

United Hospital Fund



Improving Health Care for Every New Yorker

United Hospital Fund works to build a more effective health care system for every New Yorker. An independent, nonprofit organization, we analyze public policy to inform decision makers, find common ground among diverse stakeholders, and develop and support innovative programs that improve the quality, accessibility, affordability, and experience of patient care.

UNITED HOSPITAL FUND ANNUAL REPORT Fiscal Year 2016-2017

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By any standards, 2017 was a year of major transitions. A new federal Administration and renewed debate on fundamental questions of health care access reconfirmed the need for the critical work that we do to improve the accessibility, quality, and experience of care. Closer to home, we welcomed Anthony Shih, MD, MPH, to UHF's presidency.

A proven nonprofit executive with expertise in quality and health system performance improvement, population health, and health care philanthropy, Tony brings a valuable skill set and his own perspective and style to carrying out our mission and advancing our historic values. Jim Tallon, in retiring after 24 years, leaves not only an extraordinary career but also an ongoing legacy: his talents and reputation as a listener and consensus builder indelibly marked UHF.

Of course our successes as we pursue UHF's mission are not due solely to the vision and leadership of any single individual. We are indebted to members of our dedicated board of directors, who bring their wisdom and energies to shaping UHF priorities, programs, and organizational effectiveness—and who played a key role in the success of this year's leadership search effort and transition.

Three new directors joined our board this year, deepening its health care and management expertise: Robert Galvin, MD, CEO and operating partner of Blackstone's Equity Healthcare Group; Jennifer Howse, former president of the March of Dimes Foundation; and Eileen Sullivan-Marx, dean and Erlene Perkins McGriff Professor of Nursing at the NYU Rory Meyers School of Nursing. We also bid farewell to directors Michelle Adams and David Levy, MD, who completed their terms of service on the board, having made substantial contributions. And we are deeply saddened by the death of Mary Schachne, honorary board member and former vice chairman, whose commitment to UHF's mission spanned 60 years and included 32 years of active board service.

As a center of research and analysis, an advisor to and supporter of innovative initiatives, and a convener and partner, UHF's collective strength and reputation is grounded in its remarkable staff. Their broad range of expertise and experience, coupled with their passion for changing health care for the better, are what move our efforts ahead each day.

Maintaining this kind of enterprise requires, too, a network of colleagues and partners. For some, that means direct action through partnerships in our policy, quality, and service delivery work. Others provide generous and essential funding support. We are deeply grateful to all of you.

As we end one chapter in UHF's distinguished history and begin another, what is clear is that we continue to play a unique and important role in New York's health care system, as objective purveyor of critical information and trusted, neutral forum for discussions and strategic activity. We hope you will continue to follow and support our progress.

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From the chairman



Anthony Shih, MD, MPH
President
United Hospital Fund

It's an interesting time to be working in health policy. Since the 2016 elections we've been living through a period of unprecedented uncertainty at the federal level, in which even apparently small decisions can cause ripples throughout the health system, potentially destabilizing insurance and provider markets and affecting care for millions of Americans.

Ironically, that cloud of uncertainty has clarified the continued relevance and importance of United Hospital Fund's mission—to build a more effective health care system for every New Yorker.

When I assumed the leadership of UHF, I came to an organization well known for understanding how interconnected all the moving parts of that system are. During the 24-year tenure of now-President Emeritus James R. Tallon, Jr., whose accomplishments here were both impressive and inspiring, that became evident in the two major foci of our work: improving coverage and access, and ensuring the quality and efficiency of our health care system.

Despite tremendous gains in insurance coverage in New York State over recent decades—through Child Health Plus and Family Health Plus, the Medicaid expansion, and the aggressive implementation of the Affordable Care Act—over 1 million New Yorkers remain uninsured. Our objective, independent policy analysis—tracking trends, uncovering flaws, and pointing toward potential solutions—is needed both to protect the gains that we have made and to ensure coverage and access for those who are still left out. Over the next few years, the work of our Medicaid Institute will be particularly important as Congress continues to debate the role of that essential program in our broader health system. In New York, there is no doubt of its importance: it not only covers 6 million people but also drives many of the efforts at health care delivery system reform.

As we've known for decades, however, coverage and access alone are not enough to guarantee high-quality, patient-centered health care. We've made great progress, yet study after study has confirmed the persistence of wide variations in quality of care. That is why we continue our work to advance high-quality care for everyone, through a mix of strategies: improving the measurement of quality; increasing providers' quality improvement capacity through our multi-hospital collaboratives and our Clinical Quality Fellowship Program; promoting effective, innovative models of care, such as the patient-centered medical home; and bringing patients' voices to the fore to ensure a better experience of care.

While coverage and quality remain pillars of our work, we recognize their limits as well, and are increasingly investing in efforts to improve health by reaching *beyond* the health care system.

Researchers have long understood that care provided in the hospital or doctor's office accounts for less than 20 percent of our health status, with much of the rest influenced by where we live, work, play, and learn. Clinicians, especially those who work with disadvantaged populations, understand this as well.

