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.

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It is a tumultuous time in the world of health care—a time when United Hospital Fund’s experience and independent voice are needed more than ever. It is my first year as chairman of UHF, and I am honored and excited to lead an organization that has worked tirelessly for 141 years to improve health and health care for New Yorkers.

To address the complex and evolving challenges in health care and maximize our own effectiveness, UHF focuses on three overarching priorities: affordable and comprehensive insurance coverage and access to services; the quality, patient experience, and efficiency of health care; and partnerships between the health care delivery system and communities to address social needs affecting health. In each of these areas, we place a special emphasis on meeting the needs of the most vulnerable.

The following pages provide highlights of UHF’s impact over the past year on each of these priorities. As you’ll see, it has been a very busy and productive year.

It is my privilege to succeed the esteemed J. Barclay Collins II, who led the UHF board since 2006 and has been a director since 1984. Barclay’s leadership and guidance were central to many of UHF’s greatest accomplishments over the years, and I am glad he will remain on our board and will serve as chairman emeritus.

Our board of directors is an extremely impressive group. This year, we were very pleased to welcome two new members: Meera Mani, MD, a partner with McKinsey’s Health Systems and Services Practice in New York; and Seun Salami, senior vice president, chief accounting officer, and corporate controller of TIAA. UHF also recently elected a new vice chairman, Jo Ivey Boufford, MD, a UHF board member since 1999, joining Frederick W. Telling, PhD, in this role. I look forward to working with each of them and the other outstanding directors in the years ahead to fulfill UHF’s critical mission.

UHF is also fortunate to have an exemplary staff, led by Tony Shih, MD. The creativity, compassion, and determination of the UHF team truly set the organization apart. I know that for our staff, this work is more than a job—it is a purposeful calling.

I am also grateful for the pivotal support of our donors, funders, and partners. Their generosity and insights enable us to make a meaningful and lasting impact in the lives of so many New Yorkers across the state. Our work would be impossible without them.

Thank you for all that you do to support UHF. We have an exciting year ahead, and I hope you will continue to stand with us as we tackle ongoing challenges and seize new opportunities.
Pushing for Improvement
One Step at a Time

Heath care policy has dominated the headlines for yet another year, spurred by the upcoming presidential election as well as continued uncertainty about the fate of the Affordable Care Act. The robust national debate is partly about how health care should be paid for and financed, but at its core, it’s about even more fundamental questions: whether or not health care is a basic human right, and what roles government and private industry should play in the health care system. Regardless of where you stand on these issues, the likelihood that sweeping changes will occur in the U.S. health care system in the short term—either wholesale repeal or invalidation of the Affordable Care Act from the right, or a universal, government-financed system from the left—is unlikely. However, this certainly does not mean that we who work in health care and health policy can relax.

Improving the health care system is rarely about sweeping and dramatic changes. More often than not, progress is achieved through incremental steps. For instance, at the beginning of 2019, nine years after the passage of the Affordable Care Act, the rate of those without health insurance in New York State reached its lowest level ever, around 5%—down from 12% in 2010. This significant progress was the sum of modest gains made each year and was accomplished by systematically taking advantage of the tools made available by the ACA, as well as specific protections for New Yorkers. These protections shielded our state from harmful executive orders from the federal administration, including those related to short-term health plans and association health plans.

And new threats are still emerging, such as the recent “public charge” rule, which has had a chilling effect on health insurance coverage of immigrants who are legally eligible for Medicaid or financial assistance. At United Hospital Fund, we are committed to both protecting the coverage gains we’ve made and to continued progress. To do this, we must be vigilant on two fronts: keeping an eye on ambitious national health reform legislation, while also engaging in smaller-scale legislative and administrative issues often overlooked by the public.

