological problems, drug and alcohol abuse, and social and spiritual distress.

### the ideal: comprehensive care

For two years, the community coalition discussed how best to address failures in the current healthcare system and design a better one, extending comprehensive care to underserved populations. Such a system would help vulnerable people build healthy lifestyles, preventing their health emergencies and helping them manage their chronic illnesses. Coordinating services among agencies would make it easy for clients to gain access to

education, treatment, rehabilitation, and primary and mental health care. Avoiding acute illnesses would generate considerable savings, some of which could be reinvested to expand access.

### leadership

*This is the paradox of the epidemic: that in order to create one contagious movement, you often have to create many small movements first.*

—Malcolm Gladwell

In 1993, Robert Nelkin, then Allegheny County Director of Human Services, obtained Robert Wood Johnson Foundation (RWJF) Community Health and Focus Grant money to convene a coalition of government, hospital, foundation, mental health, advocacy and education leaders to address the shift to MCOs. A second RWJF grant allowed national managed care consultants to develop the ideas of the coalition into a formal proposal to the state.

However, the state made a fateful decision that doomed the comprehensive “benevolent” model. A “carve-out,” a means of separating and protecting mental health funds, was seen as favorable to consumers. The community switched gears. New strategies emerged in light of the carve-out. To advocate for the protection of consumers in the era of new Medicaid managed care directives, the Consumer Health Coalition (CHC), a patient advocacy group for vulnerable consumers, was formed with Nelkin at the helm.

Because the search for a nonprofit MCO to administer the new mental health program was unsuccessful, the community created its own. The Community Care Behavioral Health Organization (CCBHO) became the country’s first community-based, self-sustaining nonprofit MCO for mental

health care. In 1995, with the Heinz Endowments and United Way of Allegheny County, JHF developed a grant program encouraging partnerships between community healthcare providers and MCOs. But the dream of a coordinated network of care never died at JHF.

Later that year, Jeff Palmer, Executive Director of the East Liberty Family Health Center, emerged with a business model for what eventually became the Coordinated Care Network (CCN). Palmer's vision aligned with the original vision of the "Benevolent HMO" – a safety net linking medical care with other services, funded through negotiations with the for-profit Medicaid MCOs. Palmer, who now heads CCN, found powerful allies in the JHF collaboration.

By 1997, JHF convened local funders to raise CCN startup funds. The JHF Board approved seed funding of \$150,000 over three years. Enthusiastically endorsing CCN's business plan, RWJF also participated. Local startup funding exceeded expectations, ultimately totaling \$1.3 million.

In 1999, local funders joined in sponsoring CCN for a RWJF Local Funding Partners Initiative grant, which yielded another \$480,000. In 2000, CCN secured an additional \$900,000 in federal grants.

#### [the framework](#)

From seed funding provided by JHF and others, CCN has grown into a formal collaboration of community-based medical, psychological and social service agencies throughout the Pittsburgh region. These agencies have pooled their resources and aligned their missions to provide a health and wellness safety net for the underserved.

The CCN board consists of the executive directors of the member agencies. They meet regularly to review progress and to resolve operational and strategic issues. CCN's separate and centralized staff is responsible for the functions of strategic planning, payor relations and contracting, case management, and the development of data collection and financial tools to facilitate the work of the partners.

An Advisory Board consisting of the CCN Board members and representatives of the local and national funders meets quarterly to receive reports and provide input on strategic development for the network.

#### [the coalition](#)

Four federally qualified primary care medical facilities anchor CCN in the community: Primary Health Care Services (Alma Illery Medical Center); the East Liberty Family Health Care Center; Focus on Renewal; and the North Side Christian Health Center. Related agencies bringing mental health, social and spiritual support services include:

*Arsenal Family & Children's Center  
Center for Spirituality in  
12-Step Recovery  
Community Human Services  
Corpus Christi Pastoral Center  
East End Cooperative Ministry  
Jubilee Association  
Metro Family Practice  
Pittsburgh Pastoral Institute  
Salvation Army Public  
Inebriate Program  
Zoar New Day*

Together these organizations operate over 75 sites and 195 programs, encompassing 57,000 patients, of whom approximately 18% are uninsured. Operating in underserved neighborhoods for an average of 18 years, CCN member agencies have gained credibility and trust, enabling them to intervene in a way that distant MCOs cannot.