I witnessed this daily at my first job as a physician, serving immigrant and refugee families at a community-based mental health clinic in Oakland, CA. Though I provided the best care I could, my patients' health and mental health were vastly more dependent on the root causes of their problems—poverty, social and cultural isolation, language barriers, food insecurity. Yet until recently, providers were almost solely focused on optimal clinical care, and not paying enough attention to the broader determinants of health.

That's changing now, with new payment and service delivery models that draw attention to patients' overall health, not just the health care they receive. To succeed in this new paradigm providers will have to work closely with their communities and community-based organizations to address issues such as poverty, homelessness, and food insecurity as well as specific health care needs. One of our signature efforts, the Children's Health Initiative, puts UHF at the forefront of this work, connecting pediatric clinics to community-based agencies to address social and environmental risks to health. It builds on our historic efforts outside the clinical care system, like our recently completed Aging in Place initiative and our ongoing work to support the role of family caregivers in health care.

We'll continue to expand such clinical-community collaborations, as well as advance the broader role that health care systems play in improving community health.

I'll end where I started: these are interesting times to be working in health policy. I'm proud to be at UHF, where we're helping to solve the complex problems of today's health care system, and anticipating the challenges ahead of us. I thank you for your interest and support, and look forward to working together to improve the health of all New Yorkers.

We're helping solve the complex problems of today's health care system, and anticipating the challenges ahead.

Equal access:

First step to a healthier New York

Universal, affordable, accessible health insurance offering comprehensive coverage is a prerequisite for obtaining adequate care—and for an effective, equitable health care system.

New York has made remarkable leaps forward in decreasing the percent of residents without health insurance. But over 1 million residents still lack insurance and many more are underinsured. At a time of continuing federal efforts to roll back progress, UHF's Health Insurance Project and Medicaid Institute are working to maintain New York's leadership in improving coverage and the health care safety net, especially for vulnerable populations.

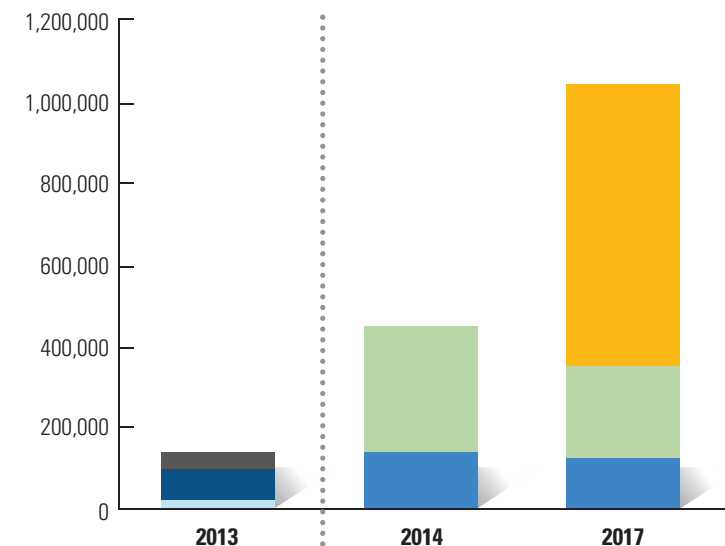


- Our Health Insurance Project is the only initiative in New York that comprehensively monitors and reports on the health and future sustainability of the state's insurance market.
- Our new *Health Watch* series provides timely data and insights to help New York assess and address the impact of federal policy changes affecting the future of coverage.
- Our experts are actively engaged in informing Medicaid policy as members of select workgroups overseeing the State's payment reform roadmap, making decisions about covered benefits, and creating value-based payment models and associated quality measures for Medicaid enrollees with significant behavioral health needs.
- Through our Medicaid Institute we're helping shape policy and operational changes to improve health care services for some six million of the most vulnerable New Yorkers. The Institute is one of only a handful of independent research initiatives conducting detailed analysis of Medicaid utilization and cost data. Current work includes research on Medicaid trends over the past five years, opioid prescribing and medication-assisted treatment, and potentially inappropriate antibiotic prescribing.



Coverage and access

New York's individual insurance market, before and after the Affordable Care Act



Note: Not all of the enrollment shown here represents previously uninsured New Yorkers. Prior to the exchange, Medicaid Managed Care enrollment, for example, was done at the local district level.

- Healthy NY
- Individual
- Other
- Qualified Health Plan (off-exchange)
- Qualified Health Plan (on-exchange)
- Essential Plan

