

*the* First  
100  
YEARS

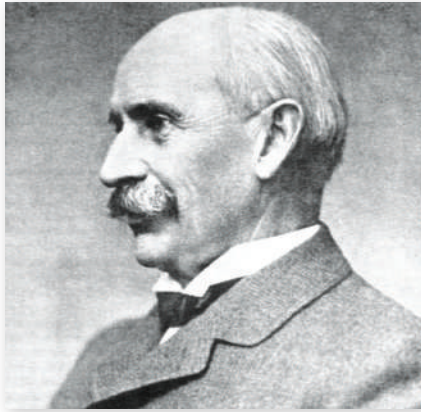
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OTHO S.A. SPRAGUE MEMORIAL INSTITUTE

## OTHO S.A. SPRAGUE MEMORIAL INSTITUTE

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A nonprofit foundation established on January 6, 1911 to investigate of the causes of disease and the prevention and relief of human suffering in the City of Chicago.

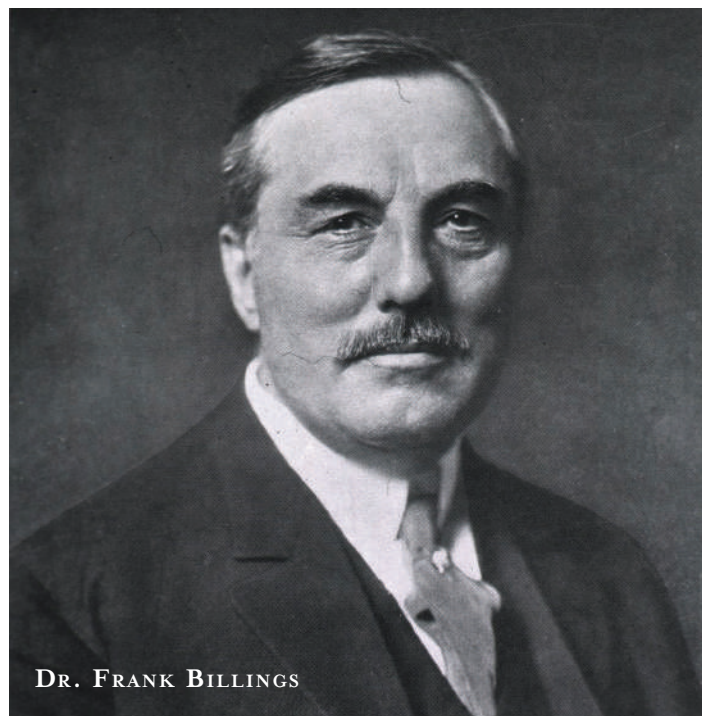


## *Our* FOUNDER

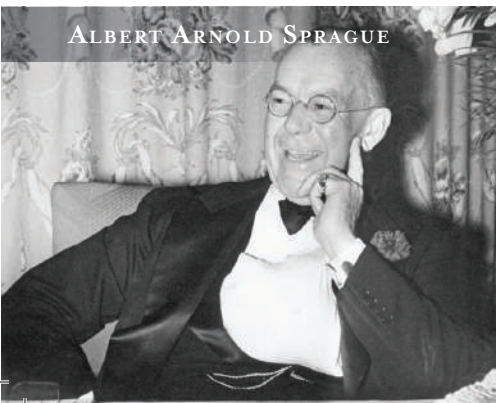
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**Otho Sylvester Arnold Sprague was born in East Randolph, Vermont** on May 13, 1839. Educated at Kimball Union Academy in Meridian, New Hampshire, he began his career as an employee of a general store in Vermont. Ultimately, he bought an interest in that store. After the outbreak of the Civil War, he enlisted and served in New Orleans. With failing health, he returned to Vermont. On recovery, he journeyed to Chicago to join his older brother, Albert. Together with Ezra Warner, Otho and Albert formed the wholesale grocer firm of Sprague, Warner & Co. Otho Sprague rose to civic leadership, prominence and wealth, becoming one of the foremost builders of the Chicago's commercial interests. He was a founder and patron of The Art Institute and the Chicago Symphony Orchestra and member of numerous civic and business groups. He was a director of the Pullman Company, Elgin National Watch Company and the Southern California Railway Company. He married Lucia Elvira Atwood. They had four children: Mary Sprague Miller, Lucy Sprague, Nancy A. Sprague and Albert A. Sprague II. Compelled by ill health to relinquish his business and civic responsibilities, Mr. Sprague moved to Pasadena, California, where he built a hospital dedicated to his wife. He died of tuberculosis on February 21, 1909. He is buried in Chicago's Graceland Cemetery.

