

1 9 8 7

ROBERTA  
GIBSON  
FOUNDATION

---

A N N U A L  
R E P O R T





## BELIEFS AND GOALS

*Robert Wood Johnson spent his entire life building a successful business devoted to improving health. He constantly explored new ways to serve humanity through medicine. To carry on his vision of better health for all, he used his personal fortune to create The Robert Wood Johnson Foundation. He charged the Foundation Trustees and staff with the task of identifying new opportunities for bringing better health and medical care to the American people.*

*In pursuit of these goals, the Foundation remains flexible in its thinking and closely attuned to society's current health care needs. This confers a timely and significant purpose on its decisions. The Trustees set policy and give approval; the staff searches for and evaluates programs eligible for support.*

*Based on its present assessment of national needs and concerns, the Foundation is currently supporting or examining programs that:*

- Improve health care services*
- Assist the segments of our population most vulnerable to illness*
- Address specific diseases of regional or national concern*
- Encourage innovations on broad national health issues*

*The Foundation strongly believes in the philosophy of helping people to help themselves, and therefore gives preference to those programs that can be widely replicated. It approaches its decisions with great care and a deep sense of responsibility, guided in part by the words of Robert Wood Johnson . . . "We are determined with the help of God's grace to fulfill these obligations to the best of our ability."*

Adopted by the Board of Trustees  
December 3, 1987

## BOARD OF TRUSTEES

Edward C. Andrews, Jr., MD	Robert H. Myers
James E. Burke	Richard B. Ogilvie
Leighton E. Cluff, MD	Jack W. Owen
Robert J. Dixon	Norman Rosenberg, MD
Edward R. Eberle	Ian M. Ross
Lawrence G. Foster	Richard B. Sellars
Leonard F. Hill	William R. Walsh, Jr.
Frank J. Hoenemeyer	Foster B. Whitlock
John J. Horan	

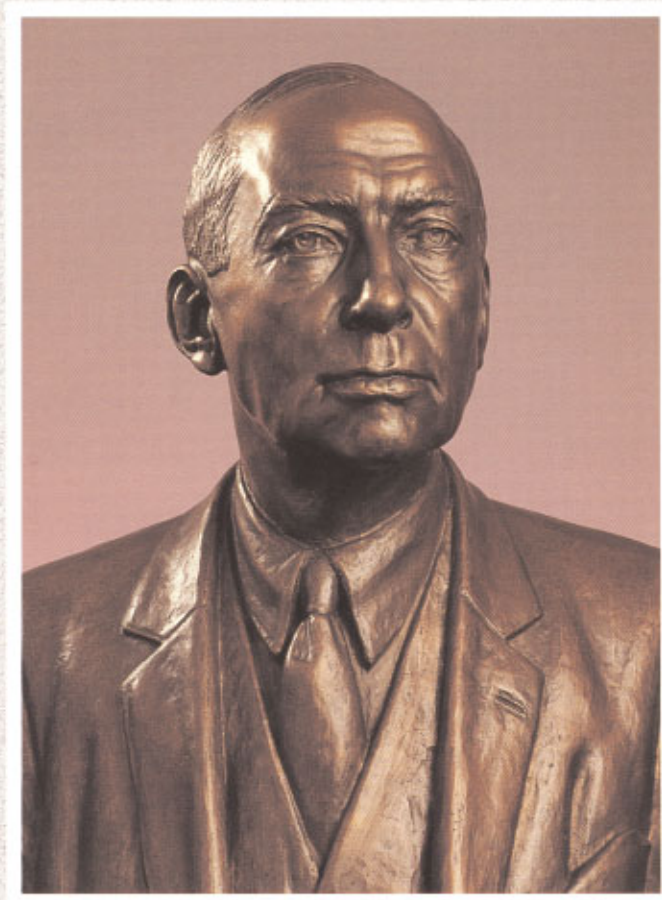
## TRUSTEES EMERITI

William McC. Martin, Jr.	Hon. Dubois S. Thompson
--------------------------	-------------------------



## TABLE OF CONTENTS

Robert Wood Johnson	5
The Chairman's Statement	7
The President's Message	8
The New Order of Grantmaking	13
The 1987 Grant Program	18
Senior Program Consultants	41
Selected Bibliography	42
Financial Statements	51
The Secretary's Report	55
Officers and Staff	57
Grant Application Guidelines	58





ROBERT WOOD JOHNSON  
1893–1968

DESPITE ALL OF THE TRAPPINGS that his wealth brought him, Robert Wood Johnson was a very basic individual. He also was a man of many parts.

He had a vast range of interests—business, medical care, politics, government, the military, architecture, aviation, mass transportation, philanthropy—and he relentlessly probed each of them in search of new and better ways to do things.

Following the sudden death of his father in 1910, he entered the family business at age 16 and in time helped build the small but innovative firm of Johnson & Johnson into the world's largest health and medical care products company. He was intensely proud of the company and made it the focal point of his life.

During World War II he was commissioned a brigadier general in the Army and later appointed by President Franklin D. Roosevelt as chairman of the Small War Plants Corporation. His task was to regroup small business and make it a vital part of the war effort. When he returned to civilian life he didn't discourage people from calling him "General Johnson." In fact, he liked it. But to many of the oldtimers on the production lines in the plant he was always "Bob." They had taught him the ropes when he joined the company, and he remained, in their eyes, one of them.

He was a shrewd business manager, but felt strongly that corporations had an obligation to society beyond the manufacture and sale of products. Toward that end he wrote a brief company Credo that spelled out four responsibilities—first to customers, then to employees, community and stockholders, in that order. Then he saw to it that his people lived up to them. In the preface to that document he explained in clear terms exactly what he meant:

*The evidence on this point is clear. . . . Institutions, both public and private, exist because the people want them, believe in them, or at least are willing to tolerate them. The day has passed when business was a private matter—if it ever really was. In a business society, every act of business has social consequences and may arouse public interest. Every time business hires, builds, sells, or buys, it is acting for the . . . people as well as for itself, and it must be prepared to accept full responsibility for its acts.*

Though he never attended college, there was much of the scholar in him. He thought deeply and wrote indefatigably on the ethics and philosophy of business. His most important single work was the book *Or Forfeit Freedom*, which won the American Political Science Association's Book of the Year Award in 1948. Two years later he served as co-author and chief architect of the study "Human

Relations in Modern Business," which the Harvard Business Review called "a Magna Carta for management and worker." He was an industrialist fiercely committed to free enterprise who championed—and paid—a minimum wage even the unions of his day considered beyond expectation.

The common element in his vision was his sensitivity to the needs of the people who staff and use the larger structures of a society. He proved that industrial plants need not be forbidding and ugly by building some of the most attractive manufacturing facilities in the world.

"We build not only structures in which men and women of the future will work, but also the patterns of society in which they will work," he said. "We are building not only frameworks of stone and steel, but frameworks of ideas and ideals."

He had a flair for anticipating larger needs in any field to which he turned his attention. His interest in hospitals led him to conclude that hospital administrators needed specialized training. So he joined with Dr. Malcolm Thomas MacEachern, then president of the American College of Surgeons, in a movement which led to the founding of the world's first school of hospital administration at Northwestern University.

Being able to manage such a broad spectrum of interests, and make the contribution he did to all of them, was a tribute to his enormous energy and self-discipline, and his persistence. He usually delved into each new subject with a goal in mind. Rarely did he permit himself to wander aimlessly, hoping for a serendipitous solution. He had no objection to that form of learning; it just wasn't his style.

Johnson had great vision, and it was his grasp of things to be—or that might be—that launched him in new directions in search of new solutions. He liked being around people who talked about new concepts and always became irritated by those who said it couldn't be done. He had little patience—in fact, he showed open annoyance—with those who procrastinated and sought solutions by circuitous routes. Those who spoke circuitously also bothered him. He liked direct action.

Of all his strongly held opinions, the one that perhaps characterized him best was his conviction that the term "common man" was disrespectful. Every individual, he insisted, was entitled to be judged on his or her own merits. "A man's character," he said, "should not be gauged by what he earns."

Two generations before it was fashionable, General Johnson was advocating a larger role for women in politics and championing environmental concerns. In a political era in which the principal debate was whether big government or big business was to be society's salvation, Johnson made



no secret of distrusting both. Decentralization was the hallmark of his own corporate structure. He believed it provided the most fertile ground for the emergence of capable leaders.

Along with his distinct flair for innovation, there was a very practical side of Johnson that influenced many of his actions, and his decisions. One of his great strengths was his ability to sweep away all of the cumbersome impediments to resolving a problem and get down to the basics of it. He was at his best when dealing with basics. Using that approach, he had an uncanny ability to get to the core of a problem and come up with a solution. The oft-repeated phrase, "to put it more simply," became a standard part of his everyday speech.

Very close to his philosophy of being practical was his view on spending money wisely. Despite his great wealth, he was constantly striving to see that money was well spent and that there was tangible evidence of the practical approach when the project was completed.

Johnson often swung from conservative to liberal in his views on almost any issue. That confused some, but endeared him to others. His flexibility on some issues was also one of his great strengths. (He was the only person in New Jersey ever to be offered both the Republican and Democratic nomination for U.S. Senator in the same year.)

Through the years Johnson focused his attention on improving patient care in the hospital. He had an intense concern for the hospital patient whom he saw as being lost in the often bewildering world of medical care. Many of his early recommendations for improving hospital care became reality years later. He strongly advocated improved education for both doctors and nurses, and he admired a keen medical mind that also was linked to a caring heart.

His interests in medicine were wide ranging. He was the first American to become a member of the Court of Patrons of The Royal College of Surgeons of England and the first layman to receive an honorary fellowship from the American Academy of Surgeons.

Some of his most memorable moments in medicine came as a hospital patient. He was never just a patient. He was always a patient on a mission.

During one confinement at Roosevelt Hospital in New York, he was required to get four injections of penicillin a day. Time after time the nurses—usually different ones—would come into his room and say: "And where, General, did we get the shot last time?"

He grew annoyed and sent out for an indelible pencil. Each time he got a shot he circled the spot with the indelible pencil and noted the date on his anatomy. At the rate of four shots a day, he soon looked like a human calendar and a patron of a tattoo parlor. But there were fewer questions.

His sense of personal responsibility toward society was expressed imperishably in the disposition of his own immense fortune. He left virtually all of it—one billion dollars—to the foundation that bears his name, creating one of the world's largest private, independent philanthropies devoted to improving health and medical care.

He was a restless spirit and incurable idealist. He could rally people to his cause and imbue them with a sense of purpose, and a sense of pride. For many, he still does those things.

The number of men with the vision, force of personality and understanding of human nature to amass a true fortune in their lifetime is small. Robert Wood Johnson belonged to an even smaller elite—those who could be trusted with it.



## THE CHAIRMAN'S STATEMENT

THIS PAST YEAR would have been much to General Johnson's liking, I suspect. It is likely that 1987 will rank close behind 1972—the year the Foundation became a national philanthropy—among pivotal periods in its history. The scope and direction of the changes this past year has seen or presaged are outlined in the president's message and in the report entitled "The New Order of Grantmaking: The AIDS Prevention and Service Projects" that follows it.

