WASHINGTON SQUARE
HEALTH FOUNDATION

Granting Funds to Promote Healthcare Access to the Chicago Area

WASHINGTON SQUARE HEALTH FOUNDATION:

A HISTORY OF 25 YEARS OF GRANT MAKING

Washington Square Health Foundation:

A History of 25 Years of Grant Making

By Elizabeth Dixon
Foundation Intern
B.A. History
Loyola University Chicago

© 2012 Washington Square Health Foundation.

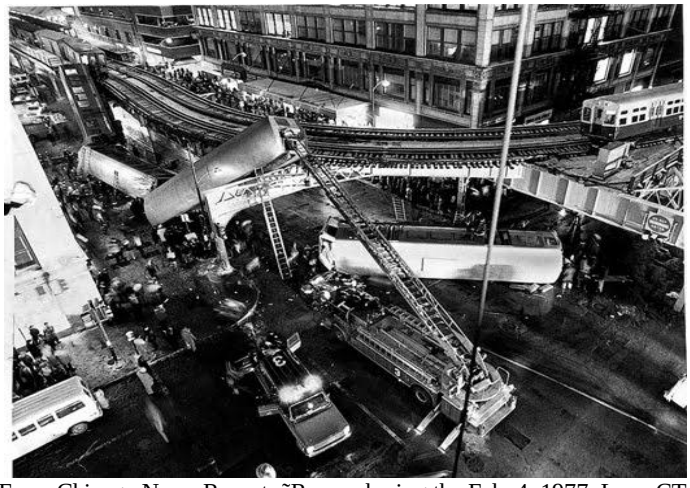
Preface

This project was conducted for the Washington Square Health Foundationôs twenty-fifth anniversary of grant making. The following narrative focuses on the formation and development of the Foundation and its major accomplishments in health care funding. The creation of this historical narrative involved archival research of Foundation grant records, board minutes and correspondence, personal and telephone interviews with board members and other individuals significant to the Foundationôs history, outside research including newspaper articles and health care studies, and oral history. Interviews occurred between the months of March and July of 2012. The project was initiated and supervised by Howard Nochumson, founding Executive Director of Washington Square. Much thanks goes to Catherine Baginski MPH, Washington Square Program Officer, for her support of the project. Research for the project and the writing of this narrative was conducted by Elizabeth Dixon, Washington Square intern, upon the completion of her B.A. degree in History, with a focus on public health, from Loyola University Chicago.

Many thanks to the Board of Directors of Washington Square and those who gave their time to be interviewed for this project, and especially to Mr. Nochumson for organizing the project and providing guidance for this narrative.

Introduction

It was a Friday evening on the corner of Lake Street and Wabash Avenue in downtown Chicago. The streets were bustling with tourists and Chicagoans heading home after a long dayôs work, and the ólôtrains that carry passengers around Chicagoôs loop district were filled to the brim. As people and motor traffic traveled under the ólôoverpass at Lake and Wabash, a loud crash was heard above. Anyone who happened to look up at the bend in the ólôtracks at this intersection at 5:25pm on February 4th, 1977 would have seen a westbound ólôcar collide with another car that had stopped just short of reaching the Lake Street station. Eleven were killed and over 180 injured as four train cars crashed to the street below[1]. Ambulances quickly arrived at the scene, transporting the injured to nearby hospitals. At Henrotin Hospital, emergency department staff was called to action, and a public waiting room was temporarily set up as a morgue for several bodies[2]. The emergency department at Henrotin quickly responded as sixty patients were received in less than ninety minutes as a result of the worst ólôtrain crash Chicago has ever seen[3].



From Chicago News Report, ñRemembering the Feb. 4, 1977, Loop CTA train crashò. 4 Feb. 2012.

[1] Johnson, Steve. ñSurvivors reflect on Feb. 4, 1977, CTA disaster.ò *Chicago Tribune* 2 Feb. 1987.
[2] Axelrod, David, and Robert Enstad. "180 are Injured as 4 Cars Plunge to Crowded Street." *Chicago Tribune* 5 Feb. 1977.
[3] Werner, William N. Telephone Interview. 12 Apr. 2012.

Fifteen years later, Washington Square Health Foundation, the successor foundation of Henrotin Hospital, funded an emergency room study and national conference to develop strategies to decrease emergency room wait times and improve quality of care. These strategies were proposed to decision makers in hospitals nation-wide, to more efficiently respond to disasters such as was seen in Chicago on that snowy winter evening in 1977[4].

In less than three decades, Washington Square Health Foundation has redefined the nature of private foundations as applied to health care in Chicago. From its beginning in 1985-1986, the Foundation has left a legacy of improving health care quality that continues to this day. Although the Foundation, as a private health care grant making entity has been in existence for twenty-five years, its historical roots date back to the autumn of 1848, when a young surgeon from Brussels stepped foot in Chicago. Dr. Joseph F. Henrotin had served as a physician in the Belgian army for several years before making the decision to come to America, where he became known for treating patients during the Cholera epidemic of 1849 to 1855[5]. The medical tradition was passed down to his son, Dr. Fernand Henrotin, Jr. who served as Cook County physician from 1872 to 1873[6]. Dr. Henrotin Jr. played a key role in the founding of the Chicago Polyclinic hospital in 1886, and is credited with having brought the German experimental model of medicine to Chicago[7]. Dr. Henrotin junior and senior were considered two of the most successful physicians in the Midwest in the latter part of the 19th century. Their success in

[4] Krieg, Richard M. ñHealth Care Reform in the Emergency Roomò. Institute for Metropolitan Affairs, Roosevelt University. 1994.
[5] *Album of Genealogy and Biography, Cook County, Illinois with Portraits*, Chicago: Calumet Book & Engraving Co., 1895.
[6] Waterman, A N. *Historical Review of Chicago and Cook County and Selected Biography*. Chicago: Lewis Publishers Co, 1908.
[7] ñHenrotin Hospital Historyò. *Annual Report 1981*. Henrotin Hospital.

Chicago led to the founding of Henrotin Hospital, a continuation of the Chicago Polyclinic, in 1907[8].

Origins: Henrotin Hospital

Originally located on LaSalle Street, Henrotin Hospital was one of the first hospitals in Chicago established without a religious affiliation[9]. The hospital became known especially for its emergency room and sports medicine facilities. In the early 1980s, Henrotin faced financial difficulties due in part to new legislation limiting the amount that hospitals could be reimbursed by Medicare for medical procedures. The Tax Equity and Fiscal Responsibility Act of 1982 introduced a new payment plan in which the government would pay hospitals a fixed amount for each diagnosis. An average cost of treatment was calculated for a variety of diagnostic related groups. Because of this, hospitals became responsible for any extra costs associated with a procedure. This resulted in shorter lengths of stays in hospitals, which reduced the hospital bed occupancy rate. Henrotinôs board of directors sought ways to alleviate some of the financial effects of this legislation. In a report to the board of governors in April of 1983, Henrotin Hospital President Larry Dillehay announced an agreement between Henrotin Hospital and Northwestern Memorial Groupð the group that operated Northwestern Memorial Hospitalð which was expected to last for six months. This agreement was intended to lead to discussions between the boards of directors of both institutions concerning these new health care changes, and how to adjust to them[10]. While this was intended as a short-term association, Henrotin Hospitalôs relationship with Northwestern Memorial Group would become increasingly important in the coming years.

---

[8] Waterman, *Historical Review of Chicago and Cook County and Selected Biography*, 1908
[9] Nochumson, Howard. Personal Interview. 19 Jan. 2012.
[10] Dillehay, Larry B. ñReport to the Board of Governorsò. *Henrotin*. 3.1.12 Apr. 1983: 3-4.

Throughout 1983 and 1984, Henrotin Hospital continued to see declining hospital bed occupancy rates, leading the board of directors to discuss the possibility of either closing or selling the hospital. While many hospitals at the time were closing as a result of financial difficulties, Henrotin Hospital Chairman James Lutz argued strongly in favor of selling the hospital to a health care organization that would keep the hospital open in order to preserve the jobs of hospital employees and seek better management so as to keep the hospital open for as long as possible.[11]

Born in Danzig, Polandð a seaport town near the German borderð Mr. Lutz immigrated to the U.S. as a young man. He acquired a job at a Sears warehouse as a carpet cutter, where he worked his way up in the company after developing a method of reducing waste through a new carpet-cutting technique[12]. After going overseas to fight in World War II from 1942 to 1946, and working for Sears for many years in executive positions, Mr. Lutz was later hired by Montgomery Ward in Chicago, where he eventually gained the position of Executive Vice President[13]. His connection to Henrotin Hospital began when Montgomery Ward desired to develop a relationship with the hospital as a place to treat company employees from its new company headquarters, which were located near Henrotin. It was Mr. Lutz who originally had the vision to keep the hospitalôs mission going through first the sale of the hospital to

[11] Boston University School of Public Health. "With Hospitals, It's Survival of the Fattest, Not the Fittest." Robert Wood Johnson Foundation, Jan. 2001. Web. 4 Sept. 2012. <http://www.rwjf.org/reports/grr/028054.htm>.
Nochumson, Howard. Personal Interview. 19 Jan. 2012.
[12] Creticos, Angelo P. Letter to Board of Directors of Washington Square Health Foundation. 30 Nov. 1995. Chicago, IL.
[13] Heise, Kenan. ñJames Lutz, ex-official for Montgomery Ward.ò *Chicago Tribune* 29 Nov. 1995.

Northwestern Memorial Group to keep it open, and later as a private health care grant making organization, which led to the formation of Washington Square Health Foundation[14].

In 1985, Mr. Dillehay issued a purchase proposal to several different hospitals in the Chicagoland area. Northwestern Memorial Groupôs Ralph Weber, Vice President of the group, responded to this proposal, believing the possibility of incorporating Henrotin Hospital into Northwestern Memorial Hospitalôs health system to be mutually beneficial. Henrotinôs well-regarded emergency room, sports medicine facilities, and close proximity to Northwestern Memorial Hospital added to its appeal. In addition, purchasing Henrotin would increase Northwesternôs patient base, giving them a boost over nearby Rush-Presbyterian-St. Lukeôs Medical Center. After negotiations with Mr. Lutz, Northwestern made the decision to place a bid for the purchase of Henrotin Hospital[15]. Ultimately, in order to keep the 200-bed hospital operating, the board of directors at Henrotin agreed to sell the hospital to Northwestern Memorial Group in October of 1985, as Northwestern had agreed to better manage the hospital and it was believed that they would keep the hospital open for at least a few more years. Sid Doolittle, a Henrotin board member and key player in the sale of the hospital regarded the sale as a ñwin-win situationò[16].

