



[John McCain]

*From the Campaign Trail:*

Americans rank health care and the cost of health coverage among their top concerns heading into the November election, and the candidates have heard the message. Health issues have made it into the stump speeches of candidates on both sides of the aisle, and in the hotly contested Democratic primaries, into more than twenty debates. Presidents do not make health policy decisions in a vacuum, but certainly the nation's next chief executive will set the tone for the extent to which the health policy debate is translated into meaningful action.

[Barack Obama]\*

[Hillary Clinton]\*

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\* Although not the nominee of her party, the components of Senator Clinton's health care plan are included here and on page 9 in recognition of her health policy leadership over the past 15 years. The Mt. Sinai Health Care Foundation does not endorse any candidate for elected office.

Traditionally, philanthropy and government have been viewed as unrelated sectors with differing approaches to solving social problems. The evidence in Northeast Ohio suggests that *a healthy synergy between philanthropy and government can be extremely effective in addressing the health needs of society's most vulnerable citizens – children, the elderly, and the poor.*

The Mt. Sinai Health Care Foundation has been on the leading edge of such synergistic efforts, both through highly effective collaborations with Cuyahoga County and through its support of health policy change at the local, state and federal levels.

## Report on Stewardship

### DEAR FRIENDS:

In 1997, its initial year of grantmaking, The Mt. Sinai Health Care Foundation made a single, relatively modest grant to a governmental entity. At the time, there was some concern among Foundation trustees about the idea of a foundation giving money to government. Indeed, although government and philanthropy have often tried to tackle many of the same problems, traditionally there was no concerted effort between the two.

### COLLABORATION WITH THE PUBLIC SECTOR

In Greater Cleveland, early childhood health and education were among the areas that first drew government and foundations into sustained collaboration. As academic journals increasingly demonstrated a correlation between early childhood health interventions and school readiness and improvement of a range of social problems, a natural alliance emerged between the philanthropic sector and the public sector. Thus, when local grantmakers – led by The Cleveland Foundation, launched an early childhood initiative in collaboration with Cuyahoga County, Mt. Sinai responded with grants totaling \$1.45 million. The resulting Cuyahoga County Early Childhood Initiative (now called Invest in Children) has been a groundbreaking collaboration with significant, measurable results for our county and its children.

While grants have fueled this successful initiative, the Foundation's past Board Chair Leslie Dunn has provided years of key leadership as co-chair of the multi-year, multi-million dollar collaborative. This first partnership with the County demonstrated how effective good government can be in addressing the health status of Cuyahoga County's most vulnerable families.

### INFORMING HEALTH POLICY

Beyond specific collaborations with local government, philanthropic dollars have also been effective in establishing non-partisan policy resources to educate policymakers on the complex issues that affect vulnerable populations. Much of the activity on this front is at the state level, since Medicaid, while funded jointly by state and federal dollars, is administered differently in each state. Ohio Medicaid policy is determined in Columbus, and nearly 27% of Ohio's budget goes to fund its Medicaid program.

Therefore, state government has the biggest lever to pull in affecting health care for at-risk populations in Ohio. What state policymakers do or do not do has the biggest impact on children, on the elderly, and on the poor.

The complexity of the funding stream, compounded by the relatively short legislative tenures imposed by term limits, necessitated a role for a truly non-partisan resource for making data-driven policy decisions at the state level. The Health Policy Institute of Ohio (HPIO), established by a number of health-focused grantmakers including Mt. Sinai, has in just a few years become a significant resource for Ohio's policymakers. Designed not to advocate any position but simply to educate policymakers, HPIO is a truly nonpartisan resource of increasing importance. In fact, both the administrations of Ohio's Republican former governor and the current Democratic chief executive have relied on HPIO extensively.

We invite you to read the pages that follow with an eye toward increased understanding of critical health policy issues about which all voters and concerned citizens should be aware.

Thank you for your continued interest in our efforts to improve the health status and well-being of our community.

Sincerely,



Victor Gelb  
Chair, Board of Directors



Mitchell Balk  
President

The disconnect between government and philanthropy has begun to be bridged in recent years, especially in Cleveland. As a health grantmaker, the Foundation has come to realize that successful interventions can be brought to scale by working with the public sector. The Mt. Sinai Health Care Foundation has been at the forefront of this new synergy; not only has it participated in some very successful collaborative initiatives with government, but in 2005, informing health policy became one of the Foundation's four grantmaking areas of focus.

1. Victor Gelb (left) and Mitchell Balk atop the Garfield Monument in Lake View Cemetery

The Role of Government

**ELECTION PRIMER**

in America's Health Care

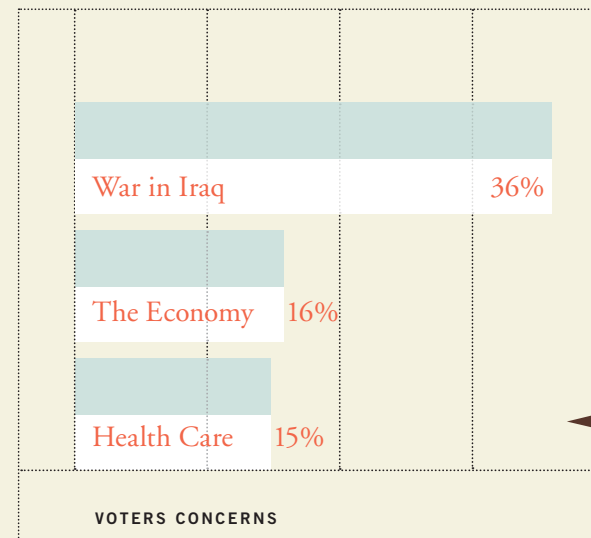
Because 2008 is an election year, policy discussions have been filling and will continue to fill the airwaves and the newspapers. We asked William D. Hayes, PhD, president of the Health Policy Institute of Ohio since its founding in 2005, to address the critical health policy issues on the table in this election year.

**INSTRUCTIONS TO VOTER**

1. To vote, you must completely darken the oval (○) to the left of the candidate or answer of your choice. If you vote for more choices than permitted, your vote for that race or issue will not be counted.
2. If you make an error, please return your ballot to a precinct official and obtain a new one.
3. Use the marking device provided or a black ball point pen.