Incremental improvement is also a hallmark of changes in the health care delivery system. Care for any given patient is based on countless variables from the patient, provider, and the environment that all interact with each other. In this uniquely complex system, wholesale change doesn’t happen overnight. For more than a decade now, we have been on the path toward value-based payment, which was supposed to make care better, more coordinated, and focused on
patients’ overall health and well-being. Even with New York’s recent $8 billion Medicaid Delivery System Reform Incentive Payment (DSRIP) program, progress has been incremental versus transformative. The lesson is not that we should give up—rather, that we should commit to continuous improvement, one step at a time, as opposed to expecting one giant leap. In order to do this, we need to support a learning health system. At United Hospital Fund, this means leveraging our Clinical Quality Fellowship Program to continue expanding a health care workforce that understands the principles and practice of quality improvement. For UHF, it also means a commitment to identifying innovations that are worthy of replicating and an ongoing engagement in the creation of new knowledge and tools, especially in emerging areas. One of these areas is the collaboration between the health care delivery system and the community to address social needs and the social determinants of health. A good example of this is our Partnerships for Early Childhood Development program, which seeks to improve the long-term health and well-being of children by figuring out how to best identify psychosocial risks among pediatric patients and to work with community partners to address those risks.

Our groundbreaking work on the opioid crisis this year reminds me of another reality of working in health and health care: the effects of any single event can be long-lasting. Our Ripple Effect report, for the first time ever, estimated the number of children affected by the opioid epidemic as well as the cumulative, lifetime costs to our society. Even if the opioid epidemic magically disappeared right now, we would be dealing with the sequelae of harmed children for decades to come. This, of course, is not unique to opioids. Any problem happening right now—whether a medical error, a failure in disease prevention, or inadequate nutrition—may well lead to bigger and more complex problems that last a lifetime.

These two general characteristics—the slow-changing nature of our health care system and the lasting impact of health-related events—both speak to the urgency of UHF’s push for improvement. I’m proud that our team understands this and works tirelessly on behalf of all New Yorkers, especially the most vulnerable. Thank you for your continued support and interest in the mission of UHF.
Helped Maintain Historically Low Uninsured Rates in New York

UHF’s Health Insurance Project provides information and rigorous analysis to support universal, affordable, and comprehensive health insurance coverage and universal access to services. Our research has highlighted barriers to coverage, helped protect New Yorkers from destructive federal policies and attacks on the Affordable Care Act, and helped achieve and maintain historically low uninsured rates in New York State.

PUTTING A HUMAN FACE ON THE UNINSURED

“My daughter’s friend figured it out for me, and it was a $3,000 deductible plus your copays, and they wanted $461 and I cannot afford that... I have a good doctor. She knows I don’t have insurance, so she’ll work with me. I’ll be 61 in January. That’s a joke between me and her, ‘you’ll have insurance in four years, I’ll do everything I can to get you there,’ she says.”

– Rebecca (61), lost employer-sponsored insurance when her spouse retired, now waiting for Medicare

“When we went to apply, they wanted $1,500 a month in premiums, and I said, ‘I can go to the ER for $1,000 and be done with it.’ Plus, a $5,000 deductible, $50, $75 copay... I’d rather pay for [ongoing medical expenses] than that $1,500 every month. It just does not compute.”

– Louanne (50), no insurance from her employer, spouse self-employed

“I hate the fact that they call them entitlements. Because I hear people saying I don’t want a handout, I don’t want people to think I’m entitled to these things, and I think some people have a hard time I guess swallowing their pride and asking for help. So, they should be called you-earned-its or something.”

– Participant in a discussion group

UHF’s April 2019 report, Reaching the Five Percent (supported by the Health Foundation for Western & Central New York), examined the “eligible but uninsured” population in 16 counties in western and central New York as well as the obstacles to obtaining coverage. Peter Newell, the report’s author and director of UHF’s Health Insurance Project, put a human face on the issue by working with community organizations to set up discussion groups to hear stories from nearly 40 New Yorkers in four counties. These stories and other UHF work—including our report, Easing the Stigma of Public Coverage: Workers with Health Coverage at Their Jobs Get Significant Government Aid Too—reveal that costs and stigma can be a significant barrier to coverage. A sampling of stories from Reaching the Five Percent follows.
Bolstered Medicaid Reform for Low-Income New Yorkers

UHF’s Medicaid Institute works closely with New York State as an independent source of analysis to improve the $70 billion Medicaid program, which serves 6 million vulnerable New Yorkers. In 2014, New York finalized a groundbreaking agreement with the federal government to begin a major transformation of the Medicaid program using a federal waiver (which permitted the state to reinvest $8 billion of savings generated by the Governor’s Medicaid Redesign Team). At the state’s request, UHF’s Medicaid Institute reviewed the first four years of the effort and identified promising delivery system innovations to improve patient outcomes and reduce avoidable hospitalizations. These “promising practices” were published in a July 2019 compendium, which the state has cited in public forums and formal proposals while seeking an extension of the federal waiver.