Dramatic improvement for individual buyers, but uncertainty ahead

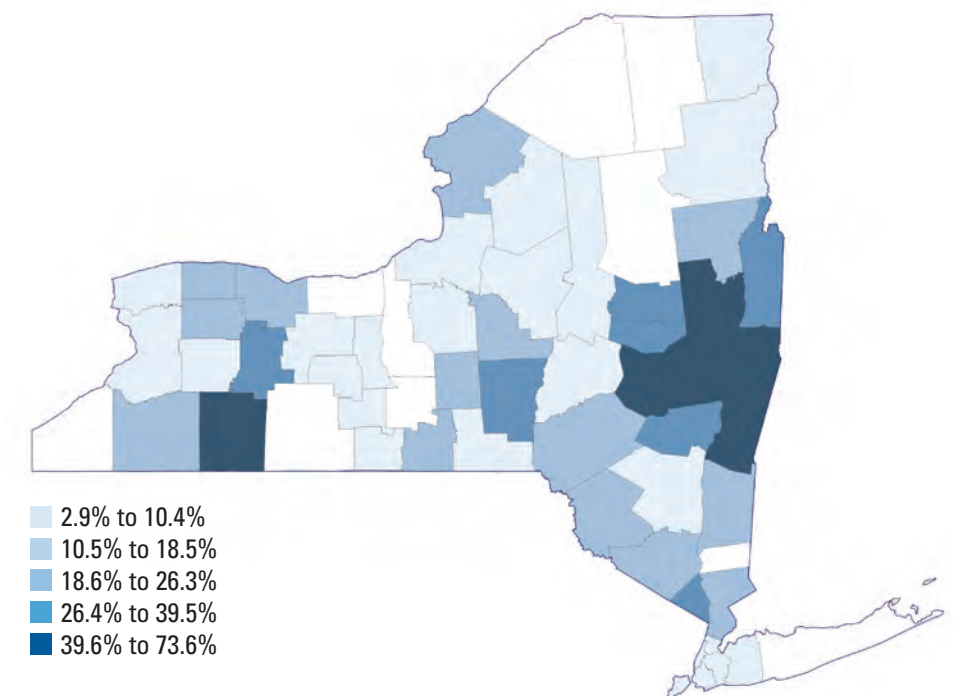
New York State of Health—the state health insurance exchange established under the Affordable Care Act—has been a key to connecting New Yorkers with affordable health insurance. For people in the individual market—who typically payed monthly premiums of more than \$1,000 before the ACA—the exchange has been a special boon. Through on-exchange “qualified health plans” and the new Essential Plan for lower-income New Yorkers, along with off-exchange plans, individual-market enrollment has increased some 600 percent since 2013, to over a million people.

The federal tax legislation recently signed into law repeals the penalty for not obtaining health insurance, which could adversely affect New York's individual market. If healthier individuals forgo coverage, premiums will increase for those remaining in the individual market, and insurers may be less willing to offer coverage to a riskier population.

Child Health Plus enrollment: a sharp increase, across the state

Protecting children's coverage

For more than 100 days in late 2017 and early 2018, Congress failed to permanently fund the Children's Health Insurance Program (CHIP), which covers more than 9 million children nationwide. Since 1997, CHIP has provided funds for New York State's own Child Health Plus program, which has reduced the uninsured rate among the state's children from 12 to 2 percent. UHF's analysis of Child Health Plus enrollment increasing by 17 percent over the previous federal fiscal year informed the ongoing debate in Washington, raising important questions about how long the existing state allotment and temporary fixes would allow the state to continue coverage for the nearly 360,000 New Yorkers on the program.





Better quality:

Right care, right provider, right outcome

There's no quick fix to increase patient safety and improve efficacy and outcomes. That takes systematic, ongoing efforts, and the kinds of collaborations we've pioneered and excel at.

Working with a broad range of partners—government, health care providers, family caregivers, and other stakeholders—UHF's Innovation Strategies Initiative, Quality Institute, and Families and Health Care Project are advancing transformative approaches to primary care, quality measurement and improvement, and transitions from institutional care to the home care setting.



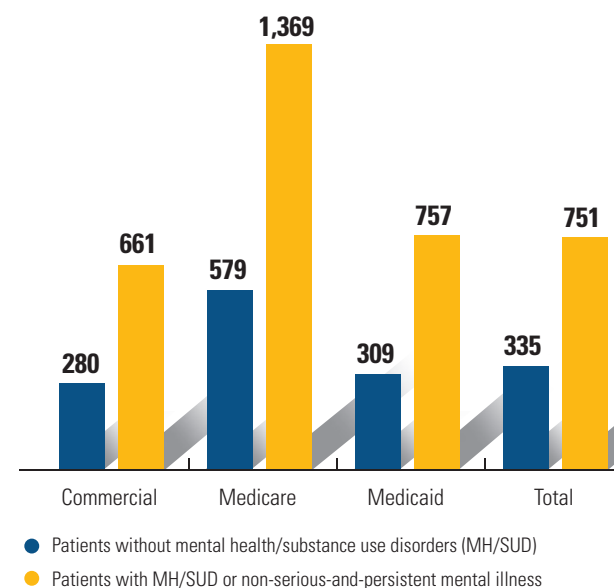
- With the New York State Department of Health, UHF is building consensus on “value-based payment” and quality measures that encourage the healthy growth and development of children living in low-income families and covered by Medicaid.
- We track and analyze the growth of patient-centered medical homes and accountable care organizations, and support the adoption of advanced primary care—focusing on roadblocks for small medical practices, which are key to addressing health care inequities.
- Our expertise is helping simplify and align quality reporting requirements, while addressing a lack of measures—of the doctor-patient relationship, for example—that consumers find most valuable for making informed choices about care.
- The UHF/GNYHA Clinical Quality Fellowship Program, an innovative 15-month intensive training, has prepared more than 175 area doctors and nurses, in nine classes to date, to become highly skilled quality improvement leaders in their institutions.
- As health care steadily moves from hospital and nursing home to the home care setting, our Families and Health Care Project provides vital guidance and support for family caregivers and for the health care professionals who work with them—such as teaching materials that complement a series of AARP videos on complex caregiving tasks.