**HOW WILL YOUR VOTE IN THE UPCOMING PRESIDENTIAL ELECTION IMPACT HEALTH CARE?**

- It will mean very little.
- It may have some impact, but it will be rather limited.
- My vote will have a major impact on the future of health care costs and access in our society.



Heading into the 2008 primary season, voters surveyed consistently ranked health care among their top concerns. Source: The Gallup Organization



**What would you say is the most significant health policy issue facing Americans today?**

**HAYES** How to have an affordable and sustainable health care system. There is a growing concern that the cost of running health care programs and helping people will over time break the banks of employers and government and even individuals. I speak of creating an affordable, sustainable health care system rather than simply saying “insuring the uninsured” or “managing health care costs,” because all these concerns are intimately intertwined. We need to think about what we want in a health system, and about how

to make it more affordable, and about how we can cover people who don't have health care coverage as well as how we can help people continue to keep the coverage they do have.

**What is the best thinking on how to create an affordable, sustainable system?**

**HAYES** The best thinking on that is still in progress. Currently, a lot of research has been suggesting that perhaps thirty or more percent of all health spending adds no value or creates negative value; the challenge is

J. HPIO President William D. Hayes, PhD



to find out why. We have in the United States one of the best, if not the best, sick care systems in the world; we just don't have a health care system. We don't have a system that really focuses at the front-end on prevention.

**You speak often of "health before care." What do you mean by that?**

**HAYES** It means taking a prevention-based approach and not just getting your screenings or colonoscopies but actually making an investment in keeping people healthy. For example, people are now very interested in what can be done about childhood obesity. And from HPIO's perspective, we say don't focus on child

obesity; the best way to approach this problem would be to focus on family obesity and family diabetes, because children typically don't make many decisions that effect their ability to be physically active, to eat good food, and to eat proper quantities of food. Those things happen within the construct of their family and school and other places. So we try to work with people to ensure that we are strategically considering this issue to bring about the most positive results.

Also, employers are moving toward wellness programs to increase the health of their workers. Part of this drive is a realization that when people are healthier, they actually perform better at work, they have fewer absences, and when they are at work, they are more engaged.

**Are there any cost cutting means that will help?**

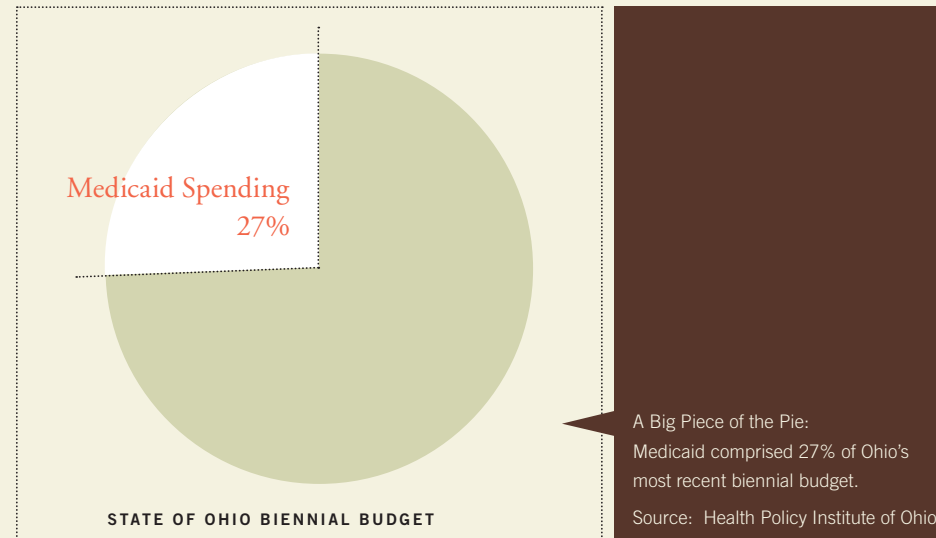
I have already mentioned investing in prevention. Another approach is to increase the efficiency of health care delivery. Efficient hospitals, for example, have re-organized the delivery of care so they are not performing redundant tests. They have better electronic health records; they work as teams. Being open to practicing medicine differently could lead to improved medical outcomes even as we cut costs.

have suggested 20-25% of the time when people with a chronic condition show up to a doctor's appointment, critical medical information about them, which may even include a test result that the doctor had ordered, has yet to make it to the doctor – and that's a wasted visit. So the goal is to try to create a world in health care that better uses health information technology to improve quality, to reduce errors, and to cut costs.

There are some, however, who will stand in the way of change. Health care represents a large sector of our economy. That means that there are a lot of people who make money off of the existing inefficient system who will lose money if we make a new system. There are jobs that exist right now because of our paper-



2.



3.

**What are the biggest roadblocks to creating a sustainable, affordable health care system?**

**HAYES** Cost. In the debate we are having in Ohio right now about how you might cover more of the uninsured, one of the challenges is to determine where is the money to come from. And even if we found the necessary funding today, how do we know we won't break the bank several years down the road?

2. Karen Davis, president of The Commonwealth Fund, discusses the fund's recent findings with Mt. Sinai President Mitchell Balk.  
3. HPIO President William D. Hayes, PhD

**You mention electronic records. What role can technology play in increasing efficiency and improving care?**

**HAYES** Investments in health information technology and reducing the transaction cost of care must become part of the thinking if we are going to restrain the growth in spending and, therefore, make it more affordable to cover people. The use of information technology is way behind in health care relative to what we experience in other parts of the world in our daily lives. For example, patients spend a lot of time writing information by hand, time and time again. There are good studies that

intensive and inefficient system, jobs that may go away. There will be some dislocations; we will need to retrain people to get other jobs.

**What do you say to help voters evaluate the competing claims of candidates in this election year?**

**HAYES** Voters need to decide what for them is the most important question or two that they want to know about in checking the differences between politicians. Too often we make it seem like the question is simply "How do you stop there being uninsured?" and I

think there are a whole lot of other questions that need to be asked in the process. For example, “How will your health plan work to create an affordable and sustainable health care system?” “How will it keep costs from growing too greatly so that over time more and more of my income goes there and I can’t afford it?”