UHF’S COMPENDIUM OF “PROMISING PRACTICES”

Among them:

- Community health workers who connect emergency department patients to health and social services
- A “Food as Health” program that links food-insecure hospital patients to appropriate resources
- Peer coaches who support outpatient recovery for those with a substance use disorder
- Improving care transitions for hospital patients who are at risk of readmission after discharge
- Blending prenatal care and patient support to improve birth outcomes
- Using van-based mobile health centers to deliver chronic disease management to behavioral health patients

To help New York State strengthen its Medicaid program, UHF identified 32 “promising practices” from more than 500 projects across the state. They showed potential for reducing avoidable hospitalizations and improving patient outcomes.
Spurred Quality Improvements by Training Quality Champions

Created jointly by UHF and the Greater New York Hospital Association, the Clinical Quality Fellowship Program (CQFP) has a simple but ambitious goal: train the next generation of quality improvement leaders in health care. Each year, regional leaders in health care quality provide 15 months of intensive training to a class of fellows. The fellows—doctors, nurses, and physician assistants—learn how to use a wide array of tools and techniques to improve the quality, efficiency, and safety of patient care. Established in 2009, the program typically trains approximately 30 fellows each year.

MAJOR STRIDES IN QUALITY: ONE DOCTOR’S STORY

The Brooklyn Hospital Center used to have hundreds of hospital-acquired infections each year—now it has almost none. Avoidable readmissions have plummeted. The number of hospital-acquired conditions, like pressure ulcers, has come way down. The hospital was publicly recognized for major strides in quality improvement over the course of several years, from 2015 to 2018—efforts that likely resulted in the saving of lives and prevention of numerous injuries.

So, what happened? What accounted for this radical transformation?

According to The Brooklyn Hospital Center’s Chief Medical Officer and Executive Vice President, Dr. Vasantha Kondamudi, much of this progress can be traced back to UHF’s Clinical Quality Fellowship Program (CQFP).

Dr. Kondamudi was a member of the fellowship program’s third class in 2011. “I was able to learn the essence of quality improvement and strategies to improve outcomes and was able to implement some of those tactics in my own organization.”

In leading the quality improvement drive at The Brooklyn Hospital Center, Dr. Kondamudi focused on reducing surgical-site infections and improving outcomes for patients with pneumonia, congestive heart failure, and acute myocardial infarction.

The CQFP provided her with a “foundation” that is still a cornerstone of her quest for quality. “I wouldn’t trade that experience for anything,” she says.
Tackled Challenges Faced by Patients Who Need Post-Acute Care

Each year, one in five patients in the U.S. requires continued care following hospitalization, including some 300,000 New Yorkers. For many, this is a fraught and arduous experience. Critical decisions about skilled nursing facilities and home care options must often be made quickly, without adequate information or guidance and while patients are still in frail health. To better understand why hospital discharge planning sometimes falls short, UHF conducted a year-long project, Difficult Decisions About Post-Acute Care, which was supported by the New York State Health Foundation. After interviewing patients, family caregivers, hospital staff, nursing home administrators, policymakers, and experts, the UHF team produced a series of four reports and recommendations for improvement.

Improving the Transition to Post-Acute Care for Patients and Families

UHF’s Difficult Decisions series makes it clear that change is necessary at all levels, from the regulatory framework, to individual staff interactions with patients and family caregivers, to the guidance needed to support informed choices. UHF made several recommendations to improve post-acute care decision-making. Among them:

- **Train hospital staff** on the information and support they can and cannot provide, and help patients use data to identify high-quality providers.

- **Pinpoint communication gaps** during the discharge planning process, and ensure that the priorities of patients and caregivers are considered.

- **Bring relevant information about post-acute care options to the bedside** through videos, tablets, and apps.

- **Better prepare patients and families** about what to expect at a skilled nursing facility.

