



25th Anniversary

Jewish Healthcare Foundation 1990-2015

ROOTS

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“For 25 years, the Jewish Federation of Greater Pittsburgh and the Jewish Healthcare Foundation have had an extraordinary relationship, one that transcends financial support. It is truly about a partnership. From working to develop a Community Study in 2002 that highlighted important needs and trends, to the creation of the Squirrel Hill Community Food Pantry and the Jewish Association on Aging, we make wonderful and important things happen...together. As this next 25-year period of our connection begins, we know that new needs and models for addressing them will emerge. Because of our trusting and respectful relationship, we know that our community will be prepared to conquer them.”

Jeff Finkelstein

President / CEO



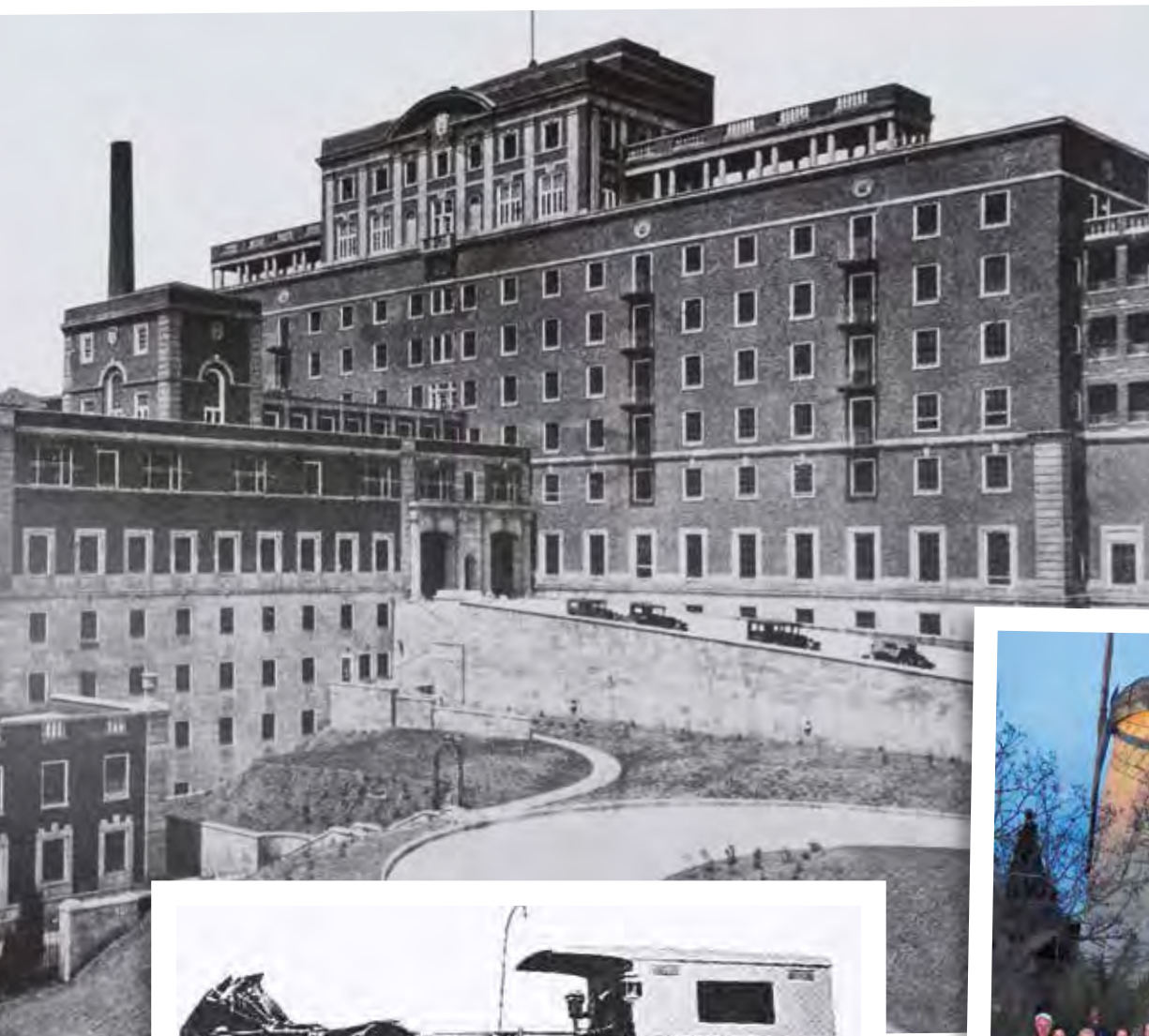
Jewish Federation
OF GREATER PITTSBURGH

To our readers:

Please enjoy this scrapbook of experiences, quotes, and pictures from our first 25 years. We believe it is worthy to capture the past so that we can inform posterity. And, above all, this publication affords an opportunity for the staff to express our appreciation to all our wonderful partners, to the people (many quoted in here) who have made our first 25 such a lively romp, to the funders who believed that we could indeed realize our aspirations, and to the grantees who verified our confidence.

Most importantly, the staff thank our talented and insightful Board members—and the incredible Board Chairs—who have supported the Jewish Healthcare Foundation, the Pittsburgh Regional Health Initiative, and Health Careers Futures activities as we tackled thorny, “marginal,” and controversial health reforms with oversized ambitions and risky engagements. Our Chairs and board members have shared our challenges and risks, provided invaluable guidance, and stayed the course with good humor during our ups and downs. And finally, what better time to salute the founders of JHF who made so many wise decisions, creating a solid infrastructure on which we could build our experiments and allocations. 25 years: a time for reflection, gratitude, and fond recollections of unforgettable people, events, and projects. Thank you for the privilege.

The Staff



Montefiore's First Ambulance



Montefiore Windmill, Jerusalem



Sir Moses Montefiore
Medical Clinic, c. 1800



Montefiore Historical Corridor

Becoming the Jewish Healthcare Foundation



Birthdays and anniversaries are a kind of paradox – they mark stationary, yet recurring points in time. As such, they help us to focus on the long view, the wider perspective. Most importantly, they give us an opportunity to remember, to take stock, to express gratitude, and to celebrate successes.

Twenty-five years ago, both practical and visionary thinking launched the Jewish Healthcare Foundation (JHF) from its roots in the Pittsburgh Jewish community's Montefiore Hospital. On the one hand, JHF was "a blank slate" – its mission still unfolding. Indeed, in 1990 the new foundation had yet to receive its name. And, even among those actively shaping it, there was no hint of today's 100+ lay leaders or 50+ staff, nor of JHF's two separate operating arms – Health Careers Futures and the Pittsburgh Regional Health Initiative. Perhaps most significantly it would have been nearly impossible to predict that its reach would ultimately extend well beyond southwestern Pennsylvania to state, national and international policymakers, healthcare providers, and consumers.



Stanley Gumberg

On the other hand, there really is no such thing as a totally blank slate. Each of us – and organizations are no exception – receives, benefits from, integrates, and only then transforms the dreams, visions, and hard work of others. JHF was guided then – as now – by an intense will to make it an institution worthy of the best of the community that launched it. Its founders, together with now countless partners, colleagues, friends, and staff have shaped what JHF has become, writing their own narratives in JHF's metaphorical logbook. To tell the story of the Jewish Healthcare Foundation is, therefore, to tell their stories. And so, for this edition of *Roots*, we've gathered the reflections of more than 40 people to tell the story of JHF's origins and unfolding over the past 25 years – to remember, to take stock, to express gratitude, and to celebrate successes.

Tempestuous Beginnings

Before it was a hospital in the sense of a building with an address, Montefiore Hospital existed. In 1898, seventeen Jewish women formed what would become the Ladies' Hospital Aid Society. As volunteers, they began trying to meet the needs of Jewish immigrants, most of whom settled in Pittsburgh's Hill District. They visited the sick, delivered kosher food, and supported a public health nurse. They also began to fundraise to build a Jewish hospital to provide care for Jewish patients and to be a practice home for Jewish doctors, both of whom were turned away from other hospitals.

Ten years later, a renovated mansion on Centre Avenue in the Hill District opened its doors as Montefiore Hospital, welcoming not only members of the Jewish community, but also patients and medical staff from all backgrounds. Montefiore enacted one of the region's earliest public health agendas. It set up milk stations in the Hill District to ensure that children were getting adequate nutrition. It developed an insurance plan that was a precursor of Blue Cross. Montefiore, home to many distinguished surgeons and physicians, was one of the first hospitals in which African American physicians and nurses received training.

Over time, Montefiore evolved into a major hospital and became part of a growing medical center in Pittsburgh. Recalls attorney David Ehrenwerth, at the time a Montefiore Hospital board member, "By the 1970s, Jewish exclusion was no longer operative and Jewish doctors were able to practice everywhere. The hospital, like many others of the time, began to



David Shapira

experience financial trouble in a community with too many hospital beds. In a sense, we in the Jewish community became victims of our own success. We weren't unique in having this problem; Jewish hospitals around the country were beginning to deal with the same concerns."

At the same time, the institutions that would eventually comprise the University of Pittsburgh Medical Center began to take shape. In 1984, Thomas Detre, MD, a Hungarian-born psychiatrist and Holocaust survivor who'd led Western Psychiatric Institute and Clinic (WPIC) since 1973, became the medical center's Senior Vice Chancellor. Detre single-mindedly pursued a vision of a unified healthcare system building on a loose confederation of five hospitals, including Montefiore. By 1986, the university had purchased Presbyterian Hospital, and Eye & Ear Hospital.

Between 1986 and 1989, Montefiore Hospital continued to collaborate with the university, and yet, as Ehrenwerth recalls, "We at Montefiore, seeing Pitt's medical world growing very rapidly – with clout, money, and a medical school – began to understand that, if we were to continue as a top-notch hospital, we'd have to do major capital fundraising. We began to wonder if that made sense. Stanley Gumberg, Montefiore's board chair at the time, came to the conclusion that the medical center wasn't going to continue a meaningful relationship with Montefiore indefinitely. So he pushed the board to negotiate with the university while we were still strong. We began to see the outlines of what could be a very exciting new world."

At the same time, another well-known Jewish communal leader, Farrell Rubenstein, was appointed chair of the University of Pittsburgh Board of Trustees' Health Sciences Committee. From the start, Rubenstein understood that Montefiore was in financial trouble. It wasn't filling its beds and it soon became clear that its doctors were often referring patients to other hospitals. To grapple with the new realities, in the fall of 1988, leadership of both the university and of Montefiore Hospital gathered.

As Rubenstein recalls it, "The meeting went on for hours. It became increasingly obvious that Montefiore wasn't going to walk away ahead of the game. Finally, late in the meeting, Stanley said to us, 'Why don't you buy us.'"

Gumberg and Rubenstein negotiated the sale. "Ultimately the University of Pittsburgh Medical Center transferred \$75 million to form the endowment of what we called at the time the Montefiore Foundation," says Rubenstein. "In the end, it all worked out, but, like the Bible, it all started with chaos."

David Shapira, executive chairman, Board of Directors of Giant Eagle, Inc., remembers this discussion on the pending sale became one of the defining issues during his tenure as chair of the Jewish Federation of Greater Pittsburgh's board. "When the money from the hospital sale became available," Shapira recalls, "the question became, 'Whose money is it?' It wasn't a simple issue. People in the hospital thought the money belonged with the hospital;



Karen Feinstein,
Farrell Rubenstein

Ties that Bind

Pittsburgh is notable among major metropolitan areas for its immobility; families come and stay for generations. The story of Montefiore Hospital and the JHF are examples. In 1898, Helen Wolk was a founder of the Ladies Hospital Aid Society that established the hospital. Her nephew, Leonard Wolk, served eventually as Treasurer. His son Mark served on the Board; and, Leonard's daughter Karen became the first CEO of the Foundation.







those in the Jewish community felt it belonged with the community. The idea of creating a foundation was a very reasonable compromise.”

“The sale of Montefiore saddened many in the community,” remembers Karen Wolk Feinstein, PhD, who would become the new foundation’s founding president and chief executive officer. “But, pragmatic leadership accepted that it was time for the Jewish community to abandon the precarious business of running a hospital for both to prosper.”

What is a “Jewish” Healthcare Foundation?

The agreement to establish the Foundation was signed in 1990, but its mission and scope were still very much in play. “When we formed the Foundation,” Ehrenwerth says, “we had no staff. Stanley Gumberg, Alvin Rogal, and I actually met in my office! At the time, we were not the cutting-edge, proactive think tank we are today. What we did know was that, just as Montefiore served the Jewish *and* general communities, so would the new foundation.”

Megatrends in the U.S. healthcare industry meant that across the U.S., community and sectarian hospitals were becoming part of larger systems. Pittsburgh’s Jewish communal leaders understood that they had inherited a once-in-a-generation opportunity to channel the mission and values of a cherished institution – appropriate to a vastly different Jewish community – to create something unique and important 100 years later. They took this challenge very seriously.

But it wasn’t easy to agree on how the Foundation would balance its support for needs in the Jewish with those in the general communities. Underlying the struggle in those early days were core Jewish values. As Feinstein recalls it, “We had to figure out what it meant to be a “Jewish” healthcare foundation.”

To navigate a compromise, the new Foundation relied on the special skills of its first board chair, Alvin Rogal. “Alvin was the only person alive who had been both the Jewish Federation’s board chair and the hospital’s board chair,” says Shapira. “He was universally respected by everyone and uniquely qualified to serve as the first chair of the new Foundation. Alvin was able to see to the core of the issue. He always knew where he wanted to go, but he was able to bring people along even when they didn’t agree.”

Feinstein agrees: “Alvin was enlisted to bring harmony to a deeply divided Jewish community. His legendary diplomacy skills were put to the test. I can still hear Alvin say, in the midst of a contentious debate: ‘You’re right and you’re right. You’re both right.’”

As a first step, Rogal urged renaming the Foundation. Originally established as the Montefiore Foundation, he pressed to rename it the Jewish Healthcare Foundation, so that every grant recipient would know that the money came from the Jewish community, the founders of Montefiore.



Alvin Rogal
First Board Chair



At the Beginning - Dr. Mark Richards, Dana Phillips, Alvin Rogal, Karen Feinstein, and Jim Denova

Sholom Comay, who was at the time president of the national American Jewish Committee and chair of The Pittsburgh Foundation's board, led the search committee for an executive director. Reflecting its dual mission, the committee recommended hiring Feinstein as founding president and chief executive officer.

An academic, activist, and student of social movements, Feinstein rejected the idea of running the new foundation when approached. "My perception was that foundation executives were to be neither seen, heard, nor opinionated. How could I fit that mold? Would I just sit in an office and pass judgment on grant applications? Sholom Comay then asked me what I would most like to



Lee Netzer

Past Chairs of JHF Board

Alvin Rogal	1991–1993
David Shapira	1994–1996
Lee Netzer	1997–1999
Farrell Rubenstein	2000–2002
Charles Cohen	2003–2005
Stephen Halpern	2006–2008
Patricia Siger	2009–2011
Alan Guttman	2012–2014
Nancy Rackoff	2015–



Karen Feinstein,
Charles Cohen

do. I said 'run a think tank with a bias toward action.' He said, 'Fine, you can have a think tank with an endowment!'" Now she says laughing, "We have a 'think, do, teach, give, and get' tank, and I have loved every day." She also recalls that Alvin and Lee Netzer, the Foundation's third board chair, frequently asked her, "Have we been ambitious enough?" That was music to her ears.

There is a deep connection between industry and philanthropy in Pittsburgh. The steel industry and philanthropy were "joined at the hip," with Andrew Carnegie leading the way. As health care grew in Pittsburgh, Alfred "Burr" Wishart, who at the time was already the long-time CEO of The



Stephen Halpern,
Karen Feinstein

IMPACT

Guiding Health Conversion Foundations

“Back in the mid to late 1980’s, a handful of foundations were formed with the assets that resulted from the sale of nonprofit hospitals. These foundations presented new faces in health philanthropy. New resources! Independent resources! Community change! These were some of the thoughts surrounding the phenomenon known as “conversion foundations.”

“A few leaders emerged from this pool and certainly Karen Feinstein, the Board and Staff of the Jewish Healthcare Foundation (JHF) were among them. They got busy, and from the very beginning, they were not only not afraid to try something new and innovative, they accepted their new role with pride and humility – attractive and necessary qualities in our field. The grantmaking community gasped, a few years later, when JHF became a nonprofit charity, operating programs, and dared to do the unthinkable: to raise money AND give it away.”

Marni Stone Vliet, former CEO, Kansas Health Foundation

Pittsburgh Foundation, notes that, “There was a perfectly-timed opportunity to bring philanthropy dedicated to health care. It could not have been more exquisite to bring JHF’s leadership with insights to the table. They acted promptly and thoughtfully, and with so much energy.”

We are all encumbered, to some extent, by our history. In hiring Feinstein, the men who were largely ‘graduates’ of the existing institutions knew that they were stepping out of the mold to create something unique. As Senior Vice President of Planning, Allocations, Research & Government Relations at the United Way of Allegheny County, Feinstein was already well known to much of Pittsburgh’s business leadership – both Jewish and general.

As Bill Meyer, president and chief professional officer of United Way from 1988–2007, recalls, “Karen had a different notion of what the United Way should be. She wanted to engage people – from the line workers to the CEOs in Pittsburgh’s companies. It was a vision that she took with her to JHF – that a foundation could also reach out to people and engage them around problems and solutions.”

Feinstein was given the responsibility to manage a new, substantial endowment, but with a history that enriched, and not constrained, its mission. From his 30-year perspective on Pittsburgh’s philanthropic world, Jim Denova, JHF’s first program officer and long-time vice president with the Benedum Foundation, concludes with some authority, “Feinstein is a philanthropic entrepreneur.”

As Feinstein understood the challenge, “The founders wanted an outstanding institution. Montefiore was the first hospital in Pittsburgh to admit African American nurses and doctors

to the staff. It was a leader in public health and health insurance, cutting-edge medicine and research – all to the benefit of both the Jewish and general communities. Our Board believed we could replicate that pioneering spirit, the will to be ambitious and to make singular contributions.”

She continues, “I really wanted us to bring an edgy, activist mentality to the foundation world. I wanted us to shoot for big societal change, and to convey my belief that having an endowment was a privilege that came with a responsibility to attempt revolutionary and not merely incremental change. The work of JHF’s Pittsburgh Regional Health Initiative (described below) has exemplified, and justified, the value of big ambitions.”

From his perspective representing the Jewish Federation, David Shapira admits that the decision was difficult. “There was a real temptation to use the new resources to meet Jewish communal needs, but Montefiore was never only about meeting Jewish communal needs, and I believed we should honor our past.”

“And so we decided,” Feinstein concludes, “that the Foundation could best serve the Jewish community by improving health care for everyone” – one half of Rabbi Hillel’s oft-quoted teaching, *If I am not for myself, who will be for me?*

“Instead, we would also embrace the other half: *If I am not for others, what am I?* To live up to our highest ideals as Jews, we had to try to make the world better for the broader community as well.” The decision reverberated nationally, and had a huge impact on other conversion foundations resulting from the sale of private or nonprofit hospitals.

“JHF was one of the first Jewish conversion foundations,” notes Ehrenwerth. “We wanted JHF and the Jewish Federation to be partners and not competitors (as became the case in some communities). Each had distinct missions and distinct reflections of Jewish values. Although not perfect, in the end, we came to this conclusion amicably.”

The founders of JHF did many things right. The JHF transition worked so well that it soon became a national model. Feinstein, who had been elected Chair of the national organization, Grantmakers In Health, traveled extensively around the country to help other foundations navigate the legal and political challenges of selling their hospitals.

Recalls Shapira, “Even in the Foundation’s early days, when I was chairing the board, other communities involved in selling their Jewish hospital came to see what we did, obviously admiring and modeling themselves after us.” And Catholic and Protestant hospital boards sought advice as well.

Regardless of the initial status quo, figuring out the right balance between meeting Jewish and general communal needs would be a continuous process. Denova reflects on the challenge of determining how the Foundation would exercise Jewish philanthropy, given the legacy of Montefiore.

“I remember it vividly,” he says. “There was great deliberation on defining Jewish philanthropy framed by the questions: To what degree do we represent Jewish philanthropy to the ‘stranger



in our midst?’ To what degree do we ensure that the assets are used to improve the Jewish community? It was a wonderful tension. There was not a formula; it was a continuous dialectic.”

Although that dialectic would play out in different ways in the next 25 years, as Pat Siger, JHF board chair from 2009 to 2011, and long-time nonprofit executive, maintains, “Everything we do, every decision we make is driven by the principles of Montefiore and the Jewish faith.”

JHF quickly put to bed any concerns that it could effectively serve both the general and Jewish communities, as Montefiore Hospital had done. From the start, the Foundation made an annual commitment of \$750,000 (now \$900,000) to the Jewish Federation, and contributed \$35,000,000 to establish the Jewish Association on Aging and support its major capital and programmatic improvements. In fact, over 25 years, the Foundation has established new Jewish organizations, adding value to a rich landscape, funded a myriad of new and existing projects and agencies, and supported many health education projects for a total commitment of more than \$60 million to the Jewish community of Pittsburgh.

Telling the JHF Story, 25 Years in the Making

In the pages that follow, we collect the stories of our partners, friends, and colleagues. We begin by recalling JHF’s work in general, and follow with the specific story of its work in the Jewish community. Finally, because JHF’s leadership never looks farther ahead than five years, we conclude with their thoughts on what opportunities and challenges lie ahead.





A powerful connection. 
**JEWISH ASSOCIATION
 ON AGING**



Karen Feinstein, Cara Hirsch, and Nancy Zions
at the "Walk for Food to Grow" - May, 1995



QIT Health Innovators Fellowship
Winning Team - April, 2015



Establishing a Signature Culture and Operating Style



JHF's first annual report in 1991 describes the Foundation's mission as "a fulfillment of Jewish values and ideals" in responding "to the health-related needs of the elderly, underprivileged, indigent and underserved populations in western Pennsylvania."