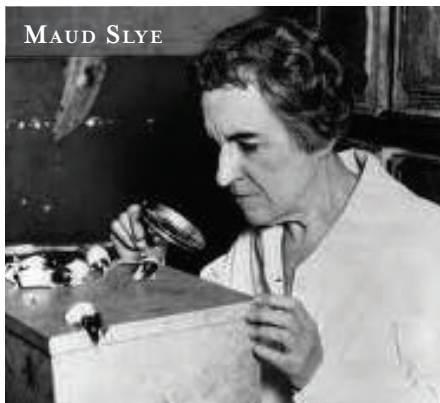




DR. FRANK BILLINGS



ALBERT ARNOLD SPRAGUE



MAUD SLYE

## *Historic* OVERVIEW

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**Otho Sprague was influenced by peers like John D. Rockefeller and his advisor Frederick T. Gates; and Chicago's civic leaders.** The result was a new philanthropic vehicle designed to pursue scientific research through the creation of a general purpose foundation.

Through Articles of Agreement dated January 15, 1906, and codicils thereto, Otho Sprague invested his brother, Albert, with the responsibility of implementing a philanthropic program. He stipulated that the assets he transferred to him be held, used and appropriated to some public charitable use in the City of Chicago ... administered either in the establishment of some new charity, or in carrying on the work of some existing charity. He further stipulated the funds be used for the investigation of the causes of disease and the prevention and relief of human suffering. In addition to his brother, Mr. Sprague appointed Martin A. Ryerson, Charles L. Hutchinson, A.C. Bartlett, John P. Wilson, Byron L. Smith and his son, Albert A. Sprague II, to help in the management of such charity, thereby establishing an uninterrupted chain of self-perpetuating volunteer stewardship that continues through this day.

An advisory council also was appointed, consisting of Dr. Frank Billings, physician, University of Chicago and president of the American Medical Association, Professor E. R. Le Count, pathologist, Rush Medical College, Professor Ludvig Hektoen, pathologist, Rush Medical College and The University of Illinois at Chicago and Head of the Department of Pathology and Bacteriology, Dr. James B. Herrick, physician, Rush Medical College, Edwin O. Jordan, bacteriologist, University of Chicago, Dr. Joseph Miller, internist, St. Luke's Hospital, and Professor Julius Stieglitz, Chemistry Department Head, University of Chicago.



## ENDOWMENT

Before his death, in documents dated January 15, 1906, Otho S.A. Sprague transferred securities to his brother to be used for charitable purposes.

**They included:**

- 65 shares of Elgin National Watch Company - \$1,000 each
- 914 shares of American Telephone and Telegraph Company - \$100 each
- 600 shares of Chicago Telephone Company - \$100 each

**A February 8, 1909 codicil added:**

- 1,925 shares of Commonwealth Edison Company - \$100 each
- 1,093 shares of Diamond Match Company - \$100 each

**A June 10, 1909 codicil added:**

- 1,120 Shares of Great Western Sugar Company Preferred - \$100 each

At his death, \$62,661.56 in cash was added. In 2011 dollars, the assets transferred to the foundation's endowment are equivalent to approximately \$16 million.

Provisions in the will of Otho S.A. Sprague also called for the proposed charity to receive the residual interest of certain funds bequeathed to Mr. Sprague's children. Although Sprague family members are no longer involved in The Institute's governance, in 1988, after the unraveling of tax and probate issues, The Institute's Directors received about \$300,000 from the estate of Laura Sprague, daughter of Albert A. Sprague. Thus, even to more recent times, the founder's testamentary intent continues to enrich the program he envisioned. Additionally, The Institute earned revenue through licensing patents and leveraged complementary contributions for buildings and research laboratories from family members and friends.

The Institute's Directors consistently maintained an active interest in the portfolio's management. From January, 1912 through December 1987, The Northern Trust Company served as Assistant Treasurer, registered agent, investment manager and secretariat. Through careful stewardship, the endowment grew, despite wars, depressions and economic turbulence. 1975 Board Meeting Minutes indicate investments valued at \$7,091,200 with income of \$275,000. By 1987, the corpus was valued at \$13 million. Subsequent market growth increased assets to nearly \$39 million, though recent economic turbulence has affected the portfolio, somewhat.

## CHARTERED IN 1910 - CONVENEED IN 1911

On June 17, 1910 Albert A. Sprague filed documents to create a new corporation. On June 30, 1910, he received a charter enabling The Otho S.A. Sprague Memorial Institute and making it one of only 18 private charitable foundations in the nation. Few of these focused exclusively on the healing arts. The Otho S.A. Sprague Memorial Institute was a pioneer in the movement.

