# A YEAR OF RESILIENCE





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### **IMPROVING HEALTH CARE FOR EVERY NEW YORKER**

United Hospital Fund works to build an effective and equitable health care system for every New Yorker. An independent nonprofit organization, we are a force for improvement, analyzing public policy to inform decision-makers, finding common ground among diverse stakeholders, and developing and supporting innovative programs that improve health and health care. We work to dismantle barriers in health policy and health care delivery that prevent equitable opportunities for health.

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John C. Simons
Chair

# CHAIR

ur health care system has been tested as never before during the past year. COVID-19 has taken an appalling toll, claiming lives and livelihoods and exacerbating already existing health disparities. New Yorkers have faced these adversities with their trademark resilience, and our health care workers have again and again put their own lives on the line to save the lives of others.

It is my second year as chair of United Hospital Fund, and I am immensely proud of how UHF has responded to new and daunting challenges during these unprecedented times. Our mission—to build an effective and equitable health care system for every New Yorker—could not be more important or timely.

The following pages provide highlights of UHF's work during the past year and offer glimpses of our goals in the year ahead. As you'll see, our research and

analysis, convening, and innovative programs have focused on both immediate needs in the face of COVID-19 and long-term, systemic challenges for New York's health care system. In all our work, we place a special emphasis on equity and addressing the social factors driving disparities in health outcomes.

Our board of directors is critical to all that we do. I thank Robert C. Osborne, Sr., and Frederick W. Telling for their decades of distinguished leadership and service and for their continuing roles as honorary directors. And I am pleased to welcome five new

Our mission—to build an effective and equitable health care system for every New Yorker—could not be more important or timely.

directors this year: Margaret Crotty, CEO of Partnership with Children; Samuel J. Daniel, MD, assistant chief of gastroenterology and hepatology at Mount Sinai Morningside and Professor of Medicine at the Icahn School of Medicine; Christophe Durand, managing director and senior partner of Boston Consulting Group; Robert C. Osborne, Jr., a principal of The Osborne Group, Inc.; and Anthony E. Shorris, the John L. Weinberg/Goldman Sachs Visiting Professor at the Princeton School of Public and International Affairs, Princeton University.

These accomplished individuals bring a diversity of experience and backgrounds that enrich UHF's ongoing efforts to create a more accessible and equitable health care system for all New Yorkers.

I am also deeply grateful for the exceptional leadership of UHF President Anthony Shih and for the exemplary resilience of UHF staff during this difficult year. No one could have foreseen the disruption we have all experienced, yet UHF staff members have handled it all with grace and a deep commitment to the critical mission entrusted to us. It is a true privilege to work with them.

Our donors, funders, and partners have also stood by us during these tumultuous times. Their generosity and loyalty have enabled us to make a difference in the lives and health of New Yorkers.

Thank you for all that you do to support United Hospital Fund. I look forward to what we will accomplish in the months and years ahead.

# WORKING TOWARD A BRIGHTER FUTURE

or many, 2020 will be remembered for unprecedented pain and suffering. Not only for the 20 million U.S. cases of COVID-19 and 350,000 deaths just last year alone, but also for the widespread misery caused by the economic recession and social isolation. And unsurprisingly, this pain was not shared equally. The disproportionate impact on Black and Brown communities was just one more example of the outcomes of structural racism in this country, as were the deaths of George Floyd, Ahmaud Arbery, Breonna Taylor, and countless others last year. On top of all of this, we ended the year with one of the most vicious election cycles in our history, in which some went far beyond civil debate on ideological differences.

In the midst of all this turmoil, many of us asked ourselves: What can we each do to get through the crisis and create a better future for all Americans? For some, the

answer was clear. Essential workers, like health care professionals, grocery store employees, public transit workers, sanitation workers, and many others, all worked tirelessly to ensure that the basic infrastructure of our country continued. Neighbors looked out for one another like never before. And many individuals put aside their own desires and wants for the greater public good.

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At United Hospital Fund, we responded to the challenges of 2020 by using the tools available to us. Our mission is to build an effective and equitable

health care system for all New Yorkers. We are not a clinical service provider, but a force for health care improvement through research and policy analysis, promoting dialogue among health care stakeholders, and fostering innovations to improve individual and community health.