The staff, always more than adequately busy, had to redouble its efforts to accomplish all that was expected of it regarding the transition while fulfilling its ongoing responsibilities of grant assessment and oversight. The staff's success would have been one of the things the General would probably have liked the most about 1987.

The \$90.7 million in grants awarded by the Foundation during the year anticipated a new emphasis on vulnerable and underserved populations. About \$49.5 million or 55 percent of those funds went to support programs to improve access to personal health care for the most underserved population groups—more than double the percentage of funding dedicated to that aspect of the Foundation's objectives in 1986.

About \$4 million less, overall, was distributed in grants in 1987 than in 1986, which some, no doubt, would hasten—erroneously—to attribute to the severe downturn in the stock market last October. In fact, as the financial statements for 1987 show, the Foundation weathered that event rather better than many major investors, thanks to the able management of its portfolio by our treasurer's office and sound oversight by the Trustees.

Since becoming a national philanthropy 15 years ago, the Foundation has appropriated \$826.2 million—\$448.2 million since 1981 when it last changed its principal areas of interest. Next year, the principal areas of interest will have formally changed again, and that part of the comparison will begin a new accrual. I find myself wondering if "since last change" accruals won't be starting anew with increasing frequency between now and the end of the century. Just to follow the changes occurring in the health care delivery field is to undergo perpetual change. And to attempt to anticipate and shape that change is to accelerate one's own mutation. We may have to find another benchmark.

We work against perpetual and immediate deadlines in this rush toward the future. The worst we can be is irrelevant—and that worst is easily achieved. We have only to be a bit late with a solution, and the problem will have transcended it. We are on the side of the looking

glass in which it takes all the running you can do to stay in one place—and at least twice that much to get somewhere else.

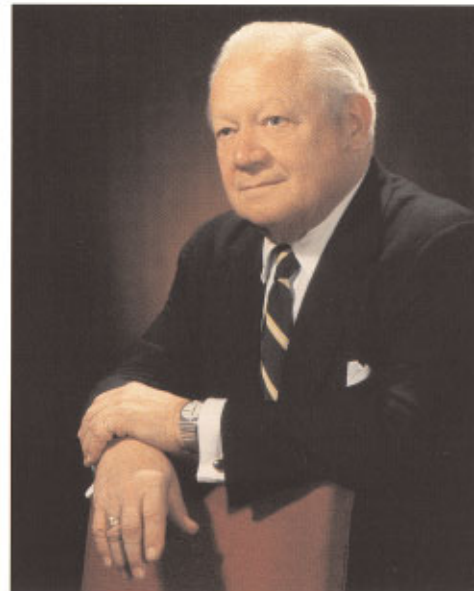
That happens when you set very high goals—unattainable goals—perhaps. As great as the Foundation's grantmaking totals may seem, they are minuscule in comparison to the vastness of the nation's health care expenditure. The Foundation's \$90-million appropriation is less than *one-tenth* the amount spent in this country last year for aspirin!

Yet we have made a difference—a significant difference—in championing the cause of health and health care for Americans. And subjecting ourselves to a relentless and, in all probability, accelerating process of calculated adaptation will be the means by which we position ourselves ahead of the changes we would address.

Even for the most able institution, of course, it is not true that the impossible takes a little longer. The truly impossible takes forever. But attempting it is perhaps the only way to test the boundaries of the possible.



Robert H. Myers  
Chairman, Board of Trustees





## FORGING A NEW BEGINNING

*The President's Message*

TO BE AN AGENT OF CHANGE is to be a taker of risks. Any change in a pluralistic society with limited resources and an imperfect system for distributing goods and services will be perceived by some as a benefit and by others as a deprivation. But change, as I said at the outset of last year's message, is the business of this Foundation. So we accept risk as a privilege and as a responsibility.

I will set forth in these next few columns an outline of a significant change of direction for the Robert Wood Johnson Foundation—a change in some areas dramatic and in others more a refinement than an alteration. It must remain preliminary at this stage. Most of 1988 will be spent fully defining this redirection stemming from 1987's massive self-examination by the Foundation of where we stand and where the profound flux in the American health care system is compelling us to go. That reappraisal was undertaken at the Board's behest, in recognition that we must change in order to fulfill our role as an agent of change.

One thing that will not change is the ultimate goal of the Foundation—to improve the health and health care of all Americans. It remains constant in part because it is an ideal rather than a realistic target and in part because there is not yet (and may never be) a consensus definition of its terms.

We will, of course, continue to support worthy projects aimed at moving our health care system closer to that ideal. But we will look for those worthy of support in many more places. And we will take more chances in the process.

Three general targets were assigned priority in the statement of beliefs and goals adopted by the Board in 1987:

- Assisting those segments of our population most vulnerable to illness;
- Specific diseases of regional or national concern; and
- Broad national health issues and concerns.

The Foundation will continue to give preference to those programs that show promise of being widely replicable, in keeping with General Johnson's belief that the best help is that which permits people to help themselves.

The Foundation has applied another of the founder's tenets in charting its course for the foreseeable future—seeking the counsel and insight of those we hope to benefit.

In a year of extraordinary effort, the Foundation has interviewed, cross-referenced and reported the views of virtually every source of qualified, concerned comment on the subject of health care—governors, legislators and mayors, businessmen and union leaders, health insurance experts, hospital administrators, doctors, nurses, academicians and medical and health consultants.

That sweeping survey identified more than 30 health problems and issues, some of them overlapping. In general, they fell into three groups, corresponding closely with the Foundation's goals:

- Health problems of vulnerable populations;
- Particular health problems or diseases; and
- Broad, general health issues.

Vulnerable populations most frequently mentioned were children, adolescents and the elderly. Concerns relating to these populations dominated the problems identified in our survey.

Broad issues of ethics, equity and quality of care proved to be the second most widespread area of concern, followed at some distance by specific diseases or illnesses—mental illness, chronic disease and disability and AIDS being most often mentioned.

Controlling the rising cost of medical care was mentioned less frequently by those surveyed. Even when the cost issue was raised, it was frequently in the context of long-term care for the impaired elderly and the chronically disabled and ill.

There was also substantial mention made of the need for better state, regional and national health statistics in order to identify changing and emerging health problems and the effects of changes in the medical system on people's health.

Since health care problems exist in the context of still broader issues, there was widespread sensitivity among those we interviewed to the need to factor into the health care equation poverty, housing, place of residence, family structure, access to support and other considerations. The quality of life for those who are ill and disabled—and for those who serve as their caregivers—rivaled in importance questions of life and death, though there was little to suggest that any consensus exists on how to resolve them.



Ethical questions arising from the growing power of genetics to predict an individual's probability of suffering inheritable illnesses and disabilities for which, as yet, little or nothing can be done troubled some of those with whom we consulted. Others were concerned about the ramifications of the changing relationship between patient and physician as the delivery system for health care adapts to an aging population, an oversupply of physicians, evolving systems of payment and the demands of a market-driven industry.

There were concerns voiced about the potential for a narrowing base of medical research centers, a declining pool of applicants for medical and nursing schools, and increased difficulties for university teaching hospitals in their competition for patients.

### **New emphases**

Based upon these findings, the Foundation will initially concentrate its attention in ten areas of particular concern within the three previously identified problem areas. They are not necessarily listed here in order of priority.

#### **I. Infants, Children and Adolescents**

Among infants and children the areas of special concern encompass access to appropriate care, including the growing problem of children in homeless families, debilitating acute and chronic illnesses, and the health impact of dysfunctional family environments.

In general, the focus of concern relating to adolescents is on problems in which the common thread is destructive behavior—accidents, suicide, homicide and substance abuse prominent among them.

#### **II. Chronic Illness and Disability**

While these are the primary causes of functional impairment among people of all ages, their heaviest burden falls upon the very old. The Foundation will focus on programs designed to return the chronically ill patient to the highest level of functioning and independence possible.

#### **III. AIDS (Acquired Immune Deficiency Syndrome)**

AIDS is the nation's leading epidemic disease, and no cure or vaccination is expected to be generally available before the end of the century. But infection by the AIDS virus is preventable. Measures designed to minimize the potential for infection in the general population and meeting the special health care needs of those suffering from this usually fatal disease will be given priority.

#### **IV. Destructive Behavior**

Substance abuse and violence account for tens of thousands of illnesses and deaths each year in this country. Medical problems related to alcoholism alone are responsible for 20,000 fatalities a year, not including the toll from traffic accidents, falls, fires and violent behavior associated with alcohol intoxication. An estimated 2.5 million adolescents have serious problems associated with drug abuse. Innovations in prevention and treatment of such behavior will be promoted.

#### **V. Mental Illness**

Psychological afflictions respect no demographic or economic barrier. Hyperactive children may be manifesting the first signs of clinical depression; teenagers turn to substance abuse to blunt emotional pain they can neither articulate nor bear; elderly patients live out their last days incapacitated by the dementia of Alzheimer's disease. Deinstitutionalization of the chronically mentally ill has created enormous problems for patients, their families and their communities. Health services for many of the mentally ill are inappropriate or non-existent. Many who care for them are inadequately trained to meet the needs of the afflicted. Too little is known about the impact of specific systems or methods of health intervention on the functional status of the mentally ill.

#### **VI. Organization and Financing of Health Services**

The sweeping changes in the organizational and institutional structure through which medical care is delivered are having profound effects upon the practice of medicine, methods of payment and, quite possibly, quality of care. Similarly, the way medical care is financed, which has undergone something of a revolution over the past 20 years, remains imperfect, leaving some underinsured and some forms of care unfairly or inappropriately financed.

#### **VII. Quality of Care**

Despite numerous efforts to measure quality of care objectively, it is still impossible to say with certainty what changes in the delivery of health services are likely to improve the quality of care. The subject deserves continuing attention since the issue of quality of care—and, for that matter, organizational and financial issues—bear upon every Foundation-supported program.



### VIII. Ethical Issues

Ethical concerns, some of them highly emotional and not a few legal and judicial, have become attached, with varying degrees of relevance, to many medical questions, complicating the resolution of many of the daily and frequently urgent practical decisions which must be made regarding the proper care of patients and their families. Even broader ethical issues, like unequal access to care for some groups within our society and conflicts between the individual's right to privacy and the general public health, will require solutions. The issues raised by developments in genetics permitting the identification of a predisposition to heritable disorders of fetuses *in utero* or in infants will demand some resolution—particularly if the detected disorder remains incurable.

### IX. Health Manpower

The quality and availability of medical professionals, particularly physicians and nurses, looms as a concern for America's future. Medical schools and the training they provide to future physicians are in some ways out of step with the health needs of the nation. Most medical schools and post-graduate medical programs are complex, bureaucratic, multi-headed institutions with many agendas other than preparing tomorrow's physicians. Some observers warn that they are at risk of becoming antithetical to the nation's need for knowledgeable, skilled and compassionate physicians.

Nursing services and nursing education are in trouble. Hospitals have closed beds and terminated services for want of nurses. Nurses complain that their actual role in patient care is often inappropriate to their training and their proper function. Nursing school admissions suffer drastically from the opening of more remunerative and prestigious career opportunities to women. If unresolved, these problems will severely impact the future of American health care.