The first meeting of the Board was held at the University Club on January 6, 1911. The minutes of the early meetings indicate the primary business was the purchase of additional stocks and bonds, including shares in Chicago Railways Company and Western Electric.

## INITIAL PROGRAMS

The Charter Trustees were influenced by a 1910 report prepared by Abraham Flexner for the Carnegie Foundation that declared, "in respect to medical education, the City of Chicago is the plague of the country." With 14 of the nation's 158 medical schools, Chicago had 10 diploma mills and 4 schools of distinction. These four became the partners for the new Institute.

In April of 1911, Drs. Frank Billings (a President of the AMA), Ludvig Hektoen (researcher in cirrhosis of the liver) and James B. Herrick (discoverer of sickle cell anemia) presented a plan to The Institute's Trustees. Rather than utilizing funds to build laboratories, they pursued a more cost-effective route, recommending the use of existing hospital facilities at the University of Chicago, Children's Memorial Hospital, Presbyterian Hospital, Rush Medical College and hiring others to do research. Funds also supported the Visiting Nurses Association, and created several fellowships. Dr. H. Gideon Wells (a pioneer in chemical aspects of immunity) was engaged to be the Research Director of the new program at a salary of \$2,000 per year.

With an abundance of public health problems and no vaccines, antibiotics or vitamins, the field was wide open. Life expectancy in 1910 was about 40.

The Institute's early program of research focused on cancer; the effects of chemotherapy on tuberculosis; industrial diseases; and the metabolism of carbohydrates affecting diabetes. Additional grants were made to Children's Memorial Hospital (\$3,000) and to the Infant Welfare Society (\$2,500), as well. Total program costs were about \$27,000.

These early researchers pioneered the use of insulin to control diabetes, performed lung surgeries to stem the effects of cigarettes on lung cancer, researched tuberculosis and studied environmental factors, like coal dust, for their impact on health. In 1913, mental diseases – specifically chemical treatments of dementia praecox (schizophrenia) and allied conditions were added to the research program with a total budget of \$49,060.

**By 1915, The Institute supported a staff of 20 investigators, which included women and minorities.** The “Regular Members” were augmented by Assistants, Voluntary Assistants and Fellows working at the University of Chicago, Children's Memorial, Cook County Hospital, St. Luke's Hospital and Presbyterian Hospital-Rush Medical College. Within 10 years, the scientific staff and their families were provided with benefits and pensions, in addition to challenging research opportunities.

- **Dr. Rollin T. Woodyatt** became an international expert on diabetes and was actively involved in the trials of insulin after its discovery in 1921. Institute records are full of publication titles, successful and failed research projects and anecdotes about the program. By 1917, The Institute had published four volumes containing reprints of more than 80 scientific articles. The books were distributed to scientific libraries and other research institutes. Among those highlighted from the early years were:

- **Maud Slye**, an Institute researcher at the University of Chicago, was hailed for her 38 years of work in breeding mice used in liver tumor and cancer research. Her mouse community numbered between 10,000 and 12,000, reflecting 20 generations in many strains. She autopsied 150,000 mice during her career in researching cancerous tumors and their causes. Among her conclusions, cancer was not contagious in mice.



- **Drs. Gladys and George Dick** pursued polio prevention. During their unsuccessful efforts, they discovered the cause of scarlet fever, a scourge of their time.
- **Dr. Henry Helmholtz** became a renowned pediatrician and later founded the Pediatric Section at the Mayo Clinic.
- **Dr. Evarts Graham** was among the first to note the relationship of lung cancer to cigarettes.
- **Dr. Henry Corper** became the area's foremost investigator of tuberculosis, a disease that he contracted, but continued to research.
- **Dr Julian Herman Lewis** was the first African American to earn a PhD in physiology. A 1915 graduate of The University of Chicago, he worked part-time at The Institute until he received his MD from Rush Medical College in 1917. He began publishing his research on serum physiology in 1916. He served at Provident Hospital, taught at the University of Chicago and became a noted expert in immunology. In 1926, he was awarded one of the first Guggenheim Fellowships providing a year of study in Basel Switzerland. Along with his many scientific articles, he also authored *The Biology of the Negro*.
- **"..the most neglected field of scientific endeavor..." - psychiatric research concerned The Institute's Board for several years. They searched for appropriate leadership to guide their interest, but found few qualified researchers in this unexplored field. Through the work of The Institute's National Scientific Advisory Council, a program was devised in collaboration with the University of Chicago, the State of Illinois, the Institute for Juvenile Research and others to study dementia praecox (schizophrenia) in adults and children. While Sigmund Freud pursued new non-organic approaches, Sprague funds sought chemical treatments.**
- **By 1919, The Institute Board developed a policy on patents that ensured wider public access to the products of their research, but not for profit.**

# *Wartime Changes and* **TRANSITIONS**

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**During World War I, Sprague researchers continued their work but** increasingly pursued wartime topics. They developed a fabric that was impervious to certain poisons and assisted in a variety of war-relief efforts. In the post war years, The Institute turned to research in pathology, bacteriology, biochemistry, psychology and psychiatry, annually publishing about 23 scientific papers. While chemistry, pathology and bacteriology were core topics, by the 1940s most papers focused on psychological and psychiatric topics.