The pandemic-induced recession caused large-scale unemployment, and so we stepped in quickly in the spring to help educate the 1.4 million New Yorkers who lost their job-based health insurance coverage about other coverage options in the state. We targeted the hardest-to-reach communities, disseminating materials in English, Spanish, Chinese, Russian, Bengali, and Haitian Creole. And, with the shift to public insurance coverage, we continued our efforts to strengthen the state's Medicaid program, which has seen rapid growth in enrollment in 2020. Our summer Medicaid Conference, which convened state officials, researchers, and community leaders, focused on fostering health equity, particularly in the context of COVID-19 health disparities.



Anthony Shih, MD, MPH
President
United Hospital Fund

As the pandemic accelerated, we responded to needs identified by the pediatricians working with us in our Children's Health Initiative and built a COVID-19 resource center to help pediatricians support their patients and families. And although the pandemic had a disproportionate impact on the elderly, we observed that there were many young parents who also passed away. We decided to explore this further and, in partnership with the Boston Consulting Group, conducted new research on the number of children in New York State who lost a parent or guardian to COVID-19. Our resulting report helped draw policy attention to long-term consequences and potential solutions.

Throughout the year, COVID-19 was constantly in the news cycle. But we noticed that although the coverage of the hospital response was robust, other perspectives on the pandemic were being lost. To help inform the public dialogue, we launched a new commentary series highlighting issues not otherwise well covered by the general press. Experts from other care settings and disciplines weighed in on a wide variety of topics in the context of COVID-19, such as community health centers, primary care, home health, mental health, disparities, equity, and telehealth—just to name a few.

The social justice movement and the disparities in COVID-19 health outcomes among Black and Brown communities mutually reinforced how inequitable health in our country is. The health disparities are not limited to COVID-19 but cut across almost all medical conditions and are largely a result of differences in the social determinants of health—housing, nutrition, employment, etc.—which in turn have their roots in structural racism. At UHF we have been looking inward at our own organization's efforts to promote diversity, equity, and inclusion, as well as externally at all our programs and activities. We will continue our long-standing efforts to expand health insurance coverage and improve quality of care, but perhaps more importantly for the long term, we will also double down on our work to address the social determinants of health at the intersection of the health care delivery system and the community. This is critical to achieving an equitable and just system in which everyone has the opportunity to live a long and healthy life.

It has certainly been a challenging year, and I'm proud of our team at UHF and how they have responded in their work toward a brighter future. Thanks to all our friends and partners, and I look forward to working together on our shared goal of advancing health for all members of our society.

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# ACCESS

### Helped New Yorkers Who Lost Insurance During the COVID-19 Pandemic Gain Coverage

HF'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 identified ways to expand and strengthen public and private health insurance, highlighted barriers to coverage, helped protect New Yorkers from destructive federal policies, and shaped some solutions to emerging policy, regulatory, and implementation challenges.

### A CONSUMER GUIDE AND AN OUTREACH CAMPAIGN

For the week ending March 12, 2020, about 14,000 New Yorkers filed unemployment insurance applications; in the month of April alone, over 1.5 million state residents submitted claims, and hundreds of thousands of workers also faced the loss of job-based health coverage. As this coronavirus-related unemployment surged, UHF's Health Insurance Project developed and disseminated a consumer guide, Grim Times and Health Insurance:

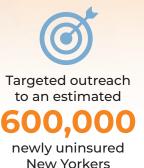
Maintaining Coverage During the Pandemic, published with support from The New York Community Trust.

The guide offers practical advice for New Yorkers on how to replace lost health coverage or find a new health plan. It contains details about relevant state and federal consumer protection laws and the enrollment process, provides answers to frequently asked questions, and lists important resources. It is available in English, Spanish, simplified Chinese, Russian, Bengali, and Haitian Creole.

UHF also partnered with the New York State of Health Marketplace to conduct a public information campaign to inform underserved and non-Englishspeaking communities in New York City about their options for obtaining health



insurance. UHF's outreach campaign, which was supported by Mother Cabrini Health Foundation, extended the reach of the Marketplace's statewide advertising campaign to specifically target New York City's non-Englishspeaking communities. UHF placed ads in 19 publications in New York City with a total circulation of 470,000; the publications reached specific ethnic populations encouraging people to call or visit the New York State of Health website to enroll. UHF also reached out to hundreds of community leaders for help in getting information into the hands of those who needed it most.