The Sale of Henrotin and the Start of a Foundation

Upon the purchase of Henrotin Hospital, Northwestern Memorial Group set up the ñNew Henrotin Hospital Corporationò, made up of individuals from both Henrotin and Northwestern,

[14] Nochumson, Howard. Personal Interview. 19 Jan. 2012.
[15] Weber, Ralph. Personal Interview. 27 Mar. 2012.
[16] Doolittle, Sid. Telephone Interview. 27 Mar. 2012.

which acquired the assets of the old Henrotin Hospital Corporation. The sale also resulted in a name change from the old Henrotin Hospital Corporation to Washington Square Health Foundation, named after the adjacent Washington Square Park in Chicago. This name change became official in February of 1986[17]. Mr. Lutz and Mr. Dillehay began the search for a Foundation attorney during this time, and selected Howard M. (Scott) McCue III, a prominent attorney from Mayer, Brown & Platt who specialized in private foundations.

In addition to the final sale amount to the old Henrotin Hospital Corporation, $3 million was allocated to the old Henrotin Hospital Corporation (Washington Square Health Foundation) in the form of a self-insured trust fund, which was managed by Robert Kirby, a Henrotin Hospital director and legal counsel[18]. The purpose of this self-insured trust fund was for the old Henrotin Hospital Corporation to settle any pending or future claims for malpractice actions which occurred prior to the sale of Henrotin Hospital. Due to the unusually low number of lawsuits against Henrotin, and the legal skill of Mr. Kirby, this fund went largely unused[19]. Washington Square Health Foundation, the successor to the old Henrotin Hospital Corporation, was able to effectively settle the remaining claims from only the interest, dividends and appreciation of assets of the self-insured trust fund. Washington Square gave back the full $3 million to Northwestern Memorial Group in return for complete indemnification from NMG for any future malpractice claims[20].

The funds from the sale of the hospital were initially to be used by Washington Square to fund and support future fundraising for the "New Henrotin Hospital". The formation of a

[17] State of Illinois, Office of the Secretary of State. Certificate of corporate title change. 10 Feb. 1986.
[18] Washington Square Health Foundation. *Meeting of the Board of Directors*. 10 Apr. 1986.
[19] Weber, 2012.
[20] Washington Square Health Foundation. ñResolutions Adopted by the Board of Washington Square Health Foundation on August 5, 1994ò. Exhibit A, Board of Director Meeting Minutes. 5 Aug. 1994.

foundation from the assets of a sold hospital was a very new concept at the time, and this new foundation became one of the first health care conversion foundations in Chicago, and the country[21].

At the time of the sale of the hospital, Mr. Lutz was the Chairman of the Board of Henrotin Hospital, and was one of the key players in negotiations between Henrotin Hospital and Northwestern Memorial Group, along with Mr. Dillehay and Mr. Doolittle. From Northwestern, Dave Everhart, chairman of the board of Northwestern Memorial Corporation, and Ralph Weber played crucial roles in the sale negotiations[22]. In order to discuss plans for the Foundation, the new Washington Square Health Foundation held a planning meeting for the board in November of 1985. During this meeting, each director expressed their thoughts regarding the Foundation. While most agreed that only the income from investments should be distributed through grant making, there was some disagreement regarding where the grants should be focused within the health care field. While William B. Friedeman and Angelo P. Creticos MD, as board members, expressed the opinion that the grants should focus broadly on education and research, James Majarkis, MD, believed that the Foundation should support more specific causes. Alternatively, Board members at the time Sunny Wirtz and Arthur Margolis believed that rather than giving grants to other causes in the community, the Foundationôs funds should be used to support the old Henrotin Hospital primarily, through various programs and the purchase of capital equipment that would directly benefit the hospital. Also proposed was the possibility of Washington Square

[21] Grantmakers in Health. ñA Profile of Foundations Created from Health Care Conversionsò. June (2009).
[22] Sherlock, Barbara. ñDavid L. Everhart, 1928-2006: Northwestern Memorial CEO known for people skillsò. *Chicago Tribune*. 6 Jan. 2006.

becoming a supporting organization. In this case, Washington Square funds could be used to support another hospital, such as Northwestern Memorial Hospital[23].

Also discussed at the meeting were the expenses of running the Foundation. Approximately $16,725,000 had been transferred to Washington Square in November of 1985 from the sale of the hospital[24]. The board members agreed that it was important to increase the financial base of the Foundation before testing the waters of grant making. While Dr. Creticos suggested that the Foundation ask the assistance of the womenôs board of Henrotin to help acquire additional Foundation funds, Mr. Margolis advised that a small staff would help to cut down on operating costs. Another board member, further concerned with the costs of maintaining the Foundation, argued that a target date should be set for the termination of the Foundation[25]. At a later meeting in December of 1985, the board agreed to give their first grant for $5,000 to the womenôs board of Henrotin Hospital to purchase capital equipment for the hospital[26].

Meanwhile, Henrotin Hospital continued to see heavy financial losses since being purchased by Northwestern Memorial Group. Programs were being reduced, and the emergency room went from a level two emergency room to a level three, as fewer ambulances arrived at Henrotin. Other changes in the hospital were noticeable to the medical staff, as lighting fixtures and other interior aspects of the hospital diminished in quality. One year after the purchase, only 25 out of 200 hospital beds were filled[27]. In October of 1986, Henrotin Hospital closed its doors. Although the main reasons given for the closure were the decreasing hospital bed occupancy rate

[23] Washington Square Health Foundation. *Meeting of the Board of Directors*. 7 November 1985.
[24] 1986 Tax Returns. Washington Square Health Foundation. Prepared by Price Waterhouse.
[25] Washington Square Health Foundation. *Meeting of the Board of Directors*. 7 Nov. 1985.
[26] Washington Square Health Foundation. *Meeting of the Board of Directors*. Dec. 1985.
[27] Weber, 2012.

and a loss of $4.7 million in its final year, controversy existed as to whether Northwestern Memorial Group originally purchased the hospital with the intention of selling it for profit eleven months later[28].

Washington Square Health Foundation was shaken by the news of the intention to close the hospital. Mr. Friedeman, an original member of the board of directors at Henrotin Hospital, described the board as being ñcollectively troubled and upsetò by the news[29]. Some felt angered and betrayed by the decision to close the hospital, as it was felt that Northwestern hadnôt made enough of an effort to keep the hospital open as long as they could have. While some board members were bitter about the hospital closing and the human cost associated with it, others regarded it as a business decision that, although unfortunate, was ultimately necessary[30]. Some members of the community expressed the concern that Northwestern was restricting lower income familiesô access to health care by closing the community-based hospital. The Foundationôs concern at the end of 1986 shifted to the hundreds of hospital employees and staff who would be affected by this decision.

Individuals at Northwestern Memorial Hospital also expressed concern regarding the employees and staff at the neighboring hospital. Some efforts were made to integrate Henrotin Hospital employees into their health system, but the hospitalôs closure put most of Henrotinôs 290 employees out of work[31]. While Ralph Weber and other individuals at Northwestern

[28] Kotulak, 1986.
[29] Friedeman, William B. Telephone Interview. 9 Mar. 2012.
[30] Werner, 2012.
[31] Kotulak, 1986.

Memorial Hospital conveyed their regret at the hospitalôs closure, it was felt at Northwestern that the financial situation at the time left them with no other option[32].

Conversion to a Private Grant Making Foundation

Henrotin Hospital was operated for almost a year after the sale in October 1985 by the New Henrotin Hospital Corporation. Northwestern Memorial Group made the decision to close the hospital in October of 1986. After the initial shock of the hospitalôs closure, Washington Square Health Foundation faced difficult decisions. With the hospital no longer in existence, the Foundation could no longer exist as a fundraising organization for the hospital. One of the first actions of Washington Square, classified as a public charity toward becoming a private grant making foundation, was to dissolve the board of governors of Henrotin Hospital, who primarily served a fundraising purpose for the old Hospital[33]. This initial step was important in creating a more efficient foundation.

At the suggestion of Mr. McCue, Foundation attorney, the board of directors also agreed to take steps to convert the Foundation from a public foundation to a private foundation to further benefit the community. Mr. McCue argued that this conversion would be advantageous to the Foundation in that it would allow for a more immediate connection between the Foundation, which now represented the traditions of Henrotin Hospital, and community[34]. According to Mr. Doolittle, original member of the Foundationôs board, the purpose of this "private Foundation", now named Washington Square Health Foundation, was to ñcreate a

[32] Weber, 2012.
[33] Washington Square Health Foundation. *Strategic Planning Retreat*. 6 May 1987.
[34] McCue, Scott. Telephone Interview. 28 Mar. 2012.

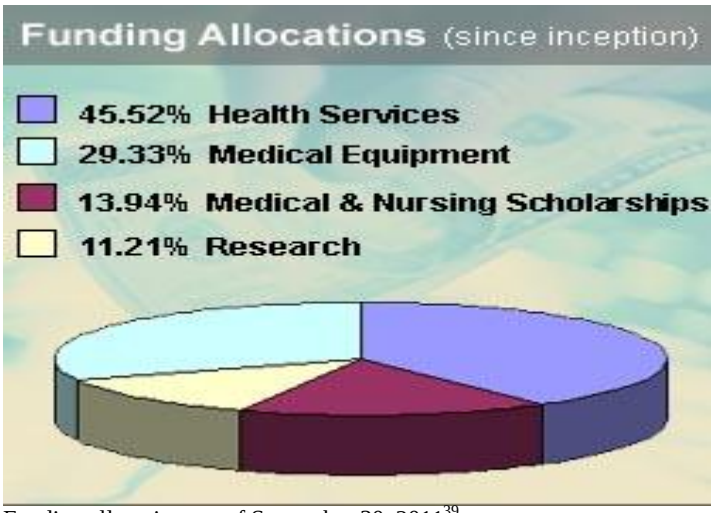
direction allowing the assets of the hospital to survive perform and prosperò[35]. As a private foundation, Washington Square could contribute to health care initiatives in the community without having to pass the IRS's public support test, which now that the hospital was closed, would most likely be impossible. With a smaller, private foundation, which now included only the hospitalôs board of directors, medical director, and legal counsel, Washington Square could now more effectively plan for the future of the Foundation and its assets, and turn its attention more earnestly to grant making[36].

As the prospect of grant making was further discussed, it became clear to the board that someone was needed to implement the boardôs decisions. After reviewing over 400 nationwide applicants, Howard Nochumson was hired as the first Executive Director of the Foundation in February of 1987[37]. Mr. Nochumson brought with him a broad view of health care and extensive grant making from his experience as Program Manager of the Rotary Foundation located in Chicago, and has since been considered a ñforce in the foundation communityò[38].