An additional transition occurred in Board leadership. In 1932, with the death of The Institute's first and only President, Dr. Frank Billings, Colonel Albert A. Sprague assumed the helm. He served until his death in 1946 and re-shaped the grants program.

In World War II, Institute sponsored efforts again reflected the concerns of the day - neurologic and neuropsychologic, spatial, and sensory research. These topics resulted from the brain and head traumas faced by soldiers and the need for enhanced weaponry. Sprague researchers also helped correct the design in range finders and the risks of high altitude flight. As part of the wartime effort, Institute teams sought to produce artificial blood – to no avail.

During the post-war years, the program again transitioned. To restore depleted research staffs, The Institute supported young investigators and established a system of block grants to select institutions. The Institute pursued this new strategy as federal funding of medical research began to swell, eclipsing the role of private philanthropy. Through guaranteed unrestricted funding and support of seed research, The Institute attempted to find a niche in a shifting research environment. The long-term beneficiaries were Presbyterian-St. Luke's Hospital, the University of Chicago, Northwestern University and Children's Memorial Hospital. Funds were largely controlled by Deans, with concurrence of the Board's lay trustees. Grants supported a variety of topics ranging from cardiovascular research, organ transplant rejection, hormone influences, gastric disease, radiation treatments for cancer, pediatric anesthesia problems,

kidney disease and dialysis research, and pediatric surgery techniques. The 1966 report of The Institute took a retrospective look at what had been accomplished. It catalogued an impressive list of scientific papers, enhanced bio-medical careers and a cumulative grant total of \$6 million.

While The Institute pioneered in research, it also pioneered in philanthropy. As one of the nation's oldest foundations, in 1965 it was invited to membership in the newly created Council on Foundations. This relationship proved valuable to the Trustees, as they were forced to grapple with changing regulatory and fiscal issues affecting grantmakers over the next twenty years.

During the 1970s and '80s, the Institute continued its policy of three year Term Grants to medical research institutions to support individual investigators and teachers. It also created Annual and Supplementary Grants. In 1975, in recognition of The Institute's longstanding support, Sprague Professors were appointed:

- The University of Chicago appointed Dr. Harry A. Fozzard as the Otho S.A. Sprague Professor. This Chair currently is held by Anthony Kossiakoff, and is now known as the Otho S.A. Sprague Professor of Medical Science.
- Rush Presbyterian St. Luke's appointed Dr. George M. Hass. The Chair later was held by Dr. Victor E. Gould, Dr. Melvin M. Schwartz and in 2011 by Paul Gattuso, MD, professor of pathology and director of the Anatomic Pathology Laboratory
- Northwestern University appointed Dr. David P. Earle, who was succeeded by Dr. J. Donald Ostrow in 1978.

As the grants program continued along a well-defined path, the Trustees became concerned with investment return. After considered debate, in 1988 they severed The Institute's relationship with the Northern Trust. The portfolio was divided between two managers William Blair & Company and Harris Investment Management, Inc. Their counter-balancing investment styles, Growth and Value, were intended to cushion market swings. This arrangement continues to the present time. In 2001, its effectiveness was tested by an independent consultant, who praised The Institute's approach and outcomes.

## *A Niche with* **FOCUS**

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**As financial management issues were resolved, under the leadership**

of Board President, Vernon Armour, the Board turned its attention to programmatic and governance concerns. On May 23, 1989, the Board retained James N. Alexander of Alexander Associates to review the administration and programs of The Institute. After delivering a report of his observations and recommendations, he was retained as a program consultant to The Institute. In 1992, he also assumed the administrative responsibilities for The Institute. He continues to serve as Executive Director to the present date.

The Institute's governance model also was changed. To better utilize the expertise of volunteer Board members, committees were appointed. Grant review was vested in a Program & Grant Committee. With several new Directors, the Institute charged this group with identifying new program options. In 1992, Ada Mary Gugenheim, then Chair of the Program & Grant Committee, Edward K. Chandler, Board Vice President and James Alexander devised a new model of grantmaking that balanced research, direct service, and policy studies. Recognizing that Institute funds were limited, the model encouraged support to smaller, more community-based initiatives, where impact and outcomes were more easily assessed. While relations continued with major medical centers, the projects supported were different. The Institute established a philosophy of enabling, rather than sustaining grants, which was more in keeping with its budget and catalytic role.