### Supported New York State's Critical Medicaid Program During a Year of Crisis

ew York's \$80 billion Medicaid program provides a broad range of health care services to a diverse group of New Yorkers. Medicaid's role as a vital safety net was underscored over the past year as many New Yorkers lost jobs and health coverage during the pandemic-induced economic recession. Enrollment in the state's Medicaid program rose from 6 million in January 2020 to more than 6.8 million as of December 2020.

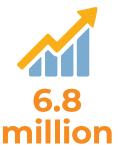
### STRENGTHENING A VITAL PROGRAM



UHF's Medicaid Institute works closely with New York State to improve the Medicaid program, upon which a growing number of New Yorkers rely for coverage and health care. UHF's team provides analyses and information to shape discussions of Medicaid policy and implementation; convenes and engages stakeholders to inform policy decisions, identify best practices, and disseminate knowledge; and facilitates and manages specific policy development and review processes.

In 2020, UHF's annual Medicaid Conference was held virtually for the first time and focused on Medicaid as a vital program for improving health equity, specifically in light of how COVID-19 has brought new awareness to historic health disparities. Over the next year, UHF's Medicaid Institute is supporting the Medicaid program in addressing health inequities and pursuing a health equity agenda.

The Medicaid Institute conducted a series of analyses last year, including an examination of New York State Medicaid enrollment trends during the "Great Recession" of 2007-2009 and the impact of state and federal actions taken then, in order to shed light on what to expect during the pandemic-sparked economic downturn. UHF's team also analyzed how the Medicaid program could enhance care for chronic diseases, improve medical respite for homeless people with serious medical conditions as they transition to supportive housing, and promote more quality and better health outcomes through children's valuebased payment.



New Yorkers are enrolled in Medicaid, a

12%

increase from January to December 2020



# EFFICIENCY

### Tackled the Challenge of Improving Transitions From Skilled Nursing Facilities to Home

fter being discharged from a skilled nursing facility, the transition to home for elderly patients can be a jarring and perilous experience, putting them at risk of declining health, overuse of acute care services, social isolation, and high levels of stress and anxiety. The risk of poor outcomes is even higher for Medicare beneficiaries with multiple chronic conditions, lower socioeconomic status, dual Medicare/Medicaid eligibility, cognitive impairment, or limited English proficiency.

# A LEARNING COLLABORATIVE FOR SKILLED NURSING FACILITIES

UHF has engaged a group of eight New York skilled nursing facilities in a learning collaborative to improve transition planning so that it better aligns with the needs and priorities of older, vulnerable patients and their family caregivers. The collaborative is designing interventions to tackle problems with care coordination, continuity, communication, and medication management—all issues made more complicated and pressing by the COVID-19 pandemic. Collaborative participants are considering the needs and capabilities of patients and caregivers, including social needs, such as food, housing security, and access to transportation.



The initiative, which is supported by a grant from Mother Cabrini Health Foundation, also surveyed recent patients and their family caregivers to better understand their experiences around discharge planning and transitions of care and identify common problems. UHF will publish reports highlighting its findings, lessons learned, and recommendations for overcoming barriers to safe and effective transitions.

Learning collaborative participants:

- Ferncliff Nursing Home and Rehabilitation Center
- Gurwin Jewish Nursing and Rehabilitation Center
- Jamaica Hospital Nursing Home
- The New Jewish Home, Sarah Neuman
- Parker Jewish Institute for Health
   Care and Rehabilitation
- Schulman and Schachne Institute for Nursing and Rehabilitation
- Sea View Hospital Rehabilitation
   Center and Home
- Terence Cardinal Cooke Health Care Center

The collaborative is designing interventions to tackle problems with patient and caregiver education, care coordination, communication, and medication management.