### the strategy

Through its extensive preventive care network, CCN provides comprehensive, neighborhood-based care to patients with incomes at the federal poverty guideline. The network augments traditional delivery systems while reducing high-end costs such as emergency-room visits. Its primary purposes are to:

- Integrate clinical, community-based services to address high-risk, high-use, high-cost diseases in underserved neighborhoods.
- Coordinate and increase effectiveness of community resources for the underserved.
- Serve as a single, integrated managed-care negotiating network, offering preventive case management, education, outreach and tracking services to MCOs.
- Serve as a vehicle to finance and deliver healthcare services to uninsured people.

CCN merges its charitable mission with a sound business plan. The organization measures patient outcomes, financially and clinically, in a way that convinces both insurers and local government that a comprehensive approach is less expensive. CCN finances care through three revenue streams: 1) fees negotiated with Medicaid, Medicare and MCOs for network services; 2) capitated payments from employers, government entities and clients' sliding scale for healthcare services; and 3) gain-sharing equity, negotiated with MCOs and government entities, capturing cost savings achieved through network health improvement and prevention.

These funds help CCN provide services usually considered "non-reimbursable," such as literacy and food programs and childcare. This groundbreaking strategy has become a national model for Medicaid managed care.

### moving toward the ideal

"No Wrong Door" remains Jeff Palmer's slogan. Whether through a food bank, a local church or a clinic, a person can gain entry into the CCN system and its panoply of services.

Because 1% of the clientele generates 40% of the cost, CCN emphasizes prospective care, using a sophisticated data system and assessment tools. In a task some said couldn't be done, 70% of 10,000 contracted patients have already received medical and psychosocial services, health risk assessments and appropriate referrals. Monthly claims surveillance allows CCN to target those most in need of case management.

Results will soon be published, and CCN expects to have reduced costs by 20% while dramatically improving services. As part of its Medicaid contract, CCN will receive 40% of those savings to reinvest in care for vulnerable people in the community.

### extending the vision

***Look at the world around you. It may seem like an immovable, implacable place. It is not. With the slightest push—in just the right place—it can be tipped.***

—Malcolm Gladwell

CCN has begun to diversify through an entrepreneurial prescription-repackaging program. By purchasing common drugs in enormous quantities and repackaging them, CCN is able to make a profit while offering these drugs at reduced prices to its clientele.

Ultimately CCN plans to patent and franchise its business model for replication in other communities. CCN expects to be a self-sustaining enterprise by January 2003.

A REGION UNITES TO PROVIDE PERFECT PATIENT CARE



## pittsburgh regional healthcare initiative

### the problem

For its first eight years, JHF funded researchers whose discoveries were intended to make people healthier. Many grants pointed the way to best practice and clinical improvement. But in trying to apply these healthy new practices, it seemed impossible to embed them in the healthcare system. The system itself, we realized, seemed flawed in its ability to adopt improvements to quality and safety. Meanwhile, health systems faced enormous pressures to cut costs.

What kind of approach could change systems that had become so pressured to cut costs that efforts to improve quality and safety were viewed as distractions?

### the ideal: perfect patient care

Then came a breakthrough in our thinking: quality and safety were not distractions. Rather, they were the bedrock for fixing everything that was wrong with health care—waste, error, complications, readmissions, worker shortages, low morale and ultimately, the high cost of care. Americans spend more on health care without attaining better results because cost—not quality—is the focus.

JHF developed a strategy for moving toward the ideal—*perfect patient care*—which we defined as applying “best practice” in every patient encounter. Such care is evidence-based, delivered without delay, error, or waste, with dignity and courtesy in an environment that is physically, emotionally and professionally safe. We sought to peel away every impediment to perfect care. We needed leadership and a powerful framework for improving processes of care. We found both in the same place.

### leadership

*When we're trying to make an idea or attitude...tip, we're trying to change our audience in some small yet critical respect: we're trying to infect them, sweep them up in our epidemic, convert them from hostility to acceptance. That can be done through the influence of special kinds of people, people of extraordinary personal connection.*

—Malcolm Gladwell

In 1997, we realized that a strongly worked within our own community. Alcoa had built the world's safest workplace, and its CEO, Paul O'Neill, shared our vision for health care. He believed the Alcoa framework for safety and quality could be applied to health care with equal success. As the Pittsburgh Regional Healthcare Initiative (PRHI) was formed, O'Neill's leadership took the fledgling initiative in two important directions: toward an industry-proven framework for excellence, and a shared learning network among a broad coalition of stakeholders.