Beyond the population focus, the report also defines the way in which these needs would be addressed. “Most importantly,” records the report, “the Jewish Healthcare Foundation – like its predecessor, Montefiore Hospital – will provide new perspectives to health care and health-related problems, and will provide leadership in identifying those problems. Further, it will seek collaboration, not only in the study of problems, but in proposing solutions, and in funding appropriate programs.”

These goals – providing new perspectives, providing leadership, and seeking collaboration – have shaped the Foundation’s culture and its operating style from the start. They underlie strategic decisions to invest in ongoing learning and to communicate those learnings widely, to forge strategic partnerships, and ultimately, to leverage the resulting expertise to exert an assertive influence on health policy and practice at the local, state, and national levels.

Providing New Perspectives: Investing in Learning

Lifetime board member, Dick Simon, remembers that the Foundation’s emphasis on learning was evident from the start in the way grants were assessed, in the lively and challenging discussions among board and staff members, and in the premium placed on learning, even from – or perhaps especially from – disappointment.

“Our early grant assessment teams engaged seriously with prospective grantees and that really pushed us forward,” recalls Simon. “We learned lessons from our grantmaking, asking whether the grant produced results, was there follow through. One of my favorite questions which we asked grantees was, ‘Did we give you enough money?’”

If the grantees benefited from the mutual focus on learning, so did the staff. Ken Segel (JHF program officer and director of JHF’s Pittsburgh Regional Health Initiative from 1994 to 2003) reflects, “In my first days at JHF, I had the chance to be completely inspired. I went on a site visit with [board member] Frieda Shapira and [program officer] Jim Denova. We were visiting a teen pregnancy prevention initiative in the Mon Valley. Frieda asked questions that were both incredibly supportive and incisive; her approach became a model for me ever since.”

In the service of learning, the interactions between staff and board members could be downright rowdy. “I have many treasured memories of Alvin Rogal really grilling us on the grant proposals we intended to bring to the board and then catching him, in the same conversation, smiling broadly with pride at the quality of work our grantees and we were doing,” says Segel. “Others, like Eileen Lane, Judy Palkovitz, Bill Isler, Ellen Kessler, Lee Netzer, and Barbara Shore, among so many others, guided us toward the opportunities that could really make a difference, and away from those that didn’t measure up.”

All of this does not imply a library-like learning culture, calm and pensive. Rather the opposite is often true. Chief Medical Officer Keith Kanel describes the pervading atmosphere: “When I came to the Foundation in 2009 from a career in academic medicine, the biggest change was the pace. Makeshift grant-writing teams of incredibly talented people were pulled together on a moment’s notice to assemble proposals. Press releases turned around in hours. What took weeks or months in academia was accomplished in days.”





Reactions to Same Time Next Week:

“Lee Gutkind’s wonderful new book seems to capture the essence of deep-lived emotions of those who live with mental illness. I remember reading other well-known, successful authors who described what goes on in their heads and their agony. It is important reading for anyone seeking to increase their understanding of how debilitating depressive disorders are, and why they exhaust the entire body. It validates those who suffer, and it educates the broad population who still don’t get it.”

Sheila Fine

The Fine Foundation
Founder, LEAD Pittsburgh

Creative Nonfiction Anthologies

Rage and Reconciliation: Inspiring a Health Care Revolution, 2005

Silence Kills: Speaking Out and Saving Lives, 2007

Becoming a Doctor, 2010

Twelve Breaths A Minute: True Stories About How We Die, 2011

I Wasn’t Strong Like This When I Started Out – True Stories of Becoming a Nurse, 2013

Same Time Next Week: True Stories of Working Through Mental Illness, 2015

Communications: If nobody knows about it, it's as if it never happened

As Jason Kunzman (JHF chief financial officer from 2003 to 2010) sees it, “From the outset, the Foundation was set up to do, rather than just to give.” And communicating what it was learning and doing became a central feature of the organization’s culture. JHF staff, at any point in the past 25 years, can remember Feinstein repeating, “If nobody knows about it, it’s as if it never happened.”

Says Kanel, “The organization sees the whole field, knowing that even the best ideas won’t go anywhere unless they can be ‘sold.’”

JHF communications spans the media spectrum – from magazines (Roots) to shorter articles (Executive Summary; Branches) to monthly newsletters (The Window) to more technical research publications (Readmissions Briefs). In addition to print media, JHF has produced a series of short, “Teachable Moments” video clips that highlight the efforts of frontline medical staff to make improvements in patient care. Longer stories are conveyed in television documentaries. JHF underwrote three PBS documentaries, including The Breast Test (2008), The Last Chapter (2011) on end-of-life, and The Empowered Patient (2014) – all produced by a Pittsburgh public television station.

And, over the past 12 years, JHF and Creative Nonfiction have collaborated on six anthologies, edited by Lee Gutkind. Bringing together voices from around the country, collectively, these works advance the Foundation’s agenda concerning patient safety and quality, workforce, end-of-life, and mental health. The books have been mentioned at Slate.com, Salon.com, Parade.com, as well as on NPR’s Talk of the Nation, and other venues. The nursing volume went into five printings, and Twelve Breaths a Minute, three.



Forging Networks of Strategic Partnerships to Invest in Capacity

Bill Meyer recalls that the JHF Board, from the start, “wasn’t just made up of the friends of the families who came from Montefiore. Instead, it was this hybrid organization – traditional foundations, big hospitals, CEOs, executives from the community, and community people as well. Karen could put this unique combination together.”

Meyer continues, “This diversity meant that, whatever issues the Foundation took on, JHF could be the force that mobilized the community and educated people in the process, so that everybody became part of the solution.”



“JHF’s continued, vigilant focus on improving the lives of those they don’t even know is beyond impressive. It’s driven by an altruistic desire to help people live better lives than they are now. There aren’t a whole lot of organizations that have the sustained level of professional commitment.”

Dave Malone



Peter Lee, Mark McClellan, Elliott Fisher, and Karen Feinstein – NRHI Payment Reform Summit – March, 2007

Underlying the value of networks is the more central goal of forging lasting solutions. As Nancy Zions, the Foundation’s chief program officer and chief operating officer, knows only too well the limitations of simple grantmaking. “Grantmaking can be just providing support for a single, identified problem. However, to be truly meaningful, to provide lasting solutions, grantmaking needs to respond to the issues underlying the problem, whether a systems issue, or a policy problem, or an organizational capacity issue. This is the Foundation’s space. We are most successful when we forge partnerships with other funders and stakeholders, allowing us to get to these core issues. We each bring a different perspective and expertise to the table.”

Over time, JHF forged important local, statewide, and national partnerships that have tested new solutions and supported needed policy changes. Many will be described in the context of specific initiatives below, but here is a taste. Local partnerships include the Pittsburgh Regional Health Initiative, itself the result of a JHF partnership with the Allegheny Conference

on Community Development; multiple joint projects with the Jewish Federation; Grantmakers of Western Pennsylvania; The Pittsburgh Foundation, the Staunton Farm Foundation, The Fine Foundation, and United Way of Allegheny County. State partnerships include: the Pennsylvania Health Funders Collaborative; Pennsylvania Health Care Cost Containment Council; Quality Insights of Pennsylvania and West Virginia.

At the national level, partnerships include the Network for Regional Healthcare Improvement, Grantmakers In Health, and Grantmakers In Aging. Marni Vliet, former president of the Kansas Health Foundation, remembers JHF's leadership role nationally: "The Jewish Healthcare Foundation used a variety of roles to serve as an engaged, national leader, from actual grantmaking to communicating, to educating, and to facilitating. JHF formed a coalition of health providers who called for accountability in significant areas like reducing accidental deaths, reducing germ-born hospital illnesses, and reducing preventable readmissions. At the same time, JHF examined its own accountability as a philanthropy. This was just one of the areas where Karen rose to leadership in the national health philanthropy scene, as Chair of Grantmakers In Health. She was a committed board member and eventually the Chair of the Board, unusual for someone who was not a president of a national foundation, but of a respected place-based foundation from the greater Pittsburgh area."



The Little Foundation that Could: Leveraging Expertise and Partnerships

JHF's learning, and multi-focal communication strategies reflect not just a strong desire to share learning, but also the breadth of information its staff has accumulated. Staff, together with board members who were themselves area experts, were deployed not only to seek funding opportunities, but to shape them. Credible data analysis played a huge role from the beginning. As Kunzman remarks, "Data allow you to talk truth to power. People can say they don't like you, but they can't refute what the data show. That's essential when your agenda is all about change."

Former President and CEO of The Pittsburgh Foundation, Burr Wishart, remembers, "When JHF arrived on the scene, as the 'new kid on the block,' there was both anticipation and curiosity. Karen was not yet known in philanthropy, but we all knew that she was an activist. The question at the time was what a relatively small, private philanthropy could do in a community dominated by healthcare giants like the University of Pittsburgh Medical Center and Highmark. JHF was launched and hired talented staff just as the healthcare sector was growing in Pittsburgh."

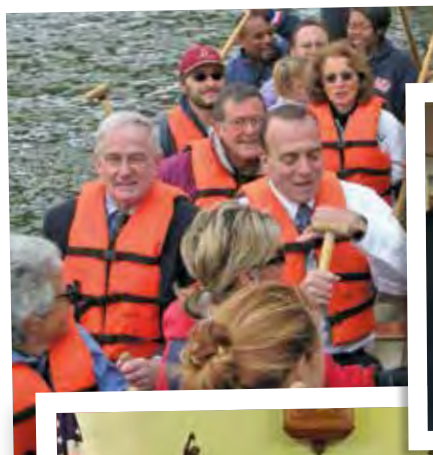
The accumulated expertise of its staff and board means that, despite its endowment – small compared to others – JHF often has a leadership role in local, state, and national initiatives. As Jim Roddey, former board member, businessman, and Allegheny County's first chief executive, sees it, "JHF, just by its expert knowledge of the situation, would take a leadership role in a program even though it might not have the largest number of dollars to contribute. JHF became a very important player in the community with a modest amount of funds. They

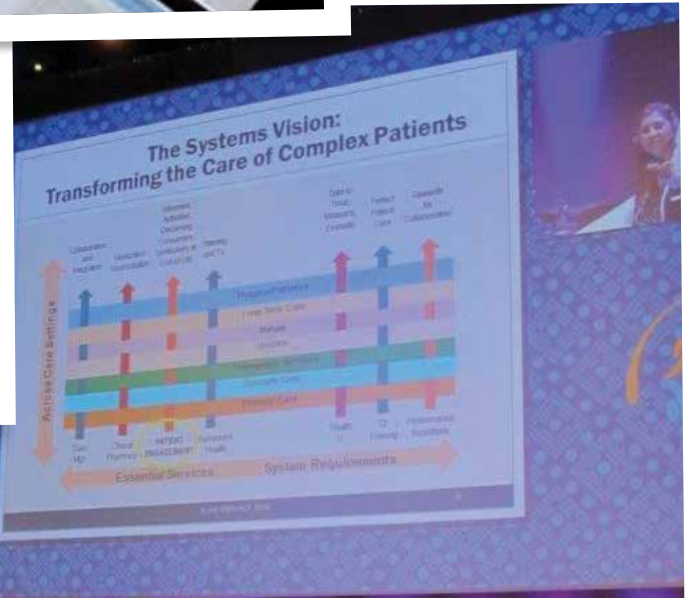
became a convener on healthcare issues, and a welcomed resource for other foundations on healthcare information.”

“And, they learned to leverage their dollars,” Roddey continues. “They made a decision to identify critical health needs in the community, and to communicate that message to the other foundations. JHF says, ‘join us in helping solve this problem.’ By identifying needs and communicating that need to other foundations, JHF could contribute \$25,000 and get larger foundations to each contribute three times that. When Karen says, ‘I’ve got an important project for the health of the community, and I want your help,’ everybody’s willing to step up because they know she has done the research and it will be done right.”

That ability to leverage resources got an extra boost in 2006 when JHF received a new tax status, becoming a public charity. As a public charity, JHF gained greater flexibility in managing and conserving its assets, leveraging them with outside funding, and engaging in advocacy for legislative and policy reforms consistent with its mission. The designation enabled JHF to earn its reputation as a ‘think, do, and give’ tank. Since converting to a public charity, JHF has advocated for, and helped to shape, legislative and policy changes that support its mission, the most significant of which was the Affordable Care Act of 2010.

In the words of former JHF board member, Professor Morton (Moe) Coleman: “A relatively small foundation has made a huge impact in the complicated field of health care. This has been done because of brilliant, consistent, and visionary leadership with creativity and excitement.”






More Than 9,000 Healthcare Professionals Across the Globe Have Been Trained in PRHI's Perfecting Patient CareSM



South Africa

Settling In as a Think, Do, Teach, and Give Tank



In the spirit of that 1991 Annual Report's mission statement, from the beginning JHF's grantmaking focused, in unexpected ways, on the many among us without a voice.



Bob Nelkin, president and chief professional officer of United Way of Allegheny County, and a past JHF board member, put it like this: “JHF focuses on forgotten people, embraces extraordinarily challenging and complex problems, and crafts irrefutable solutions.”

Using Nelkin’s framework, we will highlight some of the last 25 years’ endeavors in the general community of which JHF’s leaders are most proud.

Forgotten People

Bob Nelkin has made public service his life’s work – from Allegheny County Commissioner Tom Foerster’s director of human services, to his current job heading the United Way. “Part of the genius of the Jewish Healthcare Foundation,” says Bob Nelkin, “is its ability to see people struggling in plain sight – people others looked over – and to realize that we could help improve their lives.”

Bill Meyer agrees: “JHF ignited a core kind of concern that the kid across the street is everyone’s responsibility. The Foundation then became the mechanism to actually make a difference and do something that had not been done before.”

The Poor Among Us

One of the first Foundation initiatives in this area was a response to the introduction of managed care in the region, focused especially on redesigning how care was provided to people receiving public assistance. The Foundation was concerned that the speed of the roll out, and the nature of the policy, might leave people behind. In the spirit of learning from other communities, JHF looked at the roll out of HealthChoices in Philadelphia and decided it could do better. So the Foundation sought partners in the community who would accept the responsibility to make sure that the poor and unemployed were respectfully included going forward.

With the help of Bob Nelkin, as well as attorney Ann Torregrossa, the Foundation provided seed funding to create the Consumer Health Coalition (CHC) and the Pittsburgh office of the Pennsylvania Health Law Project (PHLP). CHC’s mission is to eradicate disparities in health access and outcomes, and to ensure that everyone has the health coverage and care they need. PHLP is a nationally-recognized expert and consultant on access to health care for



low-income consumers, the elderly, and persons with disabilities. Working cooperatively, in 1999 CHC and PHLP successfully challenged the state and won reinstatement of 32,000 Pennsylvanians who were wrongfully terminated from the Medicaid program in the wake of welfare reform.

Beyond the funding, Zionts recalls, “We didn’t just cut a check and walk away. We gave them space and they co-existed in our suite of offices for their first few years. We worked side-by-side and when they had their legs under them, they moved out and on – and yet we continue to partner with them to this day on issues where we know the consumer voice and impact on the consumer makes a difference.”

Other efforts included the publication of *The Guide to Free Care*, the establishment of the Squirrel Hill Food Pantry (described in the following section) and, most significantly, the Squirrel Hill Health Center (SHHC).

Squirrel Hill Health Center

In 2001, Feinstein and a few others were invited to a White House breakfast by Mark McClellan, then White House Senior Director for Health Policy, and a member of the President’s Council of Economic Advisors. The President was looking for ways to serve the uninsured without taking on anything as controversial as the Clinton Health Plan. Karen, an early founder of several Neighborhood Health Centers during the War on Poverty, suggested expanding the funding available for new and existing federally qualified health centers (FQHCs). A few months later, the White House announced that additional funding was available.

Hearing the good news, Feinstein didn’t think small. She already knew that poverty was a reality in the Jewish community, and in Squirrel Hill and surrounding neighborhoods where many Jews lived. In 2001, the Foundation conducted a study that looked at the extent of poverty among members of the Jewish community. The study found that one in 10 in Pittsburgh’s Jewish community had incomes below the poverty level, and many did not have health insurance.

Charles (Chuck) Cohen, JHF board chair from 2003 to 2005, recalls, “The study revealed that many in the Jewish community weren’t making ends meet, and this had an impact on their health. Too many had limited access to quality health care or were otherwise medically indigent.”

“It was a real eye-opener for our community,” says Feinstein. “We had assumed that we’d been doing a fine job taking care of one another. The data challenged us to take collective responsibility.”

As the opportunity provided by the Bush Administration’s announcement of funds for FQHCs, the staff began to see new possibilities. Feinstein recalls, “We thought that perhaps the White House had given us an opportunity to address these needs in the spirit of Montefiore Hospital. What if we could create an FQHC in Squirrel Hill that would care for the poor, and provide quality primary care with a public health focus? And, what if it had a special niche to care for any new immigrant group – as Jews were so often strangers in strange lands.”

Dodie Roskies (formerly an administrator at Forbes Health System, JHF board member, and long-time JHF consultant) worked with Zionts to research the federal guidelines, develop the application, and put together a plan to build and open a health center.

Zionts laughs, remembering how much effort it actually took. “If we had known then what was involved in the process of creating the building blocks – literally and figuratively for a new health center – and that it would take us three years and three application cycles before funding was actually awarded to create the Squirrel Hill Health Center, maybe we would have thought again. Seeing what it has become almost 10 years later, we are incredibly proud of our role in launching it.”

Since its opening in 2006, SHHC has physically expanded already once and is bursting at the seams a second time. It serves a population from over 25 countries and cultures. SHHC staff speak multiple languages and translation services are available, which has made SHHC a home to Pittsburgh’s growing community of international immigrants and refugees. In addition to comprehensive primary care, SHHC provides behavioral health services, dental care, case management, and access to supportive services. It has added mobile services, and has become known for best practices on the local, state, and national levels.

Reflecting on the outcome, Cohen says, “We created an infrastructure for reviving the noble mission of the former Montefiore Hospital neighborhood health clinic. The Squirrel Hill Health Center was launched with generous infusions of distinct JHF values, aimed at quality, and financial start-up capital.”

Roskies agrees: “SHHC makes a big difference in the lives of people who don’t have health insurance or who have minimal insurance. And also, because the medical care is so good, many patients who can afford care come just because the physicians are so good.”

HIV/AIDS

In 1992, as the first anti-retrovirals for HIV infection became available, Pennsylvania began to look for ways to channel funding from the new Ryan White Care Act and the HOPWA (Housing and Urban Development – Housing Opportunities for Persons with AIDS) programs to organizations providing support to people living with HIV/AIDS in western Pennsylvania.

Dana Phillips, who had just joined JHF as a program officer, had been intimately involved with trying to organize the largely ad hoc community efforts to support those with HIV/AIDS from her position at The Pittsburgh Foundation.

“The state felt it was important, to the extent possible, to identify a neutral agency,” recalls Phillips. “Karen Feinstein was willing for the Jewish Healthcare Foundation to play that very important role. The Foundation was new at that point, and relatively small, but had a very clear understanding of what it meant to be a catalyst for action.”

JHF’s board didn’t blink when presented with the opportunity to take on the role of fiscal agent – no small reflection of the leadership’s insistence on enveloping forgotten people as part of its core mission. As Bob Nelkin recalls, “This was at a time when few wanted to work on the problem.”



As fiscal agent for most of its history, JHF's role has evolved as new treatments transformed HIV from a death sentence to a chronic illness. Today, its funding oversight ensures that support is directed at providing high-quality services to address the evolving needs of those with HIV/AIDS.

Jason Kunzman, who as CFO at JHF oversaw the Ryan White funding, reflects on the shifting role: "The Foundation is typically two steps ahead of where everyone else is. This is a blessing and a curse. When you are two steps ahead, it's hard to get attention because so many folks are mired in what's happening today. On the other side, it positions you well for when everyone else finally does get there. Our work around HIV and readmission reduction is a case in point. As HIV became a chronic condition, we saw that we could do something a little more meaningful than divvying up case management funding. We began working with the HIV/AIDS clinic at Allegheny General Hospital and showed that we could make a difference around high rates of hospital readmissions among people living with HIV/AIDS. We also developed a web-based quality improvement tool that AIDS service providers could use to improve care."

Extraordinarily Challenging and Complex Problems

"To address the underlying issues faced by any of the 'forgotten people' means confronting great complexity," says Nelkin. "None of the solutions is easy. The staff and board think a lot about what can be done, what resources are available, who the partners are, and how to sequence the implementation of solutions. There is a lot of analysis and great effort to mobilize individuals to accomplish these goals. Nevertheless, JHF has distinguished itself by addressing what others ignore and accomplishing what others would wish to do."

Among the challenges that have gripped the Foundation almost since its inception, several stand out with particular force.

Women's Health: Women Are Not Just Little Men

Pat Siger was there at the beginning, when JHF's women's health agenda first began taking shape. Recalls Siger, "My first encounter with JHF was when Laurie Moser, Eileen Lane, and I came to Karen representing the National Council of Jewish Women and said we want to do Race for the Cure in Pittsburgh and needed some planning money. That was 1993, when JHF was still defining what its role would be. We'd already broached the subject with the American Cancer Society; they weren't interested. Without a blink, Karen said that this is something really important. When Karen put a sword in the ground around this issue, it was clear we were on the same team."

Eileen Lane also clearly remembers the meeting. "We'd asked for advice on how we might get a local hospital to sponsor the Race. Karen told us to be bold and ask them all! That turned out to be the winning formula!"

JHF was poised for this partnership, having supported a one-hour public television documentary called *The Breast Test*. Aired across Pennsylvania, it taught thousands of women about the importance of early detection, screening methods, and treatment options. The first Pittsburgh







Race for the Cure occurred in 1993 and has become an annual Mother's Day tradition, marked actively by women and men both, and raising some \$2 million annually.