HPIO is a non-partisan organization. Can you recommend some good sources of non-biased information about the presidential candidates?

HAYES I would recommend that people go to multiple sources and see how different people spin or have a take

What about at the state and local levels?

HAYES We are looking to develop some more materials in this coming year to help voters think through the health reform bills beginning to be introduced in Ohio. We anticipate that the Governor will issue a bill next spring or next winter, probably in January, on health reform. And we have a Republican bill and a couple of Democratic bills which have been introduced. A lot of these reform initiatives are focused on how to reduce the number of uninsured. That’s been a primary focus of theirs. Some of them are also doing a little bit on the cost and affordability side. And a fair amount of



on what’s occurring. Many groups have attempted to put together side-by-side comparisons of the presidential candidates: the Kaiser Family Foundation and The Commonwealth Fund, for example. For a more conservative perspective, you can go to reports from The Heritage Institute or the National Center for Policy Analysis or the Cato Institute. Provider groups such as the American College of Obstetricians and Gynecologists also put out analyses of the candidates based on their particular reform agenda.

Of course, another option is to go to the campaign web sites and read what the candidates themselves have put out about their perspectives on health care.

the efforts are trying to figure out what can be done to help make the system more affordable, easier for people to buy health care coverage in the private sector rather than just create a government-run program. So we are currently developing relevant materials.

4. HPIO President William D. Hayes, PhD, with Mt. Sinai President Mitchell Balk.  
5. HPIO President William D. Hayes

Where they stand on health care...

	JOHN MCCAIN	HILLARY CLINTON*	BARACK OBAMA
<b>Stated goal</b>	<ul style="list-style-type: none"> <li>Provide access to affordable health care for all by paying only for quality health care, having insurance choices that are diverse and responsive to individual needs, and encouraging personal responsibility.</li> </ul>	<ul style="list-style-type: none"> <li>Affordable and high-quality universal coverage through a mix of private and public insurance.</li> </ul>	<ul style="list-style-type: none"> <li>Affordable and high-quality universal coverage through mix of private and expanded public insurance.</li> </ul>
<b>Overall approach to expanding access to coverage</b>	<ul style="list-style-type: none"> <li>Remove the favorable tax treatment of employer-sponsored insurance and provide a tax credit to all individuals and families to increase incentives for insurance coverage; promote insurance competition; and contain costs through payment changes to providers, tort reform and other measures.</li> </ul>	<ul style="list-style-type: none"> <li>Every American required to have coverage, with income-related tax subsidies available to make coverage affordable. Private and public plan options would be available to individuals through a new Health Choices Menu operated through the Federal Employee Health Benefits Program (FEHBP). Coverage through employers and public programs like Medicare continues.</li> </ul>	<ul style="list-style-type: none"> <li>Require all children to have health insurance, and employers to offer employee health benefits or contribute to the cost of the new public program. Create a new public plan, and expand Medicaid and SCHIP. Create the National Health Insurance Exchange through which small businesses and individuals without access to other public programs or employer-based coverage could enroll in the new public plan or in approved private plans.</li> </ul>
<b>Expansion of public programs</b>	<ul style="list-style-type: none"> <li>Give veterans ability to use their VA benefits to pay for timely high quality care from providers in the best locations.</li> </ul>	<ul style="list-style-type: none"> <li>Medicaid and SCHIP safety net strengthened “for the most vulnerable populations” to plug gaps, such as lack of coverage for poor, childless adults.</li> </ul>	<ul style="list-style-type: none"> <li>Expand Medicaid and SCHIP.</li> <li>Create a new public plan so that small businesses and individuals without access to other public programs or employer-based coverage could purchase insurance. Plan coverage would offer comprehensive benefits similar to those available through FEHBP.</li> <li>Coverage under the new public plan would be portable.</li> </ul>
<b>Premium subsidies to individuals</b>	<ul style="list-style-type: none"> <li>Provide a refundable tax credit of up to \$2,500 (individuals) and \$5,000 (families) to all individuals and families for the purchase of insurance.</li> <li>Provide income-related premium subsidies, in addition to the tax credit, to individuals enrolled in the Guaranteed Access Plan.</li> </ul>	<ul style="list-style-type: none"> <li>Refundable tax credit to help working families pay for coverage.</li> <li>The value of the credit would be set to ensure that premiums could not exceed a fixed percentage of family income, while maintaining price consciousness among consumers.</li> </ul>	<ul style="list-style-type: none"> <li>Make federal income-related subsidies available to help individuals buy the new public plan or other qualified insurance.</li> </ul>
<b>Financing</b>	<ul style="list-style-type: none"> <li>Not yet specified although indicates that cost containment measures would make insurance more affordable.</li> </ul>	<ul style="list-style-type: none"> <li>Campaign estimates cost to be \$110 billion a year when fully phased in. \$35 billion to be financed by savings from quality and modernization initiatives. Additional \$21 billion in savings from Medicare private plans, recapturing Medicare and Medicaid payments to hospitals for the uninsured, and constraining prescription drug costs. Also \$54 billion in revenue from limiting the tax exclusion for employer-paid health insurance and discontinuing tax cuts for those with incomes over \$250,000.</li> </ul>	<ul style="list-style-type: none"> <li>Campaign estimates cost to be between \$50 to \$65 billion a year when fully phased in. Expects much of the financing to come from savings within the health care system. Additional revenue to come from discontinuing tax cuts for those with incomes over \$250,000.</li> </ul>

Source: The Henry J. Kaiser Family Foundation. For more comprehensive side-by-side comparisons of the candidates, go to [www.health08.org/sidebyside.cfm](http://www.health08.org/sidebyside.cfm).  
\*See footnote – inside front cover



# challenge:

To ensure that all of Ohio's children enter school healthy and ready to learn

The research is clear: Children who receive high quality early care, adequate health screenings, and high quality early childhood education are more likely to succeed in school, more likely to graduate, and less likely to participate in criminal activity. Moreover, brain research in recent years has demonstrated that the most significant brain development occurs in the earliest years of life.