The subsequent strategic planning meeting in May of 1987 of the board of Washington Square and new Executive Director resulted in setting the mission of the Foundation with maximum flexibility in terms of grant making, while still being realistic. The board of Washington Square defined the Foundation as ñthe equity accumulated from 100 years of providing quality hospital care at the corner of LaSalle and Oak streets in Chicagoò. The board discussed the possibility of funding big projects or small projects, those specific to Chicago or elsewhere, and whether to focus on specific or more general areas of health care. It was at this meeting that the board ultimately made the decision to support three broad areas: (1) Direct

[35] Doolittle, 2012.
[36] Nochumson, Howard. Personal Interview. 2 Feb. 2012.
[37] Washington Square Health Foundation. *Annual Report 1986-87*. Chicago, IL.
[38] McCue, 2012.

health care services in the Chicago metropolitan area, including primary, tertiary, ambulatory, and emergency care; (2) Clinical research, disease and specialty-related; and (3) Education, in the form of medical and later nursing scholarships, and recently research fellowships. The board agreed not to fund administrative or fundraising costs, and that ñgrants should be non-discriminatory; however, based on need they may focus on particular groupsò. The Foundation would not have a specific disease or funding focus; however, there was a geographic preference for the old Henrotin Hospital service area. This grant guideline flexibility allowed the Foundation to respond to health crises as they arise over time. This was especially important for a new foundation, and would contribute to the Foundationôs success in health care funding.



Funding allocations as of September 30, 2011[39].

The board of Washington Square originally agreed to limit the board size to ten to fifteen members, all of which would serve three year terms. A grant review committee with Dr. Creticos as grant making chairman, a nominating committee, and an audit and finance committee were also created at this planning meeting. It was agreed that each board member would be

[39] Washington Square Health Foundation. *Annual Report 2010-2011*.

given $2,000 to recommend for their own charitable purposes, which was intended to limit any favoritism from occurring in the grant review process[40].

In the year following the closure of Henrotin Hospital, Washington Square Health Foundation granted a total of $754,963 to seventeen different organizations in the Chicago area, covering the main health care areas specified in the Foundationôs mission statement: medical education, direct health services, medical equipment, and research[41]. Many of these grants were fairly substantial for a new foundation, including an $80,000 grant to the Ravenswood Hospital Medical Center for equipment purchases for the new Wenske Laser Center, and a $95,000 grant to Northwestern Memorial Hospital to aid in their campaign to build the new Prentice womenôs hospital. The grant for Wenske Laser Center demonstrated the Foundationôs early interest in cutting-edge technology. The first year of grant making also saw the establishment of relationships that have been especially significant in the Foundationôs history, and have been maintained to this dayð including projects with Thresholds, Northwestern, the University of Illinois, and Erie Family Health Center[42].

Support for Medical Education

Many of the Foundationôs first grants (41.4% in the 1986-1987 fiscal year) were focused on medical education and scholarships[43]. Mr. Nochumson recruited Barbara Brentholds (now Berendt), who had at one time worked for him at the Rotary Foundation as Supervisor of the Rotary Foundation Scholarship Program, as a consultant to spearhead the Washington Square

[40] Washington Square Health Foundation. *Strategic Planning Retreat*. 6 May 1987.
[41] Washington Square Health Foundation. *Annual Report 1986-1987*.
[42] Washington Square Health Foundation. Listing of Approved Grants FY 1986-1987.
[43] Washington Square Health Foundation. *Annual Report 1986-1987*.

scholarship program. The Foundation sought community-focused individuals from local medical schools such as Rush, Loyola, University of Illinois, University of Chicago, and Northwestern, who intended on practicing medicine locally following the attainment of their medical degrees. The Foundation also made an effort to involve more women in the scholarship program, as men comprised the majority of medical students at the time. The Foundation worked closely with the Dean and the office of student aid of the various universities in order to narrow down a group of well-qualified studentsð about 20 to 25 per yearð who were selected by the Universities. These $20-40,000 scholarships were especially valuable in that each university was asked by Washington Square to match the funds of the WSHF scholarship money. These early medical education grants provided an immediate way to grant funds that would directly help the community, while the Foundation was still new to the process of grant making.

The Washington Square scholarship program was also instrumental in helping to develop the grant reporting process that continues to be used by the Foundation today. Scholarship recipients were made responsible for supplying transcripts and coursework, as well as interim and final reports throughout the term in which the scholarship was given. These reports were meant to emphasize not only academic progress, but community commitment through extracurricular activities, which often included contributing clinical hours at free clinics, and working at day care centers. This reporting process continued until the end of each scholarôs 4th year of medical school, when individuals from Washington Square would often attend the commencement ceremonies of the scholars.

It was in these early years that the Foundation initially demonstrated the importance of adjusting to the health care needs of the community. Several years into the scholarship program, the focus of the program shifted more and more to primary care MDs and nursing student

scholarships, to adapt to the shortage of health professionals in these areas in the early 1990s. In recent years, grant-giving in the medical education area has shifted to the funding of research fellowships, to primarily train MD/PhDs in ñtranslational researchò, or, taking developments in the laboratory and being able to apply them to a clinical setting.

The scholarship program also helped the Foundation in its early years through networking with hospitals and individuals in health care. According to Mrs. Berendt, the scholarship program helped Washington Square in its beginning by establishing and fomenting connections, and by having tangible and measurable funding activities with which to jumpstart the grant-giving process[44].

Following the success of the Washington Square scholarship program, the Foundation funded another medical education project to improve the quality of education in Chicago medical schools in 1995. Dr. William McGaghie, a professor at Northwesternôs Feinberg School of Medicine, developed the idea to form a collaborative effort between local medical schools to evaluate medical studentsô primary care skills[45]. The evaluation involved the use of surrogate patientsð individuals hired to mimic various physical and emotional problemsð to help 3rd year medical students learn to respond effectively to the needs of the patient[46]. A committee was formed containing representatives from six different medical schools in the Chicagoland area to collectively evaluate the clinical skills of the students at each school. Resources for this evaluation were shared between Northwestern and the University of Illinois at Chicago, where the students were evaluated. The success of the project soon attracted other donors, and was

[44] Berendt, Barbara B. Personal Interview. 29 Mar. 2012.
[45] Northwestern University. Grant Proposal to Washington Square Health Foundation: ñEvaluation of Medical Studentsô Primary Care Skillsò. 21 Nov. 1994. Grant #602.
[46] McGaghie, William. Telephone Interview. 31 Jul. 2012.

endorsed by the American Medical Association[47]. The evaluation system has since had a huge impact on the medical curriculum at Northwestern, where conferences continue to be held regularly between Chicagoland medical schools. The result of this project has been the acceleration of the use of surrogate patients as a teaching tool in medical schools, and the standardization of medical education across the country[48].

Washington Square and AIDS

In the mid-1980s, AIDS became recognized as an epidemic in the United States. The level of fear and ignorance of HIV and AIDS at the time was reflected in the lack of medical and social services available to HIV and AIDS patients. In fiscal year 1987-1988, Washington Square helped fund an AIDS conference and educational project for the Illinois League for Nursing, to respond to the health care concerns regarding the AIDS virus[49]. During this conference, Mr. Nochumson became acquainted with Kathleen Pietschmann, an advanced practice nurse at the time who would later become the HIV coordinator at the Lakeside Veterans Hospital in Chicago and a Nurse Practitioner, with a doctorate in nursing. Mr. Nochumson and Dr. Pietschmann began to discuss possible funding opportunities for the Foundation to help alleviate the discrepancy between medical care for AIDS patients and the general populace. While Washington Square often encourages other organizations to become involved with significant public health issues such as AIDS, Dr. Pietschmann recalls the difficulty of

[47] Northwestern University. Grant #602.
[48] McGaghie, 2012.
[49] Illinois League for Nursing. Grant Proposal to the Washington Square Health Foundation: ñSecond Annual AIDS-THE-ISSUESò Conference and Educational Projectò. Grant #056.

encouraging AIDS support among other organizations, as many groups did not wish to get involved with a virus of unknown transmission[50].

In December of 1987, Washington Square became the first foundation in Chicago to approve funding for a project providing direct, hands on care to AIDS patientsð a home care and hospice program through Ancilla Systems, Inc[51]. The establishment of a home health care program was especially important because many AIDS patients at the time had trouble receiving treatment in hospitals, due to the extreme fear of transmission, even in the health care giving community[52]. Washington Square further expanded its AIDS funding to sponsor the hiring of a clinic staff nutritionist at Howard Brown Memorial Clinic, and a resident education program for persons with AIDS through Bonaventure House, a recently opened housing and counseling facility for AIDS patientsð a project for which Mr. Nochumson also provided consulting services to Robert Rybicki, the then future Executive Director, for the operating aspects of Bonaventure House[53]. After initial measures were taken to fund direct health care initiatives for AIDS patients, Washington Square turned to the funding of support groups, for patients to deal with the medical prognosis and social stigma associated with AIDS.

In addition to the funding of direct health care services for HIV and AIDS patients, Washington Square became involved with the funding of HIV research. In 1988, the Foundation was approached with a grant request from Northwestern Memorial Hospital, for a high level containment virus laboratory to study HIV directly. With the laboratory, Northwestern hoped to successfully isolate HIV from the blood and tissues, and engage in HIV antiviral testing, as well

[50] Pietschmann, Kathleen. Telephone Interview. 5 Apr. 2012.
[51] Washington Square Health Foundation Grant #086 to Ancilla Systems, Inc. for ñAIDS Home Care and Hospice: A Case Management Programò.
[52] Pietschmann, 2012.
[53] *Bonaventure House*. Alexian Brothers AIDS Ministry. Web. 8 June 2012. <www.bonaventurehouse.org>.

as further research of other retro-viruses. The funding for this laboratory, a $200,000 project, became the largest Washington Square grant ever made, and would be the first collaboration effort initiated by Washington Square. The grant also made available approximately $800,000 in federal funds to build the level three containment Laboratory[54]. In order for Northwestern to be considered for this highly expensive and scientifically valuable grant, Mr. Nochumson argued that the laboratory, rather than acting as a resource for Northwestern research alone, must be available to other scientists outside of Northwesternôs health system[55]. The laboratory, once built, was used by researchers from Rush-Presbyterian-St. Lukeôs Medical Center as well for virus testing. Following the building of the laboratory, researchers from both hospitals met monthly to discuss information that they had gained from their individual research in the Foundation-funded lab[56]. The use of the lab by researchers helped pave the way to the development of a PCR (Polymerase Chain Reaction) technique, which provided an efficient way to test individuals for AIDS. This technique was later applied to other viruses, including MRSA (Methicillin-resistant Staphylococcus Aureus)ð a very contagious, drug-resistant staph infection[57].