Quality and efficiency

Bringing needed mental health care to primary care patients

For people with mental health or substance use disorders, the costs for treating chronic medical conditions can be two to three times higher than in patients without coexisting mental

Co-existing mental health conditions increase medical spending*



health or substance use conditions. Effective integration of behavioral health care into primary care—with routine screening and diagnosis, on-site treatment, and regular follow up—may reduce total health care costs for these patients by 9 to 16 percent, a number of studies have shown.

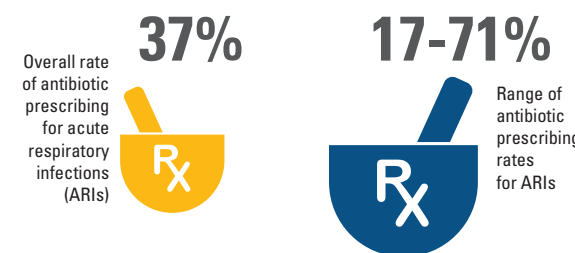
UHF grant making has enabled creation and testing of a step-by-step framework for gradually integrating behavioral health care into small primary care practices, to reach the 80 percent of their patients whose depression, anxiety, and other common behavioral disorders remain untreated.

*Spending (per member per month) for medical care in Medicaid and Total populations covers patients with mental health and/or substance use disorders; medical spending for Commercial and Medicare populations covers patients without “serious and persistent” mental illness. Source: Melek SP, DT Norris, and J. Paulus. April 2014. Economic Impact of Integrated Medical-Behavioral Healthcare: Implications for Psychiatry. Denver: Milliman, Inc.

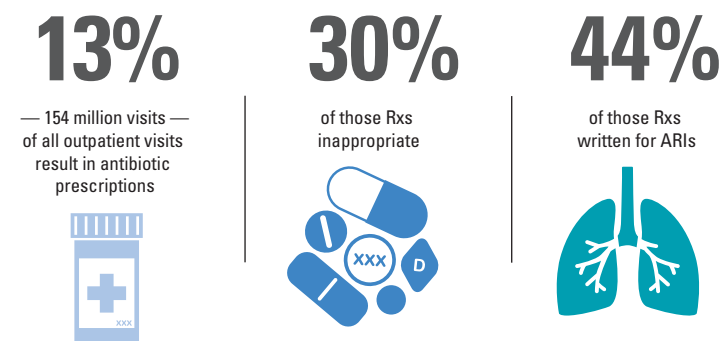
Combatting dangerous overuse of antibiotics

Despite widespread understanding that antibiotics are inappropriate for most respiratory infections, over- and mis-prescribing remain common. In 2017, UHF's Outpatient Antibiotic Stewardship grant initiative (OASI) entered its second phase, helping 35 physician practices owned by seven hospitals and health systems develop and implement strategies to reduce unnecessary use of these drugs—and the concomitant risk of dangerous infections and multidrug resistance.

Initiative participants' prescribing habits



The national picture



Source: The Pew Charitable Trusts. May 2016. Antibiotic Use in Outpatient Settings: Health Experts Create National Targets to Reduce Unnecessary Antibiotic Prescriptions.

Beyond the clinical setting:

Building partnerships for health

For both individuals and specific populations, health status is in large part a function of factors outside the doctor's office, including the "social determinants of health." Addressing those requires new and productive relationships between the health care sector and community services.

UHF initiatives are reaching beyond the health care system to address stressors—family dysfunction, poor housing, food insecurity—and leverage community supports essential to improving both immediate and long-term health and well-being.

- To give children ages 0-3 a better start at healthy childhood *and* adulthood, UHF partnered with New York State and leading health care and social service organizations in the "First 1000 Days on Medicaid" initiative, with an initial goal of increasing the percentage of children developmentally ready for school, through improved access to health and social services.
- UHF grant making is supporting innovative efforts to identify emergency department patients at risk for future homelessness, and effective preventive interventions.
- Our NORC Blueprint website and Health Indicators guides and tools—recently transferred to New York State Office of Aging ownership for even broader reach—are helping community-based agencies improve their strategic abilities to assess and meet elderly clients' needs and work effectively with health care partners to advance healthy aging.



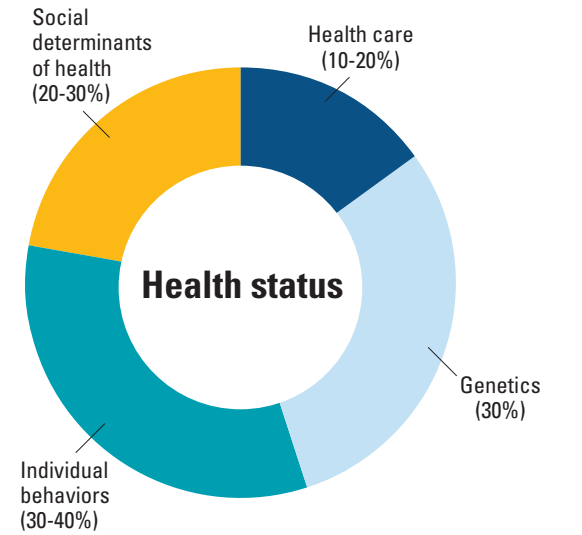
Community collaborations

Enlisting community partners to improve the health of the most vulnerable

Regular access to health care, especially preventive measures, is clearly a significant element of "health." But for most people, the everyday environment—factors like housing and food insecurity, or family or neighborhood violence, all of which influence individual behaviors—has a far greater impact on well-being and quality of life.