### the framework

The search was on: how to develop an effective system to improve healthcare processes, one that would resonate with health professionals. Under the auspices of JHF, PRHI conceived the framework for making change—the Perfecting Patient Care (PPC) System, adapted from the Toyota Production System and the Alcoa Business System, with strategies for continuous quality and safety improvements used successfully in other medical communities.

PPC involves patient-centered work design and problem-solving principles that create sustainable gains in healthcare quality and reduce costs. Instead of top-down edicts, improvements emanate from the point of

patient care. This scientific approach enlisting point-of-care health professionals as research linchpins, skirts punitive, top-down strategies that have failed before.

#### the coalition

PRHI enlisted an army of local leaders who shared our goal of *perfect patient care*, and our enthusiasm for shared learning. In addition to hundreds of local clinicians, PRHI's charter members include 40 hospitals, four major insurers, over 30 major and small-business healthcare purchasers, dozens of corporate, civic and labor union leaders, and Pennsylvania's attorney general. PRHI improvement committees encompass physicians, nurses and nurses' aides, pharmacists and pharmacy technicians, dietitians, housekeeping staff—in short, everyone involved in the delivery of health care.

PRHI developed the Center for Shared Learning to disseminate information about the Perfecting Patient Care System through introductory classes, observations, an advanced “university” course and an extended, international learning network. Although PRHI continues to operate through JHF, its knowledge and funding network continue to expand. PRHI partners include leaders of other healthcare quality improvement efforts across the country, as well as the Centers for Disease Control and Prevention (CDC) and the Agency for Healthcare Research and Quality (AHRQ). Harvard University professors Kent Bowen and Steve Spear, national experts on the Toyota Production System, as well as Toyota's Hajime Ohba, have been instrumental advisors as PRHI applies these industrial design principles to health care.

#### the strategy

***Starting epidemics requires concentrating resources on a few key areas. Many small actions can send a powerful message.***

—Malcolm Gladwell

The Perfecting Patient Care System approaches change from three directions, all focusing on delivering perfect care to every patient. All involve applying scientific evidence to systemic problems.

Because patients must not be harmed by the treatment they receive, the PPC System addresses **patient safety** through its goal of ZERO medication errors and ZERO hospital-acquired infections. Approximately 40 hospitals are collecting parallel information using US Pharmacopeia's MedMARx medication error reporting system, and the CDC's National Nosocomial Infection Surveillance (NNIS) reporting system. As a result, Pittsburgh is the only region in the country where competing hospitals collect and share data for the purpose of learning and improvement.

PRHI is working to establish Southwest Pennsylvania as the national benchmark for patient outcomes in **six areas of clinical practice**: cardiac surgery; orthopedic surgery; obstetrics and gynecology; depression; diabetes; and radiation oncology. Physicians are constructing data registries to help improve patient outcomes across the region. PRHI's Cardiac Working Group developed the first of these, the Cardiac Registry. It provides a scientific look at patient outcomes and the processes of care that led to them. This registry is currently being implemented in all of the region's cardiac surgery units.

PRHI has created **PPC Learning Lines**—problem-solving laboratories—in several hospital units across the community. Each PPC Learning Line focuses on meeting patient needs according to the ideal. When a problem interferes with work, workers can turn to a carefully established, scientific problem-solving model.

In solving the problem, the team draws upon other resources as necessary—whether within the hospital, or from plans, providers or others in the community. This approach to addressing problems “from the ground up” marks a productive departure from top-down directives, and has been shown to lead to sustainable improvements in work processes.

#### moving toward the ideal

PRHI has gained the support of plans, providers, healthcare institutions, legislators, policymakers, and other healthcare reform pioneers throughout the region and the nation. With *perfect patient care* at its core, the PPC system emphasizes shared learning, process improvement and measurement of patient outcomes. PPC Learning Lines operate in five hospitals: the pharmacies at UPMC South Side and UPMC Presbyterian; medical/surgical unit at UPMC Shadyside; ambulatory surgery center at the Western Pennsylvania Hospital; and inpatient surgery at the Veterans Administration Pittsburgh Health System. Results are being tracked monthly. A grant from AHRQ provided seven new staff members and some of the country’s most distinguished evaluators to help over 40 hospitals reach their safety milestones.

#### extending the vision

How will healthcare delivery in Southwest Pennsylvania look five years from now, with continued PRHI involvement?