In 1994, Director, Charles Haffner, III wrote a letter expressing his concern that The Institute had reached a crossroad. He noted the complexity of managing a program of bio-medical research and dissatisfaction with some of the grants to the three medical schools. He called for study and change. While others recommended spending down the endowment, or transferring it to another charity, Mr. Haffner suggested that the Board refocus on Mr. Sprague's original mandate.



## THE CHICAGO ASTHMA INITIATIVE

The Board heeded Mr. Haffner's recommendation and through a series of focus groups identified asthma as an under-funded, but significant, health problem for Chicago and other parts of the nation. As newly elected President, Mr. Haffner proposed a multi-year focus on asthma. That effort was continued during the tenure of Board President Charles F. Clarke, Jr. In 1995, The Chicago Asthma Initiative was created. The centerpiece was The Chicago Asthma Consortium, a new entity designed by The Institute in collaboration with the American Lung Association of Chicago and the American College of Chest Physicians. The group quickly grew to a diverse membership of 300 individuals and 25 organizations interested in networking and attacking this chronic health condition. The CAC model now has been adapted and replicated in 40 other communities around the nation and continues as an independent Chicago-based nonprofit, to this day.

The asthma initiative was true to the tradition of The Institute's mandate of investigating causes of disease and preventing human suffering. Early grants to the University of Chicago supported bench researchers pursuing the genetic and physiologic causes of the disease. At the same time, The Institute supported the development, by the American Red Cross of Greater Chicago, of asthma education materials in English and Spanish. It helped asthma specialists at Children's Memorial work more effectively with community based primary care providers. It supported epidemiological research on asthma triggers, medication compliance practices and worked with asthmatic teens to overcome the stigma many asthmatics face. Recognizing that asthma prevented many children from attending school, The Institute worked to change the medication policies of the Chicago Public Schools to permit asthma medications to be brought to class. This model policy now is mandated in all Illinois school districts. Direct Service Grants supported the adaptation and proliferation of peer education approaches to insure that African American and Hispanic residents, who are disproportionately affected by asthma, would understand how to obtain accurate diagnoses and how to follow their asthma management plan. New asthma screening tools were



produced, tested and refined. National Heart Lung Blood Institute guidelines were aggressively promoted to physicians and nurses. Problem Based Learning sessions were conducted by University of Illinois Medical School faculty to facilitate compliance with best practices by local for doctors and nurses. Trainers trained through this program continue the process. Providers were assessed and re-educated; patients were counseled and tracked; and outcomes measured by The Advocate Health Care System. They reported that savings from their asthma project exceeded \$1.3 million. A longitudinal analysis commissioned by The Institute from the Chicago Asthma Surveillance Initiative confirmed key outcomes. After six years of funding, CASI researchers reported positive trends in decreased use of Emergency Departments, fewer missed days of school and better overall health.

In addition to the funds invested by The Institute, the Robert Wood Johnson Foundation (RWJF), the nation's largest health philanthropy, contributed \$500,000 in matching funds for a three year asthma program coordinated by The Ambulatory Care Council, targeting the City's most medically disadvantaged neighborhoods. At its 2001 meeting in Chicago, The RWJF Board reviewed this program as a model for asthma care, as well as in the re-training of healthcare providers. Other local and national funders have continued this effort, when The Institute's support ended. To share its approach and preliminary findings, The Institute published a Supplement to *CHEST, the Journal of the American College of Chest Physicians*, to disseminate its model.





## *New* DIRECTIONS

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**As with Institute grants made nearly a century ago, the Chicago Asthma Initiative** supported a diverse group of researchers, produced numerous scientific papers, enhanced careers and collaborations and pioneered new ways to relieve the suffering in Chicago. Many of The Institute's grantees were awarded significant federal and private foundation grants to sustain and advance efforts seeded by The Institute. Asthma Patients and their families learned how to manage their condition. Communities learned about this chronic condition. Providers upgraded their skills in diagnosing and treating these Chicagoans. In addition to these very real outcomes, The Institute's Asthma Initiative succeeded in challenging perceptions of what a mid-sized foundation can achieve.

With this sense of accomplishment, the Board recognized the need to transition to a new focus. In 2002, under the leadership of Dr. Whitney W. Addington, an expanded Board of Directors assessed community needs and reviewed programmatic options within its fiscal and administrative parameters. This direction has been accelerated by the current Board and its President, William E. Bennett. Increasingly, The Institute seeks innovative ways to deal with community health and wellness concerns, often through better utilization of technology.