### X. The Impact of Medical Advances

Medicine is learning one of the ironies of power—that for the ethical possessor, the greater the power, the greater the problems it generates. To be sure, medicine has vastly improved its powers to diagnose, treat and prevent illness. But it is now obliged to face problems associated with the impact of these new technologies on the cost of care; their potentially adverse effects on the

organization, financing and delivery of health services; and unequal access to medical advances.

The Foundation in the past has supported the regionalization of certain medical advances, and that issue deserves further investigation. The impact of specific medical advances on patient outcome, and particularly quality of life, is also in need of study.

### New approaches

Addressing the problems we will confront in the future will require new approaches and greater boldness on the part of the Foundation—which, I imagine, would have pleased General Johnson, who was not given to doctrinaire solutions. Indeed, the Board of Trustees has already issued one preliminary directive—"Be bold and courageous—and fast" in addressing one set of pressing problems, detailed in the report following this section, entitled "The New Order of Grantmaking: The AIDS Prevention and Service Projects."

To address that new sense of urgency, we are already turning in some new directions.

### New sources

We will greatly expand the sources from which we will entertain grant proposals. In its first 15 years as a national philanthropy, the Robert Wood Johnson Foundation placed the greater part of its reliance for program direction and oversight on the proven expertise of a few major academic and medical centers. We have no reason to regret that approach or the sound, if cautious, practice of testing new health care delivery approaches through multisite national programs conducted under very close academic oversight. We have developed an enviable reputation for thoroughness and responsibility in our programs.

But the accelerating rate of change in the health care environment dictates that we become more flexible and responsive in our approach, in order to get sound programs into the hands of those who can benefit from them with the minimum investment of time consistent with good scholarship and accountability.

Henceforth, we will cast a much wider net for good program ideas, not only from academic and medical sources, but from community organizations and institutions. The base from which we draw advisors and consultants will also be expanded to include scholars and practitioners from other institutions and all regions of the country.

Less emphasis will be placed on multisite national programs. Instead, we will consider more vigorously single-site local programs with a high potential for replication, in order to address as many potential solutions as possible.

The Foundation will also provide grants to fund projects relating to widespread diseases and health problems and to the broad issues organized medicine will confront in coming years.

We will also seek opportunities for joint projects with other foundations, private or public funding organizations and agencies in order to enhance the scope of our contribution to solving the nation's health care problems.

We will redouble our efforts to provide the broadest dissemination of information regarding our programs and the work of our grantees. Evaluations of Foundation-supported programs will be provided in a more timely fashion in order to improve the prospects for successful replication.



### Greater risks

Finally, grant funds will be provided for projects in which both the promise and risk are great. We will become, in effect, a source of venture capital for projects which would, despite their promise, fail to meet the restrictive standards of conventional government or for-profit funding. A consultant, recalling a discussion of this aspect of our new direction, found and presented me with a sign that reads, "Before you find a prince you have to kiss a lot of frogs." That's about what this aspect of our plan entails. But we will be limiting it to frogs of distinctly aristocratic bearing.

The careful reader, realizing that nothing has been said about increased levels of funding, may be wondering whether this new direction will include any decreased emphasis in areas in which the Foundation has previously been active. There is one, and it is an area with which this institution has long been identified—access to primary medical care for the general population. This diminishing emphasis recognizes that there has been a substantial improvement in the past decade and a half in the access to care for most Americans. More needs to be done in this area, but now we are refining our focus to concentrate on other tough problems.

As I said at the beginning, this presentation only roughs in the outlines of the new directions the Board, management and staff of the Foundation will be shaping this year. We are at that auspicious moment at the outset of a journey when, all preparations having been completed, you turn in a new direction and what were lines upon a map become the reality of the road before you. And you take the first step.

A handwritten signature in black ink, reading "Leighton E. Cluff, MD". The signature is fluid and cursive, with a large initial "L" and "E".

Leighton E. Cluff, MD  
President





*The New Order of Grantmaking:*  
THE AIDS PREVENTION AND SERVICE PROJECTS

The Board of Trustees' 1987 mandate that the Foundation "be bold, courageous—and fast" in finding and funding solutions to the nation's health problems must have raised more than a few eyebrows among those who know us best.

In its 15 years as a national philanthropy, the Foundation has developed a reputation for being meticulous, scholarly, painstaking and, perforce, somewhat unhurried in its grant assessment. It has also focused on large, multisite grants designed to test the same approach to a problem in a number of locations, usually with oversight provided by one of a handful of leading academic or medical institutions—a system antithetical to boldness and quick results.

That mandate for fundamental change had its origins in the Board's approval of a major initiative—the AIDS Health Services Program. Though this \$17.2 million project bore all the hallmarks of a traditional multisite national grant, it established a precedent for risk-taking by breaking the long-standing "specific disease rule." The Robert Wood Johnson Foundation, like many private philanthropies, maintained a policy of discouraging grant applicants seeking funding for specific diseases. To reverse that practice in the case of a disease as controversial as it was deadly provided a graphic example of what the Board had in mind in terms of boldness and courage. Quick results, however, would require still greater breaks with tradition. A practical

model for this new order of grantmaking was established with another AIDS-related program—the AIDS Prevention and Service Projects. In its year-long evolution, it would break much new ground. In its final form, it:

- placed no limit on the number of grants, their individual size or even the total to be awarded;
- targeted single-site, community-level programs;
- asked the participating programs to evolve their own strategies for AIDS prevention and services, rather than prescribing and limiting their scope;
- encouraged bold and imaginative solutions so that new models might emerge;
- placed the call for proposals in the hands of thousands of community organizations which would not, in all likelihood, have approached the Foundation on their own;
- simplified the application process to permit participation by organizations with limited time and manpower to devote to fundraising;
- installed a telephone hotline to answer questions about proposal preparation to help groups with no experience in applying for grants; and
- issued the call for proposals in both English and Spanish to encourage a response from minority groups disproportionately affected by the AIDS epidemic.





The AIDS Health Services Program was an eleven-city, \$17.2-million program to test new methods of providing better and more cost-effective care for AIDS patients, based on an innovative model developed in San Francisco in the early years of the epidemic. It was the first—and remains the largest—foundation-designed AIDS grant initiative. It raised the Foundation's total AIDS commitment to \$20.3 million, most of which was awarded in 1987.

But the urgency of the AIDS problem led the Board to authorize the staff only a few weeks later to examine what role the Foundation might play in fostering AIDS prevention.

Impetus for that second-front approach to the AIDS problem came from the U.S. Surgeon General's



report on the epidemic, which had been issued at almost the same moment the Foundation was inaugurating its AIDS Health Services Program. At that early stage, consideration was given to a program designed to educate the general public through the mass media, with supplemental support of efforts directed specifically toward high-risk

groups by concerned community organizations.

As compelling as the need for such programs was, there were manifest risks for a private philanthropy venturing into the field:

- with no cure or vaccine on the horizon, prevention would depend on changes by individuals in very private behaviors—changes which would have to be described in explicit language in order to make the risks and behavior modifications clear.
- keeping such a program current with the constantly expanding AIDS research effort would be a major undertaking.
- the organizations springing up to confront the epidemic at the community level were unknown quantities, without the track



records usually expected of grant applicants.

- few other funders seemed willing, at the time, to address the AIDS problem, and an effective nationwide AIDS education program was clearly beyond the funding capabilities of a single private institution.
- since the disease is strongly associated in the public mind with homosexuality and drug abuse, there was some risk to the Foundation's image if it became thought of as one of a small number of "AIDS foundations."

The issues involved in an AIDS prevention initiative were pursued in the early months of 1987 through a review of the already enormous body of journal articles, poll results, government documents and other written materials on the subject, and by interviews with hundreds of people working on the AIDS awareness problem in corporations, professional associations, hospitals, clinics, public health departments, blood donation centers, universities, government agencies; and with journalists, coalitions and AIDS-specific groups.

It became evident that the public education component of the problem was simply unrealistic to pursue. There was no lack of information. There was, if anything, an information overload—albeit a sometimes inaccurate, emotional and negative one. The Foundation simply lacked the resources necessary to make itself heard through the din. But the other end of the spectrum—community-based efforts to educate directly those who were particularly at risk or those, like policymakers and journalists, who were in a position to responsibly educate the general public—were in great need of support.







A proposal was submitted to the Board of Trustees for review in late 1987 which recommended that the Foundation:

- respond to requests from community organizations to support their promising AIDS prevention initiatives;
- support sophisticated behavioral research to find more effective ways to alter behaviors that put people at particular risk; and
- fund efforts to provide balanced, accurate information about the epidemic to decision-makers formulating policy related to AIDS and its prevention.

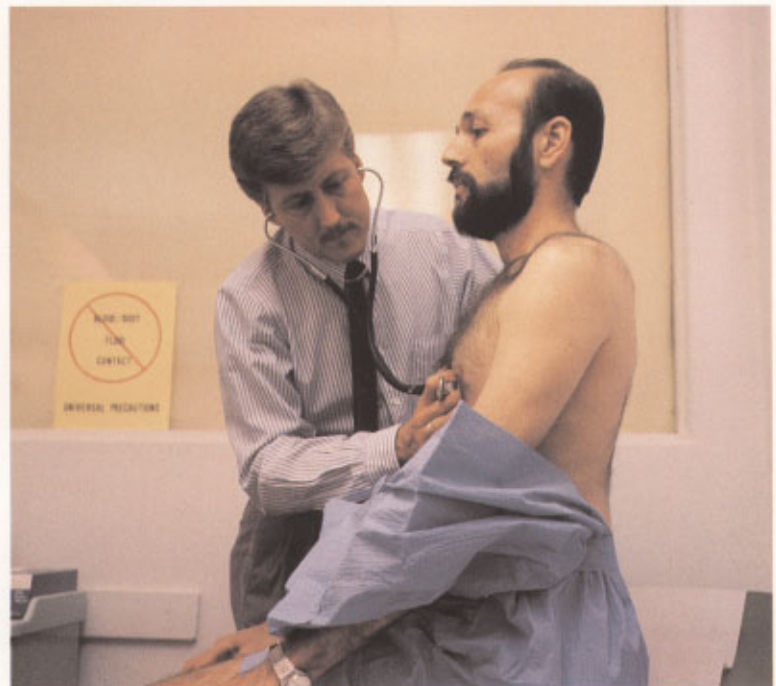
The recommendation to the Trustees included a frank portrayal of the risks of such an undertaking—that what appeared to be a promising initiative could become obsolete overnight, given the speed with which the AIDS knowledge base was expanding; that there were few proven ways to modify health behavior, especially among people whose behavior puts them at particular risk;

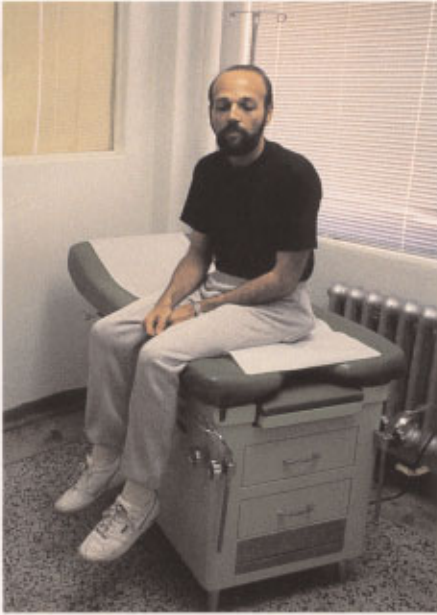
that just by entering the area of AIDS prevention, the Foundation could find itself drawn into the emotional controversy over AIDS screening; and that a second major AIDS initiative would further heighten the Foundation's visibility in what was, for some, an uncomfortable area.