The elements of the PPC System will be applied seamlessly at the point of care, producing continuous improvements in quality, safety and clinical outcomes, while reducing costs. Southwest Pennsylvania will be a vast learning network, where institutions are focused on providing the safest, highest quality patient care, and where learning is shared region wide. Patients will return to health sooner, with far fewer complications, and stay healthy.

By rewarding quality, purchasers will see costs come down. Savings will be applied to preventing disease, managing chronic conditions and extending coverage, which in turn will produce a less expensive, higher performing system. Providers will benefit from a healthier work force, and see improved value for their healthcare dollar.

Southwest Pennsylvania will become the premiere learning lab in the country. State and federal policy makers will support community-based healthcare initiatives as a major strategy in quality improvement, cost containment and access.

A COALITION FOR WOMEN'S HEART HEALTH AWARENESS, RESEARCH AND EDUCATION



## working hearts

### the problem

Although heart disease is the number one killer of women in the United States – with one out of every two women dying from heart-related illness – the problem is under-recognized. Although heart disease in women is heralded with subtler symptoms that are harder to detect, medical research, education and treatment still focus on heart disease in men. Funding that would improve women’s heart health lags behind that for many other diseases. Because many of the risk factors relate to unhealthful behaviors that resist change, new intervention strategies – and the funding to sustain them – are needed to improve women’s heart health.

**the ideal:** *strong women/strong hearts*  
**The name given to that one dramatic moment in an epidemic when everything can change all at once is the Tipping Point.**

—Malcolm Gladwell

In his book, *The Tipping Point*, Malcolm Gladwell describes what he calls “social epidemics,” ideas and behaviors that spread through society with the aggressiveness of a disease. *Working Hearts* aspires to create a message capable of reaching that critical mass, the “tipping point,” where its spread and influence are inevitable.

This is our ideal: The *Working Hearts* coalition will spawn a new national women’s health movement. This unprecedented collective of women and women’s organizations will be a political, social and communications force inspiring women to change their behavior and take charge of their heart health. Beginning in Pittsburgh, *Working Hearts* will spread nationally, increasing public awareness through consistent, “branded” messages, prevention opportunities, and funds

raised for women’s heart research, education and treatment. This positive epidemic will carry the hopeful message: *Strong Women/Strong Hearts*.

### leadership

As *Working Hearts* chair, JHF Board Member Patricia Siger has used her considerable talents as connector, persuader and communicator. Her irrepressible spirit helped recruit other women of influence throughout the region to pledge to spread the *Working Hearts* message throughout the 2001 planning year and the February 2002 kickoff.

*Working Hearts* spokeswoman is WTAE-TV anchor Sally Wiggin. In a courageous on-air story in February, Wiggin disclosed that she has heart disease. She used the occasion to introduce *Working Hearts* and her role as spokeswoman. Speaking “from the heart,” she eloquently reminded women that they can take charge of their heart health.

The *Working Hearts* coalition could only hope that the message would someday make it to a national forum, like *Oprah*. That’s how things tip. The coalition never imagined that during the kickoff month of February, *Oprah* would pick up Sally Wiggin’s video essay and air it on a show dedicated to women’s heart health. But that’s what happened.

### the framework

A national movement must start locally. *Working Hearts* derives energy through its broad regional alliance, which encompasses women’s organizations, public agencies, foundations, health-care and educational institutions, and civic organizations, many of whom are local affiliates of national organizations. A small core staff housed at JHF supports the initiative by developing the myriad opportunities and

tools that will build on the power of the local network as its community reaches to transform Pittsburgh into a heart-healthier community. They are creating many incremental ways to increase awareness of women's heart health and laying the foundation for a behavioral sea change. *Working Hearts* has begun to brand its logo, website ([www.workinghearts.org](http://www.workinghearts.org)), and a series of products featuring heart-healthy messages and activities. Down the road with possible corporate, organizational, public and/or foundation sponsorships, other cities may wish to replicate this model, start their own chapters and create franchise opportunities. *Working Hearts*' initial small steps are paving the way for business partnerships and national expansion in the future.