AIDS funding continued throughout the early 1990s, with the approval and building of the high level containment laboratory, and a project through Trinity House for the diagnosis and treatment of HIV-infected clergy. With the exception of pharmaceuticals and federal government projects, the Foundation funded projects in every area of AIDS care. The Foundation grants for AIDS research and clinical personnel hiring in particular had a lasting

[54] Northwestern University. Grant Proposal to Washington Square Health Foundation: ñHigh Level Containment Virus Laboratoryò. Grant #128.
[55] Nochumson, Howard. Letter to Rebecca Stimson, Director of Development, Northwestern Memorial Foundation. 14 Sept. 1992.
[56] Northwestern University. Grant #128.
[57] Nochumson, Howard. Personal Interview. 11 Jun. 2012.

impact in the community. Washington Squareôs funding for AIDS care and research helped to shape future Foundation funding, and led the Foundation to gain recognition in the early 1990s as an organization that stays informed and educated on the most current health care needs of the community. Realizing that Washington Square was learned and experienced in AIDS funding, other foundations in the area began to follow Washington Squareôs lead in giving grants to specific organizations that provided services for AIDS patients. Washington Squareôs relatively strict assessment of the quality of Foundation-funded projects also gained the respect of local foundations. The reporting process that had previously been developed as part of the Washington Square scholarship program was translated to health care services and research grants. AIDS direct health care service projects became the model, under the direction of Dr. Pietschmann, of patient testing and evaluation of Foundation-funded projects. Under this system, those receiving the care reported on the quality of the care to Dr. Pietschmann, and thereby to the Foundation, while maintaining strict patient confidentiality. A poor review of a health care project occasionally resulted in a return of funding. In this way, Washington Square became known to some extent as a ñquality controlò force in the Chicago health care funding community, according to Dr. Pietschmann[58].

Alleviating Emergency Room Overcrowding

In 1992, Washington Square funded a study and conference on emergency room overcrowding through Roosevelt Universityôs Institute of Metropolitan Affairs (IMA)[59]. At this time, 65% of patients visiting the emergency room were provided with low acuity care or routine

[58] Pietschmann, 2012.
[59] Roosevelt University. Grant Proposal to Washington Square Health Foundation: ñNational Conference on Emergency Room Overcrowdingò. Grant #380.

diagnostic and treatment procedures for minor conditions that did not require emergency department services. Between October 21st and 22nd, 1993, the IMA conducted a patient turnaround time study in which they surveyed emergency departments and interviewed physicians and other hospital staff. The survey took place at eleven different Chicago hospitals known to have consistently overcrowded emergency rooms, and pinpointed four main causes of overcrowding: 1) ineffective delivery of primary health care services resulting in inappropriate emergency room use, 2) hospital bed utilization patterns and other inefficient hospital practices, 3) increases in violence and drugs, and 4) cutbacks in human services. A closer look at the studyôs findings exposed further underlying factors for emergency room overcrowding, including nursing shortages, lack of disease prevention strategies, insufficient communication between emergency departments and primary health care providers, and lack of adequate public education regarding the health care system[60].

The studyôs findings led to a national conference in October of 1993, also funded by Washington Square, in which physicians and hospital staff were introduced to new methods of decreasing emergency room wait times. A final report on the study and conference included recommendations for health care reform in the emergency room, including possible legislation and operational strategies[61].

To address the issue of communication between emergency departments and primary care providers, a ñfast track, linkage, case managementò program was developed. Through this program, local hospitals would hire a nurse or social worker to act as linkage coordinator in the emergency department. This coordinator would meet with patients seeking low acuity care in

[60] Krieg, Richard M. Health Care Reform in the Emergency Roomò. 1994.
[61] Washington Square Health Foundation. *Annual Report 1992-1993*.

the emergency room, and refer them to community health centers and social service agencies in the area. In addition, this coordinator would serve an educational purpose by informing patients about the appropriate use of the emergency room, so as to increase patient utilization of primary health care resources and knowledge of the health care system. In order to motivate hospitals to enact this program, it was proposed that participating hospitals should be compensated as if they were federally qualified health centers. As an addition to this program, it was also proposed that disease-specific case management should exist to connect patients with chronic diseases to specialists, or health care workers who could further inform them about their specific disease.

Also introduced in the IMA report was a bed capacity and control program that would create separate entry and holding areas for chronic patients, and create separate hospital bed areas for patients who may not need to be admitted, but required observation for less than 24 hours. Physicians would continually check up on fellow physicians in the patient discharge process, to accelerate the patient turnaround rate. Discharge lounges would also be created to move patients from their hospital beds while waiting for final orders from a physician.

Increased communication and use of technology was also expected to be utilized in the emergency room reform process. The development of a hospital-wide communication system that would alert hospital staff of emergency room overcrowding was called for, which was expected to remind nurses and physicians to accelerate the process of clearing any unnecessarily-filled hospital beds for new patients. An inter-hospital communication system was also discussed, so that an inventory of available hospital beds could quickly be viewed to allow for efficient redirection of ambulances to less-crowded emergency rooms[62].

[62] Krieg, Richard M. ñEmergency Department Overcrowding Projectò. Institute of Metropolitan Affairs, Roosevelt University. Apr. 1992

The emergency room study report especially emphasized the increased use of nurses to alleviate emergency room overcrowding in several ways. The idea for a nurse-managed primary health care center was introduced to provide affordable health care to low-income patients. This concept was quickly put into effect by a partnership between the IMA and the University Of Illinois College Of Nursing to establish the University of Illinoisô first nurse-managed community health clinic, which was funded by Washington Square in a separate grant[63]. An out-stationing program was also presented, calling for nurses to provide health care assessments at non-health agencies, such as senior housing and child care centers. These concepts increased the importance and role of nurses, and created a further need for nurses in the health care system. During this time, Washington Square continued to provide nursing scholarships to help alleviate this shortage. The report and conference recommended focusing on specific community areas in order to most effectively apply these changes[64]. The solution-focused approach of the conference resulted in the spread of these ideas to physicians and staff from hospitals nation-wide who attended the conference.

On November 26th, 1995, just before the Foundationôs 10th anniversary, James Lutz, the Foundationôs founding chairman, passed away after a battle with cancer. Mr. Lutzôs actions in negotiating the sale of Henrotin Hospital and his vision of creating a grant-making foundation laid the groundwork for the next twenty-five years of improving health care access in Chicago. Under Mr. Lutzôs leadership, Washington Square as a new foundation displayed an openness for fresh ideas and concepts in health care that resulted in the increasing range of projects that the Foundation was willing to fund. Mr. Lutzôs death saw the end of the Foundationôs beginnings

[63] The University of Illinois. Grant Proposal to Washington Square Health Foundation: ñNurse Case Manager Model for Community Nursing Centerò. Grant #301.
[64] Krieg, 1994.

and initial grant making, and ushered in a new chapter in the Foundationôs history as a more mature Foundation began to take shape under the leadership of Dr. Angelo P. Creticos.

Dr. Creticos, one of Chicagoôs most respected physicians, played a central role in the initial planning of the Foundation in 1985. Prior to Henrotin Hospitalôs closure, Dr. Creticos was largely responsible for the development of the well-known sports medicine facilities at Henrotin, opened in 1980, which included an outpatient and screening facility, and a nutritional counseling program[65]. As a Foundation board member and its first grant-making chairman, Dr. Creticos had spearheaded the study on emergency room overcrowding, and placed a special emphasis on funding medical education. As president of the Foundation, Dr. Creticos would work with Mr. Nochumson in expanding grant-giving even further, from hospitals to community clinics, including the increased use of program-related investments to fund major building projects and capital equipment.

Support for Health Services

One of the first major projects in the health care services area that Washington Square engaged in during Dr. Creticosô presidency was a program-related investment (PRI) to Zacharias Sexual Abuse Center, to fund a building campaign for a counseling center for victims of sexual abuse[66]. A PRI is a low-interest loan given by the Foundation for major projects that may fall outside of the Foundationôs regular funding guidelines, such as construction costs or land acquisition. The use of PRIs helped to increase the Foundationôs relationship with the

[65] Friedeman, 2012.
[66] Zacharias Sexual Abuse Center. Grant Proposal to Washington Square Health Foundation: ñProgram-related investment for Lake County Council Against Sexual Assault, (LaCASA), Building Campaignò. Grant #660 PRI.

community by establishing connections through more long term projects in the Chicago area. This PRI to Zacharias Sexual Abuse Center exemplified the Foundationôs expansion of funding to a community counseling center for victims of sexual abuse. This was also an expansion of the health care services funding area in the recognition of rape and child sexual abuse as public health issues. According to Tori Flink, CEO of Zacharias, ñZacharias promised a lot and delivered more with the support of Washington Squareò[67].

The Foundation has provided PRIs to a wide variety of health care providers and social service agencies, most notably Family Christian Health Center, the Chinese American Service League, PCC Community Wellness Center, and Norwegian American Hospital. The Foundation has given to date $3,812,631 in PRIs[68]. It is the only small foundation in Chicago to date that handles its own PRIs, rather than using an intermediary[69].

Washington Square has provided several PRIs to Family Christian Health Center, including a $100,000 PRI for the centerôs startup costs[70]. In 2004, the Foundation helped to expand womenôs health services at Family Christian by funding an OB/GYN program at the center, due to a high demand for these services in the area. Harvey, Illinois, the location of Family Christian Health Center, has high rates of teenage pregnancy and infant mortality[71]. The first year of the program proved to be extremely successfulð 1,641 patients were provided with care through 4,201 visits, which exceeded program expectations by 550%. To help adjust to this high level of demand for their womenôs health services, Family Christian hired a second

[67] Flink, Tori. Telephone Interview. 16 May 2012.
[68] Washington Square Health Foundation. Listing of Approved PRIs FY 1986-1987 to FY 2010-2011.
[69] Nochumson, Howard. Personal Interview. 23 Aug. 2012.
[70] Family Christian Health Center. Grant Proposal to Washington Square Health Foundation: ñA Proposal for Community-Based Primary Care in Harvey, Illinoisò. Grant #1112 PRI.
[71] "Family Christian Health Center: 2004-2005." *Washington Square Health Foundation*. Web. 17 Aug. 2012. <http://wshf.org/2004/02/09/family-christian-health-center-2004-2005/>

OB/GYN provider the following year[72]. Recently, Washington Square provided a $300,000 PRI to expand Family Christian Health Centerôs capacity to serve the underserved by funding the building of a second location in Dalton, and an addition to the Harvey center[73]. Washington Square has also given several noteworthy grants to Family Christian Health Center, including the funding of an after hours care program in 2006[74].