# Network INITIATIVES

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**In reviewing its success in bringing a diverse group together through** the Chicago Asthma Initiative, the Board recognized its skill in brokering introductions and creating networks. It was determined that this would be the template for new, collaborations that also serve as the hub for related grants and activities.

## PATIENT SAFETY



Following the national Institute of Medicine's 2000 Report, *To Err is Human*, The Sprague Institute funded the Institute of Medicine of Chicago to create the Chicago Patient Safety Forum. Over the years, the program evolved. It is now called Project Patient Care. Under the leadership of Principal Investigator Kevin Weiss, MD MPH, the Forum convened several conferences, hosted work groups concerned with data and research, pharmaceutical error, examining the protections afforded through the Illinois Medical Studies Act and the feasibility of creating a regional simulator where providers could learn best practices in a controlled setting.

A grant was awarded to Rush University to pursue the role of mediation as a tool to adjudicate damages resulting from medical errors. Rush University Medical Center is a leader in developing models that balance the rights of injured patients with the institutional goals of eliminating the causes of those errors in a cost-effective, non-confrontational environment.

To promote consumer involvement in patient safety initiatives, a grant to Northwestern University forged models to facilitate patient engagement.

## MOBILE HEALTH PROVIDERS

Mobile C.A.R.E. received support to create a new network, The Mobile Health Providers Coalition. These Chicago-area mobile medical units targeted healthcare issues such as asthma, TB, HIV/AIDS, dental services, pediatric



patients and others. While medical specialties differed among the 32 members, common concerns on vehicle design and maintenance, staffing, marketing, safety and outreach provided a basis for sharing and collaboration.

### **MEDACCESS CHICAGO**

The underserved patients using Chicago's free clinics receive care, but frequently cannot afford the medications that are prescribed to sustain or maintain their health. Using the partnership model established between the food industry and community-based food pantries, The Institute studied the feasibility of creating a pharmaceutical "bank." CommunityHealth was supported to create a partnership between local healthcare clinics, pharmaceutical companies and a network of pharmacist training programs. Since its formal opening on October 11, 2007, the MedAccess Chicago pharmacy program has dispensed 81,440 prescriptions valued at \$19,937,875 to nearly 8,200 unduplicated patients.

### **SCHOOL BASED HEALTH INITIATIVES**

There are dozens of nonprofit health organizations working in Chicago schools. The services, materials and volunteers they provide are important to the health and education of Chicago's children. In a time of diminishing resources, finding ways to enhance the cost-effective delivery of such programs is essential. The Stakeholders Collaboration to Improve Student Health was designed to promote networking among these nonprofits. Its second objective was to work with leadership of the Chicago Public Schools to link nonprofit programs with the school buildings that most need them. Housed at the Respiratory Health Association of Metropolitan Chicago, the on-going program promotes comprehensive school-based health education and advocates for children's health.

In addition to this network, The Institute has maintained an active interest in school-based health initiatives. Improved collaboration between the Chicago Public Schools and the Chicago Department of Public Health is being facilitated through the Chicago School Health Collaborative, a new administrative entity to be headed by an Officer of Health Policy and Medical Affairs. This senior

level position will coordinate health and wellness activities within the system, serve as a liaison between the schools and other public health and education organizations, and oversee the federally mandated School Wellness Policy.

In addition, The Institute has invested in the training, implementation and evaluation of a comprehensive school health program; and piloted the use of community-based Health Assistants to educate parents and families about health programs in the schools, while unburdening school nurses from the task of clerical data entry and analysis.

### **CLOCC - THE CONSORTIUM TO LOWER OBESITY IN CHICAGO CHILDREN**



Chicagoans, like others around the globe, are showing alarming increases in obesity and overweight. The costs to individuals, to healthcare systems and to the society at large are significant. Unlike asthma, in 2001 there were fewer agreed upon “best practices” for the diagnosis and treatment of this condition. Before the American public became bombarded with information on this topic, The Institute actively worked with medical professionals at Children’s Memorial Hospital to design the model and became the founding funder of CLOCC, the Consortium to Lower Obesity in Chicago Children. Over a ten year period, a series of grants have provided general operating and project specific support for the organization that now has more than 3,000 individual and institutional members. CLOCC recognizes the complexity of this issue. It goes beyond caloric intake and expenditure to incorporate issues of an active and healthy lifestyle. Members reflect that complexity and include pediatricians; nutritionists; recreation and physical education specialists; urban planners; transportation professionals; community advocates; individuals; food and beverage, exercise, restaurant and vending company representatives; government; and nonprofit representatives. The group believes that prevention is currently the best approach and early childhood (0-3) is the period of life that holds the most promise for this strategy. Its 5-4-3-2-1 Go! messaging has reached thousands of Chicagoans since its creation in 2007.