#### the coalition

***Small, close-knit groups have the power to magnify the epidemic potential of a message or idea.***

—Malcolm Gladwell

At its launch in February 2002, leaders from 55 organizations signed the *Working Hearts* Charter. These leaders encompass a cross-section of providers, businesses, civic, educational and career organizations—both local and national. Most important, these 55 leaders represent over 200,000 women. They returned to their groups with information on women's heart health and an invitation to join in expanding this epidemic through a host of new activities. Our membership is building as our message begins to take hold: *women can take charge, change their behavior, control their risks, and improve their heart health. Strong Women/Strong Hearts.*

#### the strategy

*Working Hearts* relies on a two-part strategy to tip women's behavior and improve their heart health: 1) memorable, "branded" messages used in community awareness and education; and 2) business partnerships to help spread the messages in exchange for funds to advance women's heart research and sustain the initiative.

The branded educational materials describe the risks of heart disease for women and highlight ways to minimize them. *Working Hearts* has service-marked the term Take 10. Based on scientific research, Take 10 encourages women to take 10 minutes three times a day to do a heart-healthy activity. *Working Hearts* bookmarks, cards and products promote Take 10 suggestions.

Lively program modules combine the science of behavior change with engaging activities, exercises and information that resonate with women. With help from local and national clinical experts, modules are being developed for heart healthy cooking, health screenings, exercise and daily activity, safety and emergency interventions, prevention and risk reduction and dealing with daily stress. These messages and modules are being promoted through the coalition, the growing roster of business partners and the *Working Hearts* website.

#### moving toward the ideal

***What must underlie successful epidemics, in the end, is a bedrock belief that change is possible, that people can radically transform their behavior or beliefs in the face of the right kind of impetus.***

—Malcolm Gladwell



In the few short months since *Working Hearts* was launched, more momentum has occurred than we thought possible. Not only was the issue of women's heart health raised by our spokeswoman, Sally Wiggin, on local TV, but nationally on *Oprah*. Throughout February, *Working Hearts* materials appeared at dozens of activities tied to Valentine's Day and Women's Heart Month. In July, *Working Hearts* will use the Independence Day theme to conduct activities all month long. Entitled *Independence Month: Take Charge of Your Health*, the activities will include community-wide health screenings for blood pressure, cholesterol and diabetes.

*Working Hearts* has responded to requests for tens of thousands of specially created and service-marked bookmarks and wallet cards on *How to Talk to Your Doctor*, *Signs and Symptoms of a Heart Attack*, *How to Eat Healthy in Restaurants* and *Fast Food Restaurants*, *Stress Reduction* and more. In addition to educating local Emergency Medical Services about early identification of heart attacks in women, we are helping to establish a Pennsylvania chapter of *WomenHeart*, a national organization of women heart attack survivors. The network continues to grow through new local and national health research partnerships with:

- The National Heart Lung & Blood Institute  
*Women's Heart Health Education Initiative*
- The University of Pittsburgh  
*BARI II Study*  
*The Center for Minority Health*  
*The Center for Healthy Aging*

#### extending the vision

*Working Hearts* will become a national women's health movement. Women, armed with knowledge and guidance, will prevent disease and insist on proper screening and treatment. Clinicians will recognize and treat heart disease in women more consistently and earlier. This new level of awareness and activism will lead to vast increases in funding for research on heart disease in women. As a result, the "demographics of women's heart disease" will improve dramatically, including early prevention, age of onset, severity of symptoms, age of death and mortality.

A Salute to  
Emergency  
Medical  
Workers

In Jewish tradition, the principle of Pikuach Nefesh, saving a life, is sacred and fundamental.

A bomb is exploded in a crowded mall by a homicide bomber. Airplanes are flown into buildings as acts of murder.

Most of us move away to safety and to the protection of our own loved ones.

For a self-selected few, such emergencies signal the opposite response. They rush towards the disaster, not thinking of themselves and their safety, focused only on the goal of saving lives.

These emergency workers and first responders – in ambulances, hospitals or in the streets – whether in this country or in Israel – represent the highest humanity.

In the face of unspeakable acts of terrorism, they restore our faith in humankind. They underscore the values of free societies: every life has infinite worth.

We salute these heroes.