Hazards notwithstanding, the Board endorsed two elements of the proposal. It rejected support for behavioral research as too long-term, given the urgency of the AIDS epidemic. Instead, it endorsed the two bolder elements of the proposal which support front-line AIDS prevention/education initiatives aimed at high-risk groups and policymakers.

During the final weeks of 1987, the staff began translating the Board's directive into an advisory for potential grant applicants, focusing on that part of the initiative related to preventive efforts at the community level.

The resulting call for proposals was very different from any previously issued by the Foundation. It was simpler and more open-ended than traditional Foundation grant invitations. Instead of seeking the most appropriate participants in a predefined, multisite program, the call would be designed to attract the most innovative and promising ideas





from as many sources as possible. There would be no predetermined overall funding level, no time limit or funding ceiling for individual grants.

In order to establish some limit on the program, it was decided that the initiative would be competitive, with the ranking of applicants to be determined by a panel of experts on the basis of merit and promise. A deadline of July 1, 1988 was established for the submission of applications so that all interested groups would have ample time to craft their proposals.

Since the initiative was designed to attract innovative ideas from even fledgling organizations who would never have considered themselves qualified for consideration by a national foundation, the criteria for application were reduced to a minimum. The applicant had only

to demonstrate a track record in working with either the community or the population to be served, and a willingness to document its program's progress and effectiveness.

The application process was streamlined to avoid burdening already overwhelmed small agencies with another set of lengthy and complex forms. In the end, there were no forms at all—just a slim, four-panel brochure of explanations and instructions for applicants, stipulating that they must describe themselves and their program with 15 double-spaced pages, with any relevant appendices—budget, recommendations, etc.—attached.

To further guard against making the application procedure a barrier to promising programs, a dedicated phone line was established. It is manned by a program staff member familiar with the AIDS prevention

and service initiative and the fine points of applying for grants.

Every identifiable source of prospective applicants was scoured to create what proved to be the largest call for proposals in the Foundation's history. It included civic, religious, minority, and homosexual groups, policymakers at state and local levels, public health departments, researchers, physicians, nurses and other health professionals.

The call for proposals was issued early in 1988 and quickly produced a heartening response. Many callers say they never imagined that they might qualify for funding. Those more familiar with the ways of foundations ask us if that's really all there is to applying. "I've just never seen anything like this from a foundation before," they say.

We'll probably be hearing that often in the next few years.





THE 1987 GRANT PROGRAM

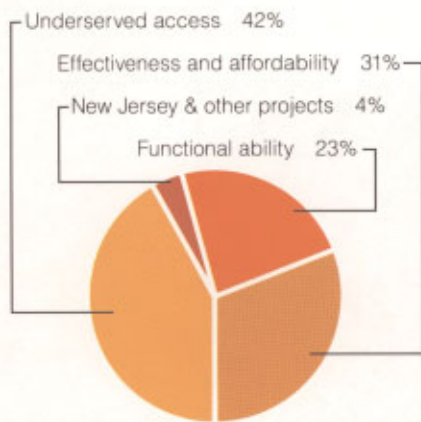
During 1987, the Foundation made 363 grants totaling \$90.7 million in support of programs and projects to improve health care in the United States. The types of activities supported were:

- developing and testing new ways of providing health care services, \$49.4 million, or 55 percent of the 1987 grant funds;
- helping health professionals acquire new skills needed to make health care more accessible, affordable and effective, \$13.8 million, or 15 percent;
- conducting studies and evaluations to improve health care, \$26.2 million, or 29 percent; and

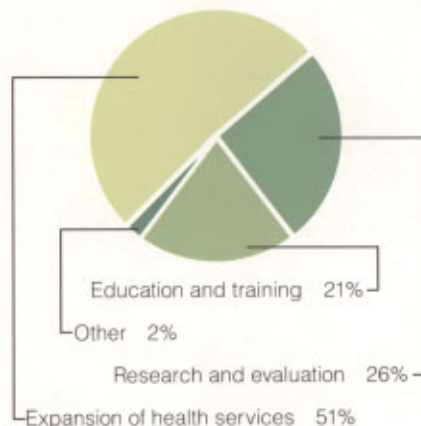
- other projects, \$1.3 million, or 1 percent.
- These same grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:
- \$49.5 million, or 55 percent, for programs to improve access to personal health care for the most underserved population groups;
  - \$23.5 million, or 26 percent, for programs to make health care arrangements more effective and care more affordable;
  - \$15.5 million, or 17 percent, for programs to help people maintain or regain maximum attainable function in their everyday lives; and

- \$2.2 million, or 2 percent, for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.
- Appropriations totaling \$448.2 million have been made since 1981 when the Foundation changed its principal areas of interest to those stated above. The distribution of these funds by types of activities supported as well as by areas of interest is charted below. Since becoming a national philanthropy in 1972, our appropriations have totaled \$826.2 million. A chart depicting the geographic distribution of these funds is diagrammed below.

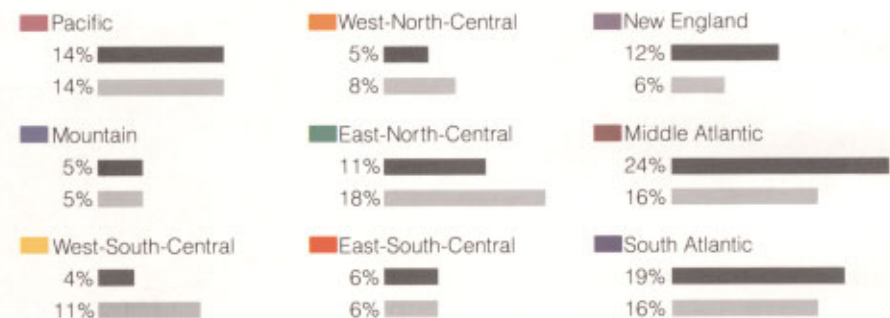
Appropriations by RWJF objectives and types of activities funded, 1981-1987



RWJF 7-year appropriations: \$448.2 million



Appropriations by geographical region compared to population, 1972-1987



RWJF funds (\$826.2 million) [dark bar]  
U.S. population [light bar]

U.S. population figures taken from the 1980 Census of Population, Supplementary Reports, U.S. Department of Commerce, Bureau of Census, May 1981.

*Grants authorized in the year ended December 31, 1987*

**RESEARCH**

<p><b>Alpha Center for Health Planning, Inc.</b> Washington, D.C. \$327,335</p>	<p><i>Technical assistance and direction for the Health Care for the Uninsured Program and the Program for Demonstration and Research on Health Care Costs (for 1 year). ID#11805</i></p>
<p><b>American Medical Association Education and Research Foundation</b> Chicago, Illinois \$592,967</p>	<p><i>Study of the practice patterns of young physicians—Phase II (for 2 years). ID#11234</i></p>
<p><b>Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare</b> Waltham, Massachusetts \$355,368</p>	<p><i>Study to identify key management issues in social health maintenance organizations (for 1.5 years). ID#11806</i></p>
<p><b>The Brookings Institution</b> Washington, D.C. \$199,881</p>	<p><i>Analytical support to states developing public/private long-term care insurance programs (for 1 year). ID#12439</i></p>
<p><b>Brown University, Program in Medicine</b> Providence, Rhode Island \$1,894,688</p>	<p><i>Evaluation of the AIDS Health Services Program (for 58 months). ID#12044</i></p>
<p><b>University of California, San Francisco, Institute for Health Policy Studies</b> San Francisco, California \$49,908</p>	<p><i>Planning and monitoring the evaluation for the New Jersey HealthStart Program (for 1 year). ID#12319</i></p>
<p><b>Children's Hospital Corporation</b> Boston, Massachusetts \$50,000</p>	<p><i>Policy analysis of programs for severely emotionally involved children (for 6 months). ID#12530</i></p>
<p><b>Columbia University</b> New York, New York \$304,650</p>	<p><i>Monitoring health care changes in four major cities (for 3 years). ID#11686</i></p>





---

**Program for Demonstration and  
Research on Health Care Costs**  
ID#7865

**Brigham and Women's Hospital, Inc.**  
Boston, Massachusetts  
\$299,563

*Evaluation of the cost-effectiveness of a new coronary observation unit (for 3 years).*

**University of Florida,  
Center for Health Policy Research**  
Gainesville, Florida  
\$299,619

*Evaluation of first statewide preterm birth prevention program (for 3 years).*

**Harvard University,  
School of Public Health**  
Boston, Massachusetts  
\$236,090

*Evaluation of a new nursing home payment program under New York State Medicaid (for 2 years).*

**University of Michigan,  
School of Public Health**  
Ann Arbor, Michigan  
\$547,669

*Lowering costs and assuring high quality through modified clinical behaviors (for 3 years).*

**University of Minnesota,  
School of Public Health**  
Minneapolis, Minnesota  
\$297,856

*Study of the impact of capitation on elderly Medicaid recipients (for 2 years).*

**Northwestern University  
Medical School**  
Chicago, Illinois  
\$259,273

*Study of computer-assisted method for planning inpatient rehabilitation (for 3 years).*

**The University of Pennsylvania,  
School of Medicine**  
Philadelphia, Pennsylvania  
\$289,048

*Nursing home infirmaries as cost-saving strategy (for 3 years).*

**Stanford University,  
School of Medicine**  
Stanford, California  
\$599,998  
and  
\$288,929

*Develop clinician-generated cost management at four community hospitals (for 3 years).*

*Evaluation of a microcomputer database, management of myocardial infarction (for 2 years).*

**The Urban Institute**  
Washington, D.C.  
\$296,243

*Study of declining hospital stays and use of home health services (for 2 years).*

**Western Consortium for Continuing  
Education for the Health Professions**  
San Francisco, California  
\$289,254

*Effects of hospital market competition on access, efficiency and expenditure (for 2 years).*

---

**Fund for the City of New York**  
New York, New York  
\$100,046

*A New York-New Jersey Public Commission on the AIDS crisis (for 1.5 years). ID#11685*

---

**George Washington University**  
Washington, D.C.  
\$534,153

*Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 1 year). ID#11077*

---



<b>Georgetown University, School of Medicine</b> Washington, D.C. <b>\$371,266</b> and <b>\$150,000</b>	<i>Analysis of health policy issues (for 1 year). ID#11810</i>  <i>Evaluation for the Supportive Services Program for Older Persons and the Service Credit Banking Program for the Elderly—Phase I (for 10 months). ID#10532</i>
<b>Harvard University, School of Public Health</b> Boston, Massachusetts <b>\$194,833</b>	<i>Expand evaluation of effects of New Jersey hospital prospective payment program (for 2 years). ID#12100</i>
<b>Industrywide Network for Social, Urban, and Rural Efforts</b> Washington, D.C. <b>\$35,000</b>	<i>Feasibility for a national private-sector coalition for AIDS (for 4 months). ID#12317</i>
<b>Joint Center for Political Studies, Inc.</b> Washington, D.C. <b>\$25,000</b>	<i>Examination of philanthropy and volunteerism among black Americans (for 10 months). ID#11689</i>
<b>Joint Commission on Accreditation of Hospitals</b> Chicago, Illinois <b>\$292,032</b>	<i>Development of a quality assessment system (for 1 year). ID#11600</i>
<b>University of Maine</b> Portland, Maine <b>\$42,100</b>	<i>Program to assist states in reducing childhood deaths (for 6 months). ID#12725</i>
<b>Manpower Demonstration Research Corporation</b> New York, New York <b>\$180,142</b>	<i>Pilot program to reduce repeat pregnancies among high-risk women (for 11 months). ID#11148</i>
<b>Maryland Hospital Education and Research Foundation, Inc.</b> Lutherville, Maryland <b>\$368,107</b>	<i>Assessment of a statewide system to screen hospital quality (for 3 years). ID#12594</i>