UHF identified best practices, training needs, new tools, and policy levers to improve post-acute care decision-making and help patients select higher-quality providers.
Improved Prospects for Children’s Long-Term Health and Well-Being

HF’s Partnerships for Early Childhood Development (PECD) initiative is a grant program and learning collaborative that facilitates partnerships between pediatric providers and community organizations. The goal is to help these two different sectors work together to address social and economic factors affecting young children. Eight New York City hospitals and 16 social service agencies currently participate. The initiative is supported by UHF, the Altman Foundation, The New York Community Trust, and the William J. and Dorothy K. O’Neill Foundation.

MAKING CRITICAL CONNECTIONS: UHF-LED PARTNERSHIP HELPS FAMILY WITH COMPLEX NEEDS

During an arduous journey from Central America to Long Island, a father had to carry his physically disabled 11-year-old daughter on his back. They ended up living in a small, unsanitary basement apartment. They couldn’t access food or basic services. They needed legal assistance with their immigration case, and the daughter badly needed medical evaluation and a wheelchair. They did not speak any English.

Thanks to the Partnerships for Early Childhood Development program, a medical practice on Long Island identified these challenges and was able to connect the family with its PECD partner, the Interfaith Nutrition Network, Inc. (INN) in Hempstead.

INN staff secured accessible, temporary housing for the father and daughter while they await an immigration hearing, and the medical provider connected the family with an immigration attorney. The INN also made sure they had food and clothing. And not least, staff members worked with the medical practice to get the daughter an electronic wheelchair.

“She desperately needed a wheelchair,” says Ana Francis, a social worker with the INN’s Center for Transformative Change. Without it, the girl could not attend school.

Now, she is in school and is also receiving physical therapy. To make sure she can get to her medical appointments, the INN also worked with the medical provider to arrange special transportation.

PECD collaborations have demonstrated “great potential,” said the INN’s managing director, Joanne Robinson, RN, MSPH. “You can have 1,000 doctor visits,” she says, “but if you’re homeless and lack access to regular meals, you’re not going to be healthy.”

Nearly 13,000 families have been screened for unmet social needs
Brought National Attention to the Opioid Epidemic and Its Effect on Children

HF released two groundbreaking reports in our Ripple Effect series that examined the impact of the opioid crisis on children and families. Published with support from the Alfred P. Sloan Foundation and in collaboration with the Milbank Memorial Fund, the first report offered a comprehensive look at the successive waves of loss and trauma experienced by newborns, young children, and adolescents affected by parental opioid use or their own use. The second report, produced in collaboration with the Boston Consulting Group, provided—for the first time ever—a state-by-state analysis of both the number of these children affected by opioids as well as the economic impact. Each report contains strategies that can help address this critical problem.

RATE OF CHILDREN AFFECTED BY THE OPIOID EPIDEMIC IN 2017 BY STATE

If current trends continue, the number of children affected nationwide by opioid use will rise to an estimated 4.3 million by 2030, and the cumulative lifetime cost will reach $400 billion.
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. The grants included below were made in 2019.

**QUALITY AND EFFICIENCY**

**Greater New York Hospital Association, $125,000**

To support UHF’s joint effort with Greater New York Hospital Association (GNYHA) to build clinical capacity through the Clinical Quality Fellowship Program, with Year 11 Fellows completing their 15-month training in Spring 2020, and a new class, Class 12, commencing its work in January 2020; and to improve patient access to ambulatory specialty care by creating a specialty access working group for GNYHA member hospitals to jointly address challenges around long wait times for appointments.

**CLINICAL-COMMUNITY PARTNERSHIPS**

**Partnerships for Early Childhood Development, Phase III, $504,588***

To support Phase III of United Hospital Fund’s Partnerships for Early Childhood Development (PECD), Phase III was launched with support from the funding consortium established for the first and second phases of PECD: UHF, the Altman Foundation, and The New York Community Trust, with the addition of the William J. and Dorothy K. O'Neill Foundation.