However, in tough economic times, policymakers sometimes need to be reminded that adequately funding early childhood health and education programs is not just the right thing to do – it's also an investment with a guaranteed return. To take a recent example, Ohio's 2004-2005 biennial budget included significant cuts for early care and education.

policies that will address the educational, physical, and social/emotional needs of Ohio's youngest children.

There are some hopeful signs that these efforts are making a difference in Columbus. The 2006-2007 and 2008-2009 biennial budgets increased funding for early care and education by \$200 million and \$270 million, respectively, and the current budget

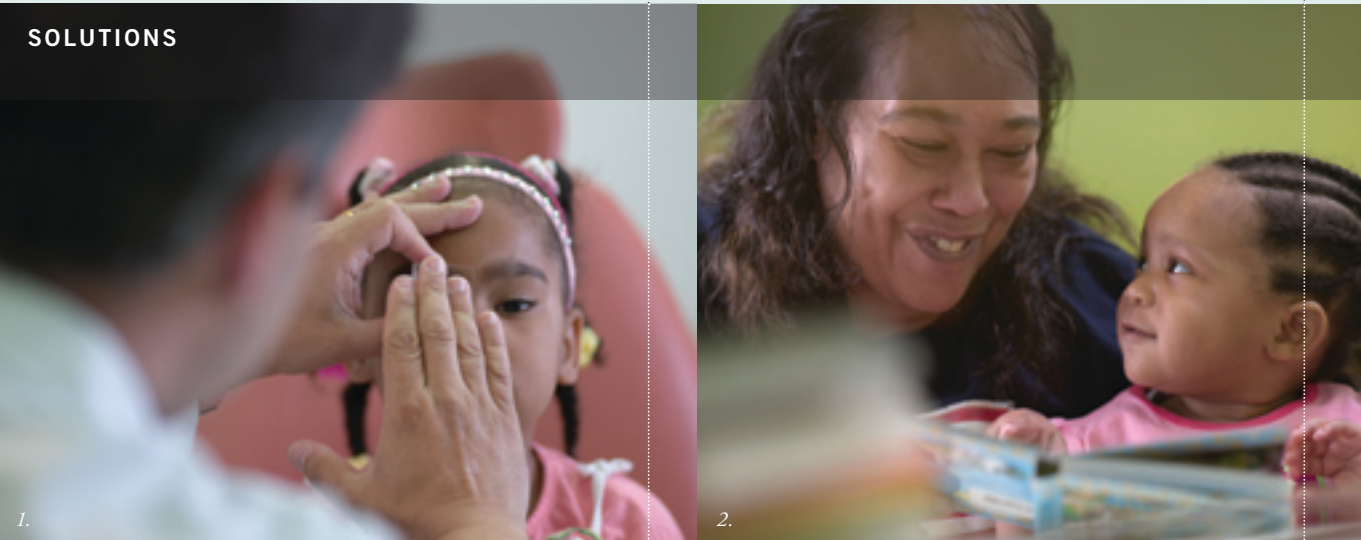
## MT. SINAI ACTION

## PROGRESS

## SOLUTIONS

- Support for groundWork™
- Support for Voices for Ohio's Children

- \$270 million increase in Ohio's biennial budget for early care and education
- Substantial provisions for children and pregnant women
- First-ever earmark for mental health treatment for children birth – age 6



That's where advocacy entered the picture. With funding from The Mt. Sinai Health Care Foundation and other grantmakers, powerful advocates for Ohio's children work to educate policymakers about the critical need for funding. Founded in 1996 as The Coalition for Greater Cleveland's Children, VOICES FOR OHIO'S CHILDREN is a multi-issue child advocacy organization that has developed considerable expertise over the past 12 years in advocacy for children's health care. Formed in 2004, GROUNDWORK™ is a statewide coalition of early care and education professionals, advocates, parents, and other stakeholders who have come together to promote state investments and

earmarks \$1 million for mental health treatment for children birth to age six, an Ohio first.

But the battle is not won. While Ohio approved a dramatic expansion of the State Children's Health Insurance Program (SCHIP), executive action at the federal level is blocking full implementation of this critical program.

"Policy changes aren't about quick wins," points out Amy Swanson, executive director of Voices for Ohio's Children. "The investment Mt. Sinai makes in our work supports long-term policy solutions that will impact children for years to come."

1. Dr. Elias Traboulsi, director of Pediatric Ophthalmology and Strabismus and head of the Center for Genetic Eye Research at the Cleveland Clinic Cole Eye Institute, conducts an eye exam on Yamilett Merced, age 4.

2. Jayla Terry, age 1, enjoys a story at Good Hands Child Care, an in-home day care run by Kimberly Clark of Cleveland Heights.

# challenge:

*To empower seniors to live independently in a safe, healthy and fulfilling way in their own homes and communities*

Access to safe, reliable transportation increases independence and delays institutionalization for seniors. In 2004, encouraged by the success of the collaboration with the County in founding Invest in Children, The Mt. Sinai Health Care Foundation approached the County about another collaboration: The development of safe, comprehensive, efficient, sustainable and affordable transportation for seniors.

The resulting **SENIOR TRANSPORTATION CONNECTION** (STC) of Cuyahoga County, formed in 2005 through the collaborative efforts of foundations, United Way Services, and County government, guarantees seniors access to meeting their basic needs, including grocery shopping, medical appointments and prescriptions.

Response to the service has been very positive. In 2007, STC fielded approximately 90,000 calls representing nearly 80,000 one-way trips, and the organization reports serving more than 4,000 regular riders.

Supporting seniors' independence also means helping them stay abreast of changes in Medicare policy. Through educational outreach, **SENIOR VOICE!**, an

## MT. SINAI ACTION

## PROGRESS

## SOLUTIONS

- Support for Senior Transportation Connection of Cuyahoga County
- Support for Senior Voice!