<b>University of Maryland, School of Medicine</b> Baltimore, Maryland <b>\$449,625</b>	<i>Evaluation of the Program for the Chronically Mentally Ill—Phase I (for 1 year).</i> ID#10448
<b>Massachusetts Institute of Technology</b> Cambridge, Massachusetts <b>\$49,950</b>	<i>Integrated housing and health services for special needs populations (for 9 months).</i> ID#12600
<b>The Medical Malpractice Program</b>	<i>National initiative to advance the state of knowledge about negligent medical care and how it can be prevented, and demonstration of the effectiveness of various legal, insurance, and medical practice reforms (for the periods indicated). ID#10919</i>
<b>American Registry of Pathology</b> Washington, D.C. (3 years) <b>\$192,094</b>	<b>University of Minnesota Medical School, Minneapolis</b> Minneapolis, Minnesota (2.5 years) <b>\$296,027</b>
<b>Amherst College</b> Amherst, Massachusetts (1 year) <b>\$95,579</b>	<b>The University of Pennsylvania, The Wharton School</b> Philadelphia, Pennsylvania (2 years) <b>\$224,650</b>
<b>University of California, San Francisco, Institute for Health Policy Studies</b> San Francisco, California (2 years) <b>\$166,529</b>	<b>The Private Adjudication Center, Inc.</b> Durham, North Carolina (3 years) <b>\$284,421</b>
<b>Harvard University, School of Public Health</b> Boston, Massachusetts (2 years) <b>\$273,939</b>	<b>Stanford University, School of Medicine</b> Stanford, California (14 months) <b>\$200,865</b>
<b>Indiana University Foundation</b> Indianapolis, Indiana (3 years) <b>\$260,093</b>	<b>University of Texas Health Science Center at Houston</b> Houston, Texas (2 years) <b>\$300,000</b>
<b>Institute for Medical Risk Studies</b> Sausalito, California (3 years) <b>\$231,060</b>	<b>Vanderbilt University, Institute for Public Policy Studies</b> Nashville, Tennessee (2 years) <b>\$225,659</b>
<b>The Johns Hopkins University, School of Hygiene and Public Health</b> Baltimore, Maryland (3 years) <b>\$492,833</b>	
<b>University of Missouri, Columbia, School of Medicine</b> Columbia, Missouri <b>\$81,242</b>	<i>Technical assistance for the Research and Development Program to Improve Patient Functional Status (for 1 year). ID#11237</i>
<b>National Committee for Quality Assurance, Inc.</b> Washington, D.C. <b>\$49,100</b>	<i>Develop an agenda for a national committee for quality assurance for HMOs (for 6 months). ID#12865</i>



<b>National Conference of State Legislatures</b> Denver, Colorado <b>\$46,387</b>	<i>Publication of "A Legislator's Guide to State Issues in Mental Health" (for 1 year). ID#11893</i>
<b>National Council on the Aging, Inc.</b> Washington, D.C. <b>\$16,437</b>	<i>Analysis of a national study of adult day care centers (for 1 year). ID#12200</i>
<b>National Governors' Association</b> Washington, D.C. <b>\$201,475</b>	<i>Research and technical assistance on Foundation programs and initiatives (for 2 years). ID#11918</i>
<b>National Perinatal Information Center</b> Providence, Rhode Island <b>\$159,408</b>	<i>Assess impact of changes in state financing on regional perinatal systems (for 21 months). ID#12129</i>
<b>National Public Health and Hospital Institute</b> Washington, D.C. <b>\$193,045</b>	<i>Program to monitor the effect of AIDS on hospitals (for 3 years). ID#12616</i>
<b>National Rehabilitation Hospital, Inc.</b> Washington, D.C. <b>\$181,409</b>	<i>Feasibility of prepaid system of care for disabled living in the community (for 1 year). ID#12188</i>
<b>New Brunswick Affiliated Hospitals, Inc.</b> New Brunswick, New Jersey <b>\$99,075</b>	<i>Feasibility and design study for a unified cancer care program among members (for 9 months). ID#12649</i>
<b>University of North Carolina at Chapel Hill</b> Chapel Hill, North Carolina <b>\$1,289,130</b>	<i>Technical assistance and development for the Infant Health and Development Program (for 2.5 years). ID#12255</i>
<b>On Lok Approach to Care for the Elderly</b>  <b>Beth Abraham Hospital</b> Bronx, New York <b>\$699,670</b>	<i>Replication of a model program of comprehensive health and financing services for dependent elderly (for 4 years). ID#11868</i>
<b>East Boston Community Health Committee, Inc.</b> Boston, Massachusetts <b>\$700,000</b>	
<b>On Lok Senior Health Services</b> San Francisco, California <b>\$283,694</b>	<i>Technical assistance for the replication of its long-term care program (for 1 year). ID#11079</i>
<b>Rand Corporation</b> Santa Monica, California <b>\$225,000</b>	<i>Determinants of appropriateness of health care services (for 1.5 years). ID#12345</i>
<b>Research and Development Program to Improve Patient Functional Status</b> ID#6329	
<b>University of Arkansas for Medical Sciences</b> Little Rock, Arkansas <b>\$391,340</b>	<i>Improving functional health status in patients with psychosomatic illnesses (for 3 years).</i>
<b>Trustees of Health and Hospitals of the City of Boston</b> Boston, Massachusetts <b>\$376,096</b>	<i>Assessment of community-based geriatric rehabilitation program (for 2 years).</i>



<b>Case Western Reserve University, School of Medicine</b> Cleveland, Ohio <b>\$149,997</b>	<i>Research on preventing prematurity among high-risk urban women (for 2 years).</i>
<b>Children's Hospital Corporation</b> Boston, Massachusetts <b>\$100,703</b>	<i>Study of the functional status of children after sexual abuse (for 20 months).</i>
<b>Columbia University, Center for Geriatrics and Gerontology</b> New York, New York <b>\$149,999</b>	<i>Evaluation of treatment of elderly persons suffering from depression (for 2 years).</i>
<b>Cornell University Medical College</b> New York, New York <b>\$130,908</b>	<i>Use of exercise to improve surgical outcomes in chronically ill patients (for 1 year).</i>
<b>Duke University</b> Durham, North Carolina <b>\$149,965</b>	<i>Impact of voice controlled electrical stimulation in quadriplegics (for 2 years).</i>
<b>Foundation of the Massachusetts Eye &amp; Ear Infirmary</b> Boston, Massachusetts <b>\$149,994</b>	<i>Clinical trial to assess family participation in vision rehabilitation (for 2.5 years).</i>
<b>University of Iowa, College of Nursing</b> Iowa City, Iowa <b>\$113,755</b>	<i>Study of siblings' role in improving function in children with cerebral palsy (for 1 year).</i>
<b>University of Michigan Medical School</b> Ann Arbor, Michigan <b>\$148,344</b>	<i>Assessment of computerized intervention in cognitively impaired persons (for 2 years).</i>
<b>The University of New Mexico, School of Medicine</b> Albuquerque, New Mexico <b>\$144,570</b>	<i>Assessment of program to reduce alcoholism and pregnancy rates in adolescent Indian girls (for 2 years).</i>
<b>University of North Carolina at Chapel Hill, School of Medicine</b> Chapel Hill, North Carolina <b>\$392,848</b>	<i>Evaluating a test for predicting function in elderly people (for 3 years).</i>
<b>Ohio State University Research Foundation</b> Columbus, Ohio <b>\$389,414</b>	<i>Study of catheter versus noncatheter care in institutionalized elderly women (for 2 years).</i>
<b>Sinai Hospital of Baltimore, Inc.</b> Baltimore, Maryland <b>\$150,000</b>	<i>Improving functional status in children with lead poisoning (for 2 years).</i>
<b>University of Texas Health Science Center at San Antonio</b> San Antonio, Texas <b>\$140,625</b>	<i>Evaluation of hearing aids in improving functional status (for 3 years).</i>
<b>University of Washington, School of Nursing</b> Seattle, Washington <b>\$396,987</b>	<i>Controlled trial of methods to improve function in preterm infants (for 3 years).</i>



<b>The Winifred Masterson Burke Relief Foundation</b> White Plains, New York <b>\$47,070</b>	<i>Clinical trial of biofeedback for treating stroke-induced incontinence (for 1 year).</i>
<b>Yale University, School of Medicine</b> New Haven, Connecticut <b>\$149,548</b>	<i>Improving communication between chronically ill children and their parents (for 3 years).</i>
<b>Research and Education Institute, Inc.</b> Torrance, California <b>\$220,064</b>	<i>Program to develop emergency medical services for children in rural areas (for 14 months). ID#11804</i>
<b>University of Rochester, School of Medicine and Dentistry</b> Rochester, New York <b>\$999,920</b>	<i>Providing nurse home visits to high-risk urban mothers and their children (for 3 years). ID#11084</i>
<b>Rush-Presbyterian-St. Luke's Medical Center</b> Chicago, Illinois <b>\$31,065</b>	<i>Survey of the role of nurse midwives in U.S. health care (for 2 years). ID#10700</i>
<b>Rutgers University</b> New Brunswick, New Jersey <b>\$29,445</b>	<i>Support for an investigation and economic analysis of EMS in New Jersey (for 1 year). ID#11608</i>
<b>St. Joseph Health Care Foundation</b> Chicago, Illinois <b>\$49,989</b>	<i>Study to assess the health care needs of elderly nuns in Illinois (for 1 year). ID#11817</i>
<b>University of Southern California</b> Los Angeles, California <b>\$22,812</b>	<i>Forum for local projects on legal and ethical issues in health care (for 6 months). ID#12176</i>
<b>Stanford University, Graduate School of Business</b> Stanford, California <b>\$136,535</b>	<i>Development of new approaches for financing care for the uninsured (for 3 years). ID#11472</i>
<b>Stanford University, School of Medicine</b> Stanford, California <b>\$3,235,906</b>	<i>National collaborative study of the Infant Health and Development Program (for 2 years). ID#12257</i>
<b>Tufts University, School of Medicine</b> Boston, Massachusetts <b>\$496,797</b>	<i>Research on physician behavior and medical malpractice (for 3 years). ID#12228</i>
<b>The Urban Institute</b> Washington, D.C. <b>\$44,999</b>	<i>Study of variations in acute and long-term care costs for dementia (for 9 months). ID#11926</i>
<b>Vermont Health Policy Council</b> Waterbury, Vermont <b>\$13,113</b>	<i>State Initiatives on Legal and Ethical Issues in Care of the Critically Ill (for 6 months). ID#12604</i>
<b>University of Virginia Law School Foundation</b> Charlottesville, Virginia <b>\$91,276</b>	<i>Technical assistance for the Medical Malpractice Program (for 1 year). ID#11849</i>