## selected grants

### **Integrating Health**

Physical, Behavioral, Environmental  
and Public Health

**United Jewish Federation**  
Block Grant for Agency Services  
*\$900,000*

**Riverview Towers**  
Matching Grant for PHFA Financing  
*\$150,000*

**Allegheny County Department  
of Human Services**  
Establishing a Mental Health Court  
*\$95,000*

**FJC**  
(Foundation of Jewish Communities)  
Video Series: Caregivers Support  
*\$75,000*

**University of Pittsburgh Center  
for Biomedical Ethics**  
Physician Education on  
End-of-Life Planning  
*\$60,000*

**Elderhostel Pittsburgh**  
Semester Programs for Seniors  
*\$60,000*

**United Way of Allegheny County**  
Annual Allocation  
*\$45,000*  
Special Allocation  
*\$15,000*

**Allegheny Trail Alliance**  
Promoting Recreational  
Trail Use by Seniors  
*\$50,000*

**Allegheny County Parks**  
Development of Sustainable  
Management and Financing Structure  
for the Comprehensive Master Plan  
*\$43,000*

**Jewish Healthcare Foundation**  
Street Behavior Initiative:  
One By One  
*\$31,250*

**Southwestern Pennsylvania  
Partnerships for Aging**  
Charles W. Pruitt Endowment Fund  
*\$30,000*

**Family House**  
Volunteer Programming  
and Recognition  
*\$20,000*

**Jewish Family Assistance Fund**  
Emergency Cash Assistance  
for Families in Need  
*\$10,000*

**Financing and Delivering Health**  
Strengthening Health Systems  
and Expanding Insurance Coverage

Duquesne University  
School of Business  
Institute for Economic Transformation  
Health Careers Factory  
*\$125,000*

A Joint UJF/JHF  
Health & Human Services  
Public/Private Partnerships  
A Joint Strategy for Community  
Planning and Leverage  
*\$90,000*

Southwestern Pennsylvania  
Partnerships For Aging  
Healthy Elders Healthy Jobs 2005:  
Long Term Care Organizational  
and Workforce Redesign  
*\$75,000*

Jewish Healthcare Foundation  
Developing Future Health  
Sciences Leaders  
CORO Center for Civic Leadership  
*\$50,000*

Consumer Health Coalition  
Pursuing Mental Health Parity  
*\$21,000*

National Health Law Program  
Promoting the Rights of  
Vulnerable Populations  
*\$10,000*

**Advancing Health**  
Biomedical, Technological  
and Informatics Discovery

Supporting the Local Biotechnology  
and Health Sciences Sector  
A Program Related Investment (PRI)  
to the Strategic Investment Fund  
*\$300,000*

Carnegie Mellon University  
Research Institute  
Computer Vision for Tongue  
Image Based Cancer Screening:  
Applying Technology to  
Eastern Medicine Techniques  
*\$100,000*

UPMC Shadyside – Center  
for Complementary Medicine  
Building a National Research Center  
*\$100,000*

University of Pittsburgh  
Neuromuscular Research Laboratory  
A Pilot Project to Prevent Orthopedic  
Injuries in Young Women  
*\$40,000*

The Working Hearts Initiative  
to Sustain Improvements  
in Women's Heart Health  
*\$35,000*

Commercializing Pittsburgh's  
Biomedical Discoveries  
BioBridge (JHF fiscal agent)  
*\$50,000*

## Small Grants

Creative Nonfiction Foundation  
\$18,000

Variety's Fund for  
Handicapped Children  
\$10,000

Harvey R. Brown Family  
Education Fund  
United Jewish Federation Foundation  
\$10,000

Carnegie Institute  
Lynching Photography in America  
\$10,000

Allegheny County Career Connection  
\$7,500

Yeshiva Schools  
\$7,500

Human Services Center Corporation  
Dental & Vision Screening Project  
\$7,500

Allegheny County,  
Court of Common Pleas  
Generations Custody Program  
\$6,000