One of the Foundationôs earliest PRIs was provided to the Chinese American Service League for $360,000. This PRI was used to purchase land for a community service center. Construction began in January of 2003 for a new three story, 37,500 square foot building that would effectively consolidate all programs and services into one building and allow for increased program size[75].

Another significant PRI supplied by Washington Square was given to PCC Community Wellness Center in 2009 for an Electronic Health Records Implementation Project. This initiative involved partnering with the Alliance of Chicago Community Health Services to purchase Electronic Health Records (EHR) software from the alliance, while being provided with technical support in utilizing the software[76]. The EHR system, called GE Centricity, connected all of the computers and phone systems first through PCCôs new Austin Family Health Center, then through the other PCC sites, allowing patientsô health records to be accessed from every exam room in all PCC sites by PCC staff[77]. This shift to a paperless system allowed for

[72] Sciford, Heather. OB/GYN program interim report. Family Christian Health Center. Grant #1469. Sept. 29, 2005.
[73] Family Christian Health Center. Grant Proposal to Washington Square Health Foundation: ñHelping Serve the Medically Underserved Residing in South Suburban Cook Countyò. Grant #2029 PRI.
[74] Family Christian Health Center. Grant Proposal to Washington Square Health Foundation: ñFamily Christian Health Center ï After Hours Careò. Grant #1620a.
[75] Chinese American Service League. Interim Report. Grant #861 PRI. Nov. 1999.
[76] ñPCC Community Wellness Center: 2008-2009ò. *Washington Square Health Foundation.* Web. 20 Aug. 2012. <http://wshf.org/2008/02/09/pcc-community-wellness-center-2008-2009/>. #1733 PRI.
[77] PCC Community Wellness Center. ñUpdate on Austin Family Health Center and Electronic Health Records Projectsò. Grant #1732 PRI. 18 Jun. 2008.

the sharing of resources between PCC Community Wellness Center, and the Alliance of Chicagoôs four health centers in the Chicago area[78]. PCC, which previously relied on paper records divided between four different databases, was able to save time and money through the integration of this system into their health centers[79].

The Foundationôs largest PRI to date was supplied to Norwegian American Hospital in 2001 for $628,000. The funding was used to purchase new CT scan equipment for the hospital, to serve patients in the vicinity of the hospitalôs West Town location. The CT scan equipment previously used by the hospital was extremely outdated, and the need for an equipment update was emphasized by the high number of trauma patients seen at NAH. While the old machine provided an image of the patientôs brain or other trauma-affected area in 20 minutes, the new machine was able to provide the same image in just two minutes. The large time difference in receiving CT scan results by using the new equipment allowed for more efficient diagnosis and alleviated some of the patient discomfort caused by longer scans[80]. Washington Square contributed to the improvement of technology at NAH again in 2008, with the funding of a grant for a new digital stress echocardiogram machine, which provided cardiologists with clearer results allowing for more accurate diagnosis[81].

Washington Square has funded further health care services at many organizations in Chicago, including CommunityHealth, the largest free clinic in Illinois. The Foundation first provided funding for CommunityHealth in 1994, and has continued to fund the clinic every year

[78] Taylor, Andrea M. Development Manager, PCC Community Wellness Center. Letter to Howard Nochumson. 29 Nov. 2007.
[79] Urso, Robert J. President and CEO, PCC Community Wellness Center. Letter to Howard Nochumson. 31 May. 2007.
[80] Norwegian American Health Systems. Grant Proposal to Washington Square Health Foundation: ñCT Scan Updateò. Grant #1230 PRI.
[81] ñNorwegian American Hospital (NAH): 2007-2008ò. *Washington Square Health Foundation*. Web. 20 Aug. 2012. <http://wshf.org/2007/02/09/norwegian-american-hospital-nah-2007-2008/>.

since then[82]. In 2010, the Foundation not only provided funding for the establishment of CommunityHealthôs first satellite clinic in the south side neighborhood of Englewood, but was a leader in bringing together CommunityHealth and the Free Peoples Clinic for negotiations resulting in an initiative to expand services at a new clinic site, in cooperation with the Chicago Board of Health and consolidation of the two free clinics[83]. Two years earlier, Washington Square had funded a project to expand a case management quality improvement initiative at CommunityHealthôs main facility in West Town. This program aimed at preventive measures for those patients who are at risk for developing systemic conditions, such as high cholesterol and diabetes. Carried out by volunteer nurses, the program added an educational element to routine health care appointments by helping the patient to set and maintain specific health goals, and referring the patient to health education classes when necessary. Health care continuity for patients was also emphasized by making efforts to ensure that patients be seen by the same nurse for every visit. A database program was developed in which information from patient visits could be monitored to evaluate the success of the program[84]. The support of this project exemplifies the Foundationôs shift to the funding of safety net measures in recent years.

Support for Medical Research

In addition to the accomplishments of Washington Square in the health care services funding area, the Foundation has made possible many significant research projects. Possibly the most significant has been the Chicago Diabetes Project (CDP), originally initiated by Howard

[82] CommunityHealth. *2009 Annual Report.*
[83] ñCommunity Health: 2009-2010ò. *Washington Square Health Foundation.* Web. 20 Aug. 2012. <http://wshf.org/2009/02/10/community-health-2009-2010/>.
[84] ñCommunity Health: 2007-2008ò. *Washington Square Health Foundation*. Web. 20 Aug. 2012. <http://wshf.org/2007/02/11/communityhealth-2007-2008/>.

Nochumson in 2004. Mr. Nochumsonôs idea was to apply a ñManhattan Projectò model to find a cure for diabetes, utilizing the best scientific minds both in the U.S. and worldwide. The idea was endorsed by Dr. Creticos and the entire board of the Foundation, as they understood before it was fully recognized the danger of the diabetes epidemic to the survival of the health care system and the patients it serves. The Board recognized that something had to be done to find a cureð even excellent management of the disease is not a long term solution to the epidemicôs long term effect on the health care system. The Foundation acted as a catalyst, and Mr. Nochumson brought the idea to the attention of University of IllinoisôDr. Jose Oberholzer, who now leads the project[85].

Since 2004, the CDP has become a global effort to find a clinical cure for diabetes, specifically through the use of islet cell transplantations. Although the CDP has not yet reached its goal of finding a functional cure that can be widely utilized by diabetes patients because of lack of funding, which is beyond the capabilities of Washington Square, the project has made extraordinary advances in the science of islet cell encapsulation and islet proliferationð the two keys to finding the cure. The initiation and success of the CDP signified the expansion of the Foundationôs outlook from local to global projects. Washington Square funded the first meeting of the project, which resulted in the first scientific plan to functionally cure diabetes, if fully funded, in five years[86]. The Foundation remains engaged in the project through periodically funding conferences that bring CDP scientists together to discuss and evaluate current research, and to plan future research progress.

[85] ñHistoryò. *The Chicago Diabetes Project*. Web. 20 Aug. 2012. <http://www.chicagodiabetesproject.org/about/history/>.
[86] The University of Illinois at Chicago College of Medicine. Grant Proposal to Washington Square Health Foundation: ñDiabetes Research Conferenceò. Grant #1444.

In another ground-breaking research project, Washington Square helped to fund an international collaborative project with the Weizmann Institute in Israel to develop a non-invasive means of determining if lesions found in a womanôs breast via mammography are malignant, without the use of biopsies. Developed by Dr. Hadassa Degani of the Weizmann Institute, the Three Time Point (3TP) Method uses MRI imaging and the injection of a dye-like contrasting agentð a substance commonly used in MRI imagingð into the patientôs blood flow. Because tumors require nutrients from the bloodstream to survive, many new blood vessels are formed where cancerous growth exists. The dye-like substance injected into the patientôs bloodstream, therefore, becomes more concentrated in an area where malignancies have developed, allowing for greater contrast in the MRI image. The MRI image also allows for easier differentiation between benign and malignant growths by displaying noticeable color contrasts[87]. An MRI image of the breast is taken before the substance is injected, and at two time intervals after the injection, thus warranting the methodôs nameð ñThree Time Pointò. By analyzing the three images, Dr. Degani was able to track the progression of the dye-like substance through the blood stream. The substance passes through cancerous growths faster, causing this area to be highlighted in red on the MRI image[88].

Dr. Degani engaged in clinical trials with the Illinois Masonic Medical Center in which MRI images, taken at Illinois Masonic, were sent electronically via the internet to Dr. Degani in Israel, whose 3TP computer program evaluated the images and made a tentative diagnosis, with no prior knowledge of the patientôs medical history. This diagnosis was then matched against

[87] ñWashington Square in CyberSpace: 1998-1999.ò *Washington Square Health Foundation*. Web. 29 Jun. 2012. <http://wshf.org/1998/01/13/washington-square-in-cyberspace/>.
[88] "Cancer Diagnosis Technique gets FDA Clearance." *Weizmann Wonder Wander: News, Features and Discoveries from the Weizmann Institute*. Weizmann Institute, 23 Sept. 2003. Web. 2 July 2012.

the results of the patientôs biopsy at Illinois Masonic[89]. The results of the trials, partially funded by Washington Square, were 100% accuracy in diagnosis for growths larger than five millimeters, and 90% accuracy for all growths, including non-lump-forming cancer in the milk ducts. This method was approved by the FDA in 2003, and has resulted in a quicker, more cost-effective means of diagnosis, while avoiding unnecessary biopsies which can often be distressing for the patient[90]. Dr. Degani was awarded as Honorary Lecturer at the European Society of Breast Imaging annual meeting in 2011[91].

Healthcare Collaborations

In addition to the Chicago Diabetes Project and the funding and use of the high level virus containment laboratory and 3TP method research, Washington Square has been responsible for several collaboration efforts. Through membership with the Donors Forum of Chicago, Washington Square was responsible for the establishment of a healthcare affinity committee, now named the Health Program Affinity Group, through the Donors Forum in 1990[92]. At the time, affinity committees were extremely rare. The purpose of the committee is to create an opportunity for various organizations to discuss causes in which they are mutually interested. In this way, foundations are able to become more educated about important health care initiatives through the sharing of information, and are able to form cooperative efforts in the funding of these causes[93]. Mr. Nochumson served as the first chairperson of the group, and Ms. Catherine

[89] "Washington Square in CyberSpace: 1998-1999."
[90] "Cancer Diagnosis Technique gets FDA Clearance."
[91] EUSOBI European Society of Breast Imaging. Honorary Lecturer Award to Hadassa Degani. EUSOBI Annual Scientific Meeting. Vienna, 2011.
[92] Donors Forum of Chicago. Final Report to Washington Square Health Foundation. Grant #203.
[93] Lies, Valerie. Telephone Interview. 8 May 2012.