- Increased access to safe, affordable, senior-friendly transportation
- Increased awareness among seniors of changes in Medicare benefits and other health policy issues



The service was initiated in ten suburban communities, with STC managing scheduling and dispatch of transportation resources. "We can better coordinate routes and who is riding where," explains STC's Executive Director Janice Dzigiel. "If several communities have someone going to Southwest General Hospital, we can coordinate the trips."

With Mt. Sinai support, STC has been able to obtain federal resources to purchase twenty-two new vehicles. These vehicles, which went into service in June 2007, allowed STC to augment or replace vehicles in the fleet of its suburban partners as well as seven non-profit agencies in the City of Cleveland.

advocacy organization, helps seniors to untangle the benefits available to them and to advocate for the services and coverage to which they are entitled.

Mt. Sinai has funded a part-time position to coordinate the Senior Voice! volunteer speakers bureau. In its first six months of operation, Senior Voice! booked more than 100 speaking engagements.

Since Medicare plays a vital role in the health care of seniors and since periodic efforts to reform this complicated program make it even more complicated for those citizens who depend on it, it remains important, as volunteer speaker Belle Likover puts it, "to make the senior voice heard."

1. Josephine Marcoguissepe boards a Senior Transportation Connection van after a satisfying hot lunch at the Maple Heights Senior Center.

2. Senior Voice! volunteer speaker Belle Likover urges a group of fellow seniors to press their elected representatives to keep Medicare viable "not only for our children but also for our grandchildren."



# challenge:

To provide an adequate mental health safety net

One out of every five people has a mental illness, yet fewer than one-third of adults and one-half of children receive needed treatment. This statistic is one of many that drives the seventy-plus member organizations comprising the **MENTAL HEALTH ADVOCACY COALITION** (MHAC) to advocate for mental health and educate policymakers and the public about the importance of mental health services.

Even with the recent signing of mental health parity legislation, significant gaps in coverage remain. For example, the \$27.6 million allocated to the Cuyahoga County Community Mental Health Board in 2008 is well short of the estimated more than \$42.7 million needed to provide a minimally adequate mental health system in Cuyahoga County.

services agencies; the faith-based community; education, government, and advocacy organizations; major medical institutions; and corporations. The organization advocates for adequate and appropriate support at state and local levels, promotes increased awareness of mental health in public policy, and educates the community about the importance of mental health.

## MT. SINAI ACTION

## PROGRESS

- Support for the Mental Health Advocacy Coalition

- Barriers to mental health care lessened
- Increased support for mental health
- Increased public awareness

## SOLUTIONS



1.



2.

With funding from The Mt. Sinai Health Care Foundation and other grantmakers, the MHAC (pronounced “mack”) was formed in 2003. “Historically, mental health has been underprioritized and underfunded in Ohio, and we wanted to fix that,” says founding Director Joan Englund. “Our challenge is to figure out how to ensure that mental health is prioritized in Ohio in light of economic pressures we’re seeing at the local, state and national levels.” The Coalition includes a unique blend of mental health agencies serving both adults and children; health and human

It’s hard to celebrate progress when fighting an uphill battle, but the progress is there. Mental health parity legislation represents recognition at the state level of the importance of mental health and the problems of untreated mental illness. Locally, increased awareness translates into an increased prioritization of mental health in County government and support at the county level. Despite the additional need for support and awareness that still exists, mental health supporters – patients, providers and advocates – now have a seat at the table.

1. Kelly Barrows offers one-on-one follow-up to a client from her dual diagnosis therapy group at Recovery Resources in Cleveland.

2. A billboard sponsored by the Mental Health Advocacy Coalition helps raise public awareness about the prevalence of mental illness in our society.

Summary of Active Grants

ACADEMIC MEDICINE AND BIOSCIENCE	approved prior to 2007	approved in 2007	paid in 2007
<b>BioEnterprise Corporation</b> Support development of the bioscience sector in Cleveland	\$ 300,000		\$ 150,000
<b>Case Western Reserve University</b> Student Health Care Symposium, October 25, 2007		\$ 1,500	\$ 1,500
<b>Case Western Reserve University Mandel School of Applied Social Sciences</b> Video production of <i>Cold Storage</i> , a discussion of ethical issues in modern medicine		\$ 19,795	\$ 19,795
<b>Case Western Reserve University School of Medicine</b> Research collaboration between the Mt. Sinai Skills and Simulation Center and the Israel Center for Medical Simulation		\$ 300,000	\$ 0
<b>Case Western Reserve University School of Medicine</b> Continuation of the Mt. Sinai Health Care Foundation Scholars Program to build the basic sciences	\$ 1,500,000		\$ 250,000
<b>Case Western Reserve University School of Medicine</b> Operating and capital support for the Mt. Sinai Skills and Simulation Center		\$ 2,880,000	\$ 1,680,000
<b>The Cleveland Clinic Foundation</b> MRI breast cancer screening pilot study for high risk women	\$ 20,000		\$ 10,000
<b>The Cleveland Clinic Foundation</b> Mathile and Morton J. Stone Chair and Professorship activities	\$ 75,000		\$ 75,000
<b>Fund for Our Economic Future</b> Support BioEnterprise Corporation to develop the bioscience sector for Cleveland		\$ 300,000	\$ 150,000
<b>The Gathering Place</b> Integrative cancer care education for health care professionals		\$ 20,000	\$ 20,000
<b>The Mt. Sinai Health Care Foundation</b> Matching funds for the Robert Wood Johnson Foundation's Partners Investing in Nursing's Future program, for which The Mt. Sinai Health Care Foundation serves as grantee. The project addresses the nursing shortage by adding new nursing school faculty, thereby allowing Northeast Ohio schools of nursing to admit additional students.		\$ 120,000	\$ 60,000
<b>Northeastern Ohio Science and Engineering Fair</b> 2007 - 54th Annual Northeastern Ohio Science & Engineering Fair		\$ 1,000	\$ 1,000
<b>Northeastern Ohio Science and Engineering Fair</b> 2008 - 55th Annual Northeastern Ohio Science & Engineering Fair		\$ 1,000	\$ 1,000
<b>Preterm Cleveland</b> Education in abortion care for medical residents		\$ 20,000	\$ 20,000
<b>University Hospitals Case Medical Center</b> Support of stem cell research to benefit cardiovascular patients		\$ 10,000	\$ 10,000
<b>University Hospitals Case Medical Center</b> Robert S. Garson Neurology Lectureship series		\$ 15,000	\$ 15,000
<b>University Hospitals Case Medical Center</b> Division of Cardiology for research to prevent atherosclerosis and to minimize damage from myocardial infarction in patients with Type II diabetes	\$ 30,000		\$ 10,000