With continued support from The Institute and several other foundations, CLOCC augmented its policy, advocacy and education work, by targeting and tailoring programs in 10 different Chicago neighborhoods. Importantly, longitudinal studies show reductions in weight gain for 6,000 children in targeted CLOCC communities. An Institute grant to the Sinai Urban Health Institute piloted this neighborhood approach through the creation of CO-OP Humboldt Park. This community-based collaboration formed a template for CLOCC's community-centered programs. Now celebrated as a national/international model, with Institute partnership, CLOCC was founded by Medical Director, Katherine Kaufer Christoffel, MD MPH and Executive Directors Matt Longjohn MD MPH and Adam Becker, PhD MPH. It is based at Children's Memorial Hospital in Chicago.

To augment its commitment to obesity prevention, The Institute has provided additional funding to several other projects:

- **Nourish for Knowledge**, a supplemental food and nutrition program of **The Greater Chicago Food Depository**
- **Residency Training Program** designed by **University of IL Chicago** clinicians to develop and test better ways for physicians to diagnose and treat childhood obesity.
- **Healthy Hearts** based at the **Rauner Family YMCA** combines medical, nutritional and fitness counseling to reduce childhood obesity.
- A combined **Biomedical/Psychosocial Approach to Weight Management** supports an innovative interdisciplinary healthcare team at **Rush University** to help children and families prevent childhood obesity.
- To advance clinical practice techniques in diagnosing and treating childhood obesity, The Institute supported a two year grant to the **Illinois Chapter of the American Academy of Pediatrics** to design, disseminate and test innovative practices that better align providers with community resources to combat childhood obesity.

## PUBLIC HEALTH AND PREPAREDNESS

In response to bio-terrorism threats facing the nation in 2001, The Institute supported the Chicago Department of Public Health's stated concerns for enhanced data systems to better track and coordinate information on health conditions and facilities. A two part grant supported:

- 1) Enhancements to the Population based Epidemiological Surveillance System
- 2) Health Systems Tracking and Capacity Enhancement study.

Data was disseminated through community groups, Chicago Public Library branches and a new website. The program created a "data warehouse" for extant data. CDPH Staff analyzed it and made it more readily comparable, so as to construct a more complete picture of Chicago's healthcare environment. Epidemiological surveys were supplemented with other data to provide public health officials, community groups and Chicagoans with user friendly information about community health patterns. The project evolved. Currently, it is reincarnated as the Chicago Health Atlas. Based at the Metropolitan Chicago Information Center (MCIC), a variety of data sources will be melded and mapped into an accessible Chicago health resource. Importantly, electronic medical records will be de-identified and that patient data will be added to the maps available on this new site to provide more real-time insights.

- To provide the "Building a Healthier Chicago" network a central data repository, The Institute funded the "Healthy Chicago Workshop".
- Changes in federal and state programs supporting the healthcare safety net are threatening the continued viability of the community's network of public and private providers. The Institute commissioned The Institute for Healthcare Studies at Northwestern University's Feinberg School of Medicine to prepare an assessment of the assets and challenges facing this network with special focus on its hub - the Cook County Bureau of Health. The Report's key concepts were echoed in other reports that collectively led to the creation of an independent Board governing these important health resources.



- Community-based health promotion is taking on new importance. While several Institute grants focus on strengthening such approaches, The Community of Wellness in Greater Humboldt Park is a model utilizing an inclusive approach that links community agencies in Task Forces targeting specific conditions such as diabetes, asthma, active lifestyles, health careers and HIV/AIDS.
- As the NIH expands its support of translational research, academic medical centers are becoming more active and visible in Chicago neighborhoods. To facilitate inter-institutional collaboration between institutions and communities, The Institute funded C3, a network of Chicago-based NIH grantees, to foster inter-institutional communication, merge resources, train researchers and empower neighborhoods. It has been heralded by NIH as a model for other cities with multiple NIH awardees.
- In response to the economic downturn, The Institute made two grants to enhance access to food.
  - A grant to the Greater Chicago Food Depository supported three new Food Stamp Coordinators, who worked in food pantries to assist those qualified to apply for food stamps.
  - A grant to the Children's First Foundation to support the expansion of the Universal Breakfast Program, which provides free breakfast to every child in a participating school building.

## ORAL HEALTH

Oral health is a major concern for many Chicagoans.