**EDUCATION AND TRAINING**

<b>American Academy of Pediatrics</b> Elk Grove Village, Illinois \$79,097	<i>Meeting on state high-risk insurance pools for chronically ill children (for 11 months).</i> ID#11815
<b>American College of Physicians</b> Philadelphia, Pennsylvania \$4,306	<i>Workshop on screening elderly patients for impaired functional status (for 3 months).</i> ID#12344
<b>Americas Society, Inc.</b> New York, New York \$10,000	<i>Conference on health care reform in the United States and Canada (for 2 months).</i> ID#12827
<b>Aspen Institute for Humanistic Studies</b> Queenstown, Maryland \$50,000	<i>Seminars on improving the performance of American philanthropy (for 3 years).</i> ID#12098
<b>Brigham and Women's Hospital, Inc.</b> Boston, Massachusetts \$20,000	<i>Planning a teaching hospital—HMO residency program in internal medicine (for 1 year).</i> ID#11733
<b>Clinical Nurse Scholars Program</b>	<i>Postdoctoral fellowships of advanced in-hospital clinical practice and research (for 1 year).</i> ID#7514
<b>University of California, San Francisco, School of Nursing</b> San Francisco, California \$284,196	<b>University of Rochester, School of Nursing</b> Rochester, New York \$281,430
<b>The University of Pennsylvania, School of Nursing</b> Philadelphia, Pennsylvania \$282,389	
<b>Clinical Scholars Program</b>	<i>Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 2 years).</i> ID#5109
<b>University of California, Los Angeles, School of Medicine</b> Los Angeles, California \$272,299	<b>The University of Pennsylvania, School of Medicine</b> Philadelphia, Pennsylvania \$575,818
<b>University of California, San Francisco, School of Medicine</b> San Francisco, California \$81,491	<b>Stanford University, School of Medicine</b> Stanford, California \$192,732
<b>University of North Carolina at Chapel Hill, School of Medicine</b> Chapel Hill, North Carolina \$256,370	<b>University of Washington, School of Medicine</b> Seattle, Washington \$374,187
	<b>Yale University, School of Medicine</b> New Haven, Connecticut \$137,123
<b>Cornell University Medical College</b> New York, New York \$166,565	<i>Technical assistance and direction for the General Pediatrics Academic Development Program (for 15 months).</i> ID#11632

**Dental Services Research  
Scholars Program***Dental faculty fellowships in health services research (for 2 years). ID#6720*

**University of California, Los Angeles,  
School of Dentistry**  
Los Angeles, California  
**\$154,476**

**University of Colorado Health Sciences Center,  
School of Dentistry**  
Denver, Colorado  
**\$98,400**

**Harvard University, School of Dental Medicine**  
Boston, Massachusetts  
**\$270,664**

**Indiana University Foundation**  
Indianapolis, Indiana  
**\$102,120**

**University of Missouri, Kansas City, School of Dentistry**  
Kansas City, Missouri  
**\$90,000**

**University of North Carolina at Chapel Hill,  
School of Dentistry**  
Chapel Hill, North Carolina  
**\$97,532**

**Enki Institute**  
Reseda, California  
**\$149,880**

*Youth health promotion program (for 2 years). ID#12578***Faculty Fellowships in Health  
Care Finance***Program of study and field experience in health care for university faculty from related specialties (for the periods indicated). ID#8584*

**Arizona State University, College of Business**  
Tempe, Arizona  
(1 year)  
**\$50,000**

**George Washington University**  
Washington, D.C.  
(1 year)  
**\$47,600**

**Lawrence University of Wisconsin**  
Appleton, Wisconsin  
(1 year)  
**\$15,000**

**University of Maryland**  
Catonsville, Maryland  
(1 year)  
**\$15,000**

**University of Massachusetts**  
Amherst, Massachusetts  
(1 year)  
**\$48,893**

**University of Nebraska**  
Lincoln, Nebraska  
(1 year)  
**\$44,595**

**University of New Orleans**  
New Orleans, Louisiana  
(1 year)  
**\$15,000**

**North Texas State University**  
Denton, Texas  
(1 year)  
**\$15,000**

**Rensselaer Polytechnic Institute**  
Troy, New York  
(1 year)  
**\$48,640**

**University of Wisconsin, Madison**  
Madison, Wisconsin  
(10 months)  
**\$15,000**

**Wright State University, School of Medicine**  
Dayton, Ohio  
(11 months)  
**\$42,730**

**Family Health Center, Inc.**  
Kalamazoo, Michigan  
**\$176,793**

*Regional program to help local health centers enter occupational health (for 3 years). ID#12040*

**Fox Chase Cancer Center**  
Philadelphia, Pennsylvania  
**\$104,219**

*Technical assistance for the Minority Medical Faculty Development Program (for 1 year). ID#11809*



<b>Fremont Counseling Service</b> Lander, Wyoming <b>\$150,000</b>	<i>Substance abuse prevention project on Arapahoe and Shoshone reservation (for 2 years). ID#12580</i>
<b>George Washington University</b> Washington, D.C. <b>\$148,088</b>	<i>Program to provide AIDS policy information to the states (for 2 years). ID#12380</i>
<b>Harvard University, School of Public Health</b> Boston, Massachusetts <b>\$250,073</b>	<i>Development of a health policy and management program (for 3 years). ID#12690</i>
<b>Health Policy Fellowships Program</b>	<i>One-year fellowships with federal government in Washington, D.C., for faculty from academic health science centers (for 1 year). ID#4888</i>
<b>Columbia University, College of Physicians and Surgeons</b> New York, New York <b>\$50,800</b>	<b>University of Medicine and Dentistry of New Jersey— Robert Wood Johnson Medical School</b> Piscataway, New Jersey <b>\$49,336</b>
<b>The University of South Dakota, School of Medicine</b> Vermillion, South Dakota <b>\$47,200</b>	<b>Vanderbilt University, School of Nursing</b> Nashville, Tennessee <b>\$48,477</b>
<b>University of Texas Health Science Center at San Antonio Dental School</b> San Antonio, Texas <b>\$50,800</b>	<b>University of Washington, School of Medicine</b> Seattle, Washington <b>\$48,000</b>
<b>Health Services Foundation</b> Chicago, Illinois <b>\$47,950</b>	<i>Special quality of care issue of Blue Cross/Blue Shield's "Inquiry" (for 1 year). ID#12396</i>
<b>Hope for the Children</b> Englewood, Colorado <b>\$25,000</b>	<i>Conference on prevention of child abuse and neglect in the 21st century (for 9 months). ID#12289</i>
<b>The Johns Hopkins University, School of Hygiene and Public Health</b> Baltimore, Maryland <b>\$369,708</b>	<i>Technical assistance for the Faculty Fellowships in Health Care Finance Program (for 2 years). ID#12254</i>
<b>Middlesex County College</b> Edison, New Jersey <b>\$23,000</b>	<i>Registered nurse refresher course (for 1 year). ID#12047</i>
<b>Middlesex County College Foundation, Inc.</b> Edison, New Jersey <b>\$71,070</b>	<i>Development of a geriatric care curriculum for Associate Degree RNs (for 1 year). ID#11818</i>





---

**Minority Medical Faculty  
Development Program**

*Four-year program to provide two-year, biomedical, postdoctoral research fellowships (for the periods indicated). ID#7854*

**Albert Einstein College of Medicine of  
Yeshiva University**  
New York, New York  
(2 years)  
**\$120,000**

**Boston University, School of Medicine**  
Boston, Massachusetts  
(2 years)  
**\$119,882**

**Brigham and Women's Hospital, Inc.**  
Boston, Massachusetts  
(2 years)  
**\$120,000**

**University of California, Los Angeles,  
School of Medicine**  
Los Angeles, California  
(2 years)  
**\$120,000**

**University of California, San Diego,  
School of Medicine**  
La Jolla, California  
(2 years)  
**\$120,000**

**University of California, San Francisco,  
School of Medicine**  
San Francisco, California  
(25 months)  
**\$359,535**

**University of Cincinnati, College of Medicine**  
Cincinnati, Ohio  
(17 months)  
**\$79,517**

**University of Colorado Health Sciences Center,  
School of Medicine**  
Denver, Colorado  
(2 years)  
**\$119,924**

**Columbia University, College of Physicians  
and Surgeons**  
New York, New York  
(2 years)  
**\$119,858**

**Duke University Medical Center**  
Durham, North Carolina  
(3 years)  
**\$239,989**

**Emory University, School of Medicine**  
Atlanta, Georgia  
(2 years)  
**\$120,000**

**The General Hospital Corporation—Massachusetts  
General Hospital**  
Boston, Massachusetts  
(3 years)  
**\$119,993**

**Harvard Medical School**  
Boston, Massachusetts  
(25 months)  
**\$239,396**

**University of Michigan Medical School**  
Ann Arbor, Michigan  
(2 years)  
**\$119,942**

**New England Medical Center, Inc.**  
Boston, Massachusetts  
(2 years)  
**\$239,930**

**The University of Pennsylvania, School of Medicine**  
Philadelphia, Pennsylvania  
(3.5 years)  
**\$239,756**

**Research and Education Institute, Inc.—  
Harbor UCLA Medical Center**  
Torrance, California  
(2 years)  
**\$120,000**

**The Research Foundation of State University of  
New York (Stony Brook)**  
Albany, New York  
(2 years)  
**\$120,000**

**Sloan-Kettering Institute for Cancer Research**  
New York, New York  
(2 years)  
**\$120,000**

**Stanford University, School of Medicine**  
Stanford, California  
(3 years)  
**\$358,101**

**Washington University, School of Medicine**  
Saint Louis, Missouri  
(2 years)  
**\$120,000**

**University of Washington, School of Medicine**  
Seattle, Washington  
(2 years)  
**\$120,000**

**Yale University, School of Medicine**  
New Haven, Connecticut  
(2 years)  
**\$240,000**

---



<b>The Morehouse School of Medicine, Inc.</b> Atlanta, Georgia \$2,000,000	<i>Support to increase the clinical faculty and the student body (for 5 years). ID#11617</i>
<b>National Public Radio, Inc.</b> Washington, D.C. \$293,626	<i>Reporting of health care financing, organization, and delivery (for 2 years). ID#12507</i>
<b>New Jersey State Department of Health</b> Trenton, New Jersey \$148,452	<i>AIDS prevention program for adolescents in Newark and Jersey City (for 1 year). ID#12585</i>
<b>University of North Carolina at Chapel Hill, Health Services Research Center</b> Chapel Hill, North Carolina \$238,016	<i>Technical assistance and direction for the Dental Services Research Scholars Program (for 1 year). ID#11636</i>
<b>University of Oklahoma Health Sciences Center</b> Oklahoma City, Oklahoma \$169,872	<i>Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#11879</i>
<b>Robert Wood Johnson University Hospital, Inc.</b> New Brunswick, New Jersey \$150,000	<i>Establishment of a residency training program in clinical pastoral care (for 3 years). ID#12303</i>
<b>Summit County, Utah, Prevention Center</b> Park City, Utah \$143,930	<i>Program to reduce abuse of alcohol and other drugs (for 2 years). ID#12579</i>
<b>University of Medicine and Dentistry of New Jersey</b> Newark, New Jersey \$24,364	<i>Conference on future directions for academic health science centers (for 1 year). ID#12454</i>
<b>University of Washington, School of Nursing</b> Seattle, Washington \$221,289	<i>Technical assistance and direction for the Clinical Nurse Scholars Program (for 1 year). ID#11828</i>