Feinstein reflects on the changing times. "Remember," she implores, "when we started our work in breast cancer, women didn't want to talk about it – not about the problem, not about having breast cancer, and certainly not about having to have a mastectomy. It's amazing how that's changed today. Last Mother's Day, 23,000 people came out to participate in Pittsburgh's Race for the Cure, including 2,000 breast cancer survivors – women and men both. Runners wear their status – and pink ribbons for all and pink T-shirts for survivors – proudly. One rightly wonders whether the widespread adoption of mammography screening, and much of the groundbreaking breast cancer research of recent years, would have been possible if women hadn't come out of the closet with the help of Komen's movement."

The Foundation's focus on women's health, however, didn't end with breast cancer.

"I've always been interested in women's health," continues Siger. "And, as a feminist, I've found the inequality around research involving women to be profoundly disturbing. It seems that everything that's ever been done in our lives – from blood pressure medication to even standardized contact lenses – has been calibrated for a 5'10" man!"

The cost of male-centric research got personal when Essie Shore, a well-known community member, with no obvious pre-existing risks, had a major heart attack during an aerobics dance class. The symptoms she experienced were not what anyone knew to identify with a heart attack. It turns out that women's symptoms are often very different from men's – something not widely known at the time. Siger remembers it as an 'ah-ha moment' – and a call to action. "We knew that we needed to focus on women's heart health. Even today, one in four women in the U.S. dies from heart disease."



PITTSBURGH TRIBUNE-REVIEW FANFARE AND LIVING

SECTION
D
Monday,
February 6,
2006

Heart to Heart

Heart disease is the No. 1 killer of women in America and it's preventable. Women are the gatekeepers for their families' health, but rarely consider that they may be at risk. Until it's too late. Take heart, gentle reader, because that's changing BIG TIME ... thanks to a national campaign that's educating women about heart health.

Led by queen of hearts Pat Siger with Auntie Hanna Cestra, Helen Hanna Casey, Huddy Hanna and Esther Bush as co-chairs of Working Hearts in our town, some 100 take-chargers met at the Renaissance Hotel on National Wear Red for Women Day for Friday's power breakfast. They were marshaling the troops for April 27 when Working Hearts Day takes over the PPG Wintergarden with free screenings, cooking and fitness demos and panel discussions.

But it was keynote Dr. Amit Patel,

renowned cardiovascular surgeon (Don Ho was his most famous patient) and director of UPMC's Center for Cardiac Cell Therapy, who kept us riveted to our seats with news of his dramatic breakthrough in using patients' own stem cells to help hearts heal themselves. The Center's research has positioned Pittsburgh as the world leader in stem cell therapy.

Deep in the heart of Steeler Nation, where black-and-gold practically edged out red as the dress code, we spotted Nancy Zions; Dr. Rick Shannon; Eva Blum; Dr. Indira Nair; Susan Brownlee; Jean Fertotish; Louise Brown; State Rep. Dan Frankel; Sylvia Dier; Chris Fulton; Connie Chrono; Pam Costes; Debbie Foster; Dr. Cecilia Griffin Golden; John Lovelace; Angie Longo; Debra Caplan; Lucinda Beattie; Jon Twaddle; and Susie Shipley.

Affair of the heart.



The result was Working Hearts®. With seed funding from JHF, Working Hearts® ran from 1999 to 2007, growing quickly to a coalition of more than 70 community organizations dedicated to the credo “Strong Women/Strong Hearts.” The plan was to get women to know their numbers (body mass index-BMI, cholesterol, glucose, and blood pressure), and to realize that making incremental changes in their lifestyles could greatly affect their risk for developing heart disease.

“Put yourself in my place,” says Siger. “After being turned down by major health organizations, we find that Karen and the Foundation are willing to be a voice, and a place where women’s health issues can be discussed and addressed systematically. JHF sees the need before others and takes risks when others don’t. Needless to say, I’ve been involved with JHF ever since.”

Behavioral Health: Breaking Down Barriers to Integrated Care

The stigma surrounding behavioral health issues – from depression to substance abuse – has meant that, until very recently, those suffering had to navigate numerous barriers to get help. It is also becoming clearer that behavioral health problems make managing physical health problems much more challenging.

In 2008, JHF researchers, led by the Foundation’s research director, Susan Elster, PhD, discovered that many patients with frequent hospital admissions for chronic diseases also had behavioral health problems like depression and substance use disorders. The finding led JHF to launch a series of demonstration projects – first in Pennsylvania, then with partners across the U.S. The projects use a collaborative care management approach to show how people with behavioral health problems can be identified and treated sooner by primary care physicians.

The first project, Integrating Treatment in Primary Care (ITPC) was launched with support from the Staunton Farm and Fine Foundations. ITPC trained providers at three community health centers in identifying and treating depression, and reducing unhealthy alcohol and other drug use. It uncovered a lot of barriers to integrated care – from training to reimbursement – that would be the focus of multi-state projects ongoing through 2015.

Knowing that overcoming the many barriers to primary care-based behavioral health services would be crucial, the Foundation also formed a national network called Champions for Integrating Care to facilitate rapid exchange of best practices to organizations across the U.S.

ITPC was followed by Partners in Integrated Care (funded by a grant from the Agency for Healthcare Research and Quality), an effort to bring the care model to 57 additional primary care sites in Pennsylvania, and in Minnesota, Wisconsin, and Massachusetts. Finally, a Health Care Innovation Award from the Center for Medicare and Medicaid Innovation called Care of Mental, Physical, and Substance Use Syndromes (COMPASS) spans eight states, more than 190 primary care practice offices (including 28 in Pennsylvania), and targets adult patients with poorly managed depression, along with diabetes or cardiovascular disease.

Combined, these projects generated important lessons about the barriers that need to be overcome to make behavioral health care a standard part of primary care.



Elders: Longer Lives, Better Health

“From the beginning,” says Karen Feinstein, “JHF has operated from the premise that aging does not equal unwavering decline. We have been dedicated to helping our region’s seniors maintain the best health, quality of life, and appropriate health care and social supports – leading to maximum comfort and independence.”

Anticipating the elder years of the largest ever American cohort, JHF and others began planning for the Baby Boomers’ retirement years ago. In just its second year, JHF conceived of a continuum of care for elderly western Pennsylvanians, going where other foundations hadn’t.

The three components of the Foundation’s aging agenda include preserving and promoting wellness, improving long-term care (LTC) options, and changing expectations for care at the end-of-life.

Preserving and Promoting Wellness

In the 1990s, JHF balanced its focus on care for frail seniors with its vision of seniors as valuable and vital community resources. The Foundation led the way in raising awareness that seniors provide incredible value beyond their essential roles in their families – as community volunteers, contributors to economic growth, and civic leaders. Early investments promoted senior wellness, broadly defined, and included a local Elderhostel program. JHF also supported the Executive Service Corps which linked experienced retired seniors as mentors to local nonprofits.

In health care more traditionally defined, JHF supported a falls prevention program in hospitals (through Fred Rubin, MD, at UPMC’s Senior Care Institute), an initiative to prevent incontinence, a polypharmacy prevention effort, and an effort to prevent both mild and major depression in seniors.

Long-Term Care

From the start, JHF promoted the kinds of support that would enable adults to age in their communities. Nursing homes serve an incredibly valuable purpose for those who need high levels of nursing care, but the Foundation believed that there should also be robust options for those who want to stay safely at home and receive services in their own neighborhoods.

JHF, from the outset, thrived on grant agendas in areas where “most others did not go.” AIDS is one example; women’s health advocacy another; hospital infection and medical error became a signature, and aging services rose as well. In a recent JHF ‘Roots’ publication, *Longer Lives, Better Health*, JHF staff recount the Foundation’s long and extraordinary dedication to serving the needs of frail seniors, often in association with the United Way of Allegheny County. The publication details working partnerships with organizations like the Jewish Association on Aging, the four Kane Regional Centers in Allegheny County, Presbyterian SeniorCare, Asbury Heights, Vincentian, among others, as well as JHF’s training of Certified Nursing Assistants, and provision both of quality improvement support and technical assistance around the introduction of electronic health records, as part of the REACH Initiative, under JHF Chief Informatics and Learning Officer, Bruce Block, MD.



During these past 15 years, the Foundation has run the gamut from providing emergency mini-funds for fans to cool homebound elders, to taking the lead in crafting a proposed pilot to launch managed long-term care with supportive services in Pennsylvania.

An important forum for bringing this thinking together was the Alliance on Aging. Providers, insurers, government representatives, academics, and funders gathered to figure out how to address the structural, capacity, and leadership needs required to create and sustain high-quality service for seniors. Charlie Pruitt at Presbyterian SeniorCare, and at the Southwestern PA Partnership for Aging, which JHF seed funded, provided leadership and inspiration.

In 1996, JHF completed an aging environmental scan that set the Foundation apart. Says Zions, “We became the welcome address on aging in our region – a proud title we carry to this day. Many elements of the plan guided funding for the next 10 years. It was the first time we segmented the population into the well, vulnerable, and frail.”

More recently, Mildred Morrison ushered in an even stronger relationship with the local Area Agency on Aging (AAA) when she assumed her role as Director of the AAA and position on the JHF Board. JHF has partnered with the AAA on multiple LTC quality improvement initiatives.

Twenty years ago as a first-time social service executive, Morrison first began working with JHF on everything from an aging environmental scan to creating and implementing a curriculum to train personal care aides. “During these past 15 years, the Foundation has run the gamut from providing emergency mini-funds for fans to cool homebound elders, to taking the lead in crafting a proposed pilot to launch managed long-term care with supportive services in Pennsylvania,” recalls Morrison. “The AAA has benefited from JHF’s partnership and its invaluable technical assistance which, among other things, helped make the AAA a recipient of significant funding from the Centers for Medicare & Medicaid Services (CMS) to reduce readmissions at five area hospitals.”

Also critical to strengthening the increasingly robust aging services sector was the role played by the Three Rivers Workforce Investment Board (TRWIB), charged with ensuring that the needs of businesses and job seekers are met. The TRWIB allowed the Foundation to be creative in the development of training and education programs designed especially to strengthen the LTC sector’s workforce.



Currently, JHF is working with over 19 LTC facilities to reduce preventable hospital admissions through a CMS-funded, five-partner initiative known as RAVEN (Reduce Avoidable Hospitalizations using Evidence-based interventions for Nursing Facility Residents). It also trained frontline workers in quality improvement through a LTC Champions program. With JHF support, aging policy has become a major focus of the Pennsylvania Health Funders Collaborative.

While there is a role for institutionalized long-term care and skilled nursing facilities, recent policy initiatives in Pennsylvania have acknowledged what JHF has known all along. Most seniors prefer to have options to age well and safely in their communities. JHF is weighing in to shape the proposed long-term care Medicaid Managed Care models that will bring together service and payment delivery for physical, mental health, and social supports for seniors regardless of setting.

Following a global health study tour of South Africa, Feinstein wondered whether successful efforts to get health care into rural and poor areas in South Africa using indigenous community health workers could also be applied to helping people age in community in the U.S.

“Community health workers (CHWs) have played a powerful role in developing countries – bringing a mix of social and health services into the neighborhood and home,” says Feinstein. To learn more, JHF commissioned a paper on CHWs and has promoted the idea at both the national and state levels, calling for appropriate training, licensing, and support. JHF has participated in or organized two large gatherings to promote CHWs – one with the Association of American Medical Colleges in Washington, D.C. and another in Harrisburg (the Community Health Worker Statewide Policy Summit). Finally, the JHF Board has approved a planning grant and demonstration model to test a curriculum for CHWs that will help keep seniors where they want to be: in their homes, safely.

Changing Expectations for Care at End-of-Life

Only recently have healthcare providers begun to consider their role not only in helping people to live, but in helping seniors and their family caregivers weigh their options and desires at end-of-life. Despite the fact that end-of-life care involves emotional, physical, and financial burdens for patients and their loved ones, important conversations about how to prepare for the inevitable have been too rare. The result can be unnecessary pain and suffering, poor quality of life, avoidable burdens on family caregivers, and the emotional and spiritual isolation of the sick.



Closure session for staff and some residents of Asbury Heights



Session Two of JHF's Death & Dying Fellowship (AGH)

One of the Foundation's most cutting-edge programs draws attention to the conversations that are desperately needed as we approach end-of-life. Offering information and resources so that people can make educated decisions about end-of-life care, the Closure initiative aims to change expectations for care at end-of-life. Says Nelkin, "I've deeply admired this work, which is so supportive for families facing very complicated decisions."

JHF wanted to normalize end-of-life conversations. While difficult, these conversations can help family members be responsive to one another's medical needs and preferences, and also enhance family connection, healing, and affection.

The Closure program uses education, outreach, and advocacy to help providers, patients and family caregivers, clergy, hospice workers, and LTC professionals engage in meaningful dialogue about goals of care.

"Ultimately," says JHF trustee and the chair of the first Closure Conversation series Tom Hollander, "Closure is about empowering patients and families to make informed decisions about what's best for them."

Reflecting on the Foundation's long-standing aging services agenda, Feinstein concludes, "Our aspirations go further than any particular program. We believe that retirement years can be truly golden. Worries and challenges of youth and middle age are in the past. There can and should be much joy in the present. We have the largest ever generation of older adults whose quality of life could be much enhanced, but our systems of support must better meet their needs."



"Our aspirations go further than any particular program. We believe that retirement years can be truly golden. Worries and challenges of youth and middle age are in the past. There can and should be much joy in the present. We have the largest ever generation of older adults whose quality of life could be much enhanced, but our systems of support must better meet their needs."

Karen Feinstein

Dr. Bruce Block with the MA Champions

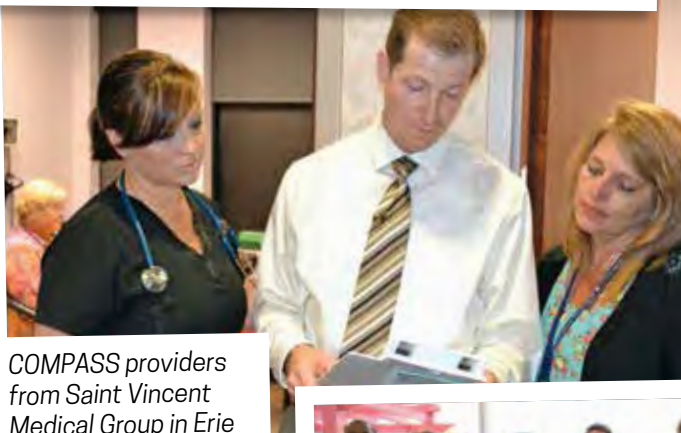


David Shapira at the kickoff of the
"Walk for Food to Grow" - May, 1995

COMMUNITY HOSPITALS AT THE CROSSROADS

December 11, 2014
Wyndham Grand Hotel
Pittsburgh, PA

PRHI Payment Reform Summit



COMPASS providers
from Saint Vincent
Medical Group in Erie



Minority AIDS Initiative Agency Outreach Workers - May, 2014




Roosevelt Room Presentation, 2001



Physician Champions

Irrefutable Solutions: Tackling the Big Issues with Big Aspirations



Complex problems need irrefutable solutions. As Nelkin describes it, “An irrefutable solution is an approach to a problem that everyone can support.”

“When you address a complex problem, you have to translate your approach in ways that others – from government workers, to foundations, to community agencies, and families can support. Not every approach has been successful, but JHF has a great track record. There is the sense in the community that when JHF takes on a particular problem, there will be a lot of progress.”

Bringing Lean to Health Care: The Pittsburgh Regional Health Initiative

Rick Stafford, CEO of the Allegheny Conference on Community Development (ACCD) from 1991 to 2003, was part of the team that birthed the Pittsburgh Regional Health Initiative (PRHI). As he describes it, “Karen Feinstein, the first woman to be recruited to the ACCD board [since its founding in 1944], objected to the fact that the ACCD’s major six-year plan, called ‘Working Together to Compete Globally,’ did not deal with health care.”

“Karen pushed the idea that we should focus on health care,” Stafford remembers. “Then she recruited [former Alcoa CEO and later U.S. Treasury Secretary] Paul O’Neill, a fellow ACCD board member with a passion for health care.”

In 1997, the healthcare sector in southwestern Pennsylvania employed one in eight workers and generated more than \$7.2 billion in business. From Stafford’s perspective, the timing was right. “Health care was (and is) a huge part of our workforce and economy, and there were serious questions about quality and delivery,” says Stafford. “Cost was a huge issue to virtually all of the private-sector leadership. Tackling these issues required a leader who really understood their complexity. If you’re running a Fortune 500 company, you’re not spending eight hours a day thinking about health care. Karen spends 14 hours a day thinking about it. She brought a level of knowledge and inspiration to members of the Allegheny Conference.”

So in 1997, Feinstein and O’Neill formed one of the first regional, multi-stakeholder collaboratives in the nation – the Pittsburgh Regional Health Initiative.

From the start, PRHI was an unusual organization. Although its founders and early staff didn’t know how bad things truly were, they rallied around the research finding that for every dollar spent on health care, 40 cents represented waste in the form of errors, inefficiencies, unnecessary treatments, and avoidable complications. Fixing the mess meant not only improving safety in health care, but improving the design of healthcare delivery and payment.

When, in 1999, the Institute of Medicine (IOM) issued a national wake-up call regarding the crisis in healthcare quality and safety, PRHI was already crafting a solution. The IOM study, ‘To Err is Human,’ estimated that nearly 100,000 people were dying every year in the U.S. from avoidable medical errors.

Harold D. Miller, former consultant to PRHI, says, “JHF not only recognized the need for dramatic improvements in healthcare quality years before the rest of the nation, but it was already working to proactively address quality problems when the Institute of Medicine first brought them to national attention.”

Bringing Lean to Health Care

“When PRHI began, Lean was very controversial. Now it’s standard. From the beginning, we showed that a Lean method like Perfecting Patient CareSM, data on performance (like PRHI’s cardiac registry), and shared learning could make a difference. We also found that JHF could leverage grants to PRHI by a factor of five. This let PRHI get the funding it needed to take terrific ideas and make a difference on the local, regional, and national levels. 2014 was our biggest year for funding ever.”

Alan Guttman, PRHI Board Chair 2005 to 2011

Michael Millenson would agree, “When I first met Karen, not long after my book [*Demanding Medical Excellence: Doctors and Accountability in the Information Age*, 1997] appeared, I’d grown weary of those who boldly declared support for “quality” or “patient safety” while beating a hasty retreat from any specifics that might provoke powerful special interests. In contrast, Karen was a leader. Years before the Centers for Disease Control and Prevention vowed to stamp out preventable infections, or the Institute for Healthcare Improvement moved to save 100,000 lives, or corporate benefits managers took a leap into patient safety, the Jewish Healthcare Foundation, through PRHI, set a public goal of zero preventable harm by hospitals in their community. Since then, JHF has served as an inspiration and light to the nation in taking that goal seriously, and never giving up on implementing the thousands of small actions necessary to make it come true.”

Borrowing from Lean quality improvement tools developed by W. Edwards Deming, applied by the Toyota Motor Company, and later championed by Paul O’Neill at Alcoa, PRHI set about bringing Lean to health care. Lean methods aim for perfection – as in zero errors – by entrusting problem solving to frontline staff.

The impact of this approach in industry, as measured in increased quality and simultaneous decreased costs, was beyond dispute. So PRHI developed its own Lean-based methodology, called Perfecting Patient CareSM. One of the first healthcare problems at which PRHI took aim was hospital-acquired infections (HAIs) – the source of many of the avoidable deaths decried in the IOM report.

Paul O’Neill remembers, “We began with the idea of including the 44 hospitals in southwestern Pennsylvania as founding members of the initiative. But I believed that, in addition, we needed to include representatives from large and small employers, all of the medical societies, labor unions, media, and insurance companies to talk about important subjects in a collaborative way. We had an important opportunity to substantially improve outcomes for medical interventions while reducing costs by 30–40%. In just the first two or three years, 32 hospitals reduced the incidence rate of central line infections and blood stream infections by two-thirds.”

“PRHI set out to redesign health care without being constrained by conventional wisdom,” says Miller. “Rather than listening to national infection ‘experts’ who said that hospital-acquired infections (HAIs) were unavoidable, PRHI showed that they could not only be reduced, but totally eliminated.”

From her statewide vantage point, Ann Torregrossa (then head of the Pennsylvania Health Law Project who would in 2009 be appointed to head the Pennsylvania Governor’s Office of Health Care Reform) remembers hearing about PRHI at the time.

“I marveled at the work PRHI was doing with the Veterans Administration (VA) to reduce MRSA,” she recalls. “Elsewhere in the state, HAIs were considered inevitable. When I started at the Governor’s Office of Health Care Reform, I arranged to take the office staff to see PRHI’s HAI

“I learned about the strength of civic leadership in our region, and how important that tradition is in not leaving our region to the fates of the larger economy. Those structures are what allowed us to seize the opportunity to create PRHI. Within a few short years, we were able to produce measurable proof that the ideas of pursuing perfect quality and safety goals could produce results no one thought possible in health care.”

Ken Segel

JHF/PRHI, 1994-2003

work in Pittsburgh. This experience led to the passage of Act 52 of 2007, the strongest HAI legislation in the country. It tied continued hospital licensure to successfully reducing HAIs, and led to a 24% reduction in HAIs in the first three years of reporting. The work JHF and PRHI pioneered – and the passion of Karen Feinstein on this topic – has meant that thousands of people each year have been spared HAIs, many of whom would have needlessly died.”

The impact on staff carrying out the project was equally impressive. Moe Coleman saw the impact of the project in the frontline staff entrusted with carrying it out. “I remember the

nurses at the VA. They were so invigorated by having an impact on policy decisions within the hospital. They loved having the chance to make their hospital a model for reducing infections which utilized nursing staff to provide policy guidance in a hospital. When I visited, the nurses showed me a whiteboard listing all of the improvements they thought could be made. They understood the improvement opportunities better than anyone because they were involved in the work. And leadership was listening. I was so impressed.”

Within a decade, PRHI trained thousands of healthcare workers in Lean methods and reported successes in improving quality in virtually every kind of healthcare setting. Many of these stories were captured by Naida Grunden in her 2007 book, *The Pittsburgh Way* (winner of the 2013 Shingo Prize), and, in the same year, by Atul Gawande in *Better: A Surgeon’s Notes on Performance*.