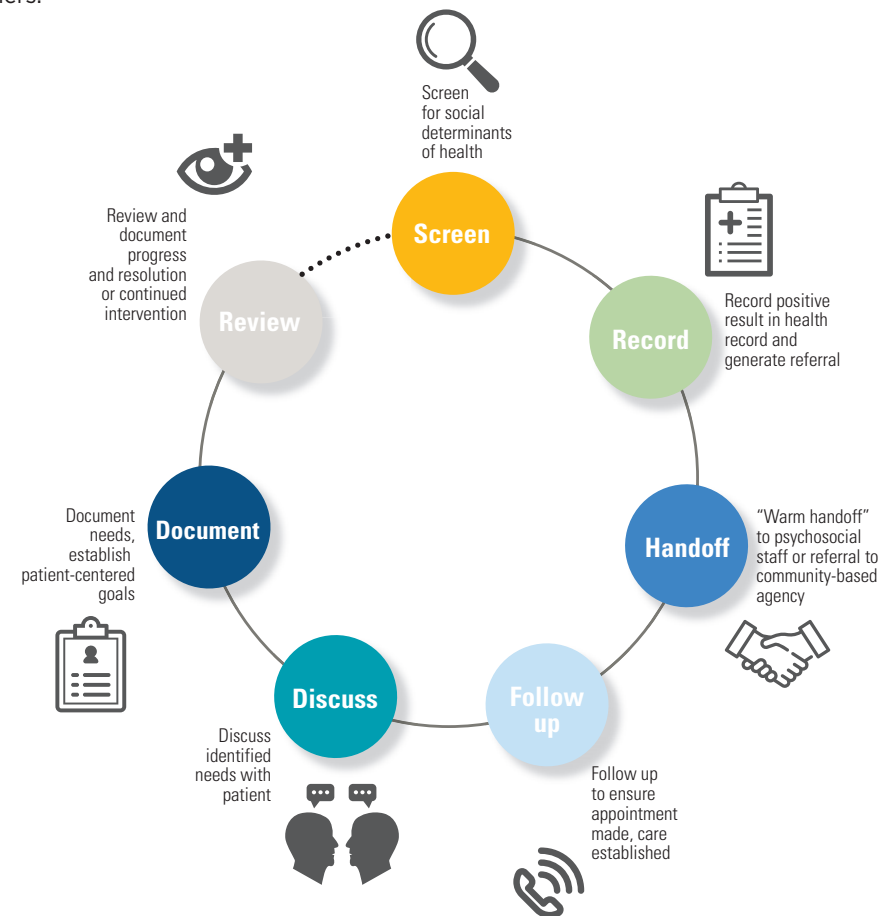
UHF's \$700,000 Partnerships for Early Childhood Development grant initiative and learning collaborative, which includes funding from the Altman Foundation and The New York Community Trust, is creating new alliances between hospital-based pediatric practices and community-based agencies to "close the loop" between health care and social services. The goal: routine screening of young children and their families by clinicians for social determinants of health, referrals to local organizations for services, and effective communication and follow up by both partners.

Health care's limited impact on health



Our PROPC-NY (Patient-Reported Outcomes in Primary Care–New York) initiative, with support from the Engelberg Foundation, is applying a similar approach to adult patients and to pregnant women and the parents of children up to age 18 months. Participants are not only systematically gathering patients' views of their health to help guide treatment and assess its outcomes but are also, in an innovative departure, treating social determinants as integral to clinical outcomes and effective use of resources.

Addressing social determinants of health with systematic screening and referrals



UHF Grantmaking

Grants awarded by United Hospital Fund reflect, complement, and extend our program initiatives, with the broad goal of improving the quality and delivery of health care in New York, and a focus on vulnerable and underserved populations.

COVERAGE AND ACCESS

Legal Action Center (LAC) \$60,000

To improve access to effective health care for people transitioning from prison, awaiting trial, or on probation—all of whom have higher than average rates of mental illness, substance abuse disorders, and other chronic conditions—once they are back in the community, by gathering and disseminating best policies and practices.

New York University School of Medicine \$135,000 over two years

To identify emergency department patients at significant risk for future homelessness and develop effective preventive interventions, through creation of a first-of-its-kind risk-screening tool, protocols for the ED, and a registry to assess the effect of social determinants of health on hospitalizations.

QUALITY AND EFFICIENCY

Montefiore Medical Center \$188,320 over two years

To test a step-by-step framework for integrating behavioral health care services into primary care—developed and disseminated with earlier UHF support—in four primary care practices in New York City, to help such practices systematically screen patients and provide evidence-based treatment for depression and anxiety.

Greater New York Hospital Association \$130,000

To increase provider capacity and enhance quality of care through two distinct programs in partnership with UHF. The Clinical Quality Fellowship Program will expand the number of clinicians trained in each 15-month class and add content on ambulatory care. The Antibiotic Stewardship Certificate Program will be expanded to nursing homes as well as hospitals, to help address dangerous misuse and overuse of antibiotics in additional inpatient settings.