# **Established a New Network of Leaders** in Health Care Quality

nited Hospital Fund has a long-standing commitment to improving the quality of health care for all New Yorkers. In 2016, to further that goal, it established its Quality Institute, which is supported by Elaine and David Gould, William Randolph Hearst Foundation, the Robert A. and Patricia S. Levinson Award Fund at the New York Community Trust, Mother Cabrini Health Foundation, the New York State Health Foundation, and TD Bank. In 2020, UHF launched the Quality Leaders Forum to bring emerging and established health care quality improvement leaders together to network among themselves and with nationally recognized quality leaders and to pursue opportunities for sharing best practices. Participants in the forum, organized in collaboration with Greater New York Hospital Association (GNYHA), include alumni from the UHF/GNYHA Clinical Quality Fellowship Program and honorees from UHF's Tribute to Excellence in Health Care.

### AN INSPIRING AND INFORMATIVE PROGRAM SERIES

The Quality Leaders Forum hosted three programs in 2020:

- On March 3, the Quality Leaders Forum's inaugural event featured guest speaker Dr. Thomas Lee. A national quality leader, Dr. Lee is chief medical officer of Press Ganey, a Harvard Medical School Professor, and an internist and cardiologist who practices primary care at Brigham and Women's Hospital. Dr. Lee spoke about the evolution of quality improvement and emphasized that quality leaders must create an environment of compassion, trust, and respect and encourage staff across all levels to share positive patient stories to promote culture change that can benefit those they serve.
- On October 20, Maulik Joshi, DrPH, president and CEO of Meritus Health, described how western Maryland's largest health care provider is pursuing a series of "bold goals" to improve health care

- quality and developing smaller initiatives that connect to the broader organizational strategy. He also spoke about the importance of taking action to address health inequities.
- On December 3, Margaret O'Kane, president and founder of the National Committee for Quality Assurance (NCQA), focused on the state of the quality enterprise and promising directions for supporting health care transformation and greater alignment of health plans, health systems, and other providers. She also highlighted gaps in existing quality measures and performance results stratified by race, ethnicity, and language that are central to advancing health equity goals.





The network includes over

# 65 members

drawn from the graduates and faculty of the UHF/GNYHA Clinical Quality Fellowship Program as well as honorees from the UHF Tribute to Excellence in Health Care

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# PARTNERSHIPS

# Launched Statewide Initiative to Advance Health Equity Focusing on Children

here's far more to health than health care alone. To address issues and social risk factors that can affect patients' well-being outside the medical or clinical setting—such as food insecurity, poverty, and lack of stable housing—United Hospital Fund forges alliances between the health care system, public health agencies, social services, and the community. These clinical-community partnerships are critical to improving population health and to increasing access to care and enhancing the quality of care for the most disadvantaged among us.

# THE PEDIATRICS FOR AN EQUITABLE DEVELOPMENTAL START (PEDS) LEARNING NETWORK TARGETS CHILDHOOD INEQUITIES



The first few years of life are crucial in establishing a path toward better health and educational outcomes in adulthood. UHF launched the Pediatrics for an Equitable Developmental Start (PEDS) Learning Network to help pediatric practices reduce childhood disparities through primary care-based interventions designed for children ages 0–3. The goals include boosting healthy development, addressing unmet social needs, and strengthening the families of young children in New York State.

The program supports a 15-month fellowship for physicians, nurses, clinical social workers, and mental health professionals. The first class of eight fellows was named in September 2020 and started receiving mentoring, professional development opportunities,

and support in implementing an equityfocused child health practice improvement project designed by each fellow.

The PEDS Learning Network also features a statewide learning collaborative for pediatric professionals committed to addressing health inequities in early childhood development. Participants learn about best practices, promising interventions, and practice transformation tools to support equitable pediatric primary care delivery.

The PEDS Learning Network offers an online resource center with a diverse set of tools for clinicians and best practices focused on reducing disparities; these include case studies highlighting the approaches of several New York pediatric practices for promoting child health equity in their daily work. The PEDS Learning Network is part of UHF's Children's Health Initiative and is supported by Mother Cabrini Health Foundation.