Staff and leadership still were not satisfied. It was clear, for one, that the payment system created perverse incentives. For example, drilling down on the problem of HAIs and medical errors more generally, PRHI consultant Harold Miller discovered a flaw in the payment system. “We showed that under the way hospitals are paid, reducing infections creates significant financial penalties for hospitals,” explains Miller. For this, Miller and Feinstein were featured on the cover of *Modern Healthcare*.

Although serious efforts to address this problem would await the Obama Administration’s Affordable Care Act (ACA), PRHI started the ball rolling.



“PRHI banded together with other quality improvement collaboratives around the country and organized two national Payment Reform Summits,” says Miller. “The attendees worked together to design better ways of paying for health care, and produced detailed reports outlining how better payment models should be structured. Much of the progress in payment reform around the country in recent years can be traced to the work done at the Payment Reform Summits in 2007 and 2008.”

More frustrating was the discovery that success in improving care quality or efficiency didn’t spread in the healthcare facilities where Lean experiments were proving their value time and again. In fact, one unit in a hospital could be providing excellent care, while the unit down the hall continued to perpetuate broken care processes – at patients’ expense. Why weren’t healthcare providers all over the country applying Lean methods to make health care safer and more efficient? Attention turned to getting the word out more forcefully.

As a consultant to PRHI at that transformative time, Rick Stafford recalls that much discussion centered on how to increase the organization’s state and national impact. “My role was to help PRHI think through how it could get the state’s interest, and how could we get a national reputation for spreading positive changes in the healthcare system? Those discussions helped PRHI develop a national brand. PRHI became a research and educational hub, with programs that go far beyond what those who created the Foundation with the sale of Montefiore could have imagined.”

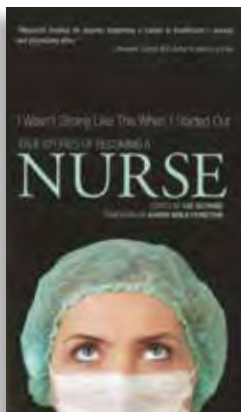
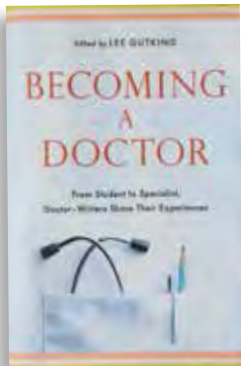
As part of an effort to shout the message to policy makers and healthcare providers everywhere, PRHI made its case in writing. An impassioned case for applying Lean to systems, rather than one-off care delivery problems, became the subject of a 2011 book entitled *Moving Beyond Repair: Perfecting Health Care*, edited by Feinstein, Susan Elster, and Colleen Vrbin.

Although benefiting from recent legislative support through the ACA, it became increasingly clear that the power of Lean methods continues to be hamstrung by moribund leadership and management cultures. PRHI became aware that Lean only achieves enterprise excellence in a supportive context.

While PRHI continued to focus on quality improvement, its strategies evolved. Having introduced itself as “a proactive approach to the problems of health care,” says Stafford, “eight years later PRHI adopted an even more ambitious program.”

Keeping its eye on the goal of improving patient care, PRHI pursued a significant shift in its agenda. Because hospital leaders were not motivated to create a context for perfecting patient care, PRHI began to work on keeping people out of hospitals – an effort that means improving the capacity of primary care teams to help people stay well, and activating patients to take on a new role as the leader of their healthcare team.

Keeping people out of hospitals was a goal that spurred multiple projects – from a series of Readmission Research Briefs, to major demonstration projects supported by multi-million dollar funding from the Center for Medicare and Medicaid Innovation (CMMI).



The Evolving Agenda



"Igniting a Consumer Health Activation Movement" - July, 2015

making hospitals safer

keeping people
out of hospitals

improving the capacity
of primary care teams

supporting an
activated patient

The behavioral health work mentioned earlier has its roots in this goal as well. If unaddressed behavioral health needs contribute to poorer health and more frequent hospitalizations, then expanding the capacity of primary care physicians to recognize and treat them is hugely important.

Says Miller, "PRHI recognized [the problem of avoidable hospitalizations] as a critical problem in healthcare quality years before hospital readmissions became a central focus of national policy. PRHI was not only one of the first to call attention to the problem, but it designed and implemented a project that successfully reduced hospital readmissions. The approach that PRHI used – hiring nurses to make home visits to discharged patients and redesigning the workflow in primary care practices to better manage transitions of care – is the same as the approach being used today in most successful programs nationally."

That early work in a single hospital later spurred a six-hospital project. In 2012, with a \$10.4 million CMMI award, PRHI launched a series of Primary Care Resource Centers in six community hospitals to focus on effective care transitions of complex patients, in order to assure they receive the level of care and support during and post discharge needed to reduce re-hospitalizations and the overall cost of care.





“Under Dr. Feinstein’s guidance, the Network for Regional Healthcare Improvement (NRHI) has grown into the vibrant organization it is today. NRHI has over 30 RHICs that collectively serve over 40% of all Americans. Our organization leads many multi-region innovation projects that have tremendous potential to transform our healthcare system.”

Elizabeth Mitchell



PRHI and the region set a national record when more than 80 employers signed onto U.S. HHS Secretary Michael Leavitt's "Four Cornerstones of Value-Driven Health Care" - March, 2007 (PPG Wintergarden)



TAKING REGIONAL LESSONS TO THE NATION: FORMING THE NETWORK FOR REGIONAL HEALTHCARE IMPROVEMENT (NRHI)

“JHF recognized early on,” says Miller, “that health care is local and that the most successful solutions would be created locally, not nationally.” True, but JHF also realized that a network of local organizations, each devoted to improving the quality and efficiency of health care, would have much more power to change the conversation nationally. Miller became NRHI’s first executive director.

Sophia Chang, MD, has long been part of the healthcare quality conversation. She is vice president of programs at the California HealthCare Foundation and has had roles as director of quality management at the Veteran Health Administration, director of the HIV/AIDS program for the Kaiser Family Foundation, and medical director of a managed care plan for Medicaid recipients.

“Making change is hard,” says Chang. “It requires both ‘boots on the ground’ and a strong policy agenda. Karen knew that. When she said, ‘Wouldn’t it be great to get together like-minded people working to make a difference in the communities and learn from one another?’ we did not imagine the momentum that would be generated by the resulting Network for Regional Healthcare Improvement.”

NRHI represents over 30 Regional Health Improvement Collaboratives (RHICs) – each, like PRHI, a nonprofit, multi-stakeholder organization working in their regions to transform the healthcare delivery system.

As a founding NRHI member, Massachusetts Health Quality Partners (MHQP) was part of shaping what became a ‘collaborative of collaboratives.’ MHQP’s Executive Director, Barbra Rabson, remembers, “We started off as four RHICs, but with JHF support, we began to get national attention and connected NRHI with Harold Miller who helped launch regional collaboratives on the national stage. Fast forward to 2015, we now have a seat at the national policy table that we only dreamed of in the early days.”

Finally, JHF and PRHI have both embraced the possibility that the demand for improvement will finally come from healthcare consumers themselves. Its new Center for Health Information Activation (CHIA) aims to put tools in the hands of patients to help make that happen. The hope is that 'activated' patients will assume ultimate responsibility for their health, share in healthcare decision making, "shop" for providers knowledgeably, and choose (interventions) wisely. They advocate for their own health needs or the needs of those for whom they care; they manage their health problems and chronic conditions. They know that doctors too often lack a magical solution to their discomfort or illness; sometimes it's a mutual experiment of trial and error.

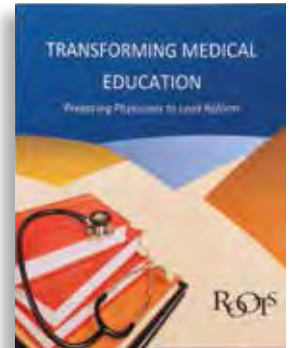
Summing up his reasons for launching PRHI together with Karen Feinstein back in 1997, O'Neill concludes, "I believed it was possible for southwestern Pennsylvania to become the leader in excellent medical care, and that an important way to do that was to create collaboration across all of the interest groups with an objective to help our region be better by a lot than any other place. PRHI was a huge step forward in collaboration and comparison that never existed before."

Says Stuart Altman, the Sol Chaikin Professor of National Health Policy at Brandeis University, "With more energy and insights than anybody I know, Karen and her staff have helped push the industry to focus on improving quality and safety. Karen can be unmerciful in telling institutions that they aren't doing enough. Even though there are improvements, she doesn't let the industry off the hook for fairly small changes. She's a wonderful force for good in our healthcare system. There are a lot of foundations that are much bigger, but they are more spread out and diverse in terms of what they do. By concentrating on quality and safety, the impact of JHF has been tremendous."

Health Careers Futures

Dave Malone began chairing the Three Rivers Workforce Investment Board (TRWIB) in 2001. "Education and workforce are my two main passions," begins Malone. "We at the TRWIB started to look at the workforce in 'clusters' – financial services, manufacturing, health care – to figure out how to strengthen each. We asked people in leadership positions within each of those clusters to hold a summit to focus discussion. At the time, there was a severe nursing shortage in the region. JHF was the first to respond."

JHF did background research and then hosted a Pittsburgh Region Health Workforce Summit. "The goal of the Summit," says Malone, "was to understand the state of the region's healthcare workforce, and to identify gaps in workforce recruitment and retention. It was probably the first time we had a conference where various stakeholders – trainers, employers, job seekers – were in one room to talk about what we needed to do to create a robust workforce for the healthcare industry."



Mark Roosevelt, superintendent, Pittsburgh Public Schools; Willard Daggett, president, International Center for Leadership in Education; David Malone, chair, Health Careers Futures Board of Directors; Karen Feinstein - April, 2008 (High Schools & Careers Summit)



The other challenge at the time was a serious shortage of nurses. The problem wasn't that there weren't enough graduates, but that nurses were leaving the industry.

Malone recalls, "We looked hard at root causes and discovered that nurses were leaving in part because of work hours, in part because of the job's physical demands. But the overriding piece of information we got from the Summit meetings was that nurses were leaving primarily because of the way they were treated in the work place. They felt increasingly unable to practice real nursing. They were doing a lot of paper work, and quite often doctors were condescending towards them. There were things that they could see that impacted patients' experiences, but they were either not permitted because of licensing issues or not able to practice the way they wanted to practice. JHF began to study all of these issues."

A year later, to follow up on the Summit's insights, JHF formed Health Careers Futures (HCF) as an operating arm. The HCF Board brought together key regional stakeholders, researchers, educators, and the deans of several healthcare professional training programs.

Aware that patient care is only as good as patient care workers, HCF's purpose was to catalyze investment in health careers, build pathways to health careers – beginning in elementary school, spread effective recruitment and retention strategies, and align the regional supply and demand of health workers. Above all, HCF aspired to create workers prepared to advance quality, safety, and efficiency among all settings of care.

The Summit, according to Malone, taught that "job-seekers generally didn't understand the career ladder available in health care. In health care, where a line worker can start almost anywhere and work his/her way up to almost any position, taking advantage of available learning opportunities."

"I'm proud of our work to let young people know how attractive these jobs can be, and how rewarding that career path can be for them," says Malone. "We actually got Governor Rendell to have a day where every high school in the state received a video that outlined the opportunities available in health care – we made a big splash. We were also able to put training providers together with employers in a way that hadn't been done before."



Patient Safety Fellows 2015



Ribbon-cutting,
QI²T Center,
December 2012

Fellowships

JONAS SALK FELLOWSHIP

Fellows from healthcare-related professional degree programs propose solutions to serious and persistent population health problems.

PATIENT SAFETY FELLOWSHIP

Fellows from interdisciplinary healthcare-related fields learn a method to continually improve healthcare safety, efficiency, and quality using PRHI's Lean improvement methodology, Perfecting Patient CareSM (PPC).

QI²T HEALTH INNOVATORS FELLOWSHIP

Fellows develop solutions to persistent issues in health care, working closely with accomplished entrepreneurs and expert health professionals, pitching a final project to a panel of judges from the health IT industry, venture capital, academia, and more.

FELLOWSHIP ON DEATH & DYING

Fellows learn how to deal with death, dying, and grieving families as it relates to their roles as healthcare professionals.

SUMMER INTERNSHIP

Summer interns from schools of health professions are assigned to a specific project team and mentor at JHF or PRHI.

Fellowships and Recognitions: Building an army of change agents

That work continues with older students as well. HCF operates five separate Fellowship programs that offer local graduate students and healthcare professionals an opportunity to gain access to the outstanding local leaders in health practice, policy, and discovery who are shaping better delivery and payment systems. Since 2001, over 750 students have completed one of the HCF Fellowships.

As Feinstein puts it, “Our Fellowships are how we build the “army” for a quality revolution. We are creating activists for the improvement of the healthcare systems of tomorrow.”

Finally, JHF works to recognize and support those making changes at the front line in health care. The Fine Awards for Teamwork Excellence in Health Care recognizes teams of providers that have made significant improvements in quality. The teams are selected by a panel of national experts in healthcare quality improvement. Winning teams receive monetary awards and public recognition.

Milt Fine, chairman and president of The Fine Foundation, explains, “The Fine Awards, developed jointly by JHF and The Fine Foundation, shine a light on people in the healing field who are doing outstanding and innovative work, and who are significantly improving patient care. Karen and the extraordinarily talented JHF staff, and the committed board of the Jewish Healthcare Foundation, shaped a program that has developed new standards in health care, and has changed and elevated the care and treatment that patients receive.”

Kunzman sums it up, “When your agenda is all about change, you understand and appreciate that it doesn’t happen overnight, especially in health care. You circumvent a long process by building an army of change agents. JHF has done this through countless Fellowships, organizational partnerships, and the support and recognition of frontline change agents through creative programs like The Fine Awards.”

Community Health Workers

Most recently, HCF has turned its attention to increasing the presence of community health workers in all health sectors. As lifestyle-related chronic diseases become more and more prevalent, it is increasingly clear that healthcare providers must be able to reach patients where health choices really happen – their homes, schools, neighborhoods, and workplaces. As Malone sees it, “We have to find ways to focus on preventative care. From infant mortality to diabetes to obesity to various chronic care issues like COPD, we need to find a way to change lifestyles. If we can do that successfully, we can have a marked influence on the cost of health care. We’re supporting CHWs because they can be most proactive within neighborhoods, encouraging better health, and connecting people with good healthcare providers.”

Malone concludes, “The one thing that continues to astound me about the JHF staff and board is their willingness to proactively seek out root causes of issues, and provide solutions. They dig in, establish training programs and foster champions on the front line who get others, including executives, to buy in. They’re constantly trying to create a better working environment, and a more productive workforce.”

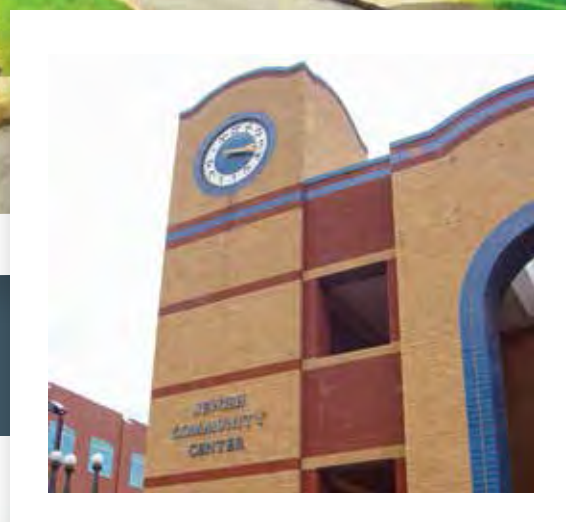
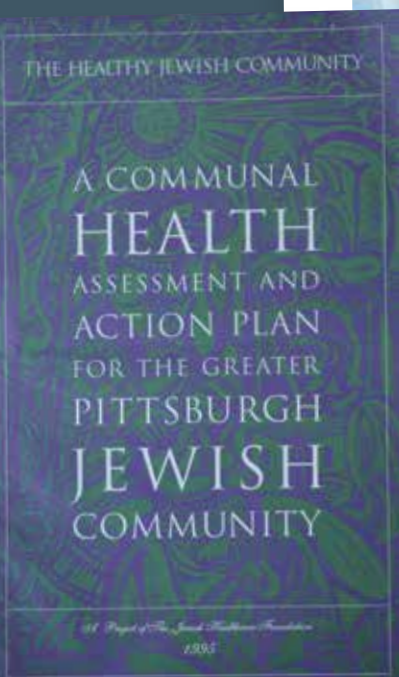


Fine Award “Silver” Winner - UPMC St. Margaret - Reducing 30-Day COPD Readmissions Team - November, 2008



Reception prior to Fine Awards announcement - November, 2008





I INHERITED WHAT?



You and Your Genes
A Community's Response to New Findings:
It's Not Just Tay Sachs



Strengthening Jewish Pittsburgh



From the moment the Foundation was conceived, the founders knew that it would add something unique to the rich landscape of traditional Jewish communal institutions. But they also knew that it would have a special relationship with the organized Jewish community and communal institutions – embodied from the start in its bylaws.

There is mutual board representation, as well as collaboration at the staff, agency, and volunteer levels. In addition, the JHF bylaws require an annual commitment of \$750,000, via the Jewish Federation, to the five major health-related agencies in the Jewish community (Jewish Community Center, Jewish Association on Aging, Jewish Residential Services, Jewish Family & Children's Service, and Riverview Towers). Ten years ago that annual commitment increased to \$900,000 and has continued unwavering ever since, even as the JHF endowment dropped below \$100 million during the recession. The JHF CEO and the Board Chair are represented on the Jewish Federation's board and vice versa. Further, JHF staff serves on the Jewish Federation's allocations committee which determines the distribution and oversight of those funds.

Moreover, while JHF is a local Jewish foundation, its founders authorized the board to respond to Jewish emergencies around the world. That clause in the bylaws has been activated on several occasions: the resettlement of Jews from the Former Soviet Union (FSU), support for the health and mental health needs of Israel during times of war, and support to the American Jewish Joint Distribution Committee to help Jews in crisis around the world.

From the beginning, JHF assumed even more responsibility for supporting health-related needs in the Jewish community. That responsibility is reflected in the \$60 million in grants given to the Jewish community since JHF's founding. In fact, by the end of this decade, JHF will have returned to the Jewish community the equivalent of the \$75 million that started the Foundation 25 years ago. But the content of that contribution is much deeper than a balance sheet, and a reflection of the values that guide the Foundation.

The Healthy Jewish Community Project

In 1992, JHF's leadership began to probe the substance of this responsibility to meet the health-related needs in the Jewish community. For what and for whom is the Foundation responsible? Answering that question became the mission of the Healthy Jewish Community Project (HJCP)– an iconoclastic assessment of community needs launched in early 1993.

As Feinstein explains it, "Funders typically rely on information from agency staff or research professionals for guidance on what to fund. We chose another option: to begin with a clean slate, unencumbered by previous communal commitment, and let the community – in its broadest sense – suggest communal needs."

The challenge of the HJCP was clear from the start. How to sample the full community, and factor in the opinions and experiences of the frail and the poor, least educated, consumers and professionals? How to hear from Jews who were Orthodox, Conservative, Reform, and unaffiliated? The young and the old?

To manage what would be an unconventional research process, JHF brought Susan Elster, PhD on board. Elster remembers her excitement, "I'm a public policy researcher trained in serious number crunching. But I'm also someone who loves numbers almost entirely for what they

reveal about real human needs and strengths. Under every statistic is the story of a real human being. And, to my delight, the HJCP turned the typical research project on its head. Instead of assuming that we knew what questions to ask and then tallying the responses, we asked the community to tell us what questions to ask – and then asked those questions using robust research methods. From my perspective, the HJCP was the perfect project.”

“In 1994-95, it was my great honor to co-chair the Health Commission of the Healthy Jewish Community Project, along with my wonderful colleague, Dr. Barbara Shore. We had a shared vision, with the Foundation staff, that “health” needed to be broadly defined, be based on hard data about the community, and be grounded in Jewish values about healing and “tikkun olam.”

Our methodology of soliciting input from a diverse constituency was profoundly important in creating the right goals for future initiatives.”

Fred H. Rubin, MD

Chairman, Department of Medicine
at UPMC Shadyside

Even the oversight of the project was multi-focal, and multi-dimensional. A 31-member Health Commission, co-chaired by Professor Barbara Shore, PhD and Fred Rubin, MD (a gerontologist), ensured broad community participation in gathering information, analyzing findings, and making recommendations to the Foundation on how it could address community health needs.

Four additional committees, representing another 50 people, supported the Health Commission. Joanne (Chana) Perelman – a small business owner and member of the Lubavitch community – chaired the Outreach Committee which ensured communication between the Health Commission and the regional Jewish community. A Research Committee, chaired by Davis Bobrow, PhD and Davida Fromm, PhD, brought together renowned statisticians, researchers, and epidemiologists to make sure that the project’s design and methodology was sound.

Roslyn Rosenblatt moderated the Jewish Values Committee to provide ethical and moral guidance on Jewish communal responsibility for health service provision. This committee invited three rabbinic experts on medical ethics from the three major American Jewish denominations – Rabbis Moshe Tendler, PhD (Yeshiva University), Walter Jacob, DHL (Rodef Shalom Congregation), and Aaron Mackler, PhD (Duquesne University) – to offer key halachic (legal) insights.

The committee composed a “Jewish Values Statement” (see sidebar) on the values which ought to frame the Foundation’s response to the needs uncovered in the project. Chief among these were the prevention of illness and injury, supporting those who are sick, and promoting the quality of Jewish family life.

Finally, a Jewish Communal Service Advisory Committee, chaired by Ruth Schachter, the Jewish Federation’s board chair, provided the project with the guidance of experienced professionals.

The staff and volunteers of the HJCP ended up reaching out to more than 100 people in 16 different focus groups that varied by age, gender, and marital status. They conducted interviews with 20 congregational and school rabbis, and interviewed 75 health professionals with close ties to the Jewish community.