**SERVICES**

<b>American Red Cross</b> Washington, D.C. \$321,200	<i>Program to improve disaster preparedness for the disabled and elderly (for 3 years). ID#11231</i>
<b>Benedictine Hospital</b> Kingston, New York \$316,625	<i>Technical assistance and direction for the Program to Improve Maternal and Infant Health in New Jersey and the Interfaith Volunteer Caregivers Program (for 1 year). ID#12569</i>
<b>Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare</b> Waltham, Massachusetts \$457,426	<i>Technical assistance for the Supportive Services Program for Older Persons (for 2 years). ID#12246</i>
and \$221,271	<i>Technical assistance and direction for the Supportive Services Program in Senior Housing (for 1 year). ID#12659</i>
<b>University of California, San Francisco, Institute for Health Policy Studies</b> San Francisco, California \$573,192	<i>Technical assistance and direction for the AIDS Health Services Program (for 22 months). ID#12350</i>
<b>Cathedral Healthcare System, Inc.</b> Newark, New Jersey \$340,266	<i>Technical assistance for the New Jersey Health Services Development Program (for 2 years). ID#12251</i>
<b>Cerebral Palsy Association of Middlesex County</b> Edison, New Jersey \$25,000	<i>Daycare program for developmentally delayed and disabled children (for 1 year). ID#11699</i>
<b>Children's Hospital National Medical Center</b> Washington, D.C. \$318,493	<i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 1 year). ID#12933</i>
<b>Program for the Chronically Mentally Ill</b>  State of Hawaii Honolulu, Hawaii \$496,174	<i>Support for community-wide projects aimed at consolidating and expanding services for chronically mentally ill people (for 14 months). ID#10446</i>
<b>Community Care Funding Partners Program</b>  Delaware Nursing Centers, Inc. Wilmington, Delaware (5 years) \$325,513  The Greater Kansas City Community Foundation Kansas City, Missouri (3 years) \$67,347	<i>Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for the periods indicated). ID#6397</i>
	<b>Health and Hospital Corporation of Marion County</b> Indianapolis, Indiana (5 years) \$395,847  <b>New City Health Center</b> Chicago, Illinois (5 years) \$400,000
<b>Community Council of Greater New York, Inc.</b> New York, New York \$216,458	<i>Home care ombudsman service for frail elderly individuals (for 1.5 years). ID#12195</i>



<b>Community Programs for Affordable Health Care</b>	<i>Implementing local projects to slow the rate of health care cost increases (for 2 years). ID#6748</i>
<b>Council on Health Costs, Inc.</b> Charlotte, North Carolina <b>\$583,951</b>	<b>Stormont-Vail Health Services Corporation</b> Topeka, Kansas <b>\$536,539</b>
<b>Greater Atlanta Coalition on Health Care, Inc.</b> Atlanta, Georgia <b>\$602,505</b>	
<b>Program of Coordinated Care for Children with Communicative Disorders</b>	<i>Development of networks for the identification and treatment of hearing, speech and language disorders (for 4 years). ID#8028</i>
<b>The University of Iowa</b> Iowa City, Iowa <b>\$227,639</b>	
<b>The Council of State Governments—Southern Governors' Association</b> Lexington, Kentucky <b>\$219,014</b>	<i>Technical assistance for the Healthy Futures Program (for 1 year). ID#11865</i>
<b>The Easter Seal Society of New Jersey, Inc.—Raritan Valley Workshop</b> New Brunswick, New Jersey <b>\$12,000</b>	<i>Computerized vocational testing and evaluation system (for 6 months). ID#12377</i>
<b>Florida International University</b> Miami, Florida <b>\$196,774</b>	<i>Technical assistance for the Service Credit Banking Program for the Elderly (for 3 years). ID#11911</i>
<b>University of Florida, College of Medicine</b> Gainesville, Florida <b>\$254,070</b>	<i>Technical assistance and direction for the Healthy Futures Program (for 1 year). ID#11864</i>
<b>University of Florida, College of Medicine</b> Gainesville, Florida <b>\$9,889</b>	<i>Technical assistance for the Healthy Futures Program (for 2 months). ID#12441</i>
<b>The General Hospital Corporation—Massachusetts General Hospital</b> Boston, Massachusetts <b>\$326,404</b>	<i>Technical assistance and direction for the Program for Prepaid Managed Health Care (for 2 years). ID#12249</i>
<b>George Washington University</b> Washington, D.C. <b>\$173,712</b>	<i>Technical assistance and direction for the Local Initiative Funding Partners Program (for 1 year). ID#12903</i>
<b>Grantmakers in Health</b> New York, New York <b>\$150,000</b>	<i>Educational program for staff and trustees in health philanthropy (for 3 years). ID#12689</i>
<b>Harvard Medical School</b> Boston, Massachusetts <b>\$441,820</b>	<i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 2 years). ID#12250</i>
and <b>\$367,732</b>	<i>Technical assistance and direction for the Program for the Chronically Mentally Ill (for 1 year). ID#12308</i>
and <b>\$210,016</b>	<i>Communications project for the Program for the Chronically Mentally Ill (for 2 years). ID#12522</i>



---

**Health Care for the Homeless Program** *Projects involving urban coalitions of public and private agencies in providing and coordinating health and other services to the homeless (for 2 years). ID#8637*

**Trustees of Health and Hospitals of the City of Boston, Inc.**  
Boston, Massachusetts  
**\$749,501**

**University of California, Los Angeles, School of Nursing**  
Los Angeles, California  
**\$718,280**

**Coalition for Community Health Care**  
Milwaukee, Wisconsin  
**\$714,856**

**Colorado Coalition for the Homeless**  
Denver, Colorado  
**\$802,657**

**Community Foundation of Greater Washington**  
Washington, D.C.  
**\$650,095**

**Federation for Community Planning**  
Cleveland, Ohio  
**\$700,000**

**Fremont Public Association**  
Seattle, Washington  
**\$645,578**

**Health and Welfare Council of Central Maryland, Inc.**  
Baltimore, Maryland  
**\$822,768**

**Metropolitan Government of Nashville and Davidson County**  
Nashville, Tennessee  
**\$817,578**

**City of Phoenix, Human Resources Department**  
Phoenix, Arizona  
**\$730,608**

**St. Joseph's Hospital and Health Care Foundation, Inc.**  
Albuquerque, New Mexico  
**\$837,208**

**Travelers and Immigrants Aid of Chicago**  
Chicago, Illinois  
**\$705,437**

**United Community Services of Metropolitan Detroit**  
Detroit, Michigan  
**\$743,292**

---

**Health Care for the Uninsured Program** *Development and implementation of state and local initiatives to assure the availability of health care services for those who cannot afford care and lack health insurance (for the periods indicated). ID#10393*

**City and County of Denver, Department of Health and Hospitals**  
Denver, Colorado  
(3 years)  
**\$345,103**

**State of Florida, Department of Health and Rehabilitative Services**  
Tallahassee, Florida  
(3 years)  
**\$450,000**

**IHC Foundation, Inc.**  
Salt Lake City, Utah  
(3 years)  
**\$400,700**

**Maine Department of Human Services**  
Augusta, Maine  
(3 years)  
**\$409,701**

**Michigan League for Human Services**  
Lansing, Michigan  
(27 months)  
**\$348,488**

**New Jersey State Department of Health**  
Trenton, New Jersey  
(3 years)  
**\$449,841**

**South Cove Community Health Center**  
Boston, Massachusetts  
(3 years)  
**\$329,767**

**United Way of the Bay Area**  
San Francisco, California  
(1 year)  
**\$134,980**

**State of West Virginia, Joint Committee on Government and Finance**  
Charleston, West Virginia  
(3 years)  
**\$450,000**

---



<b>Home Care Council of New Jersey, Inc.</b> Montclair, New Jersey \$48,141	<i>Establishment of a commission on accreditation for home care (for 1.5 years). ID#11434</i>
<b>Hospital-Based Rural Health Care Program</b>	<i>Program to improve the access, quality, and cost-efficiency of health services in rural hospitals (for the periods indicated). ID#11262</i>
<b>Health Care Foundation, Inc.</b> Presque Isle, Maine (2 years) \$371,174	<b>North Mississippi Medical Center, Inc.</b> Tupelo, Mississippi (2 years) \$349,834
<b>Health Systems Agency of Northeastern New York, Inc.</b> Albany, New York (2 years) \$427,709	<b>Northern Montana Hospital</b> Havre, Montana (2 years) \$329,975
<b>Hospital Research and Educational Trust— South Carolina Hospital Association</b> West Columbia, South Carolina (2 years) \$298,336	<b>St. John's Regional Health Center</b> Springfield, Missouri (2 years) \$283,806
<b>Northeast Iowa Hospital Council</b> Decorah, Iowa (2 years) \$543,885	<b>Sauk-Prairie Memorial Hospital Association, Inc.</b> Prairie du Sac, Wisconsin (2 years) \$341,658
<b>University of Nevada, School of Medical Sciences</b> Reno, Nevada (1 year) \$285,978	<b>Synernet Research Foundation</b> Portland, Maine (1 year) \$126,053
<b>North Carolina Foundation for Alternative Health Programs, Inc.</b> Raleigh, North Carolina (2 years) \$466,066	<b>West Alabama Health Services, Inc.</b> Eutaw, Alabama (2 years) \$311,174
<b>Hospital Research and Educational Trust</b> Chicago, Illinois \$220,331	<i>Technical assistance and direction for the Community Programs for Affordable Health Care (for 1 year). ID#12011</i>
<b>Independent Sector</b> Washington, D.C. \$100,000	<i>Program to increase funds and time donated to human service activities (for 1 year). ID#12270</i>
<b>Integrated Mental Health, Inc.</b> Rochester, New York \$39,700	<i>Technical assistance and information project for the Program for the Chronically Mentally Ill (for 1 year). ID#11613</i>
<b>Jeanes/Foulkeways Corporation</b> Gwynedd, Pennsylvania \$453,039	<i>Establishment of a life-care-at-home plan in Northeast Philadelphia (for 1 year). ID#11649</i>
<b>The John F. Kennedy Medical Center Foundation, Inc.</b> Edison, New Jersey \$122,000	<i>Equipment for the Robert Wood Johnson Jr. Rehabilitation Institute (for 1 year). ID#11635</i>