The PEDS Learning
Network aims to reduce
the impact of systemic
health care inequities
for young children
and their families by
supporting the

7,000

Medicaid child health providers in New York State in adopting primary care-based interventions

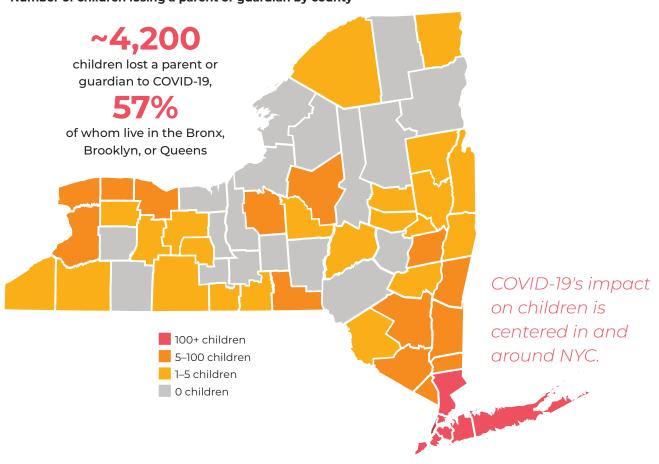
### CLINICAL-COMMUNITY PARTNERSHIPS

# Spotlighted the Severe Impact of COVID-19 on New York's Children

n September 2020, UHF released a groundbreaking analysis, prepared with Boston Consulting Group, on the severe, long-lasting, and racially disparate repercussions of the COVID-19 pandemic on children in New York State. The report, COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State, estimates that, between March and July of 2020, 4,200 children lost a parent or guardian to the coronavirus and 325,000 children were pushed into or near poverty as a result of the economic downturn. The impact was particularly severe for Black and Hispanic/Latino children, who experienced the death of a parent or caregiver at twice the rate of Asian and white children.

# COVID-19'S IMPACT ON CHILDREN IN NEW YORK STATE (MARCH-JULY 2020)





For additional findings as well as notes and methodology, please read the report on UHF's website.

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 for all New Yorkers. The grants included below were made in 2020.

### **QUALITY AND EFFICIENCY**

### Transitions from Skilled Nursing Facility to Home: Improving Quality and Patient/Family Experience (\$200,000 to eight grantees)

To support UHF's Transitions from Skilled Nursing Facility to Home: Improving Quality and Patient/Family Experience Initiative. The purpose of this grant-funded initiative, launched in April 2020, is to improve the quality of patient care transitions from skilled nursing facilities (SNFs) to home and community-based settings.

Through this initiative, which includes a learning collaborative, eight skilled nursing facilities will develop expertise in designing transition plans that better align with the needs of older patients and their family caregivers, with the goal of patients being more prepared to safely return to their homes and communities. This initiative is funded in part by Mother Cabrini Health Foundation.

### **Grantees**

- Ferncliff Nursing Home and Rehabilitation Center
- Gurwin Jewish Nursing and Rehabilitation Center
- Jamaica Hospital Nursing Home
- The New Jewish Home, Sarah Neuman
- Parker Jewish Institute for Health Care and Rehabilitation
- Schulman and Schachne Institute for Nursing and Rehabilitation
- Sea View Hospital Rehabilitation Center and Home
- Terence Cardinal Cooke Health Care Center

### The New York Academy of Medicine (\$50,000)

To develop and pilot a virtual public deliberation that can be used by local communities to advise decision-makers with respect to community-informed preferences for accessing vaccines for COVID-19.

The project, conducted in collaboration with the New York City Department of Health and Mental Hygiene, gathered New York City residents' points of view on equitable COVID-19 vaccine distribution, yielding a wealth of information on what is most important to New Yorkers when considering fair vaccine distribution

Based on this pilot study in New York City, the New York Academy of Medicine has created a digital guide for local municipalities to use as they determine priorities in their own jurisdictions. UHF funded this work in collaboration with New York State Health Foundation and the de Beaumont Foundation for the English-language public deliberations and the Altman Foundation for the Spanish-language deliberations.

United Hospital Fund released the following publications in 2020. These include a new series of For Health Care, a New Day and a Long Road Ahead (November 2020) Emergency Department Visits in the Age of

> **COVID: Some Lessons Learned** (November 2020) Struggling in the Time of COVID: Viewing the Pandemic Through the Eyes of a Frontline

To Advance Health Equity, We Must Bridge Gaps in Health Data and Measurement (December 2020)

Health Care Worker (December 2020)

commentaries launched in response to the COVID-19 pandemic as well as regular reports.