Baginski MPH, Foundation Program Officer, recently finished her very successful term as co-chairperson of the same affinity group[94].

One of the first collaborative actions of the healthcare affinity committee involved a funding effort with the largest health care foundation in the country at the time, the Robert Wood Johnson Foundation, and three other smaller Chicagoland foundations in which Washington Square was the driving force[95]. The Illinois Primary Health Care Association approached Washington Square with a funding opportunity in 1992 for their ñPhysician Referral and Linkage Projectò. This project provided a new approach to increasing health care access to low income residents of Chicago through increasing communication between health care providers at Cook County Hospital, community-based health centers, and a new ambulatory care council. In this way, it was assumed that the project would create a more efficient and cost-effective model for treating patients.

Through the Physician Referral and Linkage project, the IPHCA planned to encourage community health centers to hire primary care physicians that would also work part time at Cook County Hospital, serving patients who reside in the vicinity of the health center. This idea was intended to foster a more trusting and efficient relationship between patient and physician. Prior to this project, there was no official method of transferring patients and their records from one health care system to another. This project created a referral process in which primary care physicians at health centers, through their part time work at Cook County Hospital, could make more informed decisions regarding referrals to Cook County Hospital for specialty consultations and diagnostic testing. In a time before electronic medical records, this new method of sharing

[94] Donors Forum of Chicago. Final Report to Washington Square Health Foundation. Grant #203.
[95] DiLeonardi, Robert. Telephone Interview. 8 May 2012.

medical records between a major hospital and local health centers proved to be extremely beneficial. In addition, this enabled physicians to refer patients back to local health centers for follow-up visits. The IPHCA also planned to work with the ambulatory care council to establish incentives for providing more synchronized and cost-effective ambulatory care.

The project emphasized the retention of qualified primary care physicians at community health centers so that the Physician Referral and Linkage Project could provide the community with long-term effectiveness. The result of this project was creating a health care system that was more manageable for low income families, through decreasing health care costs and providing more efficient consultation and treatment. The actual Robert Wood Johnson-funded portion of the project developed protocols for referrals among the Federally Qualified Health Center (FQHC) clinics in Cook County. In the days before electronic records, these protocols were kept in binders and communication referrals were made via fax. However, these protocols became the basis for the Internet Referral Information System (IRIS) at Cook County, which links the local clinics and the hospital. Most assuredly, it will become the basis of a new electronic medical record system that will serve the clinics and Cook County Hospital.

Through negotiations between Mr. Nochumson and key players at the time from other foundations in the health care affinity committee, such as Brian Hofland of the Retirement Research Foundation, the Physician Referral and Linkage project was able to gain the support of other foundations. The Baxter Foundation and Blowitz-Ridgeway Foundation also joined forces with WSHF and the Retirement Research Foundation in the planning and sponsorship of the project, prior to attaining the financial support of the Robert Woods Johnson Foundation. Washington Squareôs making of a $50,000 grant for three years for the project was initially

funded contingent upon the approval of funds from the other sponsoring institutions, especially the Robert Woods Johnson Foundation, who subsequently approved funding for $280,617[96].

Washington Square has engaged in other funding efforts with Robert Wood Johnson Foundation. Thresholds, a clinic providing health services to the mentally ill, initiated the ñTouch Every Member (TEM)ò initiative, in which they, with the help of Washington Square, planned to partner with the University Of Illinois College Of Nursing. The purpose of this program was to create an integrated effort to enhance Thresholdsô clinic by increasing quality of care for the mentally ill, while providing nursing students with an opportunity to gain clinical experience. This program began through a grant from Washington Square in 2003. The initial success of this program led Washington Square to engage in discussions with Thresholds and the UIC College of Nursing to seek a larger grant from the Robert Wood Johnson Foundation. The Robert Wood Johnson Foundation, at the time, engaged in a philanthropy program in which they agreed to match the funds, up to $125,000 per year for four years, raised by approved applicants. The success of the Thresholds-UIC collaboration led this program to become a candidate for this impressive grant. The Robert Wood Johnson Foundation sent out a request for proposals that were specifically collaborative efforts, through their Local Initiative Funding Partners Program. After a competitive selection process, the ñTouch Every Memberò program was selected as a recipient of this grant, and raised a total of $1,000,000 with the Washington Square grant[97].

The healthcare affinity committee was one of the first affinity groups in the Donors Forum, and was a pioneer in its approach to the planning and funding of health care initiatives. The number of affinity committees in the Donors Forum has now expanded to twelve, who

[96] Illinois Primary Health Care Association. Grant Proposal to Washington Square Health Foundation: ñPhysician Referral and Linkage Projectò. Grant #382.
[97] Thresholds. Washington Square Health Foundation Grant file #1425: ñTouch Every Member: The Center for Integrated Health Care at Thresholdsò.

continue to seek collaborative projects and keep informed of important issues in health care. Through their involvement in the Health Program Affinity Group, Washington Square has been described by Donors Forum CEO Valerie Lies as having a ñrazor-like focusò on worthwhile health care causes in Chicago, and how to best respond to these health care needs[98].

Washington Square also helped the Illinois College of Optometry to receive a Robert Wood Johnson grant for its Vision of Hope Project, which provides eye care, free of charge, for the indigent as well as referrals for primary medical care[99]. This program originated when the Illinois College of Optometry approached Washington Square with a grant request, noting that 65% of their patients were suffering from systemic diseases such as diabetes and hypertension, which contributed to their eye problems, and required outside care[100]. In order to provide these low income patients with much needed medical treatment and counseling, the project connected patients at the Illinois College of Optometry and Illinois Eye Institute, the top Medicaid provider in Illinois, with primary care physicians at local Federally Qualified Health Centers (FQHCs), who also referred patients back to the Illinois Eye Institute for eye examinations[101].

Washington Square was the lead foundation in providing funding and consulting services for the Vision of Hope Project, originally funded in 2001, and was instrumental in helping the ICO gain funding from several other foundations, including the Michael Reese Health Trust, Lloyd A. Fry Foundation, VNA Foundation, and finally a Robert Wood Johnson grant as part of

[98] Lies. 2012.
[99] Winters, Janis E., Leonard V. Messner, Eileen M. Gable, and David P. Korajczyk. "Coordinating eye and primary medical care in a low-income and uninsured population: The experience of the Vision of Hope Health Alliance." *Optometry* 79.12 Dec. 2008: 730-36.
[100] Illinois College of Optometry. Grant Proposal to Washington Square Health Foundation: ñVision of Hope Health Allianceò. Grant #1365.
[101] Illinois College of Optometry. Grant Proposal to Washington Square Health Foundation: ñVision of Hope Health Allianceò. Grant #2022.

their Local Initiatives Funding Partners Program[102]. Foundation consultant Mary Driscoll RN, MS, worked extensively on the Robert Wood Johnson funding for the project. Since the programôs inception, the ICO now partners with over 35 social service and community health care organizations as part of the Vision of Hope project (now named Vision of Hope Health Alliance), and provides services to over 1,000 new low income patients every year, many of whom are connected with community health centers for their non-ocular health concerns[103].

In addition to the initiation of cooperative efforts between organizations, Washington Square has become known for providing grant-giving guidance and connections to other foundations. Jim Durkan, founding President and CEO of Community Memorial Foundation, has stated that Mr. Nochumson provided the Community Memorial board with extensive guidance when the foundation was being created as a health care conversion foundation. Later, Mr. Durkan consulted with Mr. Nochumson regarding Washington Squareôs PRI program when Community Memorial, also, was looking to start a similar program[104]. The VNA Foundation, involved with Washington Square in the funding of the Physician Referral and Linkage project, also received guidance from Mr. Nochumson in its early years. Robert DiLeonardi, Executive Director of VNA Foundation, has stated that the VNA Foundation views Washington Square as a ñvaluable colleague and collaboratorò, and describes Mr. Nochumson as being very willing to help in providing guidance for the development of the VNA Foundationôs funding guidelines[105]. Washington Square has established and maintained connections through the Donors Forum, and continues to provide consultation and initiate dialogue between fellow health foundations.

[102] Illinois College of Optometry. Grant Proposal to Washington Square Health Foundation: ñVision of Hope Health Allianceò. Grant #1545.
[103] Illinois College of Optometry. Grant #2022.
[104] Durkan, Jim. Telephone Interview. 2 May 2012.
[105] DiLeonardi, 2012.

Washington Square has also provided the necessary connections to organizations to enhance their grant proposals and health care programs. After being approached with two grant requests with similar goals in the mid-1990sð one from the Infant Welfare Society of Chicago, and the other from Loyola University of Chicagoôs Niehoff School of Nursingð Washington Square consultant Kathleen Pietchmann ND, at Mr. Nochumsonôs urging, developed the idea for a program that would create a partnership between the organizations, and be mutually beneficial in reaching their goals[106]. Through the ñFinancial Subvention of a Nurse Practitionerò project, Washington Square provided the funding to hire two nurse practitioners to provide primary care at the Infant Welfare Society of Chicago, while supervising Loyola pediatric nurse practitioner candidates, who would attain their clinical hours by working at the Infant Welfare Society. This new nurse practitioner-run clinic decreased health care costs at the Infant Welfare Society, allowing the clinic to treat more uninsured children. In a 1998 progress report, the Infant Welfare Society reported an increase in 4,000 patients over a twelve month period[107]. This program also benefitted Loyolaôs pediatric nurse practitioner program by providing a site for the nurse practitioner candidates to gain clinical hours. This resulted in an expansion of Loyolaôs pediatric nurse practitioner program from six students in 1995 to twenty-two students in 1998[108]. According to a proposal by Loyola, seeking a second year of funding, ñtheir [Washington Squareôs] foresight and vision has opened a new type of effort that is unprecedented in the way that it has been actualizedò[109].

---

[106] Loyola University of Chicago Niehoff School of Nursing. ñProposal Seeking Second Year Funding for Nurse Practitioner Facilityò. Grant #674.
[107] Infant Welfare Society of Chicago and Loyola University of Chicago Niehoff School of Nursing. Progress Report for Grant #807. 1 Jul. 1997 to 30 Jun. 1998.
[108] Maurer, Marcia C., Associate Dean and Director Graduate Programs in Nursing. Letter to Howard Nochumson. 28 Oct. 1998.
[109] ñProposal Seeking Second Year of Funding for Nurse Practitioner Facilityò. Grant #674.