Patient-Reported Outcomes in Primary Care—New York Initiative \$149,322 over 18 months

The Institute for Family Health
Montefiore Health System
Northwell Health

To better understand patients' perspectives and prioritize their voice in primary care by advancing the use of outcomes measures that elicit patients' views of their health status through structured questions, and can be used to assess symptoms, physical/social/emotional function, and health-related behaviors.

HEALTH CARE/COMMUNITY COLLABORATIONS

Partnerships for Early Childhood Development \$531,562*

Bronx-Lebanon Hospital Center
Interfaith Medical Center, Bedford Dental Center,
and Bishop Walker Health Care Center
Montefiore Medical Center
Mount Sinai Health System/Icahn School of Medicine
at Mount Sinai
NewYork-Presbyterian Hospital/Columbia University
Medical Center
NewYork-Presbyterian Queens
Northwell Health, Cohen Children's Medical Center
NYC Health + Hospitals, Coney Island Hospital
NYC Health + Hospitals, Gouverneur
NYU Langone Health System/NYU Lutheran Family
Health Centers
Episcopal Health Services, Inc./St. John's Episcopal
Hospital

To positively affect lifelong physical, cognitive, and social-emotional development by identifying and addressing selected social determinants of health through routine screening of young children and their families. Eleven hospital-based pediatric primary care practices are partnering with 18 community-based social service organizations to ensure effective referrals and an ongoing "feedback loop"; a learning collaborative will also help participants develop strong, sustainable partnerships.

*These grants are made possible through joint funding by UHF, the Altman Foundation, and The New York Community Trust. Total amount shown includes Altman Foundation support made directly to UHF. The New York Community Trust provided additional funds directly to grantees. Grant support to Montefiore is included in the total but was awarded in the subsequent fiscal year.

Financial Report

UHF's improved financial position in FY 17 was bolstered primarily by gains in market value of its investments and beneficial interests in perpetual trusts, aided by a slight decline in liabilities. Programmatic work remained steady as UHF spent down grants received in the current and prior years, and as it also applied an additional special endowment draw for specific expenses authorized by the Board. The value of investments, with a return of 18.3 percent during the fiscal year, improved significantly from FY 16 due to market influences and changes in managers. UHF enacted a post-retirement benefit plan freeze that is effective February 28, 2018, capping the liability for this benefit.

Assets were approximately \$9.6 million higher at the end of FY 17, moving from \$94.0 million in FY 16 to over \$103.6 million in FY 17, primarily due to the gains in investments. Liabilities declined over \$200,000 in FY 17, from \$5.1 million in FY 16 to \$4.9 million, primarily a result of the post-retirement benefit obligation's reduction. Net assets improved to \$98.8 million in FY 17, adding \$9.8 million to net assets of \$89.0 million in FY 16, primarily from investment gains.

Foundation grant income, at \$981,000 in FY 17, declined \$88,000 from the \$1.07 million awarded in FY 16, and UHF's government and contract revenue, just over \$1.23 million in FY 16, was marked by a \$71,000 decline in FY 17, with contracts of \$1.16 million. UHF received a \$600,000 legacy gift in FY 17, which was added to its unrestricted endowment. Annual contributions declined slightly, as did special event revenue—from \$2.35 million in FY 16 to \$1.8 million in FY 17.

Endowment drawdowns for use in operations, nearly \$6.2 million in FY 17, increased by approximately \$200,000 over FY 16's total of just below \$6.0 million. Finally, the release of temporarily restricted grant funds used to support program spending rose by almost \$300,000, from just above \$900,000 in FY 16 to over \$1.2 million in FY 17, as UHF applied those funds to expenses incurred related to those restricted purposes. Total operating revenue and support was \$11.27 million in FY 17, compared to \$11.25 million in FY 16.

Grants awarded to other organizations increased in FY 17 due to the start, in February 2017, of a multi-partner early childhood development initiative. While program activity continued apace in all of UHF's issue areas, expenses were lower than in FY 16 due to some staff attrition in FY 17, most of whom were replaced during the year. UHF introduced a new program, its Children's Health Initiative, in FY 17, while its Aging in Place program activity ceased operations in December 2016. Publications and information services activities remained relatively constant from year to year, as did fundraising. Administrative costs increased due to consulting fees incurred for projects and activities related to organizational strategy.

All divisions benefitted from a decline in health insurance costs in FY 17, a result of moving to a community-rated plan, offset by increases in occupancy costs as a result of a rise in common charges. Total operating expenses recognized in FY 17 totaled \$10.93 million, up from the \$10.87 million spent in FY 16. In all, net results from operations produced a gain of \$344,000 in FY 17, a slight decline from the \$377,000 gain realized in FY 16.

In non-operating activity, UHF posted a net gain of \$8.85 million from investment activity, compared to the significant loss in FY 16 of -\$19.18 million. Together with changes in post-retirement benefits and beneficial interests in perpetual trusts, UHF posted non-operating gains in FY 17 of \$9.50 million, compared to a net loss from non-operating activities in FY 16 of -\$19.6 million. The change in net assets from all activities in FY 17 was \$9.84 million, compared to the -\$19.23 million loss in FY 16.