Heritage Media Corporation  
\$5,962

Beth Israel Medical Center  
Prevention Point Pittsburgh  
\$5,000

Pittsburgh Urban Magnet Project  
\$5,000

Jewish Community Center  
Special Needs  
\$3,760

Bethlehem Haven  
\$3,000

Allegheny County Courthouse  
Emergency Support Team  
\$3,000

Hadassah, Pikuah Nefesh –  
Organ Donation Outreach  
\$2,500

Health TV Channel, Inc.  
\$2,500

University of Pittsburgh  
School of Social Work  
\$2,500

United Way of Allegheny County  
Day of Caring  
\$2,500

Upper Room Unlimited, Inc.  
Breast Cancer Awareness  
\$2,500

The Pittsburgh Cultural Trust  
\$2,500

Maritza Mosquera  
Healing Hearts  
\$2,340

Rotary District 7300 Foundation  
Handicapped Fishing Derby  
\$2,000

University of Pittsburgh  
Minority Health Leadership Summit  
\$2,000

National Conference of  
Christians & Jews  
\$2,000

Persad Center  
Recognition of Randy Forrester  
& Jim Huggins  
\$2,000

Magee Womens Health Foundation  
\$2,000

Ladies Hospital Aid Society  
\$1,500

Family Health Council  
30th Anniversary Celebration  
\$1,200

Hosanna House  
Jefferson Award  
\$1,000

Pittsburgh AIDS Task Force  
\$1,000

Vintage, 5K Masters Race  
\$1,000

Chron's & Colitis Foundation  
\$1,000

Pittsburgh Vision Services  
\$1,000

Parent Project for Muscular  
Dystrophy Research  
\$1,000

New Life Urban Ministries, Inc.  
Hunger Program  
\$1,000

Community Design Center  
of Pittsburgh  
Pedal Pittsburgh  
\$1,000

Catholic Charities  
\$1,000

Lutheran Service Society  
Meals on Wheels Walk-A-Thon  
\$1,000

Pittsburgh Mercy Foundation  
\$1,000

Special Olympics for  
Western Pennsylvania  
\$1,000

Friends of  
Hopital Albert Schweitzer Haiti  
\$1,000

The Salvation Army  
\$1,000

Pennsylvania Organization for  
Women in Early Recovery  
\$1,000

The Intersection  
\$1,000

Global Links  
\$1,000

Yeshiva Schools  
\$1,000

Pennsylvania Mental Health  
Consumers' Association  
Regional Dialogue for  
the Pittsburgh Area  
\$1,000

Contact Pittsburgh  
\$750

University of Pittsburgh  
Department of Theatre Arts  
\$500

Life's Work of Western Pennsylvania  
Mulach Awards  
\$500

Family Resources  
Child Abuse Prevention Month  
\$500

The Pittsburgh Foundation  
Carol R. Brown Fund  
\$500

Regional Trail Corporation  
\$500

KidsVoice  
\$500

United Jewish Federation  
Walking Together for Women's Health  
\$500

Mothers Against Drunk Driving  
\$400

Health Care for All  
\$100

Homeless Children & Families  
\$100

### Facilities Security Fund

Emergency grants for local organizations with religious affiliations in need of upgraded security following the attacks of September 11  
\$140,248

### Community Education Grants

Fund for the Advancement of Minorities Through Education  
\$5,000

University of Pittsburgh  
International Ovarian Cancer Symposium  
\$2,500

Pennsylvania Coalition of AIDS Service Organizations  
\$2,500

University of Pittsburgh  
Science 2001 Symposium  
\$2,000

Chron's & Colitis Foundation  
Family Educational Conference  
\$2,000

Yeshiva  
\$2,000

Jewish Association on Aging  
8 Over 80  
\$1,800

Mentoring Partnership of Southwestern Pennsylvania  
\$1,500

Mothers Against Drunk Driving  
\$1,170

University of Pittsburgh  
School of Nursing  
\$1,000

Allegheny General Hospital  
International Oncology Conference  
\$1,000

Yeshiva Scholarship Fund  
\$1,000

United Jewish Federation  
\$1,000

Just Harvest Education Fund  
\$750

Western Pennsylvania Family Center  
St. Teresa Barchie Lecture  
\$500

NEED Scholarship Fund  
\$500

Kollel Jewish Learning Center  
\$500

UPMC Cancer Institute  
\$500

Greater Pittsburgh Chamber of Commerce  
\$300

East End Cooperative Ministry  
\$300

Hadassah  
\$250

## Funding Guidelines

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

### **Integrating Health**

Physical, Behavioral, Environmental and Public Health

### **Financing and Delivering Health**

Strengthening Health Systems and Expanding Insurance Coverage

### **Advancing Health**

Biomedical, Technological and Informatics Discovery

### **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.

### **Generally, the Jewish Healthcare Foundation does not fund:**

- Organizations without IRS tax-exempt status
- Organizations outside western Pennsylvania
- Programs without a healthcare component
- General operations
- Capital needs
- Operating deficits or retirement of debt
- Political campaigns
- Scholarships, fellowships, individual travel



**Four copies of a preliminary letter of intent are not to exceed six pages and should include:**

- Problem description
- Program objectives
- Theory of change
- Outcomes
- Deliverables and milestones
- Project principals and partners
- Communications strategy
- Considerations for sustainability
- Financial requirements/use of the JHF funds

**Please include:**

- Name and address of contact person
- Institutional and personnel qualifications
- Organizational budget
- Board of Directors list
- Letter from the Internal Revenue Service verifying 501(c)(3) status
- Most recent financial statements, showing amounts and sources of current income, and the most recent auditor's report (if available).
- The Foundation may request additional information and a site visit.