“In every case we asked open-ended questions,” says Elster. “We didn’t even assume that what we thought of as ‘health’ was what others thought of as health. In fact, the conversations in the focus groups began by asking everyone what they think of when they think of health.”

All of these conversations ended up identifying major community health issues – from concerns about health insurance, to physical and mental health issues, to caring for special needs children and elderly relatives. Drilling down on these issues became the focus of a formal telephone survey of 1,178 Jewish households.

The issues around which the community expressed vulnerability moved well beyond health as classically defined medical care to encompass caregiving, social isolation, behavioral health, and financial stress.

The Foundation learned that a quarter of Jewish households said they needed help for an elderly relative, and that isolation was a serious issue. One in five people 65 and older reported that they would not have help from family, friends, or neighbors if they were sick. Families with special needs children shared the challenge of getting the specialized help their children needed. About 15% of households reported having at least one member who had experienced an emotional or behavioral health problem. The survey also revealed that at least 10% of households had incomes that would qualify them for, at the least, partial Food Stamps benefits. JHF still struggles with the challenge of defining “health” problems broadly.

A Jewish Communal Grantmaking Agenda

The Foundation began building a grantmaking agenda in response to these needs. “What we learned guided our grantmaking for years to come,” says Feinstein. “In partnership with Jewish communal organizations and the Jewish Federation, we embarked on major efforts to improve care for seniors and their caregivers, to address the special needs of the Jewish poor, to provide better support to families with special needs children, and to embrace behavioral health as central to overall health.”

A sampling of some of the initiatives closest to the heart of JHF’s response to the findings of the HJCP follow.

The Jewish Association on Aging

In the early 1990s, the Jewish community of Pittsburgh embarked on a capital campaign – called the Renaissance Campaign – intended to address the physical, growth, and modernization needs of the community’s institutions. One institution requiring significant attention was the Jewish Home for the Aged. Dating back over a century, the facilities and operation had not kept pace with the changing needs of those needing skilled nursing services. In fact, the Jewish nursing home was the focus of a report calling for remedial action on the part of the state, to bring the facilities in line with existing regulation and code.

HJCP Jewish Values Statement

PREAMBLE

A healthy Jewish community holds human life in the highest regard; helps community members in immediate life-threatening danger; practices and teaches healthy lifestyles; and offers physical, psychological, social, and spiritual support to those who are sick and their family caregivers.

A healthy Jewish community cherishes the multi-generation family and works to support its maintenance in good times and bad. A healthy Jewish community is one in which individuals, families, and the community are mutually committed to these values, and assume responsibility for the health and well-being of its members in accordance with explicit and implicit Jewish values.

Finally, a healthy Jewish community recognized that its well-being hinges on the health of the larger, non-Jewish community.

At the same time that the community grappled with serious quality issues, it had to respond to a growing market demand for non-institutional long-term care options.

In 1995, JHF was approached to participate in the Renaissance Campaign by underwriting the costs for the needed renovations. Shapira, then chair of the JHF board, recalls the lively board debate: “The JAA needed to borrow money for the project, but commercial lenders wouldn’t step forward without security. So the idea came up that the Foundation could provide the security. This was extraordinarily controversial, not only because the sum needed risked the Foundation’s capital, but because it affected the balance of the funds we gave to the Jewish vs. general communities. In the end, we passed the motion to provide the security by a large majority.”

Ultimately, the Foundation approved an initial investment of \$15 million to underwrite the bonds for the renovation, construction and, ultimately, creation of a continuum of care for the aged of the Jewish community. The initial investment grew to \$35 million, which JHF is financing over 20 years, equating to approximately \$2 million annually.

JAA home-and community-based services include Kosher Meals on Wheels, Adult Day Services, Hospice, and Home Health Services. Residential care is offered for well elderly at Weinberg Terrace, and for those needing round-the-clock nursing services, at Weinberg Village – which also provides outpatient rehabilitation services.

In recent years, JHF funding for Jewish seniors has extended to our support of the home- and community-based services provided through AgeWell Pittsburgh (a collaboration of JAA, the Jewish Community Center, and Jewish Family & Children’s Service).

Dick Simon, JHF trustee from its inception, sums up his feelings about the continuum of care woven around Jewish seniors: “The JAA was the best thing we ever funded. We are a community of senior citizens and we really owed high-quality care to them. That’s exactly what the JAA offers.”

Beyond its funding support, JHF continues to partner with the JAA, and holds seats on its board and quality committee. In addition, JAA staff has always been part of JHF’s community-wide agenda on aging and quality of care, supporting frontline staff at JAA and other regional nursing facilities to engage in ongoing quality improvement.

Current JAA Board Chair Steve Halpern, a former JHF trustee and chair from 2006 to 2008, sums up this part of the JHF-JAA relationship: “In addition to being our major funder at JAA, the JHF team plays an essential role in our quality and perfecting patient care efforts, assists us with hospice/end-of-life training, as well as introductions to and advocacy with key players in the regional healthcare community.”



Dick Simon

Special Needs Children and Adults

The Foundation's support for special needs children and adults – and their families – has been multi-dimensional since the Healthy Jewish Community Project's finding that so many families with special needs children were experiencing uncertainty and stress about where to find needed care. Communal responses to these needs have ranged from the establishment of major institutions like Jewish Residential Services, to the provision of individualized support and social connections through the Jewish day schools and the Friendship Circle.

The 1994 HJCP findings supported an earlier Jewish Federation task force's conclusion that, among the most serious unmet needs for adults living with mental illness or intellectual disabilities was housing and supportive services, in addition to pervasive feelings of being marginalized and/or stigmatized.

Jewish Residential Services

The HJCP highlighted the challenges of families with special needs children and young adults. JHF was approached and provided "first dollar" funding for a new service/organization within the Jewish Community – Jewish Residential Services (JRS). More than 20 years later, JRS serves more than 250 people with disabilities and their families through residential and day programming. Their Clubhouse is a gathering venue offering a range of supportive services and vocational counseling to a growing group of adults who live in the community. Their residential services make it possible for young adults to live safely yet independently. As an anonymous parent quoted on the JRS website concludes, "JRS has made my son feel wanted and accepted."

Pittsburgh's Jewish Day Schools

JHF has a long-standing partnership with the community's three Jewish day schools on initiatives to improve the health of young people and their families. As a direct result of the HJCP, JHF provided seed funding for special needs initiatives at each of the schools – programs that have now become part of the schools' regular programs.



JHF also funded a school nurse initiative at each of the day schools, in partnership with UPMC Shadyside Hospital. It has provided some education and training regarding health careers, and is currently funding a new education and outreach initiative – Genes & Vaccines – to bring necessary, age-appropriate information on two separate issues – Jewish genetic diseases and the importance of early awareness; and our responsibilities to vaccinate our children against known diseases.

Squirrel Hill Community Food Pantry

At about the time that both the findings of the HJCP and a later report entitled, “The Poor Among Us,” revealed the extent of poverty in the Jewish community, JHF was approached by Rainbow Kitchen – an organization providing food and other services to low-income families and individuals in the broader community. It turned out that Rainbow Kitchen was caring for the food needs of newly-arrived immigrants from the Former Soviet Union, many of whom were Jewish. They approached the Foundation and asked for help.

At the time, while there were 300 food pantries in Allegheny County, none addressed the specific dietary needs of the poor Jewish community. So JHF developed a strategic plan to create the first kosher super pantry in western Pennsylvania.

Originally called the Kosher Food Pantry, the Squirrel Hill Community Food Pantry was established with a grant in 1998. It distributed food to hundreds of families and individuals in the heart of the Jewish community who live with the threat of hunger. It never anticipated, however, that its popularity would spread to so many other clients, even as it continues to be the only Food Bank Program in western Pennsylvania that provides access to kosher foods. The pantry supports those of all religions and backgrounds, including immigrants, the elderly (half are seniors), and the working poor. The small staff, and a large number of dedicated volunteers, also provide social support services for families in need.



Other Jewish Communal Programs

In addition to programs inspired directly by the Healthy Jewish Community Project, JHF supports a number of other programs in the Jewish community as well.

Jewish Genetic Screening

Dodie Roskies recounts, “The Jewish Genetics Project came about when a family with a 50-year-old daughter with Gaucher disease (a rare genetic disorder) wanted to do something to educate the Jewish public about the disease. They were aware of many other genetic conditions as well. They came to Karen to ask for her help.”

While about one in 100 Americans is a carrier of Gaucher disease, one in every 29 Ashkenazi Jews carries the recessive mutation. The disease is associated with a variety of symptoms including fatigue, low blood platelets, mental retardation, seizures, among others. Genetic testing was available, but awareness was low and insurance companies weren’t paying for the testing.

“Karen initially concluded that the failure of insurers to provide coverage was the bigger problem,” says Roskies. “She asked me to see if I could get things moving. With the help of Dr. Don Fischer [senior vice president and chief medical officer], Highmark did a cost analysis. It turned out that Highmark was paying claims of more than \$90 million for people with a group of 11 diseases. So the Highmark Foundation provided funding to help us get an education program off the ground. We linked up with Einstein Medical Center’s Victor Center – funded by a donor who had lost children to some of these diseases. Together we developed a program that provides genetic screening, advice, and educational materials.”

With seed funding from JHF, Roskies was able to leverage additional support from The Pittsburgh Foundation, The Fine Foundation, the Jewish Federation, and five years ago, from the Lawrence and Rebecca Stern Family Foundation. Funding is managed by JHF. As of January 2015, JGenesPGH is independently providing these services in Pittsburgh, for Pittsburgh.

“JHF is going beyond demonstration of the importance of pre-conception screening,” remarks Larry Stern. “The organization is leading the way with pilot programs to drive cultural adoption through community organizations and activated patients.”

In the genetic screenings carried out by the program over the past four years, the group found that one in every 3.6 people requesting screening is a carrier for at least one of 26 Jewish genetic diseases. Roskies emphasizes that, “Half of these diseases are in children who don’t live beyond 10 years.”

“Looking forward, we are now starting to do BRCA education for breast cancer,” add Roskies. “There are lots of challenges now because the field of genetics has exploded. Many ethnic groups don’t screen because they are afraid of discrimination. In this way, the Jewish community is showing another way.”

Communal Health and Safety

In addition to the long-time commitments to building a continuum of care for Jewish seniors, and to supporting communal health and health-related needs through its Jewish Federation allocation, JHF also responds to communal health and safety needs with grants to communal organizations without a specific health mission. For example, following the terror attack on September 11, 2001, when there was a need to assure the safety and physical security of communal institutions, JHF made grants available to any Jewish agencies, organizations, and synagogues for security-related expenses, such as alarm systems, security guards, or cameras.

Similarly, with the growing awareness of heart health that came from the Working Hearts® Initiative, JHF recognized the life-saving role of AEDs (automatic external defibrillators) for those experiencing a heart attack. It provided AEDs to any communal institution requesting them, and offered the necessary training for staff and lay leaders in their use.

JHF in Israel

Beginning in 2009, JHF led a group of 23 community leaders to Israel to gather and share breakthrough ideas for healthcare and social service improvement. The group toured diverse Israeli healthcare facilities and met with providers, payers, and policy makers. Among the questions most on everyone's minds as the healthcare reform debate heated up in the U.S., was how could Israel achieve superior population health outcomes while spending less than half per capita than the U.S.?

The mission returned with ideas that would inform the Foundation's policy activism in the months to follow – from Israel's lack of employer intermediaries in healthcare provision, to its heavy investment in primary care, to the fact that tuition for medical education is very low (at the time, \$20,000 for 4 ½ years).

The visit also introduced the Foundation to two specialty care health centers (hospitals without beds) in Haifa that provided a model for what would be eventually become PRHI's multi-hospital Primary Care Resource Center Project, funded with a \$10.4 million award from



“Two weeks ago, the Israeli Ministry of Health published, for the first time, quality measurements of all the Israeli hospitals. Clalit hospitals led all the other hospitals in Israel. Carmel Medical Center ranked fourth among all hospitals and led other northern-area hospitals in all four national quality measurements.



This remarkable achievement has an overseas partner—the Jewish Healthcare Foundation.

Four years ago, Carmel and JHF started a unique partnership. Clalit teams came to Pittsburgh to participate in an excellent course in quality improvement that upgraded our ability to conduct, assess, and evaluate quality projects in the most professional way.

We continued to receive assistance for over a year in Israel. At our hospital, we have established the Quality and Patient Safety group, which implements the methods we learned and conducts regular quality and safety experiments hospital-wide.

One of leading projects involved an upgrade of chemotherapy treatment in the Internal Medicine Wing. This unique project also won a prize at the National Quality Conference.

I have no doubt that the special contribution of the Jewish Healthcare Foundation is one of the cornerstones that enabled us to change and to implement the Culture of Quality and Safety in our hospital.”

Chen Shapira, MD
CEO of The Lady Davis Hospital in Haifa, Israel

the Center for Medicare and Medicaid Innovation. The Haifa centers are staffed by teams of multi-disciplinary medical and behavioral health specialists, and are designed to bridge inpatient and outpatient care by providing services that are at once too complex (e.g., drug infusions) or time consuming (e.g., patient education) to be performed by primary care physicians – and yet are essential for caring for patients with complex health needs.

Importantly, the 2009 visit also launched a quality partnership between JHF/PRHI and Clalit, Israel's largest HMO. Over what would become a four-year relationship, JHF/PRHI staff taught Perfecting Patient CareSM Lean quality improvement methods, and offered coaching support to Clalit teams working on reducing central line infections in three hospitals. On the outpatient side, two Clalit community health centers also used the method to improve the use of cardiac rehabilitation after a patient was discharged from the hospital following a heart attack.



Clalit Visits Pittsburgh

Reflecting on 25 years of Jewish communal investment by the Foundation, Feinstein says, “Everything we’ve done at the Foundation in partnership with the Jewish Federation and Pittsburgh’s Jewish community reflects the values and the legacy of Montefiore Hospital.”

The result of this partnership, says Moe Coleman, is that the “delivery system for the Jewish community has been enormously upgraded. The Squirrel Hill Health Center is of the highest quality, and the JAA has upgraded its entire aging services for the Jewish community. So, while JHF has had a national and international impact, it has also contributed to very important work in the Jewish community.”

Steve Halpern sums up JHF’s role in the broader Jewish community: “Through the Foundation’s major investments in JAA and the Jewish Federation, its guidance and commitment to many different Jewish healthcare and social service issues locally, and its special partnership with Clalit in Israel, I am proud of the important and consistent role that the Jewish Healthcare Foundation continues to play in strengthening our Jewish community.”



Medicaid Public Hearing Sponsored By Rep. Dan Frankel



Transforming Systems: Making a Difference at the Policy Level



Former Allegheny County Chief Executive, Jim Roddey, sums up JHF's efforts in the public policy arena: "A lot of foundations – small, family foundations – give money to health care, especially to curing specific diseases. But JHF concentrated on health care from day one and quickly established itself as the place to go if you wanted to find the experts and the people who were giving public policy thought to health care."

A detailed account of the Foundation's role in shaping policy at the local, state, and national levels can be found in the appendix. Moreover, every demonstration project described in this Roots explicitly aimed to strengthen the policy framework upon which it can be sustained. Nevertheless, we include a few words here on the Foundation's diverse policy contributions. JHF was invited to the White House on several occasions, provided leadership for transition teams at the state and local levels, advocated for important state and national health policy legislation, and conducted innovative public health campaigns of its own.

Strengthening Government

Over its history, JHF has always taken the opportunity to prepare white papers for incoming state administrations, highlighting opportunities in health, human services, and aging, and to provide leadership when asked. Recognizing that change is made at the state level, and to her surprise, Feinstein chaired both Republican Mike Fisher's and Democrat Ed Rendell's health policy teams during the gubernatorial race of 2002, a tribute to the Foundation's neutrality and credibility. Additionally, the Foundation prepared two reports for the state on how to revitalize and increase the impact of its Department of Health.

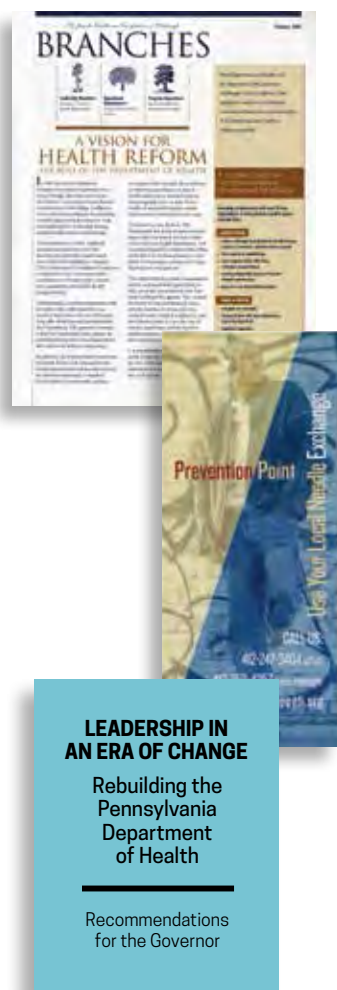
In the City of Pittsburgh, Feinstein was appointed by Mayor Tom Murphy as the chair of his Task Forces on Homelessness, and on Bioterrorism (following the terror attack on 9-11-01), and served on the Youth Crime Prevention Council. And, in Allegheny County, among other efforts, Feinstein was appointed by Commissioner Tom Foerster to the Homerule Charter Task Force, a body that created a new governing structure for county government. Additionally, she chaired the County Parks Commission, and, served on the transition team for Chief Executive Jim Roddey, focusing on the regional Kanes. Furthermore, Nancy Zionts co-chaired the Senior Center Task Force for Allegheny County.

Tom Murphy remembers JHF's involvement in strengthening the city: "In the midst of drastic economic and population decline and bleak prospects for the future, we imagined a city that was growing again. Through great and effective partnerships with organizations like JHF, we changed the trajectory of Pittsburgh."

JHF serves as the fiscal agent and convener for the Pennsylvania Health Funders Collaborative (PHFC) – a network of 40 health foundations working to collaborate, share best practices, and create a unified voice around shared policy objectives among funders across Pennsylvania. Feinstein serves as co-chair of PHFC, together with Russell Johnson, president and CEO of the North Penn Community Foundation.

Advancing Public Health

Advancing public health has been central to the Foundation's agenda, and is apparent in its work on behalf of children and adolescents, particularly around vaccination, and its initiatives related to women's health and end-of-life (discussed earlier).



The Foundation funded School Wellness Centers, as well as Safe Schools (a program to combat drug abuse in Alderdice and Mt. Lebanon High Schools), Lead and Kids, the Healthy Start Infant Mortality Review, and the Problem with Food (on teen eating disorders). Perhaps the one initiative, however, that illustrates best the early willingness to move beyond a traditional foundation role and engage in policy advocacy is Operation KidShot.

Vaccinations have done more to advance population health than perhaps anything else. The problem is that children are reliant on those who love them to act in their best interests. A measles outbreak in Philadelphia in 1991, which resulted in the death of eight children, created an urgency to get kids vaccinated. So, along with the Rotary Club of Pittsburgh, Children's Hospital, and the United Way, JHF started Operation KidShot – one of its first public health campaigns.

“I worked with Karen and Dr. Richards on the beginnings of the childhood lead poisoning prevention analysis, ultimately entitled Kids and Lead - Bad Medicine. It was exciting working in a new organization with staff who were bright and talented, energetic, and enthusiastic. Seeing the great work they’ve done for the community reminds me of what a privilege it was for me to play a part in the early days.”

James Rooney

As Jim Denova remembers it, “Operation KidShot mobilized so many organizations, public health officials, corporations, and educational institutions. We set up immunizations drives, especially in poor urban neighborhoods and very rural pockets of western Pennsylvania. [Allegheny County Health Department executive] Bruce Dixon was a great partner; he put his staff at our disposal. Businesses were also right there with us and helped with outreach, and providing incentives to families.” The JHF staff went to various rallies and even helped transport workers and vaccines around western Pennsylvania.

In the end, nearly 6,000 children in western Pennsylvania were immunized as a result – and the JHF staff worked with partners in Philadelphia and Harrisburg to pass a state law requiring that



insurers cover the costs of immunizations. Denova jokes, “It’s a good thing we didn’t know how complex it would be, or we may not have taken it on.”

Denova remembers also early work establishing wellness centers in area high schools. “It was exciting to work with the school health clinics,” says Denova. “Most of the work was in the Pittsburgh Public Schools with area health providers, but I got real joy out of working with the Jewish day schools and the Catholic Extra Mile Schools – watching the schools work together with health providers. It typified the JHF balance of Jewish philanthropy that the board worked very hard to cultivate.”

Twenty-five years later, the Foundation is still concerned with immunizations and adolescent health. “Of all the public health advances in the last 100 years, immunizations stand out as a beacon of prevention trumping treatment,” says Feinstein. In keeping with that theme, in 2014 JHF launched the HPV Vaccination Initiative, which aims to get adolescents vaccinated to prevent multiple cancers caused by the human papillomavirus (HPV).

National Policy

Perhaps once in a lifetime, a policy opportunity comes along that is a total “game changer.” The Jewish Healthcare Foundation had that opportunity with national health reform during the Obama Administration. The Patient Protection and Affordable Care Act of 2010 (ACA) captured much of PRHI’s prescription for reform. Some say that the legislation went too far; others say not far enough. But PRHI’s prescription for delivery system redesign, payment reform, workforce development, and harm reduction appears throughout the new health reform law, and Feinstein was privileged to be included in some of these critical deliberations.

Much of PRHI’s agenda over the past decade has been shaped by opportunities to lead and participate in significant demonstration projects on healthcare delivery, focused on improving the quality and efficiency of care. With support from national funders like the Center for Medicare & Medicaid Innovation, the Centers for Disease Control and Prevention, the Centers for Medicare & Medicaid Services, the Office of the National Coordinator for Health IT, and the Agency for Healthcare Research and Quality, PRHI and JHF increased its capacity to test cutting-edge models of care for reducing readmissions, improving skilled nursing care, integrating physical and behavioral health in primary care, and assisting physicians in meaningfully adopting EHR technology. In addition, for over 20 years, JHF has served as the fiscal agent for funds from the Ryan White Care Act and the Housing and Urban Development’s HOPWA program (Housing Opportunities for Persons with AIDS), in partnership with the City of Pittsburgh and the Pennsylvania Department of Health.