UHF remains financially stable and well positioned as it heads into FY 18, although challenges remain. As the health care policy debate once again dominates the agenda both nationally and in New York, UHF—financially viable and with an unwavering commitment to its mission—will continue to effectively support improvement and change in New York's health care system.

Financial Summary

Statement of Financial Position Year ended February 28, 2017

ASSETS

Cash and cash equivalents	\$ 2,159,915
Grants and other receivables, net	575,586
Other assets	734,046
Investments	93,997,874
Property and equipment, net	2,263,838
Beneficial interest in perpetual trusts	3,920,060
Total assets	\$103,651,319

LIABILITIES AND NET ASSETS

Liabilities:	
Accounts payable and other liabilities	\$ 782,953
Deferred rent obligation	2,469,222
Grant commitments	1,073,689
Accrued post-retirement benefits	526,793
Total liabilities	4,852,657

Net assets:	
Unrestricted	\$ 76,749,490
Temporarily restricted	15,700,260
Permanently restricted	6,348,912
Total net assets	98,798,662
Total liabilities and net assets	\$103,651,319

Complete audited financial statements are available on the United Hospital Fund website at www.uhfnyc.org, or you may contact the New York State Charities Bureau, 120 Broadway, New York, NY 10271.

Statement of Activities

Year ended February 28, 2017

OPERATING REVENUES AND SUPPORT

Public support:	
Foundation grants	\$ 981,291
Legacies	600,000
Government and exchange contracts	1,159,258
Contributions	301,141
Special events	2,223,230
(Less direct expenses)	(425,599)

Total public support	4,839,321
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Other revenues:	
Conferences and other	78,097
Investment return designated for current operations	6,197,193
Other investment income	155,816

Total other revenues	6,431,106
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Total operating revenues and support	11,270,427
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OPERATING EXPENSES

Program services:	
Grants	1,100,070
Health services research, policy analysis, and education	5,046,175
Publications and information services	1,170,240
Total program services	7,316,485

Supporting services:	
Administrative and general	2,753,397
Fundraising	856,920

Total supporting services	3,610,317
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Total operating expenses	10,926,802
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Change in net assets from operations	343,625
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NON-OPERATING ACTIVITIES AND SUPPORT

Investment return more than amounts designated for current operations	8,849,750
Post-retirement-related changes other than net periodic post-retirement cost	270,740
Change in value of beneficial interest in perpetual trusts	380,102
Tax expense from unrelated business income	(2,116)

Change in net assets from non-operating activities and support	9,498,476
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Change in total net assets	9,842,101
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Net assets at beginning of year	88,956,561
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Net assets at end of year	\$ 98,798,662
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Contributors

ENDOWMENT FUNDS

The total of legacies and memorial and other endowment fund gifts received prior to March 1, 2017, was \$18,079,691. Of this sum, \$231,960 was distributed to UHF's beneficiary hospitals directly, by the terms of the legacies.

Legacy Gifts Received

(fiscal year 2017)

Patricia S. Levinson

2016-17 CONTRIBUTORS

Support received March 1, 2016 – February 28, 2017

\$100,000 and Over

The Peter and Carmen Lucia Buck Foundation
Charina Endowment Fund
Fund for Public Health in NY, Population Health Improvement Program
Hess Foundation Inc.
The New York Community Trust
New York State Department of Health
New York State Health Foundation
TIAA
The James S. & Merryl H. Tisch Foundation, Inc.

\$50,000 to \$99,999

Hearst Corporation
Montefiore Health System
Henry and Lucy Moses Fund, Inc.
Mount Sinai Health System
The New York Community Trust – Robert A. and Patricia S. Levinson Award Fund
NewYork-Presbyterian Hospital
Northwell Health
TD Charitable Foundation
University of Kentucky

\$25,000 to \$49,999

AARP Public Policy Institute
ABM Industries
Stephen Berger and Cynthia C. Wainwright
Bronx-Lebanon Hospital Center
John K. Castle
The Commonwealth Fund
Greater New York Hospital Association / GNYHA Ventures, Inc.
Healthcare Education Project
Hospital for Special Surgery
Robert Wood Johnson Foundation
Charles S. Keene Foundation, Inc.
Maimonides Medical Center
Manatt, Phelps & Phillips, LLP
Memorial Sloan Kettering Cancer Center
The Fan Fox and Leslie R. Samuels Foundation, Inc.
Stamford Health
The Starr Foundation
Sullivan, Cotter and Associates, Inc.

\$10,000 to \$24,999

Advocate Community Providers
Aetna Better Health of New York
Alliance for Home Health Quality & Innovation
AposTherapy
Bloomberg Philanthropies
Brookfield
The Brooklyn Hospital Center
Calvary Hospital
Charina Foundation, Inc.
Dale C. Christensen, Jr.
Benjamin K. Chu, MD
Andrea G. Cohen, JD
J. Barclay Collins II
CSRA, Inc.
Davis Polk & Wardwell
Diehard Exterminating, Inc. / Pest Elimination Systems Technology, Inc. / ProServe Environmental
The Durst Organization
EmblemHealth, Inc.
Emigrant Savings Bank
The Engelberg Foundation

Geller & Company
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Campaign for a Healthier New York

In a time of unprecedented uncertainty in health care—of challenges to the fundamental belief in accessible, affordable, high-quality health care—United Hospital Fund remains committed to building a more effective health care system for all New Yorkers.