**Send to:**

Karen Wolk Feinstein, PhD  
President  
The Jewish Healthcare Foundation  
Centre City Tower  
Suite 2330  
650 Smithfield Street  
Pittsburgh, PA 15222

**Phone** (412) 594-2550

**Fax** (412) 232-6240

**E-mail** [info@jhf.org](mailto:info@jhf.org)

**[www.jhf.org](http://www.jhf.org)**

## statements of financial position

December 31, 2001 and 2000	2001	2000
<b>Assets</b>		
Cash	\$ 163,827	\$ 41,167
Investments at market value	119,087,382	132,974,419
Other receivables	127,571	181,590
Excise tax refund receivable	134,000	134,000
Furniture and equipment, net of accumulated depreciation of \$239,265 and \$250,149	138,075	128,394
Other assets	152,163	3,778
Total assets	<b>\$ 119,803,018</b>	<b>\$ 133,463,348</b>
<b>Liabilities and net assets</b>		
Accounts payable	307,459	407,513
Grants payable	32,700,228	33,137,478
Deferred revenue	32,560	—
Total liabilities	<b>33,040,247</b>	<b>33,544,991</b>
<b>Net assets</b>		
Unrestricted	86,486,081	99,603,667
Temporarily restricted for qualified grants to successor of Montefiore Hospital	276,690	314,690
Total net assets	<b>86,762,771</b>	<b>99,918,357</b>
Total liabilities and net assets	<b>\$ 119,803,018</b>	<b>\$ 133,463,348</b>

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 Strengthening Health Systems and  
 Expanding Insurance Coverage  
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 Information Technology  
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### **Core JHF Staff**

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President

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Financial/Administrative Officer

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Senior Program Officer

Karen Iobst, MSW, MPA  
Program Officer

Naida Grunden  
Director of Communications  
JHF and PRHI

Ellen Mazo  
Associate Director of  
Communications, JHF

Barbara Murock, MPP  
Performance Strategist

Susan M. Stack  
Office Manager

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Accountant

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Secretary/Receptionist

Diane R. Webb  
Secretary

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Carolyn Hess Abraham  
Tara Branstad  
Elyse Eichner  
Susan Elster, PhD  
Michael T. Flaherty, PhD  
D. Geoffrey Webster, MGA  
(Associate Director, PRHI)

### **Pittsburgh Regional Healthcare Initiative**

Kenneth T. Segel, MBA  
Director

Helen Adamasko  
Business Manager

Anthony Kelly  
Administrative Assistant

### **Perfecting Patient Care System**

Vickie Pisowicz, MBA, MPD  
Diane C. Frndak, MBA, PA-C  
Peter L. Perreiah  
David Sharbaugh  
Nancy Strichman, MPA, MPP

### **Patient Safety Initiatives**

Edward I. Harrison, MBA  
Director of Patient Safety,  
PRHI/Agency for Healthcare  
Research and Quality

### **Clinical Initiatives**

Jon C. Lloyd, MD  
Medical Advisor

Dennis Schilling, PharmD  
Clinical Coordinator

### **Western PA HIV/AIDS Fiscal Agency**

Barbara A. Feige  
Program Coordinator

Judy Sheffey  
Administrative Assistant

### **Interns**

Craig Grunden  
Andrew Smith

**The mission** of the Jewish Healthcare Foundation is a fulfillment of Jewish values and ideals. Tzedakah, or social justice, is one of the universally acknowledged underpinnings of Judaism. However, Jewish values extend far beyond charity to incorporate a quality of tenderness and magnanimity, sensitivity to the hurt, physical or mental, of humanity. Judaism extols the “understanding heart” and a universal rule of kindness. It is these values that have guided the development of the Jewish Healthcare Foundation.

*“Let us treasure the  
time we have on  
earth, counting  
each moment  
precious – a chance  
to apprehend some  
truth, to experience  
some beauty,  
to conquer some  
evil, to relieve some  
suffering, to love  
and be loved,  
to achieve  
something of  
lasting worth.”*

*— from Gates  
of Repentance*

J E W I S H H E A L T H C A R E F O U N D A T I O N



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