A New Era

In January of 2011, Washington Square president and the first grant committee chairman, Dr. Angelo P. Creticos, passed away. Through his involvement in several noteworthy grant projects, Dr. Creticos helped to further shape Washington Square from a new foundation just breaking into the grant making field, to an experienced and acclaimed foundation by expanding funding from hospitals to community clinics, and acting as a leader in the foundation community through initiating collaborations and providing guidance to other organizations. As the medical director at Henrotin Hospital, Dr. Creticos sought to improve the level of care to be comparable with that of a medical educating hospital. As a physician for the Chicago Blackhawks as well as an advocate of servicing the indigent community, Dr. Creticos provided quality health care for all levels of societyð a practice that has translated to the mission of Washington Square. With a special interest in education and research, Dr. Creticos was especially supportive of research projects that would have a clinical benefit. His interest in diabetes research was enhanced by a two month ñmini fellowshipò in endocrinology at Mayo Clinic in the 1960s, and eventually led to his active involvement in the Chicago Diabetes Project. Dr. Creticos was also instrumental in improving the field of podiatry. What was formerly a two year, non-degree program involving little medical training became a four year degree program with the help of Dr. Creticos, resulting in increased respect for the field and improved quality of treatment. Dr. Creticosô interest in cancer prevention led him to spearhead a fundraising campaign for a cancer center at Advocate Illinois Masonic Medical Center, named the Creticos Cancer Center in his honor. Relating to his emphasis on prevention was his interest in the use of technology to better detect and consequently, treat cancer. According to Dr. Catherine Creticos, Foundation board member and daughter of Dr. Angelo Creticos, Washington Square is an encapsulation of the goals that Dr.

Creticos had for health care, and the patient-centered approach he took in his own medical practice[110].

Dr. William N. Werner was elected Foundation president upon Dr. Creticosô death in January of 2011. Dr. Werner had served as Vice President and grant committee chairman during Dr. Creticosô presidency, and was an active supporter of Dr. Deganiôs 3TP method research in the late 1990s, and the Chicago Diabetes Project in the 2000s. In recent years, Dr. Werner has shown his support for the research fellowship program, supervised by Foundation Program Officer Ms. Baginski, MPH, through the Childrenôs Memorial Hospital. Dr. Werner is Vice President of Clinical Transformation at Advocate Illinois Masonic Medical Center, and formerly a member of the medical staff at Henrotin Hospital from which Washington Square was born. In addition, he is Clinical Associate Professor of Medicine at the University of Illinois at Chicago College of Medicine. He was recently elected President of the Illinois State Medical Society in April of 2012[111].

Under Dr. Wernerôs presidency, the Foundation has funded several notable grants, and expanded funding to promote community wellness beyond direct health care services. In 2011, the Foundation provided an executive committee grant for a freezer to increase storage capacity for frozen food at the Chicago Chesed Fund, an organization providing resources such as food, clothing, and furniture to low income families. This incidence of food bank funding was a first for the Foundation, and led to the introduction of a food pantry initiative in February of 2012, initiated and supervised by Ms. Baginski. Under this initiative, depending on the availability of funds, Washington Square will select one food pantry, located in an area of need, during each

[110] Creticos, Catherine M. Telephone Interview. 31 Jul. 2012.
[111] The Illinois State Medical Society. ñSkokie Physician Inaugurated Illinois State Medical Society Presidentò. *The Illinois State Medical Society News*. 23 Apr. 2012.

grant committee meeting through February of 2013. Each food pantry will receive a grant of $25,000 for support. The first organization to receive this grant was North Park Friendship Center in April of 2012[112].

Washington Square through the Years: Evolution and Expansion

Washington Squareôs expansion of funding to include food banks is the most recent development in a pattern of Foundation health care funding measures that have continued to broaden and improve public health in Chicago for the last twenty-five years. From the original nursing and medical education-focused grants, the Foundationôs outlook has extended to reach all dimensions of the health care environment in Chicago and beyond. The emergency department study and conference brought Washington Squareôs influence to a national level as physicians all over the country were presented with the ideas that originated with a Washington Square grant[113]. The funding and huge success of Dr. Deganiôs breast imaging research to detect malignancies through her ñThree Time Pointò method eliminated the need for uncomfortable and anxiety-inducing biopsies for women in the many hospitals that currently utilize this method, which has also been translated to help with the detection of prostate cancer in men[114]. Mr. Nochumsonôs idea for bringing researchers together to find a functional cure for diabetes has grown to an international level as scientists from several European countries, Canada, Australia and the U.S. have joined together in an effort to make the hope for a cure, a reality. The funding of educational grants has expanded and shifted in focus to research fellowships, as the Board of

[112] February 2012: Washington Square Health Foundation Launches Food Pantry Initiativeò. *Washington Square Health Foundation*. Web. 20 Aug. 2012. <http://wshf.org/2012/03/09/food-pantry-initiative/>.
[113] Krieg, 1994.
[114] Degani, Hadassa. "Degani, Hadassa: Career Notes." *Weizmann Institute of Science.* Rehovot, Israel.

Washington Square recognizes the huge number of people that can potentially benefit from the research findings of the Washington Square-funded Hematology/Oncology Research Fellowship through the Children's Memorial Hospital. Recent years have seen a shift of focus to safety net providers and, particularly, free clinics in the recognition that primary care helps to create and maintain a healthy population, which decreases the need for hospital visits and treatment of systemic diseases. Washington Square's dynamic investment strategy allows the Foundation to continue funding a wide range of noteworthy projects. According to James M. Snyder, Foundation treasurer and former manager for the Foundation's portfolio assets at Northern Trust bank, Washington Square's finance and audit committee seeks to stay knowledgeable about the current economy so as to ensure that the Foundation maintains the funds to continue operating while continuing to help grantees[115].

Fund Balance as of September 30, 2011[116].

The Foundation's expansion of funding areas has occurred as a result of responding to the most important health care needs of the community at a specific time. This adjustment pattern can be seen in the Foundation's early years with the shift of educational scholarships to account

[115] Snyder, James M. Telephone Interview. 27 Jul. 2012.
[116] Washington Square Health Foundation. *Annual Report FY 2010-2011.*

for the shortage of nurses and the limitations of health center services as a consequence. The AIDS crisis of the late 1980s called attention to the uniqueness of the disease, and the need for programs to specifically serve AIDS patients. It was in these early years that the Board of Washington Square learned to first recognize areas or populations in need, and adjust funding allocations to focus on organizations that would alleviate this need. In this way, Washington Square remains a solution-focused health foundation.

Washington Square took on a leadership role very early as it became the first Foundation in Chicago to fund services for AIDS patients[117]. The Boardôs efforts to continue educating themselves on the most current health care issues allow Washington Square to further its leadership role in the foundation world, through acting as a catalyst in mobilizing funding sources to also target areas of need. Mr. Durkan of Community Memorial Foundation has described Washington Square as ñwilling to experiment and take risksò in health care funding[118]. As a result, Washington Square has gained the respect of other foundations through not only its innovative approach to the research of prospective grantees, but the strict evaluation of those grantees to add an aspect of accountability, and ensure positive results that will improve public health. Valerie Lies, Donors Forum CEO, states that through Washington Squareôs membership with the Donors Forum, they have ñbrought lots of expertise and connections, as well as knowledge to other colleaguesò[119]. The Foundationôs tradition of paving the way for other Chicago foundations began with its role as one of the first health care conversion foundations, and has grown to play a leading role in collaborations and groundbreaking projects. Washington Squareôs innovative approach to grant making can be seen in efforts to bring new technology to

[117] Washington Square Health Foundation Grant #086 to Ancilla Systems, Inc. for ñAIDS Home Care and Hospice: A Case Management Programò.
[118] Durkan, 2012.
[119] Lies, 2012.

organizations and projects that can best benefit from it. Funding for the Wenske Laser Center exemplifies the Foundationôs early focus on cutting-edge technology. Emphasis on the spread of electronic health records to benefit the efficiency of primary care delivery can be seen in the funding of PCC Community Wellness Centerôs GE Centricity program. Richard B. Patterson, DPM, MSPH, Vice President of the Foundation and a Board member of another, much larger in assets and well-respected family foundation, argues that Washington Square ñdoes more with their money than any other Foundationò[120]. Mr. Snyder has also emphasized this aspect of Washington Squareôs abilities: ñWashington Square Health Foundation is not a large foundation, as measured by financial assets, but it effectively leverages the good that it can do by staying focused on the needs within the community it serves and by holding grantee organizations accountable and striving to meet established performance criteriaò[121].

Left: Demolition of Henrotin Hospital October 13, 1989. Right: Specialized sensory equipment funded by WSHF for Chicago Public Schoolsô Snoezelen Room in fiscal year 2008-2009.

While Washington Square has effectively expanded its influence to impact health care far beyond its original River North Chicago neighborhood, the Foundationôs mission statement has

[120] Patterson, Richard B. Telephone Interview. 23 Mar. 2012.
[121] Snyder, 2012.

remained the same since its origination in 1985-1986. The original goals and grant guidelines outlined by the Henrotin Hospital board of directors in planning for Washington Square have persisted, while transforming the Boardôs outlook to a much larger scope. While the Foundation has grown to fund projects that have had an international impact, its tie to the Chicago community has never been forgotten, through the funding of small, neighborhood-based projects as well as large projects of far-reaching influence. Similar to Henrotin Hospitalôs reputation in Chicago for eighty years, Washington Square is truly a ñsmall foundation with a big heartò[122]. According to Mr. Friedeman, Foundation secretary and original member of the board, he has ñseen his philanthropic abilities sharpened by his experience with Washington Squareò, and emphasizes that the role that the Foundation plays in Chicago shows how a group of individuals can make a difference, and the important work that people can do in their own lives[123]. Under the guidance of its Board of Directors and founding Executive Director, Mr. Nochumson, the Foundationôs philanthropic impact in Chicago has maintained a significance that is unparalleled for a foundation of its size. Washington Squareôs valuable contributions to the Chicago community will not be forgotten as the Foundation continues to play a key role in the health care field for years to come.

[122] Henrotin Hospital. Cover Page. *Annual Report 1978*.
[123] Friedeman, 2012.

Works Cited

Album of Genealogy and Biography, Cook County, Illinois with Portraits (3rd ed.). Chicago: Calumet Book & Engraving Co., 1895.

Axelrod, David, and Robert Enstad. "180 are Injured as 4 Cars Plunge to Crowded Street." *Chicago Tribune* 5 Feb. 1977

Berendt, Barbara B. Personal Interview. 29 Mar. 2012.

Bonaventure House. Alexian Brothers AIDS Ministry. Web. 8 June 2012. <www.bonaventurehouse.org>.

Boston University School of Public Health. "With Hospitals, It's Survival of the Fattest, Not the Fittest." Robert Wood Johnson Foundation, Jan. 2001. Web. 4 Sept. 2012. <http://www.rwjf.org/reports/grr/028054.htm>.