### **COMMENTARIES**

COVID-19 Pandemic: Questions for the Future (March 2020)

Community Health Centers on the Brink (April 2020)

Will COVID-19 Change the Way We Look at Mental Health and Substance Misuse? (April 2020)

Payer Actions Can Help Sustain Primary Care During and After COVID-19 (April 2020)

During the Pandemic, Home Health Aides Deserve Respect, Protection, and Fair Pay (April 2020)

**COVID-19 Deepens Existing Health Disparities** (May 2020)

COVID-19, Cities, and Health (May 2020)

The Virus Has No Boundaries: How COVID-19 Affects People with Intellectual and **Developmental Disabilities** (May 2020)

**Grandparents and Traumatized Children:** Where Two Epidemics Converge (June 2020)

Community Testing and Contact Tracing in a Time of Distrust (June 2020)

A Post-COVID-19 Primary Care Agenda: First Steps (June 2020)

Examining the State of Telehealth During the COVID-19 Pandemic (June 2020)

Critical Connections: Coordinating Health and Housing Needs during COVID-19 (July 2020)

Post-Acute Care and COVID-19: An Already Fraught Decision Becomes Even More Difficult (August 2020)

Health Insurance: Rethinking Goals Amid **Interrupted Progress** (August 2020)

To Prepare for the Next Pandemic, Health Care Needs to Tackle Racism (September 2020)

Antibiotic Resistance in the Era of COVID-19 (October 2020)

Can You Provide Pre-existing Condition Protections Without the ACA? It's Not So Easy (October 2020)

### REPORTS

NYSDOH Hospital Quality Rating Stakeholder **Workgroup: Final Recommendations** (January 2020)

**NYSDOH Primary Care Quality** Rating Stakeholder Workgroup: Final Recommendations (January 2020)

Partnerships for Early Childhood Development: Year 2 Update (January 2020)

NYS Primary Care Core Measure Set (January 2020)

Deliver Us from Texas: As the ACA Turns 10, Will the Supreme Court Step Up Again? (February 2020)

Grim Times and Health Insurance: Maintaining Coverage During the Pandemic (April 2020)

New York's "Other" Individual Market Needs an Update (April 2020)

Lessons from the Great Recession: New York Medicaid Enrollment During the COVID-19 Crisis (June 2020)

The Road Forward: Framework for a Population Health Approach to Health and Housing Partnerships (June 2020)

A Gift for 2020 Grads: Enhanced Premium Subsidies for Student Loan Debtors (July 2020)

COVID-19 Ripple Effect: The Impact of COVID-19 on Children in New York State (September 2020)

Trump Administration Health Reimbursement Arrangements Put ACA Subsidies at Risk for Low-Income Workers (October 2020)

For authors or more information, please visit: https://uhfnyc.org/publications.

### STATEMENT OF FINANCIAL POSITION

Year ended February 29, 2020

### **ASSETS**

Total assets	\$102,487,500
Beneficial interest in perpetual trusts	4,041,412
Property and equipment, net	1,549,314
Investments	92,460,078
Other assets	697,628
Grants and other receivables, net	1,053,376
Cash and cash equivalents	\$2,685,692

### **LIABILITIES AND NET ASSETS**

Liabilities:	
Accounts payable and other liabilities	\$651,441
Deferred rent obligation	1,865,866
Grant commitments	454,710
Accrued postretirement benefits	499,832
Total liabilities	3,471,849
Net assets:	
Without donor restrictions	
Undesignated	721,783
Board-designated endowment	74,845,968
Total net assets without donor restrictions	75,567,751
With donor restrictions	
Time or purpose	1,877,808
Endowment returns subject to	
future appropriation	15,099,828
Perpetual	6,470,264
Total net assets with donor restrictions	23,447,900
Total net assets	99,015,651
Total liabilities and net assets	\$102,487,500