HEALTH POLICY	approved prior to 2007	approved in 2007	paid in 2007
<b>AIDS Walk Cleveland</b> 17th Annual Dr. John T. Carey Memorial AIDS Walk Cleveland		\$ 2,500	\$ 2,500
<b>Case Western Reserve University Mandel Center for Non-Profit Organizations</b> Non-Profit Awards program		\$ 500	\$ 500
<b>The Center for Community Solutions</b> 66th Annual Human Services Institute		\$ 2,500	\$ 2,500
<b>The Center for Community Solutions</b> Support of the Ohio Early Care and Education Campaign	\$ 75,000		\$ 25,000
<b>The Center for Community Solutions (fiscal agent)</b> groundWork™ for Ohio children's health and well-being		\$ 50,000	\$ 0
<b>The Center for Community Solutions (fiscal agent)</b> Mt. Sinai membership in the AIDS Funding Collaborative		\$ 50,000	\$ 50,000
<b>Center for Families and Children (fiscal agent)</b> Support of the Mental Health Advocacy Coalition		\$ 25,000	\$ 25,000
<b>Cuyahoga County Board of Commissioners</b> In Our Own Backyards: Local Initiatives that Change Young Children's Lives – A National Policy Summit in Cleveland		\$ 5,000	\$ 5,000
<b>EcoCity Cleveland</b> Bioneers Conference in Cleveland		\$ 10,000	\$ 10,000
<b>Health Policy Institute of Ohio</b> Practice-based Epidemiology Educational Series		\$ 4,000	\$ 4,000
<b>Health Policy Institute of Ohio</b> Core funding to improve the health of Ohioans through informed policy decisions	\$ 450,000		\$ 150,000
<b>ideastream WVIZ/PBS &amp; 90.3 WCPN</b> Establish a health desk to report on issues affecting the health of Clevelanders	\$ 25,000		\$ 25,000
<b>NARAL Pro-Choice Ohio</b> Plan B® Pharmacy Access Survey		\$ 15,890	\$ 15,890
<b>Ohio Coalition Against Gun Violence</b> Voice for the People Award		\$ 1,000	\$ 1,000
<b>Ohio Citizen Action Education Fund</b> Year Two of the Cleveland Air Pollution Prevention Campaign		\$ 40,000	\$ 40,000
<b>Planned Parenthood of Northeast Ohio (fiscal agent)</b> Phase II of the Prevention First Initiative		\$ 60,000	\$ 60,000
<b>Southwest Community Health Foundation</b> Gatekeeper Program feasibility study		\$ 25,907	\$ 25,907
<b>United Labor Agency</b> Coordinate a speaker's bureau for Senior Voice! – A Coalition Advocating for Senior Health Issues		\$ 8,000	\$ 8,000
<b>Universal Health Care Action Network (UHCAN) of Ohio</b> Educate health care advocates about current health insurance reform efforts		\$ 25,000	\$ 25,000

HEALTH POLICY <i>continued</i>	approved prior to 2007	approved in 2007	paid in 2007
<b>Voices for Ohio's Children</b> 2007 Champion of Children Award		\$ 500	\$ 500
<b>Voices for Ohio's Children</b> Outreach/Enrollment/Renewal for Ohio Children's Health Expansion		\$ 20,000	\$ 20,000
HEALTH OF THE JEWISH COMMUNITY	approved prior to 2007	approved in 2007	paid in 2007
<b>Beth Israel - The West Temple</b> Congregational Bioethics Grant - The West Temple		\$ 1,050	\$ 1,050
<b>Cleveland Hillel Foundation</b> Jewish medical student and alumni event at the Maltz Museum of Jewish Heritage "Deadly Medicine" Exhibit		\$ 1,000	\$ 1,000
<b>The Cleveland Women's Orchestra</b> Orchestra's Musical Concert Outreach Program to residents of long-term care facilities, including Montefiore		\$ 1,500	\$ 1,500
<b>The Friendship Circle</b> Start-up funding for Sunday Circle to provide weekly enrichment activities for special needs children and respite for their families		\$ 71,886	\$ 37,090
<b>Hebrew Shelter Home</b> Strategic plan implementation		\$ 20,000	\$ 20,000
<b>The Jewish Community Center of Cleveland</b> Health and capacity-building components of its multi-year business plan	\$ 304,370		\$ 136,000
<b>Jewish Community Federation of Cleveland</b> Medical advocacy for Holocaust survivors		\$ 59,000	\$ 59,000
<b>Jewish Community Federation of Cleveland</b> Allocations to health and human service agencies	\$ 150,000		\$ 150,000
<b>Jewish Community Federation of Cleveland</b> 2007 Campaign for Jewish Needs for local health services	\$ 1,425,000		\$ 712,500
<b>Jewish Community Federation of Cleveland</b> 2008 Campaign for Jewish Needs for local health services		\$ 1,475,000	\$ 737,500
<b>Jewish Community Federation of Cleveland</b> Health-related projects of the Centennial Initiative for Jewish Cleveland	\$ 5,000,000		\$ 250,000
<b>Jewish Family Service Association of Cleveland</b> Transformation and Enhancement Initiative to build capacity	\$ 300,000		\$ 100,000
<b>Maltz Museum of Jewish Heritage</b> Sponsor traveling exhibit		\$ 20,000	\$ 20,000
<b>Montefiore</b> Start-up funding for a community-based palliative care program		\$ 155,000	\$ 0
<b>Ohio Jewish Communities</b> Legislative reception		\$ 250	\$ 250
<b>Siegal College of Judaic Studies</b> Friends of the Library		\$ 1,000	\$ 1,000