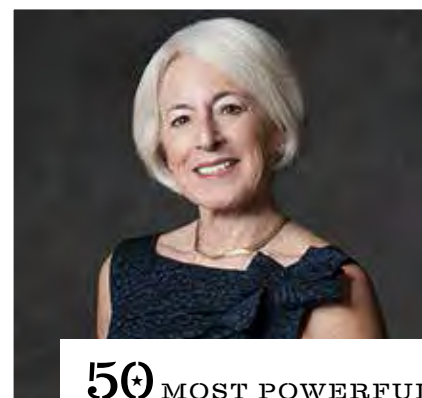




HPV Grandmother Power volunteer Joyce Penrose at a community outreach event



PA Health Funders Collaborative



50 MOST POWERFUL
PEOPLE IN PITTSBURGH
Pittsburgh Magazine, September 2015



Montefiore Synagogue, Ramsgate



Welsh Temple of Peace & Health



Royal College of Physicians

Celebrating 25 Years in England: Home of Sir Moses Montefiore

“Time flies. Virtue alone remains.” That’s the motto inscribed on the blue and gold, chiming clock at the front of the synagogue that Sir Moses Montefiore (1784–1885) built on the grounds of his seaside estate in Ramsgate, England.

A titan of business and industry, Montefiore devoted his life, and much of his fortune, to helping the poor, the sick, and the oppressed, traveling abroad to Turkey, Russia, Palestine, and Morocco to give a voice to persecuted Jews. In June 2015, JHF leadership, distinguished guests, and staff marked JHF's 25th anniversary with a study tour to England and Wales – home to a celebrated national healthcare system.

During the 10-day trip, the JHF delegation visited the Montefiore estate in Ramsgate, presented at the International Health Conference in Oxford (see appendix for presenters), and met with key healthcare policy leaders, researchers, and educators in both England and Wales. The delegation learned that, despite the fact that the National Health Service (NHS) has shaped a healthcare payment and delivery system in the United Kingdom (UK) vastly different from the fragmented, multi-payer system in the U.S., some common challenges and emerging solutions are shared.

The NHS was formed in 1948 and provides free care (including pharmaceuticals) to more than 64 million people in the UK, although management of the NHS is devolved to assemblies in Northern Ireland, Scotland, and Wales. A 2014 British Commonwealth study ranked the NHS the best system among 10 western countries on a variety of measures (including efficiency, coordinated care, and patient-centered care). Nevertheless, those with whom the delegation met spared no criticism, as the NHS undergoes a massive reform under new NHS Director, Simon Stevens. Even with a single-payer system, Stevens points out that the UK suffers from the same problems as the U.S.: variations in care, lack of reliable best practices, medical errors, and physician and hospital autonomy in spite of a single, hierarchical entity.

In a meeting at the London School of Hygiene & Tropical Medicine, Nigel Edwards, chief executive at the Nuffield Trust (an authoritative and independent source of evidence-based research and policy analysis for improving health care in the UK), pointed out that, even with a strong centralized health system, neither decision making nor authority are centralized. As in the U.S., physicians continue to have a lot of authority, and policy makers are really unable to predict the complex effects of policy changes.

The result is an ever-changing focus and much confusion about change levers. Two major responses were raised as universally necessary by many of those with whom the delegation met. These constitute the major learnings of the trip – and international confirmation of the relevance of the Foundation's emerging agenda around consumer health activation.

First, many emphasized the importance of patient or healthcare consumer activation. Dr. Ellen Nolte, hub coordinator at the European Observatory on Health Systems and Policies, which tracks health systems throughout the world, agreed that patient activation could be the game changer across all countries.

This view was confirmed at the highest levels of the NHS. The group met with Sir Andrew Dillon, chief executive of the National Institute for Health and Care Excellence (NICE). In keeping with the paradoxical devolution of authority in what otherwise appears to be a highly centralized



UK Study Mission: Meeting Highlights



Montefiore Synagogue and Mausoleum, Ramsgate, UK

International Health Conference, Oxford

Gary Ford, MD, CEO Oxford Academic Health Science Network

Jennifer Dixon, MD, CEO The Health Foundation

Professor Sir Michael G. Marmot PhD, MPH,
Director, UCL Institute of Health Equity (Marmot Institute)

Medical walking tour of London "Sex and the City,"
the Royal College of Physicians

Ellen Nolte, PhD and Observatory staff,
London School of Health and Tropical Medicine

Nigel Edwards, PhD, Chief Executive of the Nuffield Trust

Sir Andrew Dillon, Director, National Institute for
Health and Care Excellence (NICE)

Professor Sally Britton and colleagues, University of South Wales

John Wyn Owen, CB, Chairman,
University of Wales Institute, Cardiff University

1000 LivesPlus Project in Cardiff

Stephen Monaghan, Public Health Director, Cardiff Local Health Board,
National Public Health Service (Wales)

Dylan Jones, PhD, Director, Bevan Commission at NHS Wales

Professor Sir Mansel Aylward, CB, Chair, Public Health Wales

Chris Jones, MD, Medical Director, NHS Wales

Danny Antebi, MD, Director ABCi
(Aneurin Bevan Continuous Improvement), Wales



system, NICE is more likely to deliver cost analyses on new treatments and to provide information to patients (i.e., on recommended treatments and best practices), than to require physicians to change behavior. Here again, the theme of patient engagement arose. Dillon believes patients can be engaged to make difficult decisions about what interventions should be funded, the relative costs/benefits, and to understand the importance of reasonable resource allocation in an era of austerity.

Meetings in Wales further underscored the importance of consumer health activation. John Wyn Owen, chairman of the University of Wales Institute and Staff, and previously director of the NHS in Wales, and Secretary of the Nuffield Trust, together with Professor Marcus Longley (Advisor to the Bevan Commission) described the Welsh healthcare reform plan built around the concept of “prudent” health care.

The plan integrates the concept of co-production between the public, patients, and professionals, working as equal partners to achieve health and well-being. Together, they co-define and co-measure outcomes.

Overall, the key principles of Prudent Health Care include:

- Achieve health and well-being with the public, patients, and professionals as equal partners through co-production
- Involve patients in decisions about treatment and care, and make decisions based on what matters most to patients, for example, quality of life, independence, and so on
- Make sure people get the care they want that will help them to fulfill their ambitions in life
- Do only what is needed and do no harm, no more, no less

The second theme that came up consistently in visits was the importance of health promotion and, particularly, of grassroots efforts via community health workers – another Foundation priority – to achieve better public health.

“This was the story wherever we went,” notes Feinstein. “People are getting more serious now about prevention and public health. This is especially important in the U.S. where we must find a way to dramatically improve the poor health status of our population. So many health problems stem from behaviors that doctors can’t fix: smoking, bad diet, inactivity, binge drinking, drunk driving, postpartum depression, and lack of community supports for seniors. Relative to England and Wales – whose population health indicators are superior – spending on ‘social care’ is below standard.”

In support of a renewed focus on healthy communities, Wales is providing an exceptional career track for community health workers (CHWs). The JHF delegation visited with faculty at the University of South Wales and learned about an innovative curriculum. Offering two distinct, two-year degree programs at basic and advanced levels, the program incorporates distance learning,

reasonable tuition, and multiple exit points to train CHWs to bring their skills to community settings focused on children and families, mental health (including adults with dementia as part of a larger dementia-friendly communities initiative), disabilities, and public health.

Dylan Jones, director of the Bevan Commission at NHS Wales, asserted: “What is needed is a social movement led by patients for health. Not more medical care, but health. There is less interest now in how to deliver care, but in how to create health. Everyone agrees leadership is at the core of creativity and innovation.”

Psychiatrist Danny Antebi, director of ABCi (the Aneurin Bevan Continuous Improvement) agreed, citing the need for a patient social movement as a top priority for improving health in Wales.

Feinstein, reflecting on the study tour, concludes, “We were gratified to hear so many esteemed leaders in the NHS call for more public health outreach and activation, more ‘social’ medicine, and greater integration of specialists and PCPs in the interest of patient convenience and integrated care. This is a new paradigm for spreading health, with the population assuming responsibility for their well-being. ‘Health’ doesn’t emanate from medical offices and medical encounters. It happens in the course of daily life, on the streets, in homes, in schools.”



“We were fortunate to participate in the JHF healthcare study tours to Israel and Great Britain. These tours gave us the exceptional opportunity to learn how other countries address the same healthcare challenges we face at home. Traveling with JHF leadership and healthcare experts from Pittsburgh, and elsewhere in the U.S., brought depth and insight to our conversations with the many healthcare leaders in the medical centers and universities we visited. We are proud of the reputation and esteem that JHF has earned among the international health policy community.”

**Debra Caplan, MPA
and David Levenson, MD**







Past Forward

In a final reflection on what the Jewish Healthcare Foundation has become over 25 years, life trustee Dick Simon summarizes: “JHF has gone way, way beyond what any one of us present at its inception could have ever envisioned.”

Larry Gumberg, son of Stanley Gumberg who led the creation of JHF as president of the Montefiore Hospital board, looked back over the past 25 years in a recent letter to Feinstein. “My father would be proud of the accomplishments of the Foundation... When conceiving what was then a new concept, it was hard to know 25 years later whether the money would be used wisely and productively for our community. You have seen to that and honor my father and our entire community in so doing.”

Looking Forward: Parting Thoughts

Five years is not an impossibly long horizon for laying out emerging needs. And so we conclude this history by asking a few of JHF’s current and past leaders and partners to imagine the role the Foundation could play in the coming years. Here are their parting thoughts.

“Moving forward, the environment is going to be very challenging. I particularly think that the lack of funding puts the public health movement in a death spiral. Instead of being laser focused on things like reducing smoking during childbearing years, we’ve spent billions of dollars treating the results from tobacco use. We should be thinking about how community-based services can help populations have good health and good health care. We have only to look at the numbers of frail seniors rising every year – with no one to turn to – to know how much work there is to do. And yet, the agencies that deliver meals, that provide day care, are all collapsing from lack of funds and volunteers. When I think about these challenges, I am certain that they will engage another 25 years in the life on the Foundation.” – Bob Nelkin

“Since we are a think tank and a stimulator of ideas, I’d like us to continue to creatively develop approaches for keeping people healthy and making certain that health care is compassionate and effective.” – David Ehrenwerth

“JHF is organic, always evolving, examining and improving, while maintaining its roots as a ‘think, give and do’ enterprise with a focus on health policy and health issues that impact us both regionally and globally.” – Steve Halpern

“When I was Board Chair of the Foundation, I recognized that Karen is a tremendous force. I tried both to control her and to stay out of her way at the same time. It wasn’t an easy task! Leadership moving forward should make room for Karen’s and her staff’s leadership and creativity.” – Farrell Rubenstein

“I do think that we’re going to have to adjust to a new environment in federal support for healthcare innovation, but we are perfectly positioned to take advantage of opportunities to do good. We’ve never been led by our egos, but by what the need is and where we can make a difference.” – Alan Guttman

“Collegially, JHF is still regarded as a pioneer in almost every operating foundation model. You have been able to take on huge transformation initiatives and manage them from the Foundation. The role JHF has assumed is singular in the community, and highly respected among peers and partners in the healthcare community. It would not have accomplished what it did if it were purely a ‘grants’ program. JHF built a structure, an education center, a consulting arm, and on-the-ground implementation capacity – making the most of the agility of a foundation. Looking forward, JHF will be nimble and opportunistic in the best way, planful, but not prescriptive; opportunistic but methodical; and always willing to make midcourse corrections where necessary.” – Jim Denova

“Karen and I continue to talk about new paradigms for seniors. We are all growing older. We are living longer and our lives are more active. What can the 70s and 80s really look like? That’s where I see an opportunity for us. But whatever the issue, I know we’ll be there first.” – Pat Siger



“Health care is changing and our needs are changing, and how we address those needs is changing. You have to be nimble – able to determine new trends, and directions to decide where to focus. This is where the Foundation is strongest. I’d like to see us working in as much collaboration as possible in the broader community, creating a shared vision and cooperating and supporting one another to achieve it.”

Nancy Rackoff
JHF Board Chair 2015–2017

Appendices

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**Over the past 25 years,
JHF has invested over
\$60 million in a wide range
of Jewish community agencies
and organizations, including:**

Jewish Federation of Greater Pittsburgh
Jewish Association on Aging
Jewish Family & Children's Service of Pittsburgh
Jewish Community Center of Greater Pittsburgh
Jewish Residential Services
Riverview Towers
Squirrel Hill Health Center
Squirrel Hill Food Pantry
Agency for Jewish Learning
/ Jewish Education Institute
Aleph Institute
American Jewish Committee
Centennial Fund for a Jewish Future
Forward Shady Apartments
Friendship Circle of Pittsburgh
Hadassah Greater Pittsburgh Chapter
Hebrew Free Loan Association
Hillel Jewish University Center of Pittsburgh
Holocaust Center
Israel Healthcare Foundation
JDC Brookdale
Jewish Assistance Fund
Jewish Cemetery & Burial Society
Jewish National Fund
Jewish Sports Hall of Fame
Jewish Women's Center of Pittsburgh
Jewish Women's Foundation of Greater Pittsburgh
JFilm
Joint Distribution Committee
Keystone Mountain Region BBYO
Kollel Jewish Learning Center
Ladies Hospital Aid Society

Magen David Adom
NA'AMAT USA
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Jewish Schools

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- Hillel Academy of Pittsburgh
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Congregations

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- Beth El Congregation of South Hills
- Beth Samuel Jewish Center
- Chabad
- Congregation Beth Shalom
- Congregation Dor Hadash
- Congregation Emanu-El Israel
- Congregation Poale Zedeck
- Gemilas Chesed Synagogue
- Lubavitch Center of Pittsburgh
- New Light Congregation / Ohr Chadash
- Parkway Jewish Center
- Rodef Shalom Congregation
- Shaare Torah Congregation
- Temple B'nai Israel
- Temple David Congregation
- Temple Emanuel of South Hills
- Temple Ohav Shalom
- Temple Sinai
- Tree of Life *or L'Simcha Congregation

JHF, PRHI, and HCF Policy Initiatives

Aging

Aging Environmental Scan, June 1996

In partnership with United Way of Allegheny County and the Southwestern Pennsylvania Partnership for Aging, JHF conducted a nine-month study of the area's 65-and-older population, the nation's second largest concentration of seniors. The result was a policy agenda promoting wellness, moderating the effects of aging, and encouraging well seniors to engage more fully in community life.

Moderating the Effects of Aging, June 1997

JHF issued the following key policy and community action recommendations to federal and state policy makers:

Direct U.S. Department of Education geriatric training funds and other public and private resources to create a Successful Aging Institute focused on translating the most successful medical research into healthcare practice in a community setting.

Certify and reward health plans that test best practices for seniors as part of a continuous quality improvement program. Use oversight authority to require plans to offer a full range of prevention services and health education programs.

Adopt statewide training and certification standards for caregivers to enlist them in keeping seniors as well as possible.

Medicaid Reimbursement of Long-Term Care for the Elderly in Pennsylvania, February 1999

JHF commissioned a report from the CONSAD Research Corporation examining and providing recommendations for changes in Medicaid policy to reduce cost, quality, and access to care for the elderly in Pennsylvania.

Long-Term Care Funding for Seniors, May 2000

JHF worked to provide policy analysis and recommendations for reforming the way long-term care is financed at the federal, state, and local levels.

Long-Term Care Initiatives, Spring 2000

JHF commissioned a report from Life-Plans, Inc. with policy recommendations at the federal and state levels for long-term care financing and service delivery.

End-of-Life Care, November 2008

JHF engaged in public policy advocacy, at the local, state, and federal levels, related to end-of-life, palliative care, and healthcare system integration of these services and principles.

Health Reform

Pennsylvania Department of Health, December 1994

JHF published “Leadership in an Era of Change: Rebuilding the Pennsylvania Department of Health,” to make recommendations for the Governor on strengthening the department to create a healthier Pennsylvania and lower expenditures.

Health Reform, January 1995

JHF produced the “Health Environmental Scan” to highlight early healthcare reform efforts in southwestern Pennsylvania, and provide examples of innovative regional programs and trends.

Improving Managed Care in Pennsylvania, November 1997

JHF commissioned, “Managing Managed Care: Response to Recommendations of the Pennsylvania Managed Care Task Force,” to provide recommendations to the Pennsylvania Managed Care Task Force for regulatory protections and pitfalls, as well as non-regulatory means to improve managed care in Pennsylvania.

Pennsylvania Health Law Project (PHLP)/ Consumer Health Coalition (CHC), 1999

This advocacy partnership was designed to improve healthcare systems and policies through an active consumer voice. The partnership capped 1999 by winning the reinstatement of 32,000 people who were wrongfully terminated from the Medicaid program in the wake of welfare reform. By working with statewide advocacy partners to document the loss of Medicaid benefits for 60,000+ Pennsylvanians, CHC and PHLP successfully challenged the state on its violation of the federal welfare reform law that assured people leaving the welfare rolls access to their public health benefits. They also worked with the state to institute policies and procedures that effectively reinstated another 30,000 beneficiaries, and protect everyone making the transition from the welfare rolls in the future.

Models for Delivering Care to the Uninsured, 2001

Among the new delivery models explored for consideration as the Commonwealth embarked on Medicaid Managed Care (Health Choices) was the concept of 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.

Pennsylvania Department of Health, 2003

JHF re-evaluated the Department of Health in 2003 and offered a range of proposals to the Office of Health Care Reform.

Payment Reform, 2004-2008

In 2004, JHF supported the establishment of the national Network for Regional Healthcare Improvement (NRHI) to provide technical assistance to, facilitate sharing among, and encourage national support for Regional Health Improvement Collaboratives. JHF, together with three other Foundations, also funded two NRHI National Payment Reform summits in

Pittsburgh in 2007 and 2008, highlighting the fact that much of the care required to improve the quality of life and reduce expensive hospitalizations for people with chronic conditions is not reimbursable.

Supporting Healthcare Reform, March/April 2007

PRHI assembled over 80 stakeholders on March 12, 2007, including Pittsburgh's top corporate, health, government, and nonprofit leadership, to show support for U.S. Secretary of Health and Human Services Michael Leavitt's cornerstones for a value-driven healthcare system.

Healthcare Payment Reform, September 2007

This initiative focused on identifying issues with the current U.S. payment system, and recommending alternative payment systems that maintain or reduce healthcare costs.

Accountable Care Networks, August 2009

JHF and PRHI issued the report, "Accountable Care Networks: Transitions for Small Practices and Community Hospitals," to highlight the fundamental flaws in delivery and payment, explain the value of accountable care, and push for government-sponsored demonstrations of implementing sophisticated health information technology.

PRHI Regional Conference on Accountable Care, September 2009

PRHI convened a conference on September 9, 2009 to consider whether our region was interested in exploring accountable care organizations, a new healthcare delivery and payment concept.

Health Reform, 2009-2010

JHF worked to support national healthcare reform through education and advocacy. In 2009, Karen Feinstein participated in a major payment reform summit at the AARP (organized jointly with the American Board of Internal Medicine). In the summer of 2010, JHF partnered with the California HealthCare Foundation, Robert Wood Johnson Foundation, and Grantmakers In Health to convene the "Foundations and Healthcare Reform 2010 Conference." Over 70 grantmakers gathered at Brandeis University for a special planning session to discuss the ACA and opportunities for funders to take advantage of this game-changing legislation.

Israel Partnership Informing the U.S. Healthcare Reform Debates, 2009-2011

To learn how Israel achieved universal coverage and excellent health care at low cost, the Jewish Healthcare Foundation led groups of physicians, government leaders, health policy analysts, and insurers on two fact-finding visits to Israel in 2009 as guests of the Myers-JDC-Brookdale Institute — Israel's leading social and health policy think tank. These partnerships laid the groundwork for ongoing intellectual and professional exchanges between U.S. and Israeli healthcare providers and policy makers.

Improving Primary Care, 2013

JHF supports efforts to improve primary care through payment and policy reform. In the publication, “Putting the Prime in Primary Care,” JHF analyzes various payment paradigms and recent federal policies, and their roles in supporting primary care re-design.

Medicaid Expansion Hearing, February 21, 2013

JHF staff testified on Medicaid expansion on behalf of JHF and other Pennsylvania Health Funders Collaborative members during the Democratic Policy Committee public hearing.

Marketplace Mini-Grant Initiative, 2014

JHF and other stakeholders launched a mini-grant fund to strengthen the existing community-based effort in western Pennsylvania to help uninsured individuals understand the affordable health insurance options, and enroll in a qualified health insurance plan through the Marketplace.

Affordable Care Act Enrollment, July 2014

JHF convened, organized, and administered a grant to provide support and assistance to local organizations preparing to assist consumers with the ACA and Marketplace enrollment period.

Payment Reform Summit, December 2014

The Summit gave community hospitals leadership, insurers, physicians, business groups, federal and state agencies, foundations, hospital trade organizations, and consumers the opportunity to discuss financing alternatives that can successfully position community health systems in a rapidly changing healthcare landscape.

HIV/AIDS

AIDS Advocacy, April 1992

JHF established a community advisory committee to review existing information, develop and collate additional information, and recommend actions to improve the response to the HIV epidemic in the 11-county southwestern Pennsylvania region.

HIV/AIDS Fiscal Agency, 1992-present

Since 1992, JHF has served as the fiscal agent for funding from the Ryan White Part B, State 656, and HUD HOPWA (Housing and Urban Development – Housing Opportunities for Persons with AIDS) in the 11-county southwestern Pennsylvania region. These funding streams facilitate the delivery of health care, supportive and housing services to eligible individuals living with HIV/AIDS, and prevention/education services to at-risk populations.