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 29, 2020

### **OPERATING REVENUES AND SUPPORT**

Foundation grants Government and exchange contracts Contributed services Contributed services Contributions Special events (Less direct expenses)  Total public support  Total public support  Total public support  Total public support  Conferences and other Investment return appropriated and designated for current operations: Quasi-endowment Quasi-endowment Quasi-endowment Quasi-endowment Donor-restricted endowment Other investment income  Total other revenues  Gain on sale of property and equipment  Total operating revenues and support  Total operating revenues and support  Program services: Grants Health services research, policy analysis, and education Publications and information services  Administrative and general Fundraising Total supporting services  Administrative and general Fundraising Total supporting services  Total operating expenses  Change in net assets from operations  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations  Postretirement-related changes other than net periodic postretirement cost  Change in value of beneficial interest in perpetual trusts  Change in value of beneficial interest in perpetual trusts  Change in total net assets  1,212,409  Change in total net assets  1,212,409	Public support:	
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Other revenues:  Conferences and other Investment return appropriated and designated for current operations: Quasi-endowment Donor-restricted endowment Other investment income Other investment income  Gain on sale of property and equipment Total operating revenues and support  OPERATING EXPENSES  Program services: Grants Health services research, policy analysis, and education Publications and information services  Administrative and general Fundraising Total operating expenses  Administrative and general Fundraising Total supporting services  Total operating expenses  Change in net assets from operations  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations  Change in value of beneficial interest in perpetual trusts  Change in net assets from non-operating activities and support  194,778	(Less direct expenses)	(262,409)
Conferences and other Investment return appropriated and designated for current operations: Quasi-endowment 4,564,502 Donor-restricted endowment 965,500 Other investment income 246,242  Total other revenues 5,856,769 Gain on sale of property and equipment — Total operating revenues and support 11,616,717  OPERATING EXPENSES  Program services: Grants 629,588 Health services research, policy analysis, and education 5,022,950 Publications and information services 1,272,389 Total program services: Administrative and general 2,731,011 Fundraising 943,148 Total supporting services 3,674,159 Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929 Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Total public support	5,759,948
Investment return appropriated and designated for current operations: Quasi-endowment 4,564,502 Donor-restricted endowment 965,500 Other investment income 246,242  Total other revenues 5,856,769  Gain on sale of property and equipment — Total operating revenues and support 11,616,717  OPERATING EXPENSES  Program services: Grants 629,588 Health services research, policy analysis, and education 5,022,950 Publications and information services 1,272,389 Total program services 6,924,927  Supporting services: Administrative and general 2,731,011 Fundraising 943,148 Total supporting services 3,674,159 Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929 Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Other revenues:	
designated for current operations: Quasi-endowment 4,564,502 Donor-restricted endowment 965,500 Other investment income 246,242  Total other revenues 5,856,769 Gain on sale of property and equipment — Total operating revenues and support 11,616,717  OPERATING EXPENSES  Program services: Grants 629,588 Health services research, policy analysis, and education publications and information services 1,272,389 Total program services: Administrative and general 2,731,011 Fundraising 943,148 Total supporting services 3,674,159 Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929 Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Conferences and other	80,525
Donor-restricted endowment 246,242  Total other revenues 5,856,769  Gain on sale of property and equipment —  Total operating revenues and support 11,616,717  OPERATING EXPENSES  Program services: Grants 629,588 Health services research, policy analysis, and education 5,022,950 Publications and information services 1,272,389  Total program services: Administrative and general 2,731,011 Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929 Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778		
Other investment income246,242Total other revenues5,856,769Cain on sale of property and equipment—Total operating revenues and support11,616,717OPERATING EXPENSESProgram services:Grants629,588Health services research, policy analysis, and education5,022,950Publications and information services1,272,389Total program services6,924,927Supporting services:4Administrative and general2,731,011Fundraising943,148Total supporting services3,674,159Total operating expenses10,599,086Change in net assets from operations1,017,631NON-OPERATING ACTIVITIES AND SUPPORTInvestment return more than amounts designated for current operations298,929Postretirement-related changes other than net periodic postretirement cost(116,491)Change in value of beneficial interest in perpetual trusts12,340Change in net assets from non-operating activities and support194,778	Quasi-endowment	4,564,502
Total other revenues  Gain on sale of property and equipment  Total operating revenues and support  11,616,717  OPERATING EXPENSES  Program services:  Grants  Geg,588  Health services research, policy analysis, and education  Publications and information services  Total program services  Administrative and general  Fundraising  Total supporting services  Total operating expenses  Change in net assets from operations  Postretirement-related changes other than net periodic postretirement cost  Change in value of beneficial interest in perpetual trusts  Change in net assets from non-operating activities and support  194,778	Donor-restricted endowment	965,500
Gain on sale of property and equipment  Total operating revenues and support  11,616,717  OPERATING EXPENSES  Program services:  Grants 629,588  Health services research, policy analysis, and education 5,022,950  Publications and information services 1,272,389  Total program services 6,924,927  Supporting services:  Administrative and general 2,731,011  Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086  Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Other investment income	246,242
Total operating revenues and support  OPERATING EXPENSES  Program services: Grants 629,588 Health services research, policy analysis, and education 5,022,950 Publications and information services 1,272,389  Total program services 6,924,927  Supporting services: Administrative and general 2,731,011 Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929 Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Total other revenues	5,856,769
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Program services: Grants 629,588 Health services research, policy analysis, and education 5,022,950 Publications and information services 1,272,389  Total program services 6,924,927  Supporting services: Administrative and general 2,731,011 Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Total operating revenues and support	11,616,717
Health services research, policy analysis, and education 5,022,950 Publications and information services 1,272,389  Total program services 6,924,927  Supporting services: Administrative and general 2,731,011 Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086  Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	OPERATING EXPENSES	
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Total program services 6,924,927  Supporting services: Administrative and general 2,731,011 Fundraising 943,148  Total supporting services 3,674,159 Total operating expenses 10,599,086 Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929 Postretirement-related changes other than net periodic postretirement cost (116,491) Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778		5,022,950
Supporting services:  Administrative and general 2,731,011 Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086  Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Publications and information services	1,272,389
Administrative and general  Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086  Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Total program services	6,924,927
Fundraising 943,148  Total supporting services 3,674,159  Total operating expenses 10,599,086  Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Supporting services:	
Total supporting services  Total operating expenses  10,599,086  Change in net assets from operations  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations  Postretirement-related changes other than net periodic postretirement cost  Change in value of beneficial interest in perpetual trusts  Change in net assets from non-operating activities and support  194,778	Administrative and general	2,731,011
Total operating expenses 10,599,086  Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Fundraising	943,148
Change in net assets from operations 1,017,631  NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Total supporting services	3,674,159
NON-OPERATING ACTIVITIES AND SUPPORT  Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Total operating expenses	10,599,086
Investment return more than amounts designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	Change in net assets from operations	1,017,631
designated for current operations 298,929  Postretirement-related changes other than net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778	NON-OPERATING ACTIVITIES AND SUPPOR	RT
net periodic postretirement cost (116,491)  Change in value of beneficial interest in perpetual trusts 12,340  Change in net assets from non-operating activities and support 194,778		298,929
Change in net assets from non-operating activities and support 194,778		(116,491)
non-operating activities and support 194,778		12,340
Change in total net assets 1,212,409		194,778
	Change in total net assets	1,212,409