"Cancer Diagnosis Technique gets FDA Clearance." *Weizmann Wonder Wander: News, Features and Discoveries from the Weizmann Institute*. Weizmann Institute, 23 Sept. 2003. Web. 2 July 2012.

Chinese American Service League. Interim Report. Grant #861 PRI. Nov. 1999

ñCommunity Health: 2007-2008ò. *Washington Square Health Foundation*. Web. 20 Aug. 2012. <http://wshf.org/2007/02/11/communityhealth-2007-2008/>.

ñCommunity Health: 2009-2010ò. *Washington Square Health Foundation.* Web. 20 Aug. 2012. <http://wshf.org/2009/02/10/community-health-2009-2010/>.

CommunityHealth. *2009 Annual Report.*

Creticos, Angelo P. Letter to the Board of Directors of Washington Square Health Foundation. 30 Nov. 1995. Chicago, IL

Creticos, Catherine M. Telephone Interview. 31 Jul. 2012.

Degani, Hadassa. ñDegani, Hadassa: Career Notes.ò *Weizmann Institute of Science*. Rehovot, Israel.

DiLeonardi, Robert. Telephone Interview. 8 May 2012.

Dillehay, L.B. "Report to the Board of Governors". *Henrotin*. 3.1. 12 Apr. (1983).

Donors Forum of Chicago. Final Report to Washington Square Health Foundation. Grant #203.

Doolittle, Sid. Telephone Interview. 27 Mar. 2012.

Durkan, Jim. Telephone Interview. 2 May 2012.

EUSOBI European Society of Breast Imaging. Honorary Lecturer Award to Hadassa Degani. EUSOBI Annual Scientific Meeting. Vienna, 2011.

"Family Christian Health Center: 2004-2005." *Washington Square Health Foundation*. Web. 17 Aug. 2012. <http://wshf.org/2004/02/09/family-christian-health-center-2004 2005/>

Family Christian Health Center. Grant Proposal to Washington Square Health Foundation: ñA Proposal for Community-Based Primary Care in Harvey, Illinoisò. Grant #1112 PRI.

Family Christian Health Center. Grant Proposal to Washington Square Health Foundation: ñFamily Christian Health Center ï After Hours Careò. Grant #1620a.

Family Christian Health Center. Grant Proposal to Washington Square Health Foundation: ñHelping Serve the Medically Underserved Residing in South Suburban Cook Countyò. Grant #2029 PRI.

February 2012: Washington Square Health Foundation Launches Food Pantry Initiativeò. *Washington Square Health Foundation*. Web. 20 Aug. 2012. <http://wshf.org/2012/03/09/food-pantry-initiative/>.

Flink, Tori. Telephone Interview. 16 May 2012.

Friedeman, William. 9 Mar. 2012.

Grantmakers in Health. ñA Profile of Foundations Created from Health Care Conversionsò. June (2009).

Heise, Kenan. ñJames Lutz, ex-official for Montgomery Ward.ò Obituary. *Chicago Tribune* 29 Nov. 1995.

Henrotin Hospital. Cover Page. *Annual Report 1978*.

Henrotin Hospital. ñHenrotin Hospital Historyò. *Annual Report 1981*.

ñHistoryò. *The Chicago Diabetes Project*. Web. 20 Aug. 2012. <http://www.chicagodiabetesproject.org/about/history/>.

Illinois College of Optometry. Grant Proposal to Washington Square Health Foundation: ñVision of Hope Health Allianceò. Grant #1365.

Illinois College of Optometry. Grant Proposal to Washington Square Health Foundation: ñVision of Hope Health Allianceò. Grant #1545.

Illinois College of Optometry. Grant Proposal to Washington Square Health Foundation: ñVision of Hope Health Allianceò. Grant #2022.

Illinois League for Nursing. Grant Proposal to Washington Square Health Foundation: ñSecond Annual ñAIDS-THE-ISSUESò Conference and Educational Projectò. Grant #056.

Illinois Primary Health Care Association. Grant Proposal to Washington Square Health Foundation: ñPhysician Referral and Linkage Projectò. Grant #382.

Infant Welfare Society of Chicago and Loyola University of Chicago Niehoff School of Nursing. Progress Report for Grant #807. 1 Jul. 1997 to 30 Jun. 1998.

Johnson, Steve. ñSurvivors reflect on Feb. 4, 1977, CTA disaster.ò *Chicago Tribune*. 2 Feb. 1987.

Kotulak, Ronald. ñHenrotin Hospital Closing Setò. *Chicago Tribune*. 2 Oct. 1986.

Krieg, Richard M. ñEmergency Department Overcrowding Projectò. Institute for Metropolitan Affairs, Roosevelt University. Apr. 1992.

Krieg, Richard M. ñHealth Care Reform in the Emergency Roomò. Institute for Metropolitan Affairs, Roosevelt University. 1994.

Lies, Valerie. Telephone Interview. 8 May 2012

Loyola University of Chicago Niehoff School of Nursing. ñProposal Seeking Second Year Funding for Nurse Practitioner Facilityò. Grant #674.

Maurer, Marcia C., Associate Dean and Director of Graduate Programs in Nursing. Letter to Howard Nochumson. 28 Oct. 1998.

McCue, Scott. Telephone Interview. 28 Mar. 2012.

McGaghie, William. Telephone Interview. 31 Jul. 2012.

Nochumson, Howard. Letter to Rebecca Stimson, Director of Development, Northwestern Memorial Foundation. 14 Sept. 1992.

Nochumson, Howard. Personal Interview. 19 Jan. 2012.

Nochumson, Howard. Personal Interview. 2 Feb. 2012.

Nochumson, Howard. Personal Interview. 11 Jun. 2012.

Nochumson, Howard. Personal Interview. 23 Aug. 2012.

Northwestern University. Grant Proposal to Washington Square Health Foundation: ñEvaluation of Medical Studentsô Primary Care Skillsò. 21 Nov. 1994. Grant #602.

Northwestern University. Grant Proposal to Washington Square Health Foundation: ñHigh Level Containment Virus Laboratoryò. Grant #128

Norwegian American Health Systems. Grant Proposal to Washington Square Health Foundation: ñCT Scan Updateò. Grant #1230 PRI.

ñNorwegian American Hospital (NAH): 2007-2008ò. *Washington Square Health Foundation*. Web. 20 Aug. 2012. <http://wshf.org/2007/02/09/norwegian-american-hospital-nah 2007-2008/>.

Patterson, Richard B. Telephone Interview. 23 Mar. 2012.

ñPCC Community Wellness Center: 2008-2009ò. *Washington Square Health Foundation.* Web. 20 Aug. 2012. <http://wshf.org/2008/02/09/pcc-community-wellness-center-2008

2009/>. #1733 PRI.

PCC Community Wellness Center. ñUpdate on Austin Family Health Center and Electronic Health Records Projectsò. Grant #1732 PRI. 18 Jun. 2008.

Pietschmann, Kathleen. Telephone Interview. 5 Apr. 2012.

Roosevelt University. Grant Proposal to Washington Square Health Foundation: ñNational Conference on Emergency Room Overcrowdingò. Grant #380.

Sciford, Heather. OB/GYN program interim report. Family Christian Health Center. Grant #1469. Sept. 29, 2005.

Sherlock, Barbara. ñDavid L. Everhart, 1928-2006: Northwestern CEO known for people skillsò. *Chicago Tribune*. 6 Jan. 2006.

Snyder, James M. Telephone Interview. 27 Jul. 2012

State of Illinois, Office of the Secretary of State. Certificate of corporate title change. 10 Feb. 1986.

Taylor, Andrea M. Development Manager, PCC Community Wellness Center. Letter to Howard Nochumson. 29 Nov. 2007.

The Illinois State Medical Society. ñSkokie Physician Inaugurated Illinois State Medical Society Presidentò. *The Illinois State Medical Society News*. 23 Apr. 2012.

The University of Illinois. Grant Proposal to Washington Square Health Foundation: ñNurse Case Manager Model for Community Nursing Centerò. Grant #301.

The University of Illinois at Chicago College of Medicine. Grant Proposal to Washington Square Health Foundation: ñDiabetes Research Conferenceò. Grant #1444.

Thresholds. Washington Square Health Foundation Grant file #1425: ñTouch Every Member: The Center for Integrated Health Care at Thresholdsò.

Urso, Robert J. President and CEO, PCC Community Wellness Center. Letter to Howard Nochumson. 31 May 2007.

Washington Square Health Foundation. *Annual Report FY 1986-1987*.

Washington Square Health Foundation. *Annual Report FY 1992-1993*.

Washington Square Health Foundation. *Annual Report FY 2010-2011*

Washington Square Health Foundation Grant #086 to Ancilla Systems, Inc. for ñAIDS Home Care and Hospice: A Case Management Programò

Washington Square Health Foundation. Listing of Approved Grants FY 1986-1987

Washington Square Health Foundation. Listing of Approved PRIs FY 1986-1987 to FY 2010-2011.

Washington Square Health Foundation. *Meeting of the Board of Directors*. 7 November 1985.

Washington Square Health Foundation. *Meeting of the Board of Directors*. Dec. 1985.

Washington Square Health Foundation. *Meeting of the Board of Directors*. 10 Apr. 1986.

Washington Square Health Foundation. ñResolutions Adopted by the Board of Washington Square Health Foundation on August 5, 1994ò. Exhibit A, Board of Director Meeting Minutes. 5 Aug. 1994.

Washington Square Health Foundation. *Strategic Planning Retreat*. 6 May 1987.

Washington Square Health Foundation. 1986 Tax Returns. Prepared by Price Waterhouse.

"Washington Square in CyberSpace: 1998-1999." Washington Square Health Foundation, Web. 29 Jun. 2012. <http://wshf.org/1998/01/13/washington-square-in-cyberspace/>.

Waterman, A. N. *Historical Review of Chicago and Cook County and Selected Biography.* Chicago: Lewis Publishers Co., 1908.

Weber, Ralph. Personal Interview. 27 Mar. 2012.

Werner, William N. Telephone Interview. 12 Apr. 2012.

Winters, Janis E., Leonard V. Messner, Eileen M. Gable, and David P. Korajczyk. "Coordinating eye and primary medical care in a low-income and uninsured population: The experience of the Vision of Hope Health Alliance." *Optometry* 79.12 Dec., 2008: 730-36.

Zacharias Sexual Abuse Center. Grant Proposal to Washington Square Health Foundation: ñProgram-related investment for Lake County Council Against Sexual Assault, (LaCASA), Building Campaignò. Grant #660 PRI.

© 2012 Washington Square Health Foundation