Reducing Readmissions in HIV+ Patients, July 2010

A monograph produced by PRHI researchers provided information about HIV-positive patients and their patterns of hospital admission and readmission, as well as inform the network of clinical and community providers serving the HIV-community.

Immunization

Operation KidShot, 1991-1992

This campaign worked with government entities and other stakeholders to immunize children across southwestern Pennsylvania, as well as provide health education materials and linkages to care.

Services for Youth

Early Intervention Services, October 1994

JHF commissioned a study of early intervention services for children - birth through five years of age - in Allegheny County to review the current system, identify gaps in services, and make recommendations for improvements in the current system of early intervention.

Youth Violence Prevention, April 1997

JHF partnered with the United Way of Allegheny County and Blue Cross of Western Pennsylvania to provide a model and best practices for building a “zero tolerance for violence” community in Allegheny County.

Behavioral Problems in Young Children, 2002

JHF commissioned this report from the University of Pittsburgh Office of Child Development to assess the current status of behavioral health services available to children in early care and education settings in Allegheny County, and provide a set of findings and conclusions.

Urban Health

Lead and Kids: Bad Chemistry, August 1992

A comprehensive plan to eliminate lead poisoning in Pittsburgh, and provide guidance to the City of Pittsburgh and Allegheny County; supported legislation and regulations at both the state and local levels of government to control lead poisoning.

Other

EHR Implementation, 2008

Southwestern Pennsylvania was selected by Centers for Medicare & Medicaid Services to be one of the first sites for the nationwide demonstration of electronic health records, due to the pioneering work of PRHI.

Supporting Health Economics and Policy, May 2009–2015

JHF was a sponsor of the invitation-only 22nd annual Princeton Conference, a confluence of academic, industry, and government thought leaders who explore critical health policy issues.

PA REACH, February 2014

PRHI was a key player in the Pennsylvania Regional Extension Center program established by the Office of the National Coordinator (ONC) for Health IT under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009. Working with more than 340 practices and 850 providers, the western Pennsylvania team had the 2nd highest performance in the U.S.

Transforming Medical Education, June 2014

JHF prepared a concept paper and convened national leaders to propose improvements in the way the United States prepares health professionals to lead or practice in high-performing organizations.

Community Health Workers (CHW), 2015

JHF prepared a policy paper on how to increase deployment of CHWs in Pennsylvania, as background to an April 2015 statewide summit.

Other Important Policy Contributions:

Karen Feinstein served on Governor Wolf's health transition review team in December 2014.

Bios



Stuart Altman, PhD

Dr. Altman is the Sol C. Chaikin Professor of National Health Policy at Brandeis University's Heller School for Social Policy and Management. He is an influential healthcare economist who has published numerous articles and books, including *Power, Politics, and Universal Health Care*. Dr. Altman has served on a variety of government advisory boards, and chairs Massachusetts' Health Policy Commission.



Bruce Block, MD

Dr. Block is the chief learning and medical informatics officer at PRHI, where he directs the PA REACH West initiative, among other duties. He developed the Medical Assistants Champions program, created a Regional Lean Healthcare Collaborative initiative, and leads PRHI's partnership with PA SPREAD (Pennsylvania Spreading Primary Care Enhanced Delivery Infrastructure) on an Agency for Healthcare Research and Quality grant.



Debra L. Caplan, MPA

Ms. Caplan served as the senior vice president of Allegheny General and West Penn Hospitals until her recent retirement. She is a trustee and secretary of the Jewish Healthcare Foundation Board, and a member of the Health Careers Futures Board of Directors.



Sophia Chang, MD

Dr. Chang is the vice president of programs at the California HealthCare Foundation, where she leads programmatic and grant-making activities. Her previous positions include director of the Veteran Health Administration's Center for Quality Management in Public Health; director of the HIV/AIDS program for the Henry J. Kaiser Family Foundation; medical director of the San Francisco Health Plan; and director of AIDS Health Services for the San Francisco Department of Public Health.



Charles Cohen, JD

Mr. Cohen is the co-founder, chairman, and director of Cohen & Grigsby, P.C. He is a visiting professor at the University of Pittsburgh School of Law, as well as an adjunct professor at the Ave Maria School of Law. Mr. Cohen served as a trustee of the Jewish Healthcare Foundation from 1994–2001, chairman of the Board from 2002–2005, and then again as a trustee from 2005–2008. During his time with JHF, he was influential in the creation of the Squirrel Hill Health Center, having served as its first chairman of the Board.



Morton Coleman, PhD

Dr. Coleman is director emeritus of the University of Pittsburgh Institute of Politics, and professor emeritus at the School of Social Work. He has also held joint appointments with the Graduate School of Public and International Affairs and Urban Studies. Dr. Coleman is a former trustee of JHF.

**James Denova, PhD**

Dr. Denova is the vice president of the Claude Worthington Benedum Foundation. He has over 35 years of experience in nonprofit administration and philanthropy. In addition to serving on boards of other charitable organizations, Dr. Denova was JHF's first program officer, and played a significant role in determining its mission.

**David Ehrenwerth, JD**

Mr. Ehrenwerth is a partner in the international law firm of K&L Gates. He is active in the fields of real estate development, finance, corporate transactions, and the structuring of complex domestic and international joint ventures. He was chairman of the Board of Montefiore Hospital and was instrumental in its sale and the establishment of JHF. He is a longtime trustee of the JHF Board and current vice-chair.

**Susan Elster, PhD**

Dr. Elster is a consultant for JHF and its supporting organizations, and leads a broad range of research efforts. She rejoined the Foundation after working a number of years in Jerusalem as a research consultant for the Jewish Agency for Israel, and for the Myers-JDC-Brookdale Institute.

**Karen Wolk Feinstein, PhD**

Dr. Feinstein is president and chief executive officer of the Jewish Healthcare Foundation and its two operating arms, the Pittsburgh Regional Health Initiative and Health Careers Futures. Appointed the Foundation's first president, Dr. Feinstein has become widely regarded as a national leader in healthcare quality improvement, and often presents at national and international conferences. She is the author of numerous regional and national publications on quality and safety; she was the editor of the *Urban & Social Change Review*, and she is the editor of the book *Moving Beyond Repair: Perfecting Health Care*. Additionally, she has served on the faculties of Boston College and Carnegie Mellon University, and taught at the University of Pittsburgh.

**Milton Fine, JD**

Mr. Fine is chairman of the FFC Capital Corporation, and was the co-founder of Interstate Hotels Corporation, which became the largest independent hotel management company in the world. He is chairman of The Fine Foundation, which seeks to make a positive difference in peoples' lives through investments in arts and culture, science and medicine, and Jewish life in the Pittsburgh region. The Fine Foundation was instrumental in supporting JHF's quality and safety initiatives through The Fine Awards.

**Sheila Reicher Fine**

Mrs. Fine has been a community volunteer and civic leader for many years, serving as a board member with numerous organizations. She also founded and now chairs LEAD Pittsburgh (Leading Education and Awareness for Depression), a community initiative advocating for the recognition and acceptance of depression as a treatable medical condition. She serves on the executive committee of The Fine Foundation. Among other awards, Mrs. Fine is the recipient of the Albert B. Craig, Jr. Award for Innovation in Mental Health.

**Jeff Finkelstein, MA**

Mr. Finkelstein has been the CEO of the Jewish Federation of Greater Pittsburgh since 2004, after serving as vice president of development/campaign director. Previously, he served as assistant campaign director at the Jewish Community Federation of Baltimore.

**Alan Guttman, JD**

Mr. Guttman is the CEO of Guttman Group, a family-owned petroleum company headquartered in Belle Vernon. He is a member of the JHF Board, which he chaired from 2012–2014, and served as chair of the PRHI Board from 2005–2011. Mr. Guttman is also a past chair of Monongahela Valley Hospital's Board of Trustees.

**Steve Halpern, MBA**

Mr. Halpern is president of Woodland Management, a family office with direct investments in private companies in health care, consumer brands, and business services. He currently chairs the Jewish Association on Aging's Board, served on the JHF Board for over a decade, and was the board chair from 2006–2008.

**Tom Hollander, JD**

Mr. Hollander is a lawyer in the Pittsburgh area who has served on the board of the Jewish Chronicle since the early 1980's. Mr. Hollander has also been a member of the JHF Board, a past chair of JHF's Distribution Committee, and active in JHF's Closure initiative.

**Keith T. Kanel, MD**

Dr. Kanel is the chief medical officer of PRHI. A board-certified internist, Dr. Kanel oversees relationships with regional health systems, community primary care groups, and clinical and academic physician organizations. He is director of the Primary Care Resource Center Project, and has been the principle investigator for initiatives funded by the Agency for Healthcare Research and Quality, the Robert Wood Johnson Foundation, and Highmark. He has served on faculties at the University of Pittsburgh, Drexel University, and Carnegie Mellon University.



Jason Kunzman, CPA

Mr. Kunzman is the director of product strategy with RxAnte, a company that improves patient outcomes and reduces overall costs through better medication use. He spent eight years as the CFO for JHF, where he helped lead a number of healthcare quality improvement projects, and also managed the Ryan White HIV/AIDS fiscal agency for the Foundation.



Eileen Lane

Ms. Lane is an active community volunteer and one of the founders of Komen Pittsburgh Race for the Cure. She has served on numerous boards, including JHF's, and served as board chair of The Family Health Council (now Adagio Health), The Ellis School, and Rodef Shalom Congregation. Ms. Lane currently co-chairs Grandmother Power, which is part of JHF's HPV Vaccination Initiative.



David L. Levenson, MD

Dr. Levenson is chief of the Renal Division and vice-chair of Medicine at UPMC Shadyside Hospital. He is also a senior partner at Partners in Nephrology and Endocrinology, and a clinical professor of medicine at the University of Pittsburgh.



David Malone, CLU, ChFC

Mr. Malone is president and CEO of Gateway Financial. He is heavily involved in the community as a member of various workforce and civic associations at the local, regional, and state levels. He serves as chairman of the Health Careers Futures Board and as a trustee of the JHF Board.



William Meyer

Before retirement in 2007, Bill Meyer served for 36 years as a United Way professional, including 19 years as president and chief professional officer of United Way of Allegheny County.



Michael L. Millenson

Mr. Millenson, president of Health Quality Advisors LLC, is a nationally-recognized expert on making American health care better, safer, and more patient-centered. He is the author of *Demanding Medical Excellence: Doctors and Accountability in the Information Age*, and is also an adjunct associate professor of medicine at Northwestern University's Feinberg School of Medicine.

**Harold D. Miller, MPPM**

Mr. Miller is the president and CEO of the Center for Healthcare Quality and Payment Reform, as well as an adjunct professor of public policy and management at Carnegie Mellon University. A nationally recognized expert on healthcare payment and delivery reform, he served as a strategic initiatives consultant to PRHI from 2006–2010.

**Elizabeth Mitchell**

Ms. Mitchell is the president and CEO of the Network for Regional Healthcare Improvement, a consortium of more than 30 multi-stakeholder organizations across the U.S. that advances the “Triple Aim” of providing patients with lower-cost, higher-quality, and satisfying care. She is a member of the Institute of Medicine’s Consensus Committee, and a board member of the National Quality Forum.

**Mildred Morrison, MPM**

Ms. Morrison has been administrator of the Allegheny County Department of Human Services’ Area Agency on Aging since 2000, and a longtime advocate for the elderly. She serves as a trustee on the JHF Board, and is a member of the Health Careers Futures Board.

**Tom Murphy, MS**

Mr. Murphy has been a senior resident fellow since 2006 at the Urban Land Institute (ULI), where he is the Canizaro/Klingbeil Families chair for Urban Development. Before joining ULI, Mr. Murphy served three terms as mayor of Pittsburgh, from 1994–2005. Prior to that, he served eight terms in the Pennsylvania House of Representatives.

**Robert Nelkin**

Mr. Nelkin has been the president and CPO of the United Way of Allegheny County since 2007. Throughout his career, he has advocated for children, youth, and people with disabilities. Previously, he served as director of policy initiatives at the University of Pittsburgh Office of Child Development from 1996–2007, and as director of Human Services for Allegheny County. Mr. Nelkin is a past member of the JHF Board.

**Paul O'Neill, MPA**

Mr. O'Neill, a founder of Value Capture, LLC, is the former CEO of Alcoa and served as a board member of the Allegheny Conference on Community Development. He championed Lean quality improvement tools at Alcoa and co-founded PRHI. Mr. O'Neill was the 72nd U.S. Treasury Secretary under President George W. Bush.

**Barbra Rabson, MPH**

Ms. Rabson is the president and CEO of Massachusetts Health Quality Partners. Since 1998, she has led the organization to become one of the most trusted names in performance measurement and public reporting of healthcare information.

**Nancy Rackoff, JD**

Ms. Rackoff is the current chair of the JHF Board of Trustees. She is an attorney in the Pittsburgh area practicing at Tener, Van Kirk, Wolf & Moore, P.C., focusing on estate planning, trusts, and corporate law.

**James C. Roddey**

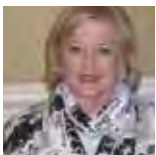
Mr. Roddey served as Allegheny County's first chief executive from 1999–2004, and is a former member of the JHF Board. He is the director of Baker Tilly, a political commentator on public affairs programs, and a frequent host on Pittsburgh business radio. Mr. Roddey remains active in numerous civic and charitable organizations throughout the region, and has served on more than 40 nonprofit boards.

**Alvin Rogal (1923–2007)**

Mr. Rogal built his father's local business into the country's eighth-largest insurance agency. He was the founding chairman of JHF, and was the last chairman of the board of the former Montefiore Hospital. He was a life trustee of Carnegie Mellon University, where he co-named a multid denominational chapel in the University Center. He is also an emeritus trustee of Robert Morris University, and established scholarships at both schools.

**James Rooney**

Mr. Rooney, a former JHF consultant, is the principal and co-founder of FirstLink Research and Analytics (formerly AMTV, LLC). He was previously associate director of the Institute for Entrepreneurial Excellence, where he led the Institute's Greene and Washington Counties Outreach Initiative.

**Dodie Roskies, MPH**

Ms. Roskies, a 40-year career veteran in patient care and hospital management, joined JHF in 2003 as a consultant and became involved with the development of the Squirrel Hill Health Center. Building on the groundwork of Jay and Barbara Rogal, and with the support of the Lawrence and Rebecca Stern Family Foundation, Ms. Roskies developed a community awareness and screening program to raise awareness of Jewish genetic diseases. She is also a past member of the JHF Board.

**Farrell Rubenstein, CPA**

Mr. Rubenstein recently retired from Deloitte, where he served as the national and international director of tax, a member of the firm's management committee and prior to that, as partner-in-charge of the Pittsburgh office. Mr. Rubenstein served on many civic boards, including the board of UPMC, which designated him to personally negotiate the purchase of Montefiore Hospital in 1990, thereby creating JHF. In 1996, he became a member of the Board of Trustees of JHF and served as chair from 2000–2002.

**Fred H. Rubin, MD**

Dr. Rubin is a specialist in both internal medicine and geriatrics. He founded the Division of Gerontology, the Senior Care Institute, and the fellowship program in geriatric medicine at UPMC Shadyside Hospital, where he serves as chairman of the Department of Medicine.

**Ken Segel, MBA**

Mr. Segel is the managing director and a co-founding principal of Value Capture. Previously, he served as the founding staff director of PRHI. He also served as a senior program officer at JHF, helping to shape the Foundation's formal public policy program and guiding its children's health grantmaking.

**Chen Shapira, MD**

Dr. Shapira is the CEO of The Lady Davis Hospital, part of the Carmel Medical Center in Israel. She has collaborated with JHF as part of the Foundation's efforts to share quality improvement practices and learning opportunities with Israeli medical facilities.

**David Shapira, MEC**

Mr. Shapira is the executive chairman of the Giant Eagle, Inc. Board of Directors and president of the David S. and Karen A. Shapira Foundation. He serves on philanthropic boards throughout the Pittsburgh region, and chaired the JHF Board from 1994–1996.

**Patricia L. Siger**

Ms. Siger has been actively involved as a volunteer and employee in the nonprofit arena for more than 25 years, and is one of the founders of the Komen Pittsburgh Race for the Cure. She is a consultant for United Way of Allegheny County, and currently serves as board chair of PRHI. Previously, Ms. Siger chaired JHF's Board from 2009–2011, as well as the Foundation's Working Hearts® campaign to improve women's heart health.

**Richard Simon**

Mr. Simon has been actively involved in both Jewish and secular causes for nearly 60 years. He has served continuously and passionately for the past 25 years as a life trustee of the JHF Board. Mr. Simon was formerly on the board of Montefiore Hospital.

**Rick Stafford, MPPM**

Mr. Stafford, CEO of the Allegheny Conference on Community Development from 1991–2003, was part of the team that created PRHI. Mr. Stafford worked as a consultant to PRHI during its formative years, helping the organization to grow its state and national impact.

**Larry Stern, MS**

Mr. Stern is the co-founder of the Lawrence and Rebecca Stern Family Foundation and serves on the JHF Board. He is also on the board for the COPD Foundation, and the Jewish Association on Aging. Previously, Mr. Stern was chairman and CEO of Talecris Biotherapeutics.

**Ann Torregrossa, JD**

Ms. Torregrossa is the executive director of the Pennsylvania Health Funders Collaborative, and has over 45 years' experience in health policy and Medicaid law. Previously, she was director of the Governor's Office of Health Care Reform, where she helped develop Governor Rendell's comprehensive healthcare reform initiative, Prescription for Pennsylvania. Before joining the Rendell Administration, she was a co-founder and the director of the PA Health Law Project, a public interest law firm that provides free assistance to consumers facing difficulties obtaining needed publicly- funded health care.

**Marni Vliet, MPH**

Ms. Vliet is a consultant to nonprofit and for-profit organizations across the country in the areas of strategic planning and communication, organizational development, governance, health programming, and health policy development. Previously, she served as president of the Kansas Health Foundation. She is a member of Funders Concerned about AIDS, and a former board chair of Grantmakers In Health and the Community Anti-Drug Coalitions of America.

**Alfred "Burr" Wishart, DD**

Rev. Dr. Wishart served as president of The Pittsburgh Foundation from 1970–2001. Under Mr. Wishart's leadership, The Pittsburgh Foundation grew into one of the largest community foundations in the country.

**Nancy Zionts, MBA**

Ms. Zionts is the current chief operating and program officer of JHF. She oversees a grant agenda that includes aging, end-of-life care, health workforce development, quality and safety, Fellowships, and public health, including management of a grant from the U.S. Department of Health and Human Services/Office of the Assistant Secretary for Health to support the JHF HPV Vaccination Initiative. She has been active in the development and implementation of many JHF initiatives including the Pennsylvania Health Funders Collaborative, the Squirrel Hill Health Center, the QI²T Center, and Coordinated Care Network. She has served on numerous nonprofit boards, including Grantmakers In Aging and Grantmakers of Western Pennsylvania.