97,803,242

\$99,015,651

Net assets at beginning of year

Net assets at end of year

### **ANNUAL SUPPORT**

Received January 1, 2020–December 31, 2020

### \$100.000 and Over

Health Research Incorporated William Randolph Hearst Foundation The Leona M. and Harry B. Helmsley Charitable Trust

Mother Cabrini Health Foundation New York State Department of Health TIAA

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Wyckoff Heights Medical Center

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United Hospital Fund gratefully acknowledges donations of goods and services from:

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Senior Vice President for
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Sally J. Rogers Senior Vice President for Communications and Development

Chad Shearer Senior Vice President for Policy and Program

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Mala Mohan Senior Accountant

Dwayne Robinson
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Development Manager

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HF's annual Campaign for a Healthier New York changes people's lives for the better. But our work would not be possible without the generosity of concerned and caring individuals, corporations, and foundations. In these difficult and uncertain times for health care, United Hospital Fund remains committed to building an effective and equitable health care system for all New Yorkers. That means one that is affordable and accessible, provides a better patient experience and the highest quality of care, and achieves optimal health outcomes.

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 that test new ideas and spread best practices.

Gifts, both large and small, to our Campaign for a Healthier New York provide essential funding for our work.

With your support, UHF 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. For more information, please contact Emily Regas at (212) 494-0743 or eregas@uhfnyc.org.

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