**Phase III Partners**

- **BronxCare Health System** is working with Phipps Neighborhoods to identify and address early learning and literacy needs.
- **Cohen Children’s Medical Center (Northwell)** is partnering with The Child Center of New York and Interfaith Nutrition Network to identify and address housing, food, utilities, adult education and child care, transportation, insurance, intimate partner violence, caregiver depression, and caregiver social support.
- **Mount Sinai Hospital** is working with New York Common Pantry and Little Sisters of the Assumption Family Health Services to identify and address food insecurity, environmental health issues, public program enrollment, adult literacy, child learning issues, housing issues, and smoking cessation.
- **NewYork-Presbyterian/Columbia University Medical Center/Charles B. Rangel Community Health Center** is working with Northern Manhattan Perinatal Partnership to address child behavior and development issues, family stressors (including maternal depression), food insecurity, and domestic violence.
- **NewYork-Presbyterian Queens** is partnering with Public Health Solutions to address maternal depression, food insecurity, caregiver support, intimate partner violence, breastfeeding support, literacy and education, and immigration/legal support.
- **NYC Health + Hospitals/Gotham Health, Gouverneur** is partnering with Educational Alliance, Grand Street Settlement, Henry Street Settlement, and University Settlement to identify and address employment, child care, education, housing, food insecurity, immigration concerns, and intimate partner violence.
- **NYU School of Medicine/Family Health Centers at NYU Langone and Family Support Service Center at NYU Brooklyn** is partnering with Neighbors Helping Neighbors and New York Legal Assistance Group to address food insecurity, limited English proficiency, child care, housing, intimate partner violence, public program enrollment, legal support, child behavioral needs, transportation, and family substance use.
- **St. John’s Episcopal Hospital** is working with Queens Family Resource Center to address early learning and literacy, housing, safety at home, food insecurity, health care access, emotional and behavioral challenges, parenting classes, and utility needs.

* These grants are made possible through joint funding by UHF, the Altman Foundation, the William J. and Dorothy K. O’Neill Foundation, and The New York Community Trust. Total amount shown includes Altman Foundation and O’Neill Foundation support made directly to UHF. The New York Community Trust provided additional funds directly to grantees.
United Hospital Fund released the following publications in 2019.

The Illusion of Choice: Why Decisions About Post-Acute Care Are Difficult for Patients and Family Caregivers (January 2019)

Health Care Provider Perspectives on Discharge Planning: From Hospital to Skilled Nursing Facility (January 2019)

The Ripple Effect: The Impact of the Opioid Epidemic on Children and Families (March 2019)


Plan and Provider Opportunities to Move Toward Integrated Family Health (March 2019)

Pathways to Progress on Difficult Decisions in Post-Acute Care (March 2019)

Evaluation of a Continuum-Based Behavioral Health Integration Framework Among Small Primary Care Practices in New York State (April 2019)

Reaching the Five Percent: A Profile of Western and Central New Yorkers Without Health Coverage (April 2019)

Home Alone Revisited: Family Caregivers Providing Complex Care (April 2019)

Patient-Centered Medical Homes in New York, 2018 Update: Drivers of Growth and Challenges for the Future (April 2019)

New York’s Medicare ACOs Improve Performance in Year 5 of the Medicare Shared Savings Program (May 2019)

Complex Construction: A Framework for Building Clinical-Community Partnerships to Address Social Determinants of Health (June 2019)

It’s About Trust: Low-Income Parents’ Perspectives on How Pediatricians Can Screen for Social Determinants of Health (June 2019)


A Model for Improving and Assessing Outpatient Stewardship Initiatives for Acute Respiratory Infections (August 2019)

Mile Marker or High-Water Mark? Tracking New York’s Progress in Covering the Uninsured (HealthWatch brief, August 2019)

Reforming Payment for Children’s Long-Term Health (August 2019)

Easing the Stigma of Public Coverage: Workers with Health Coverage at Their Jobs Get Significant Government Aid Too (HealthWatch brief, September 2019)

Healthier Homes, Healthier Childhoods: How Medicaid Can Address the Housing Conditions Contributing to Pediatric Asthma (HealthWatch brief, October 2019)


For authors or more information, please visit: https://uhfnyc.org/publications/
Statement of Financial Position
Year ended February 28, 2019

ASSETS
Cash and cash equivalents $2,608,986
Grants and other receivables, net 749,407
Other assets 652,364
Investments 92,803,286
Property and equipment, net 1,705,358
Beneficial interest in perpetual trusts 4,029,072
Total assets $102,548,473