Jewish Healthcare Foundation Awards

- 2014** Emergency Medical Service Institute recognizes JHF for its Contribution to Emergency Medical Services
- 2013** The Shingo Research and Professional Publication Award given to PRHI for *The Pittsburgh Way to Efficient Healthcare*
- The Computerworld Honors Program names PRHI a Laureate, in recognition of PRHI's use of information technology for social change
- 2012** Community Day School Leadership Award given to JHF
- 2010** American Physicians Fellowship in Israel recognizes JHF for its role in supporting a disaster planning and preparedness course
- 2009** Pennsylvania Occupational Therapy Association Award of Appreciation given to JHF, Karen Wolk Feinstein, and Nancy Zions
- Jewish Community Center of Greater Pittsburgh honors JHF and Karen Feinstein for their significant role in furthering the AgeWell Pittsburgh Collaboration for older adults in Pittsburgh
- The Weinberg Foundation selects JHF for the Caregiver's Initiative
- The Commonwealth Fund selects PRHI as one of the five Regional Coordinating Centers for the Safety Net Medical Home Initiative
- Allegheny County Medical Society awards a special commendation to PRHI for its work in evaluating and improving systems of care, reducing variation and disparities in care, and addressing patient safety while improving outcomes
- The Harry and Jeanette Weinberg Foundation recognizes JHF for its outstanding contribution to the Weinberg Caregiver Initiative
- 2008** The League of Women Voters selects PRHI as a winner of the Good Government Award
- The American Heart Association recognizes JHF for its Working Hearts® initiative to address women's heart disease
- U.S. Department of Health and Human Services names PRHI as one of the 12 sites for a major Medicare demonstration of electronic health records
- U.S. Department of Health and Human Services Secretary Michael Leavitt names PRHI a Chartered Value Exchange
- 2007** U.S. Department of Health and Human Services Secretary Michael Leavitt names PRHI a Community Leader for value-driven health care

- 2006 – 2008** The Pace School selects JHF for the Race for Pace Award
- 2004** Nelum, Inc. recognizes JHF's outstanding service in HIV/AIDS in western Pennsylvania
- 2003** The Kollel Jewish Learning Center honors JHF with the *Shalom Award* for the Foundation's Commitment to Excellence in Health Care
- The American Friends of Magen David Adom selects JHF for the Armdí Maimonides Award in appreciation for gifting an ambulance to save lives in Israel
- 2002** The United Way selects JHF for the Platinum Award
- The United Jewish Federation Award of Merit to Jewish Healthcare Foundation in recognition of and with profound gratitude for a decade of partnership which has strengthened the Pittsburgh Jewish community
- The New York Festivals names JHF a finalist in the 43rd Annual International Film & Video Awards Festival for JHF's video *Foundations: Making a Difference*
- Venture Outdoors recognizes JHF for its generous support of and commitment to the region's natural assets and amenities
- 2001** The Public Relations Society of America names JHF the first-place winner of the Renaissance Award for the Foundation's 10-year Annual Report
- The Wilmer Shields Rich Award for Excellence in Communications – Silver Award is given to JHF for its Branches publication
- Special Olympics Pennsylvania recognizes JHF for helping to inspire greatness at the Summer Games
- 2000** The Jewish Association on Aging (JAA) honors JHF for its unwavering support of JAA's mission of providing quality services to the elderly
- 1999** The United Way gives the Chairman's Award to JHF
- 1998** Family Health Council, Inc. presents the Healthy Start House Award of Appreciation to JHF
- 1997** The Printing Industry of Western PA selects JHF's Annual Report for the Best of Category at the 31st Annual Exhibition of Western Pennsylvania Printing
- 1995** The National Society of Fund Raising Executives names JHF an Outstanding Foundation
- The Commonwealth of Pennsylvania awards a Certificate of Merit to JHF for supporting the Pennsylvania Community Crime Prevention Program

- The City of Pittsburgh presents the Project Safe Gold Helmet Award to JHF
- Three Rivers Youth presents a Certificate of Appreciation to JHF
- The Wilmer Shields Rich Award for Excellence in Communications – Bronze Award for Public Information Campaigns is presented to JHF for The Problem with Food
- 1994** The Childhood Lead Poisoning Prevention Program (CLPPP) selects JHF as the award winner in the Community Awareness and Education Group Category
- The Pittsburgh Advertising Federation gives a Pittsburgh ADDY Award to JHF for its Annual Report
- 1993** The Wilmer Shields Rich Awards Program recognizes JHF as a finalist for Excellence in Annual Reports, Council on Foundation and the Communications Network in Philanthropy
- The Pittsburgh Advertising Federation gives a Pittsburgh ADDY Awards Certificate of Merit to JHF for its Branches publication
- A Mohawk Certificate of Merit is presented to JHF for its Annual Report
- Sisterhood Shabbat and the Women’s League for Conservative Judaism Congregation Beth Shalom honor JHF as a new resource for Pittsburgh and the Jewish community
- 1992** The Pittsburgh Advertising Federation gives an ADDY Award of Excellence to JHF for their Annual Report and Strength-to-Strength brochure
- The Health Education Center Award is presented to JHF for *Operation KidShot*
- Allegheny Trails Council/Boy Scouts of America presents JHF with a Certificate of Appreciation for the Heritage Reservation Doorway to the Future Campaign
- The Rotary Club of Pittsburgh awards a Certificate of Appreciation to JHF for its *Operation Kidshot* immunization campaign
- The Pennsylvania Chapter of the American Academy of Pediatrics and Connaught Laboratories, Inc. present the Immunization Award to JHF and the Rotary Club of Pittsburgh for *Operation KidShot*
- 1991** The United Way presents an Award of Excellence to JHF employees in recognition of their distinguished performance in the United Way Campaign

Karen Feinstein's Personal Awards

- 2015** Women of Distinction Award, Crohn's and Colitis Foundation of America
Spirit of Enterprise Award, Junior Achievement
- 2014** Declaration of Independence Award, Israel Bonds Health Professions Tribute
Fred Rogers Good Neighbor Award, Junior Achievement
- 2013** Tempo Award, Adagio Health
Celebrating Women! Having a Global Impact Award, Nominee, Women and Girls Foundation
In the Lead/Pittsburgh Top 50, Pittsburgh Post-Gazette
Nellie Leadership Award for Health Care, Three Rivers Youth
- 2012** Certificate of Appreciation, University of Pittsburgh, Department of Health Policy and Management (for serving as a Mentor for Marlene Ross)
Benjamin Rush Individual Public Health Award, Allegheny County Medical Society
- 2011** Benjamin Rush Award for Contributions to the Advancement of Healthcare, Allegheny County Medical Society
Doris and Leonard H. Rudolph Jewish Communal Professional Award, United Jewish Federation of Pittsburgh
Faithful and Outstanding Service, East Liberty Family Health Care Center
Joyful Noise Honoree for Community Leader, East Liberty Family Health Care Center
- 2009** Moe Coleman Award for Excellence in Community Service, University of Pittsburgh Institute of Politics
- 2008** Samuel K. McCune Award for Distinguished Service, Presbyterian SeniorCare
- 2007** Celebrate and Share Award, Women of Achievement
For Attribution: A Directory of Knowledge Experts from the Pittsburgh Region – Health Care and Social Services Representative, Pittsburgh Regional Alliance
Distinguished Social Work Award, Boston College Graduate School of Social Work
- 2006** Distinguished Daughter Honoree, Distinguished Daughters of Pennsylvania
Women and Girls of Distinction – Pearl of Excellence Award, Girl Scouts



- 2003** Big MAC (Most Assists with Children) Awardee, Ronald McDonald House Charities of Pittsburgh
- Pittsburgher of the Year Award, *Pittsburgh Magazine*
- Resolution of Appreciation, National City Bank Board of Directors
- Citizen of the Year Award, Squirrel Hill Urban Coalition
- 2002** Commemorative Award, YWCA
(selected from all Tribute to Women Awardees in Civic Service)
- Community Philanthropic Service Award, Mental Health Association of Allegheny County
- City of Pittsburgh Appreciation Award, Chair of the Health Emergency Operations Working Group
- Esprit Awards Community Philanthropic Service Award, Mental Health America Allegheny County
- 2001** Annual Dinner Honoree, Yeshiva Schools
- 2000** Tikun Olam Award, Women of Reform Judaism
- 1999** Pittsburgher of the Year, *Pittsburgh Magazine*
- 1998** Woman of the Year in Community Service, Vectors Pittsburgh
- 1997** Award of Excellence, Southwestern Pennsylvania Partnership on Aging
- Honorary Degree – Doctor of Public Service, Chatham College
- Carlow Woman of Spirit Awardee, Carlow University (honored in the United States Congressional Record)
- Western Pennsylvania Entrepreneur of the Year, Entrepreneur of the Year Institute
- 1996** Joseph E. Mulach, Jr. Award, Vocational Rehabilitation Center
- American Corporate Identity¹² Award of Excellence (for the Jewish Healthcare Foundation logo), American Corporate Identity
- 1994** Certificate of Recognition, Carnegie Mellon University’s H. John Heinz III School of Public Policy and Management and the Office of Career Services
- 1993** Shadyside Hospital Foundation Education Program Award to Karen Wolk Feinstein: “Health Care Reform – Implications for Serving the Health Needs of the Community”
- 1992–** Dedicated Service Honoree, Grantmakers In Health
1999
- 1991–** Dedicated Service Honoree, Integra Bank
1996

Proclamations/Resolutions

- 2014** The City of Pittsburgh’s Mayor’s Office declares April 8, 2014 as “QI²T Health Innovators Fellowship Day” in the City of Pittsburgh in recognition of JHF’s QI²T Health Innovators Fellowship
- 2011** The Pittsburgh City Council proclaims March 29, 2011 as Interfaith Volunteer Caregivers Day in the City of Pittsburgh in honor of the Interfaith Volunteer Caregivers program, which was established by JHF in 1993
- 2008** The Office of Lieutenant Governor recognizes Karen Feinstein for her selection as the 2008 Samuel K. McCune Award winner for Distinguished Service by Presbyterian SeniorCare
- The Senate of Pennsylvania congratulates PRHI on its 10th Anniversary and success of the Fine Awards for Teamwork Excellence in Health Care
- The Pennsylvania House of Representatives issues a citation in recognition of PRHI’s 2008 Good Government Award from the League of Women Voters
- The Pennsylvania Senate gives special recognition to PRHI for its 2008 Good Government Award
- 2007** The Pennsylvania Senate issues a proclamation in recognition of Karen Feinstein’s Women of Achievement Award
- The Allegheny County Office of the Chief Executive issues a Community Citation of Merit for the 2006 Holiday Project for Children
- 2004** The Pittsburgh City Council commends JHF’s Working Hearts® campaign, proclaims February 2004 as Women’s Heart Month, and February 20, 2004 as Women’s Heart Day in the City of Pittsburgh
- The Pittsburgh City Council commends JHF for co-sponsoring the 2004 Pittsburgh AIDS Walk
- 2003** The Pennsylvania House of Representatives declares February 2003 as Women’s Heart Month in Pennsylvania, in recognition of JHF’s Working Hearts® campaign
- The Pittsburgh City Council declares February 2003 as Women’s Heart Month in the City of Pittsburgh, in recognition of JHF’s Working Hearts® campaign
- The Allegheny County Office of the Chief Executive declares February 2003 as Working Hearts® Month
- 1996** The City of Pittsburgh Office of the Mayor recognizes JHF in November during National Marrow Donor Awareness Month

The Allegheny County Board of Commissioners recognizes JHF for its support of the National Marrow Donor Program

1995 The Allegheny County Board of Commissioners issues a proclamation recognizing JHF for sponsoring “Nursing Leadership in Health Policy”

1992 The Pittsburgh City Council recognizes JHF for “Continuing the Tradition”

1991 The Allegheny County Board of County Commissioners recognizes JHF and the Rotary Club of Pittsburgh for *Operation KidShot*

The City of Pittsburgh proclaims September 21-29, as *Operation KidShot* Week



JHF UK Study Tour

Presenters at the International Health Conference in Oxford

Karen Wolk Feinstein, PhD, JHF president and CEO, delivered the opening plenary address in which she discussed the United States' 20-year revolution in quality improvement, signified by regional health improvement collaboratives (RHICs) like the Pittsburgh Regional Health Initiative (PRHI), and culminating with the passage of the Affordable Care Act (ACA). In addition, Dr. Feinstein participated in a breakout session on how activated patients can change healthcare outcomes.

Stuart Altman, PhD, the Sol C. Chaikin Professor of National Health Policy at Brandeis University's Heller School for Social Policy and Management, presented his take on front-burner healthcare issues, including differences in health status among demographics, and the need to engage healthcare professionals in research and policy development.

Bruce Block, MD, PRHI's chief learning and medical informatics officer, discussed how the organization supports primary care practice transformation by providing coaching and training on medical home concepts, elevating the role of clinical assistants, integrating behavioral and physical health services, and developing a quality improvement culture.

Sophia Chang, MD, MPH, vice president of programs for the California HealthCare Foundation, shared California's initiatives to quickly translate research on palliative care and telemedicine to the front lines.

Robert Ferguson, JHF director of government grants and policy, recounted the Foundation's experience in implementing and evaluating evidence-based mental and physical healthcare management through initiatives including Partners in Integrated Care (PIC) and COMPASS (Care of Mental, Physical and Substance Use Syndromes).

Donald Fischer, MD, MBA, senior vice president of health affairs and chief medical officer for Highmark, discussed the role of partnerships between health plans, employers, and providers in decreasing variation in care quality and focusing on proven, effective treatments.

Dodie Roskies, MPH, a JHF consultant and director of JGenesPgh, discussed western Pennsylvania's efforts to increase awareness of preventable genetic diseases through education, counseling, and screening sessions.

Nancy Zionts, MBA, JHF's chief operating officer and chief program officer, discussed JHF's 25 year commitment to seniors, and its Closure initiative to raise expectations for end-of-life care.

Special thanks to:

David Levenson, MD for taking beautiful photographs.

Elizabeth Mitchell (President and CEO of NRHI) and **Lisa Simpson, MD** (President and CEO of AcademyHealth) for arranging visits with interesting people and for contributing their insights and experiences throughout.

Celebrating

25

September 1, 2015
QI²T Center



Article as it appeared in:

Pittsburgh Post-Gazette

On 25th anniversary, Jewish Healthcare Foundation putting new focus on personal health

by Steve Twedt, September 2, 2015

After taking on medication errors, payment reform and other nettlesome issues embedded in American health care, the Jewish Healthcare Foundation is zeroing in on patients and their role in maintaining their own health.

"We own it. It's our health," said Karen Wolk Feinstein, president and CEO of the foundation, at its Downtown offices Tuesday during a celebration of the foundation's 25th anniversary. "It's so fundamental and yet it seems too simple."

She said she was struck by the idea of keying on people taking responsibility for their own health, by watching what they eat and making sure they exercise and get enough sleep, after traveling internationally to countries whose health systems featured less complex and costly equipment and treatments but had healthier citizens.

Ms. Feinstein pointed to the importance of focusing on key life stages: habits and behaviors adopted by adolescents, such as smoking, that set them up for major health issues later. Or, at the far end of the age spectrum, making sure the elderly continue to exercise to slow the body's inevitable decline.

"It's a whole lot of things coming together."

Tuesday's event came a quarter century after the Jewish Healthcare Foundation of Pittsburgh was formed from the proceeds of the \$75 million sale of Montefiore Hospital, considered the local Jewish hospital, to the University of Pittsburgh's health system.

In the years since, the foundation has given out \$101 million in grants, and taken in \$101 million in contributions and other revenue from outside

sources, but still has \$135 million in the bank, for which Ms. Feinstein credited the foundation's investment committee.

But the nonprofit foundation is better known for its research, education, training and grant making, all with the goal of improving health care quality while containing health care costs.

In the process, it has created and supported nearly two dozen other entities, most notably the Pittsburgh Regional Health Initiative and the Health Careers Futures.

In keeping with its history of grant making, the foundation's board on Tuesday announced the awarding of six grants totaling \$1.33 million: \$500,000 for a multi-year initiative to promote healthy behaviors among adolescents; \$390,000 for graduate health care fellowship and internship programs; and \$150,000 for a project partnering with WQED that will include production of a one-hour documentary and look at advances in breast and ovarian cancer detection and treatment, with a focus on the BRCA1 and BRCA2 genetic mutations.

Other grants were \$145,000 for a multimedia look back on the Jewish Healthcare Foundation's 25-year history; \$80,000 to fund the JHF Data Science Fellowship program at the University of Pittsburgh to help students analyze and act on health data; and \$68,000 for its "fair share contribution" to the Allegheny Conference on Community Development.

Article as it appeared in:

The Jewish Chronicle

JHF steps into spotlight for a job well done

by Toby Tabachnick, September 9, 2015

After 25 years of working to improve the trajectory of health care in Pittsburgh and beyond, the Jewish Healthcare Foundation has a lot to celebrate.

Supporters gathered to do just that at JHF headquarters in Centre City Tower downtown last Tuesday evening, toasting the Foundation and its staff, which has been under the direction of president and CEO Karen Wolk Feinstein since its launch in 1990.

Feinstein took the podium to address the roomful of trustees, community leaders and other advocates for health care, reflecting upon the numerous achievements though the years of the JHF in education, training and grant making.

Feinstein recalled the Foundation's early days as an organization created from the sale of Montefiore Hospital to the University of Pittsburgh's health system, and how she and her staff built the JHF from the ground up to become a world-class think tank.

Beginning with \$75 million in proceeds from the sale of the hospital, the JHF has distributed \$101 million in grants over its 25 years and has garnered \$101 million in funds to put back into the community, Feinstein said.

To accomplish its mission of advancing the quality of clinical care and the health of populations, the JHF's current focus is promoting safety, best practices and efficiency at the front line of care, and the Foundation's most recent grants reflect this mission. Last week, the JHF board of trustees announced the awarding of six grants totaling \$1.33 million, including \$500,000 that will fund a multiyear initiative to engage community organizations and teens in messaging that promotes healthy behaviors.

"Adolescence is a time of self-discovery and experimentation, and also a period where health habits can become ingrained," Feinstein said in a prepared statement. "Behavior patterns established during those teenage years – including nutrition, physical activity, alcohol, tobacco and drug consumption and sexual behaviors—help determine a person's health status and risk for developing chronic diseases in adulthood. Our goal is to motivate teens to take control of their health—to realize that they have the power to make wise choices each day that will pay off for years to come."

Another grant announced last week, in the amount of \$150,000, will advance a multimedia project to increase education and awareness of breast and ovarian cancer, focusing on BRCA1 and BRCA2 genetic mutations, which are more common in Ashkenazi Jews than in the general population.

In commemoration of its 25 years of service, the JHF awarded a \$145,000 grant for a multimedia look back on its own history, and has published a 100-page special edition of its "ROOTS" magazine, telling the story of the JHF's founding and journey over the last quarter century.

Additional grants were awarded for fellowships and internships, and to the Allegheny Conference on Community Development in support of efforts to improve the health of Western Pennsylvanians.

Trustees and longtime supporters of the JHF, including attorney David Ehrenwerth, also took the microphone to congratulate the JHF and Feinstein on their triumphs.



Article as it appeared in:

Pittsburgh Business Times

Six initiatives funded with \$1.3M in JHF grants

by Kris Mamula, September 2, 2015

The Jewish Healthcare Foundation on Tuesday approved six grants totaling \$1.3 million to start a data science fellowship at the University of Pittsburgh, increase education about breast and ovarian cancer, and other initiatives.

Among the projects funded was a multiyear initiative to engage local organizations and youth to promote healthy behaviors. JHF will also partner with WQED to develop a documentary, addressing questions relating to screening, counseling and treatment options for women with the BRCA1 and BRCA2 genetic mutations.

Also on Tuesday, JHF marked its 25th anniversary. The downtown nonprofit was created from the proceeds of the sale of Montefiore Hospital in Oakland.

Senate of Pennsylvania



HARRISBURG, PA

Congratulations

In the Senate, May 18, 2015

Whereas, The Senate of Pennsylvania takes great pride in recognizing those organizations which, through adherence to the highest standards of service, contribute in a meaningful way toward a better and more productive society; and

Whereas, The Jewish Healthcare Foundation of Pittsburgh is being honored upon the momentous occasion of its twenty-fifth anniversary; and

Whereas, The Jewish Healthcare Foundation was established in 1990 with proceeds from the sale of Montefiore Hospital, a healthcare institution that was founded and financed by Pittsburgh's Jewish community. With a current endowment of approximately one hundred forty million dollars, the foundation has provided more than one hundred twenty million dollars in grants and leveraged tens of millions of dollars in key public and private partnerships in support of projects to improve healthcare for residents of southwestern Pennsylvania, this Commonwealth and our nation. The Jewish Healthcare Foundation is a public charity that offers a unique blend of research, education, grantmaking and program management to advance the quality of clinical care and health of populations. Its current focus is promoting safety, best practices and efficiency at the front line of care and building a workforce to sustain those goals. To accomplish this, the Jewish Healthcare Foundation created two operating arms, the Pittsburgh Regional Health Initiative in 1998 and Health Careers Futures in 2008. Together these organizations develop and manage programs, research, training and grantmaking to perfect patient care. The foundation is also a founding member of the Network for Regional Healthcare Improvement.

Now therefore, the Senate of the Commonwealth of Pennsylvania congratulates the Jewish Healthcare Foundation of Pittsburgh for its many accomplishments over the past twenty-five years; extends warmest wishes for a future replete with ever-increasing success and service to the community;

And directs that a copy of this document, sponsored by Senator Jay Costa, be transmitted to the Jewish Healthcare Foundation of Pittsburgh.



Attest:


Megan Fotino Consedine, Secretary

Allegheny County Council

Proclamation



WHEREAS, the Jewish Healthcare Foundation (JHF) was established in 1990 with proceeds from the sale of Montefiore Hospital to the University of Pittsburgh's health system; and

WHEREAS, the Jewish Healthcare Foundation is a public charity, funded by public and private sources, and the Jewish Healthcare Foundation endowment; and

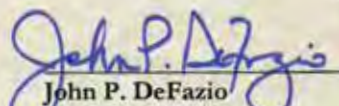
WHEREAS, the Jewish Healthcare Foundation created two operating arms, the Pittsburgh Regional Health Initiative (PRHI) in 1997, and Health Careers Futures' (HCF) in 2003. The Foundation offers a unique blend of research, education, grant making and program management to advance the quality of clinical care and the health of populations; and

WHEREAS, in keeping with its history of grant making, the Jewish Healthcare Foundation will focus on improving personal health during key life stages through six grants that were recently awarded by the JHF Board, totaling \$1.33 million;

NOW, THEREFORE, BE IT RESOLVED, that Allegheny County Council does hereby congratulate the Jewish Healthcare Foundation upon the occasion of its 25th Anniversary, and we thank the organization for its tireless efforts to improve health care quality in Allegheny County.



Sponsored by Council Member Terri R. Klein, and presented on behalf of Allegheny County Council, this 1st day of September 2015.


John P. DeFazio
President of Council

Attest:

Allegheny County Council

Proclamation

Jewish Healthcare Foundation
Pittsburgh, Pennsylvania
25th Anniversary

Whereas, the Jewish Healthcare Foundation (JHF) was established in 1990 with proceeds from the sale of Montefiore Hospital, a healthcare institution financed and founded by Pittsburgh's Jewish community in 1908; and,

Whereas, the Jewish Healthcare Foundation (JHF) is a public charity that offers a unique blend of research, education, grantmaking and program management to advance the quality of clinical care and health of populations. Its current focus is promoting safety, best practice and efficiency at the front line of care, and building a workforce to sustain this; and,

Whereas, to accomplish its goals, JHF created two operating arms — the Pittsburgh Regional Health Initiative (PRHI) in 1998, and Health Careers Futures (HCF) in 2003. Together these organizations develop and manage programs, research, training and grantmaking to perfect patient care; and,

Whereas, Dr. Karen Wolk Feinstein is President and Chief Executive Officer of the Jewish Healthcare Foundation (JHF) and its two operating arms, PRHI and HCF; and,

Whereas, under Dr. Feinstein's leadership, JHF and PRHI have become a leading voice in patient safety, healthcare quality and related workforce issues; and,

Whereas, the trustees of the Jewish Healthcare Foundation continue a tradition of service, stewardship, and progressive thinking begun by those who guided JHF's predecessor, Montefiore Hospital; and,

Now, therefore, Senator Pat Toomey proudly recognizes the 25th Anniversary of the Jewish Healthcare Foundation.



Pat Toomey
U.S. Senator
May 6, 2015



Pat Siger
2009 to 2011



Nancy Rackoff
2015 to Present



Steve Halpern
2006 to 2008



Alan Guttman
2012 to 2014



Farrell Rubenstein
2000 to 2002



Chuck Cohen
2003 to 2005



David Shapira
1994 to 1996



Alvin Rogal
1991 to 1993



Lee Netzer
1997 to 1999



25

**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**

Writer

Susan Elster, PhD

Design

Mizrahi, Inc.

Both Susan Elster and Laurie Mizrahi
have been involved with JHF for 25 years.

Quilt Designs

Louise Silk



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