The challenges described in this annual report, and our important and effective efforts to address them, speak to the essential role we play—bringing together stakeholders with different viewpoints for honest and constructive dialogue, providing objective and respected analysis of pressing issues to inform decision making, and stimulating and supporting partnership efforts aimed at testing new ideas and spreading best practices.

But our ability to continue this work depends on the generous support of contributors. Gifts, both large and small, to our Campaign for a Healthier New York provide essential funding for UHF's work during these turbulent times for our health care system.

For 138 years, United Hospital Fund has been an independent force shaping positive change in New York's health care, with a special focus on our most vulnerable populations and the health care challenges and inequities they face. With your support we can continue to help steer a steady course toward affordable, accessible, high-quality health care. Please join us as a vital partner in that work.



James R. Tallon, Jr., Strategic Initiatives Fund

Created to honor Jim Tallon and advance his vision of health care equity for all New Yorkers, this fund supports timely and objective analysis of critical issues facing New York, and strategic program initiatives fostering creative problem solving, open dialogue and exchange among stakeholders, and effective interventions and innovations.

Funds will be targeted to three pressing and overarching health care concerns:

[Expanding essential, comprehensive insurance coverage](#)

[Ensuring the viability of the health care safety net](#)

[Addressing cost and quality-of-care issues through innovation.](#)

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Jim Tallon: An Appreciation



For more than 40 years, Jim Tallon has been at the heart of New York's steady progress toward a more accessible, effective, equitable health care system. From his leadership in the state's Assembly through his leadership of UHF, Jim has left a record of extraordinary achievement and a legacy of lasting, positive change.

In his 19 years in the Assembly—eight as health committee chair and six as majority leader—Jim became known for both his belief in the transformative power of facts and his ability to synthesize and explain complex data. But he was equally known for his skill at consensus and coalition building—reaching across the aisle, listening, moderating, forging productive collaborations that resulted in an impressive roster of legislation. In 1999, he was named one of 25 leaders who had made “sweeping improvements” in New Yorkers’ lives over the past 25 years.

Jim’s vision and voice served equally well in his 24 years as UHF president. His tenure brought new visibility to our participation in State efforts to reshape health policy, and to our own work—independently and with the broader health care community—on quality, innovation, and accountability. Jim was a steady, sage guide through an era of daunting challenges and diverse perspectives, engaging policymakers, providers, payers, and consumers in finding common ground and producing workable solutions.

Initiatives begun under Jim’s leadership broadened the scope of UHF’s work and reinforced the interconnectedness of the health system’s many elements. Among those new programs were the Families and Health Care Project, Aging in Place Initiative, Medicaid Institute, Quality Institute, Partnerships for Early Childhood Development, and—in partnership with Greater New York Hospital Association—the signature Clinical Quality Fellowship Program and multi-hospital quality improvement collaboratives. Jim’s coalition-building skills also marked the development of a number of initiatives that have gone on to play major

independent roles, including—at the Clinton Administration’s request—UHF-led planning for what would become the National Quality Forum.

In demand as a contributor to both local and national dialogue, Jim chaired The Commonwealth Fund and the Kaiser Commission on Medicaid and the Uninsured, and served on the boards of the Joint Commission, Alliance for Health Reform, Association for Health Services Research, and Institute on Medicine as a Profession, along with numerous other advisory boards and commissions. He was a member, too, of the New York State Board of Regents.

As important as *activities* are, though, is the hallmark of all Jim’s work: his never losing sight of the potential human costs and gains of efforts to effect change. Intrinsic to every strategic decision made under his leadership was Jim’s belief in the fundamental value of equitable, high-quality, universal health care, and the need to ensure that for the most vulnerable and underserved.

[In the end, what most stands out about Jim is simply his humanity. The results of his deep caring and his optimistic belief in the value of public service, hand in hand with his commitment to excellence, have touched the lives of all New Yorkers.](#)

We are grateful for having been a major part of his long and successful career, and trust that his wisdom and voice will continue to resonate across health care for years to come.

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United Hospital Fund relies on your generosity to support our mission of building a more effective health care system for every New Yorker. One especially meaningful way to help is to remember UHF in your will. Through a bequest you can support innovation and necessary change in health care while linking your name for years to come with a cause larger than any single institution.

A bequest may allow you to make a more significant gift than you could otherwise afford in your lifetime and may also reduce your estate taxes. Moreover, your support will enable UHF to continue to be a center for ideas, activity, and participation for future generations.

When discussing your estate plans with your lawyer or financial advisor, you may want to consider incorporating the following simple language in your will: "I give and bequeath to United Hospital Fund ____ percent of my total estate [or \$____, or other property]."

Please let us know if your estate plans already include a gift to UHF, so that we may include you as a member of our Legacy Society.

You can also contribute to our Campaign for a Healthier New York. This annual fundraising effort provides essential support for our current work to ensure accessible, affordable, high-quality health care for all.

For more information on bequests, other special giving plans, or our annual fundraising campaign, please call Christina Maggi, director of development, at 212.494.0728.

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