LIABILITIES AND NET ASSETS
Liabilities:
Accounts payable and other liabilities $1,637,864
Deferred rent obligation 2,066,985
Grant commitments 569,338
Accrued postretirement benefits 471,044
Total liabilities 4,745,231

Net assets:
Without donor restrictions
Undesignated 760,598
Board-designated endowment 74,682,844
Total net assets without donor restrictions 75,443,442

With donor restrictions
Time or purpose 937,852
Endowment returns subject to future appropriation 14,964,024
Perpetual 6,457,924
Total net assets with donor restrictions 22,359,800

Total net assets 97,803,242
Total liabilities and net assets $102,548,473

Statement of Activities
Year ended February 28, 2019

OPERATING REVENUES AND SUPPORT
Public support:
Foundation grants $792,750
Government and exchange contracts 1,203,644
Contributions 297,419
Special events 1,668,840
(Less direct expenses) (306,923)
Total public support 3,655,730

Other revenues:
Conferences and other 80,213
Investment return appropriated and designated for current operations:
Quasi-endowment 6,199,026
Donor-restricted endowment 1,102,590
Other investment income 180,078
Total other revenues 7,561,907
Gain on sale of property and equipment 1,332,401
Total operating revenues and support 12,550,038

OPERATING EXPENSES
Program services:
Grants 667,445
Health services research, policy analysis, and education 5,653,097
Publications and information services 1,251,313
Total program services 7,571,855

Supporting services:
Administrative and general 3,017,432
Fundraising 854,097
Total supporting services 3,871,529

Total operating expenses 11,443,384
Change in net assets from operations 1,106,654

NON-OPERATING ACTIVITIES AND SUPPORT
Investment return less than amounts designated for current operations (6,894,832)
Postretirement related changes other than net periodic postretirement cost (111,494)
Change in value of beneficial interest in perpetual trusts (212,429)
Change in net assets from non-operating activities and support (7,218,755)

Change in total net assets (6,112,101)
Net assets at beginning of year 103,915,343
Net assets at end of year $97,803,242

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 at www.charitiesnys.com or (212)-416-8401.
### ANNUAL SUPPORT

**Received March 1, 2018 – December 31, 2019**

#### $100,000 and Over
- AARP Public Policy Institute
- Altman Foundation
- Ira W. De Camp Foundation
- Fund for Public Health in New York
- Health Research Incorporated
- Hearst
- Mother Cabrini Health Foundation
- The New York Community Trust
- New York State Department of Health
- New York State Health Foundation
- William J. And Dorothy K. O’Neill Foundation
- TIAA

#### $50,000 to $99,999
- The Peter and Carmen Lucia Buck Foundation
- ChangeLab Solutions
- J. Barclay Collins II
- The Commonwealth Fund
- Howard P. Milstein
- Henry and Lucy Moses Fund, Inc.
- The New York Community Trust – Robert A. and Patricia S. Levinson Award Fund
- NewYork-Presbyterian Hospital
- Ronald O. Perelman and Revlon
- Jim and Marilyn Simons
- Alfred P. Sloan Foundation
- Tishman Speyer
- Anonymous (1)

#### $25,000 to $49,999
- Stephen Berger and Cynthia C. Wainwright
- BronxCare Health System
- Josh N. Kuriloff, Cushman & Wakefield, Inc.
- Calvin Family Fund
- Greater New York Hospital Association / GNYHA Ventures, Inc.
- Health Foundation for Western & Central New York
- Hospital for Special Surgery
- Charles S. Keene Foundation, Inc.
- Elaine and Ken Langone
- Maimonides Medical Center
- Memorial Sloan Kettering Cancer Center
- Montefiore Health System
- Mount Sinai Health System
- New York University / NYU Rory Meyers College of Nursing / NYU Langone Health
- Northwell Health
- Barry F. Schwartz
- Stamford Health
- TD Bank, N.A.
- TD Charitable Foundation
- Frederick and Barbara Clark Telling