- The need for more coordination, education and planning is being addressed through a new network titled the Chicago Community Oral Health Forum (CCOHF). Based at Heartland Health Outreach, CCOHF staff have completed assessments in 3 Chicago neighborhoods; organized workshops and a conference; advocated for the continuation of County oral health services; to promote their re-activation, assessed the conditions



of the Chicago Department of Public Health's now shuttered Dental Clinics and completed a thoughtful white paper on The Burden of Oral Disease in Chicago.

- In addition to the policy work, The Institute supported Advocate Illinois Masonic with two grants. One provided technical assistance support to the staff of the Dental Van to improve scheduling and billing practices. The second was a challenge grant enabling the purchase of a new mobile unit. The challenge was “over-subscribed” providing funds for the new vehicle and subsidizing its operations for several months.

### IMMUNIZATION INITIATIVE

While immunization rates have improved, public health requires ongoing effort to provide and expand education about the benefits of these lifesaving medicines. To enhance this work, grants have been made to the Illinois Maternal and Child Health Coalition.



- A two year grant to support the utilization and enhancement of I-CARE, an online immunization registry developed by The State of Illinois, and a multi-agency education and evaluation program.
- To better educate the public about the benefits of HPV immunizations now available to prevent certain cancers and to provide vaccine to those unable to afford it, The Institute piloted an initiative with the Chicago Area Immunization Campaign.
- To support healthier pregnancies and improve the health of new mothers and their infants, The Institute supported the Chicago Area Immunization Campaign in its utilization and promotion of Text4Baby. This nationally vetted program sends free text messages in English or Spanish to those who enroll. Regular messages remind users to schedule medical appointments, keep up to date with immunizations and respond to alerts and recalls that may affect the products they have purchased for their newborn. An evaluation also was funded to determine the efficacy of this system in improving maternal/child health outcomes.

# *Traditional* GRANTS

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## **The personal volunteer and philanthropic involvement of the Sprague**

Family has been the basis for two longstanding grant relationships: The Visiting Nurses Association (VNA) and the American Red Cross of Greater Chicago (ARCGC).

- For many years, The Institute supported the VNA of Chicago. With the conversion of that nonprofit into a grantmaking foundation, The Institute no longer honors this tradition.

The American Red Cross of Greater Chicago continues to receive support:

- As part of The Institute's Asthma Initiative, the Chapter prepared English and Spanish language materials and programs on asthma awareness and management.
- Team Firestoppers, a program designed to prevent accidents and educate residents on fire safety and emergency procedures targeting the South Chicago and Englewood neighborhoods
- More recently, The Institute provided funding and technical assistance to the ARCGC to create and enhance The Patient Connection Program. This nationally recognized model uses computer links and a volunteer help line to assist families in locating loved-ones who have been hospitalized after a large scale emergency. The Chapter now is working to replicate the model in other US communities.

# Government PARTNERSHIPS

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**In a time of diminished resources, government has reached out to** engage the philanthropic community in jointly addressing common concerns. Health is one such focal point.



- To support Mayor Emanuel's interest in improving public health and wellness, The Institute provided technical assistance in the preparation of a document, *Transforming the Health of Our City*, which formed the centerpiece for a multi-year initiative, *Healthy Chicago*, an Agenda for the City.
- Technical Assistance was provided in-kind to The Cook County Bureau of Health to assist with the adoption of electronic medical records.
- The State of Illinois Department of Healthcare and Family Services is an Institute grantee in a collaborative program that matches federal and philanthropic funds to effect quality improvements in State pediatric obesity/overweight prevention and treatment policies. The program will be implemented by the Illinois Chapter of the American Academy of Pediatrics.
- Utilizing federal broadband funds awarded to the City of Chicago, The Institute has created Smart Health Chicago. Based at the Smart Chicago Collaborative, this program will place Health Navigators in underserved neighborhoods to help train patients and their families on how to use computers and the web to access their patient records and obtain health information.



# *In* CONCLUSION

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**After a century of responsive grantmaking, The Institute's endowment** is valued at approximately \$30 million. Since its creation, the foundation has contributed approximately \$44 million to a variety of hospitals and health and human service agencies. Beyond this contribution, it has leveraged funds from other foundations and government agencies and Institute Directors have provided countless hours of in-kind and technical assistance. Throughout its history, The Institute has supported innovative and responsive activities with an eye on cost-effectiveness. There is no office, only a post office box. There is no staff, only a part time consulting Executive Director. There is no check book - grants are paid directly from assets under management by two outside advisors. Board members serve without compensation. With low overhead, the foundation's resources are applied to grantmaking initiatives. The pro-active grant program seeks to identify issues that are underfunded and can benefit from interdisciplinary approaches. Honoring Mr. Sprague's testamentary intent, The Board continues to monitor and refine its programming, while being responsive to the community's changing health needs.

**James N. Alexander**

*Executive Director 11/2011*

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