HEALTH OF THE URBAN COMMUNITY	approved prior to 2007	approved in 2007	paid in 2007
<b>AIDS Taskforce of Greater Cleveland</b> Certification and Credentialing Planning Project	\$ 25,000		\$ 0
<b>Alzheimer's Association - Cleveland Area Chapter</b> Document the effects of reiki on Alzheimer's patients and caregivers		\$ 45,750	\$ 0
<b>American Heart Association, Cleveland Chapter</b> Support of the Physical Best physical fitness and health program in the Cleveland Metropolitan School District	\$ 100,000		\$ 50,000
<b>Care Alliance Health Center</b> Shelter health-training program		\$ 1,500	\$ 1,500
<b>Care Alliance Health Center</b> Support of the Care Alliance Health Center leadership transition project		\$ 20,000	\$ 20,000
<b>Care Alliance Health Center</b> Support of a first-ever discharge care coordinator	\$ 68,180		\$ 32,920
<b>City of Cleveland Department of Health</b> Educational campaign to enforce state-mandated smoking ban		\$ 20,000	\$ 20,000
<b>City of Cleveland Department of Public Health (fiscal agent)</b> Making Greater Cleveland Lead-Safe project		\$ 126,875	\$ 0
<b>Cleveland Baseball Federation</b> Support of the youth baseball and softball leagues serving the cities of Cleveland and East Cleveland		\$ 2,500	\$ 2,500
<b>The Cleveland Clinic Foundation</b> CARES Initiative, November 4, 2007; Cleveland Metropolitan School District students' attendance		\$ 2,500	\$ 2,500
<b>Cleveland Foodbank, Inc.</b> Expansion of the Cleveland Community Kitchen		\$ 40,087	\$ 40,087
<b>Cleveland Museum of Natural History</b> Health education programs in Cleveland and East Cleveland schools		\$ 21,000	\$ 21,000
<b>Cleveland Public Theatre</b> Y-Haven's theatre project - Therapeutic Arts Program for Homeless Men in Recovery		\$ 2,500	\$ 2,500
<b>Cleveland Rape Crisis Center</b> Hire a trauma and addictions specialist	\$ 44,420		\$ 20,037
<b>Cleveland Sight Center</b> Early detection/intervention of vision loss in infants/toddlers		\$ 66,960	\$ 0
<b>Connections (f/k/a North East Ohio Health Services)</b> Engage benefits specialists to maximize client access to public sector health benefits for which they qualify		\$ 149,296	\$ 82,655
<b>County Action Committee</b> Health and Human Services Levy Campaign		\$ 3,250	\$ 3,250
<b>Cuyahoga County Invest in Children</b> Year VI through Year VIII of comprehensive public/private partnership focused on preventive services for at-risk families and children	\$ 450,000		\$ 150,000
<b>Cuyahoga County Prosecutor's Office</b> Operation Child Protect: Safeguarding Our Children against Predators		\$ 10,000	\$ 10,000



HEALTH OF THE URBAN COMMUNITY <i>continued</i>	approved prior to 2007	approved in 2007	paid in 2007
<b>Dancing Wheels Company &amp; School</b> Caring for the Caregiver programs		\$2,500	\$2,500
<b>Eliza Jennings Senior Care Network</b> Wellness & Health Enhancement Project in HUD senior housing		\$52,892	\$0
<b>The First Tee of Cleveland</b> Health and Fitness Initiative		\$10,000	\$10,000
<b>Free Medical Clinic of Greater Cleveland</b> Strategic planning process		\$19,500	\$19,500
<b>Greater Cleveland Health Education and Service Council</b> Reduce minority health disparities through health education and other prevention programs	up to \$515,644		\$257,822
<b>Hebrew Free Loan Association</b> Create a revolving loan fund for individuals to enroll in state trained nurse assistant (STNA) and home health aide training programs of the American Red Cross	\$32,500		\$32,500
<b>Helen Keller International – ChildSight® Cleveland</b> Provide free vision screenings and quality eyeglasses, as needed, to every middle school student in the Cleveland Metropolitan School District	\$300,000		\$150,000
<b>Hospice &amp; Palliative Care Partners of Ohio (Visiting Nurse Association)</b> Establish an inpatient hospice/palliative care unit in the urban community		\$50,000	\$50,000
<b>Hospice of the Western Reserve</b> Support the Adaptive Design patient care project		\$100,000	\$60,000
<b>Huron Hospital School of Nursing (Cleveland Clinic Regional Hospitals)</b> Support retention of minority students through the Nursing Tutoring Resource Center		\$44,400	\$22,200
<b>LEAP (Linking Employment, Abilities and Potential)</b> Personal Assistance Cooperative Initiative to address the personal assistance needs of aging adults with disabilities		\$48,081	\$24,393
<b>MetroHealth Foundation (lead agency)</b> Coordination of chronic care diabetic patients as part of the Robert Wood Johnson Foundation's Aligning Forces for Quality Initiative grant to Cleveland		\$54,140	\$26,670
<b>MetroHealth Foundation</b> Support of strategic planning activities for the MetroHealth System		\$242,000	\$242,000
<b>Milestones Organization</b> Professionalize its work on behalf of children with autism spectrum disorders and their families		\$125,000	\$60,000
<b>Minority Organ Tissue Transplant Education Program (MOTTEP) Cleveland</b> Teen Summit on organ donation in the minority community		\$2,500	\$2,500
<b>Minority Women with Breast Cancer Uniting</b> Urban church-based breast cancer education program		\$28,540	\$28,540
<b>Neighborhood Family Practice</b> Plan for first-ever accreditation by the Joint Commission for Accreditation of Health Care Organizations (JCAHO)		\$52,565	\$52,565