#### $10,000 to $24,999
- 1199SEIU United Healthcare Workers East
- Accuity Delivery Systems, LLC
- Aetna Better Health of New York
- Albert Einstein College of Medicine
- Aquiline Capital Partners LLC
- Arsenal Capital Partners
- Bank of America
- Bloomberg Philanthropies
- Don and Susan Boudreau
- Stanley Brezenoff
- Brookfield
- The Brooklyn Hospital Center
- Canopy Innovations, Inc. / Bill Tan
- Russell L. Carson
- John K. Castle
- Richard and Maureen Chilton
- Dale C. Christensen, Jr.
- Benjamin K. Chu, MD
- Coalition of Asian-American IPA
- Columbia Property Trust
- EmblemHealth, Inc.
- Gail and Alfred Engelberg
- Annette L. Nazareth and Roger W. Ferguson, Jr.
- Paul Francis and Titia Hulst
- Geller & Company
- General Dynamics Information Technology
- Healthcare Association of New York State
- Healthcare Education Project
- HealthCare Partners / Heritage Medical Systems
- Healthfirst
- IBE Trade Corp.
- IPRO
- Junto Health
- Eugene J. Keilin
- Kramer Levin Naftalis & Frankel LLP
- Kravet Inc.
- Leonard and Judy Lauder
- Medical Staff of Maimonides Medical Center
- Meera Mani, MD, PhD / McKinsey & Company
- The Page & Otto Marx, Jr. Foundation
- Carolyn and Gene Mercy
- Northern Trust
- Paul, Weiss, Rifkind, Wharton & Garrison LLP
- Proskauer Rose LLP
- Richard Ravitch Foundation
- Regante Family Fund
- Deborah and Chuck Royce
- Saint Barnabas Medical Center

#### $5,000 to $9,999
- ABM Industries
- Affinity Health Plan
- Aiy Foundation
- Alliant Insurance Services
- Boston Properties
- Jo Ivey Boufford, MD
- Bristol-Myers Squibb
- Brown & Weinraub, PLLC
- Richard Cotton
- Deerfield
- The Durst Organization
- Cheryl and Blair Effron
- Elizabeth Seton Children's Center
- Empire BlueCross BlueShield
- Empire BlueCross BlueShield HealthPlus
- Empire State Realty Trust
- Hilary Feshbach
- Fidelis Care New York
- David and Elaine Gould
- Hackensack Meridian Health
- Interfaith Medical Center
- Ivanhoé Cambridge and The Swig Company
- Peter S. Kalikow
- John S. & Florence G. Lawrence Foundation, Inc.
- LiveOnNY
- Manatt, Phelps & Phillips, LLP
- Peter W. May
- MediSys Health Network Inc.
- Richard and Ronay Menschel
- Mercer
- MetroPlus Health Plan
- Rory and Howard Meyers
- The New York Academy of Medicine
- New York Community Hospital
- NuHealth/Nassau University Medical Center
- NYC Health + Hospitals
- NYU College of Dentistry
- NYU Winthrop Hospital
- The Omer Foundation
- Parker Jewish Institute for Health Care and Rehabilitation
- Martin D. and Doris L. Payson
- Pfizer Inc
- Richmond University Medical Center

#### $1,000 to $4,999
- 1199SEIU United Healthcare Workers East
-Accuity Delivery Systems, LLC
-Aetna Better Health of New York
-Albert Einstein College of Medicine
-Aquiline Capital Partners LLC
-Arsenal Capital Partners
-Bank of America
-Bloomberg Philanthropies
-Don and Susan Boudreau
-Stanley Brezenoff
-Brookfield
-The Brooklyn Hospital Center
-Canopy Innovations, Inc. / Bill Tan
-Russell L. Carson
-John K. Castle
-Richard and Maureen Chilton
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-Deborah and Chuck Royce
-Saint Barnabas Medical Center
-Shenker Russo & Clark LLP
-Anthony Shih and Yvonne Tsang
-Sydney and Stanley S. Shuman
-Howard Smith, Jr.
-SOMOS
-Sullivan Cotter
-SUNY Downstate Medical Center
-Visiting Nurse Service of New York
-Weill Cornell Medicine
-Barbara A. Yastine
-Amy Indian Health Plan
-Alina Foundation
-Alliant Insurance Services
-Boston Properties
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