HEALTH OF THE URBAN COMMUNITY <i>continued</i>	approved prior to 2007	approved in 2007	paid in 2007
<b>North American Menopause Society Foundation</b> Menopausal Health Initiative for underserved women		\$48,700	\$48,700
<b>North Coast Community Homes</b> Community outreach efforts		\$2,500	\$2,500
<b>Ohio Network for the Chemically Injured</b> Educational health project in conjunction with the Environmental Quality Institute		\$500	\$500
<b>The OASIS Institute</b> Launch the Cleveland Active Living Every Day program in partnership with MetroHealth for seniors in the urban community		\$69,150	\$32,350
<b>Pets for the Elderly Foundation</b> General support		\$2,500	\$2,500
<b>Project LOVE® Remember the Children Foundation</b> Re-edit six episodes of teen wellness programming to air on WEWS-TV 5		\$3,000	\$3,000
<b>Recovery Resources</b> Expand treatment for co-occurring diseases of mental illness and substance abuse	\$75,000		\$37,500
<b>St. Vincent Charity Hospital</b> Initiate the Deaf Access Program for D/deaf patients	\$131,418		\$0
<b>Scenarios USA!</b> Responsible Sexuality program dealing with masculinity		\$50,000	\$50,000
<b>Senior Transportation Connection of Cuyahoga County</b> Year II start-up funding for new senior transportation system	\$75,000		\$75,000
<b>Senior Transportation Connection of Cuyahoga County</b> Year III support of a countywide senior transportation system		\$75,000	\$75,000
<b>Shoes and Clothes for Kids</b> Heart & Sole Luncheon – General support		\$2,000	\$2,000
<b>Transportation Consortium Coordinating Committee (TC3)</b> Bridge funding		\$20,000	\$20,000
<b>United Way Services</b> Core Services Planning Project		\$50,000	\$50,000
<b>University Hospitals Case Medical Center</b> Case management services in the Medical House Call Program for seniors	\$95,737		\$47,837
<b>OTHER</b>	approved prior to 2007	approved in 2007	paid in 2007
<b>The Foundation Center - Cleveland</b> Foundation Center's Anniversary Campaign (\$3,500) and general support (\$1,500)		\$5,000	\$5,000
<b>Grantmakers In Aging</b> 2007 annual membership		\$3,000	\$3,000
<b>Grantmakers In Health</b> Grantmakers In Health Funding Partners Program		\$6,750	\$6,750
<b>United Way of Greater Cleveland</b> 20th Annual Not-for-Profit Accounting and Financial Seminar, October 29, 2007		\$500	\$500

## Funds

## ENDOWMENT FUNDS

Maurice B. & Pearl Abrams Fund	The Foundation Tribute Fund	The Irving B. & Eva J. Hexter Heart Fund	Medical Library Fund Includes the following funds:	David A. & Florence F. Moritz Endowment Fund	Leo J. & Mildred Hays Schultz Fund
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## Financial Report

## STATEMENT OF FINANCIAL POSITION (UNAUDITED) December 31, 2007

STATEMENT OF FINANCIAL POSITION (UNAUDITED)		December 31, 2007
<b>ASSETS</b>		
Cash and cash equivalents	\$	407,545
Investments		154,049,291
Beneficial Interest in Perpetual Trust		1,505,555
Receivables		1,758
Other assets		148,989
Property and equipment, net		1,843
<b>TOTAL ASSETS</b>		<b>\$156,114,981</b>
<b>LIABILITIES</b>		
Accounts payable and accrued expenses	\$	185,654
Grant commitments		-
<b>TOTAL LIABILITIES</b>		<b>185,654</b>
<b>NET ASSETS</b>		
Unrestricted		91,013,380
Temporarily restricted		46,454,390
Permanently restricted		18,461,557
<b>TOTAL NET ASSETS</b>		<b>155,929,327</b>
<b>TOTAL LIABILITIES AND NET ASSETS</b>		<b>\$156,114,981</b>

## STATEMENT OF ACTIVITIES AND CHANGES IN NET ASSETS (UNAUDITED)

For the Year Ended December 31, 2007	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
<b>REVENUES AND OTHER SUPPORT</b>				
Contributions	\$ 582	\$ 22,759	\$ 85	\$ 23,426
Investment income, net	3,588,431	2,195,824	-	5,784,255
Beneficial Trust Income		132,443		132,443
Net realized and unrealized gains	2,777,523	1,809,369	-	4,586,892
Unrealized gain on interest in perpetual trust	-	-	184,661	184,661
	6,366,536	4,160,395	184,746	10,711,677
Net assets released from restrictions	3,243,957	(3,243,957)	-	-
<b>TOTAL REVENUES AND OTHER SUPPORT</b>	<b>9,610,493</b>	<b>916,438</b>	<b>184,746</b>	<b>10,711,677</b>
<b>EXPENSES</b>				
Grants and distributions	6,874,897	-	-	6,874,897
Administrative and general expenses				
Salaries	509,064	-	-	509,064
Purchased services	267,257	-	-	267,257
Employee benefits	214,115	-	-	214,115
Supplies and office expenses	81,616	-	-	81,616
Payroll taxes	32,283	-	-	32,283
Other expenses	29,380	-	-	29,380
Depreciation	13,516	-	-	13,516
Total administrative and general expenses	1,147,231	-	-	1,147,231
<b>TOTAL EXPENSES</b>	<b>8,022,128</b>	<b>-</b>	<b>-</b>	<b>8,022,128</b>
<b>CHANGE IN NET ASSETS</b>	<b>1,588,365</b>	<b>916,438</b>	<b>184,746</b>	<b>2,689,549</b>
<b>NET ASSETS, beginning of year</b>	<b>89,425,015</b>	<b>45,537,952</b>	<b>18,276,811</b>	<b>153,239,778</b>
<b>NET ASSETS, end of year</b>	<b>\$ 91,013,380</b>	<b>\$ 46,454,390</b>	<b>\$ 18,461,557</b>	<b>\$155,929,327</b>

# Leadership

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## MISSION STATEMENT

The Mt. Sinai Health Care Foundation seeks to assist Greater Cleveland's organizations and leaders to improve the health and well-being of the Jewish and general communities now and for generations to come.

For a copy of the Foundation's Grantmaking Guidelines brochure, please contact the Foundation office or go to [www.mtsinaifoundation.org](http://www.mtsinaifoundation.org)



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ALLEN MEMORIAL MEDICAL LIBRARY BUILDING 11000 EUCLID AVENUE CLEVELAND, OH 44106-1714  
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