<b>Lutheran Medical Center</b> Brooklyn, New York <b>\$297,178</b>	<i>Expansion of supportive services model (for 3 years). ID#11778</i>
<b>Lutheran Metropolitan Ministry Association of Greater Cleveland</b> Cleveland, Ohio <b>\$232,080</b>	<i>Implementation of a model board and care program (for 3 years). ID#11377</i>
<b>MG Property Holding Corporation</b> New Brunswick, New Jersey <b>\$620,205</b>	<i>Real estate acquisition (for 1 year). ID#11976</i>
<b>University of Maryland</b> College Park, Maryland <b>\$225,225</b>	<i>Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 1 year). ID#12960</i>
<b>Matheny School, Inc.</b> Peapack, New Jersey <b>\$53,338</b>	<i>Home care service for severely handicapped infants (for 3 months). ID#11850</i>
<b>Mental Health Center of Dane County, Inc.</b> Madison, Wisconsin <b>\$399,385</b>	<i>Technical assistance and direction for the Mental Health Services Development Program (for 2 years). ID#12247</i>
<b>Mental Health Services Development Program</b>	<i>State and local initiatives to improve access to a broad range of health and other services for the chronically mentally ill (for the periods indicated). ID#11182</i>
<b>County of Los Angeles, Department of Mental Health</b> Los Angeles, California (2 years) <b>\$581,693</b>	<b>State of South Carolina, Department of Mental Health</b> Columbia, South Carolina (2 years) <b>\$432,328</b>
<b>The Los Angeles Men's Place</b> Los Angeles, California (4 years) <b>\$560,810</b>	<b>Thresholds</b> Chicago, Illinois (3 years) <b>\$600,000</b>
<b>Mental Health Law Project</b> Washington, D.C. (2 years) <b>\$600,000</b>	<b>Travelers and Immigrants Aid of Chicago</b> Chicago, Illinois (3 years) <b>\$409,195</b>
<b>State of Rhode Island, Department of Mental Health, Retardation and Hospitals</b> Cranston, Rhode Island (2 years) <b>\$587,239</b>	<b>Vermont Department of Mental Health</b> Waterbury, Vermont (2 years) <b>\$600,000</b>
<b>Senior Health and Peer Counseling Center</b> Santa Monica, California (3 years) <b>\$448,396</b>	



<b>University of Miami, School of Medicine</b> Miami, Florida \$80,006	<i>Planning for a geriatric center outreach program for minority persons (for 1 year). ID#12584</i>
<b>Middlesex County Recreational Council</b> Edison, New Jersey \$162,450	<i>Summer camp for children with health problems (for 8 months). ID#12074</i>
<b>Montefiore Medical Center</b> Bronx, New York \$180,255	<i>Technical assistance and direction for the Program for Hospital Initiatives in Long-Term Care (for 8 months). ID#11819</i>
<b>National Academy of Sciences— Institute of Medicine</b> Washington, D.C. \$42,520	<i>The Gustav O. Lienhard Award (for 1 year). ID#11412</i>
<b>National Foundation for Dentistry for the Handicapped</b> Denver, Colorado \$343,907	<i>Volunteer dental services program for the disabled indigent and elderly (for 2 years). ID#12138</i>
<b>New Brunswick Tomorrow</b> New Brunswick, New Jersey \$350,000	<i>Support for expanding community program activities (for 1 year). ID#11967</i>
<b>New Jersey Health Services Development Program</b>	<i>Innovative projects to address the state's health care needs (for the periods indicated). ID#11904</i>
<b>Crossroads Programs, Inc.</b> Burlington, New Jersey (19 months) \$432,716	<b>University of Medicine and Dentistry of New Jersey— Robert Wood Johnson Medical School</b> Piscataway, New Jersey (3 years) \$376,283
<b>Family Practice Center of the St. Peter's Medical Center, Inc.</b> New Brunswick, New Jersey (3 years) \$482,145	<b>Visiting Nurse Association of Trenton</b> West Trenton, New Jersey (2 years) \$267,166
<b>New Jersey Department of Human Services</b> Trenton, New Jersey (2.5 years) \$326,151	
<b>New York University</b> New York, New York \$275,988	<i>Technical assistance and direction for the Hospital-Based Rural Health Care Program (for 1 year). ID#11820</i>
<b>City of Newark, Department of Health and Human Services</b> Newark, New Jersey \$795,071	<i>Health care for the homeless program (for 2 years). ID#10599</i>
<b>The University of Pennsylvania, School of Nursing</b> Philadelphia, Pennsylvania \$134,432	<i>Dissemination of the teaching nursing home concept (for 10 months). ID#11405</i>



<b>Program for Prepaid Managed Health Care</b>	<i>Collaboration of medical institutions with state and federal government and private insurers in projects offering health care by combining patient care management by primary care physicians with a capitated payment arrangement (for 1 year). ID#7862</i>	
<b>Mile Square Health Plan of Illinois, Inc.</b> Chicago, Illinois <b>\$318,666</b>		
<b>Primary Care Health Center Management Program</b>	<i>Matching grants initiative aimed at strengthening the management of not-for-profit primary care health centers located in communities with inadequate medical resources (for the periods indicated). ID#10366</i>	
<b>Arroyo Vista Family Health Foundation</b> Los Angeles, California (3 years) <b>\$75,000</b>	<b>North Shore Community Health Center, Inc.</b> Peabody, Massachusetts (3 years) <b>\$56,160</b>	
<b>Broad Top Area Medical Center, Inc.</b> Broad Top, Pennsylvania (3 years) <b>\$74,775</b>	<b>Over 60 Health Clinic, Inc.</b> Berkeley, California (3 years) <b>\$75,000</b>	
<b>Community Health Services, Inc.</b> Cairo, Illinois (3 years) <b>\$75,000</b>	<b>Pike Market Community Clinic</b> Seattle, Washington (32 months) <b>\$58,565</b>	
<b>Logan Heights Family Health Center</b> San Diego, California (3 years) <b>\$75,000</b>	<b>Sea Mar Community Health Center</b> Seattle, Washington (3 years) <b>\$75,000</b>	
<b>Lunenburg County Community Health Center, Inc.</b> Victoria, Virginia (3 years) <b>\$75,000</b>	<b>Southeast Area Health Center, Inc.</b> Oklahoma City, Oklahoma (3 years) <b>\$63,000</b>	
<b>Milwaukee Indian Health Board, Inc.</b> Milwaukee, Wisconsin (3 years) <b>\$75,000</b>	<b>Twin County Rural Health Center, Inc.</b> Hollister, North Carolina (3 years) <b>\$75,000</b>	
<b>North of Market Senior Services</b> San Francisco, California (3 years) <b>\$75,000</b>	<b>West Contra Costa Community Health Care Corporation</b> Richmond, California (3 years) <b>\$75,000</b>	
<b>Program to Promote Long-Term Care Insurance for the Elderly</b>	<i>Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the periods indicated). ID#12657</i>	
<b>State of Connecticut, Office of Policy and Management</b> Hartford, Connecticut (2 years) <b>\$355,908</b>	<b>The Commonwealth of Massachusetts, Governor's Office of Human Resources</b> Boston, Massachusetts (1 year) <b>\$230,414</b>	
<b>State of Indiana, State Budget Agency</b> Indianapolis, Indiana (2 years) <b>\$344,785</b>	<b>State of Wisconsin, Department of Health and Social Services</b> Madison, Wisconsin (1.5 years) <b>\$344,520</b>	



<b>Public Private Ventures</b> Philadelphia, Pennsylvania <b>\$375,000</b>	<i>Health component of program to reduce pregnancy and dropout rates for disadvantaged (for 2 years). ID#12471</i>
<b>Puerto Rico Community Foundation, Inc.</b> Hato Rey, Puerto Rico <b>\$78,165</b>	<i>Planning for adolescent health programs in Puerto Rico (for 9 months). ID#12165</i>
<b>St. Vincent de Paul Society</b> Metuchen, New Jersey <b>\$54,000</b>	<i>Program of assistance to the indigent (for 1 year). ID#12256</i>
<b>St. Vincent's Hospital and Medical Center of New York</b> New York, New York <b>\$271,263</b>	<i>Technical assistance and direction for the Health Care for the Homeless Program (for 1 year). ID#11827</i>
<b>The Salvation Army</b> New Brunswick, New Jersey <b>\$70,000</b>	<i>Program of assistance to the indigent (for 1 year). ID#11826</i>



---

**School-Based Adolescent Health  
Care Program**

*Establishment of comprehensive health services clinics in public secondary schools (for the periods indicated). ID#10523*

**State of Alabama, State Board of Health, Jefferson  
County Department of Health**  
(Ensley High School)  
Birmingham, Alabama  
(2 years)  
**\$299,266**

**Bronx-Lebanon Hospital Center**  
(Taft High School)  
Bronx, New York  
(2 years)  
**\$200,000**

**University of Colorado Health Sciences Center**  
(Lincoln and East High Schools)  
Denver, Colorado  
(2 years)  
**\$200,000**

**Guilford County Department of Public Health**  
(Gillespie High School)  
Greensboro, North Carolina  
(2 years)  
**\$200,000**

**Health Start**  
(Harding High School)  
St. Paul, Minnesota  
(2 years)  
**\$200,000**

**Jersey City Medical Center**  
(Snyder and Dickinson High Schools)  
Jersey City, New Jersey  
(2 years)  
**\$200,000**

**City of Los Angeles Board of Education**  
(Jordan High School)  
Los Angeles, California  
(25 months)  
**\$197,193**

**City of Los Angeles Board of Education**  
(Los Angeles High School)  
Los Angeles, California  
(2 years)  
**\$199,717**

**City of Los Angeles Board of Education**  
(San Fernando Valley High School)  
Los Angeles, California  
(2 years)  
**\$198,050**

**Louisiana State University Medical Center**  
(Istrouma High School and Westdale Middle School)  
New Orleans, Louisiana  
(2 years)  
**\$199,234**

**Memphis and Shelby County Health Department**  
(Northside High School)  
Memphis, Tennessee  
(2 years)  
**\$292,330**

**Minneapolis Special School District**  
(Southwest High School)  
Minneapolis, Minnesota  
(2 years)  
**\$298,638**

**New Detroit, Inc.**  
(Northern and Northwestern High Schools)  
Detroit, Michigan  
(2 years)  
**\$200,000**

**New York Medical College**  
(Morris High School)  
Valhalla, New York  
(2 years)  
**\$198,618**

**North Shore University Hospital**  
(Far Rockaway High School)  
Manhasset, New York  
(2 years)  
**\$200,000**

**Orleans Parish School Board**  
(Carver High School)  
New Orleans, Louisiana  
(2 years)  
**\$299,969**

**University of Medicine and Dentistry of New Jersey—  
New Jersey Medical School**  
(Barringer High School)  
Newark, New Jersey  
(2 years)  
**\$300,000**

**Visiting Nurse Association, Inc.**  
(Overfelt and San Jose High Schools)  
Santa Clara, California  
(2 years)  
**\$199,178**

---



<b>Service Credit Banking Program for the Elderly</b>	<i>Supportive services by able older volunteers for the frail and disabled elderly (for 3 years). ID#11301</i>
<b>Consolidated Neighborhood Services, Inc.</b> St. Louis, Missouri <b>\$199,999</b>	<b>Geriatrics Service Complex Foundation, Inc.</b> North Miami, Florida <b>\$200,000</b>
<b>Elderplan, Inc.</b> Brooklyn, New York <b>\$192,971</b>	<b>Greater Southeast Community Center for the Aging, Inc.</b> Washington, D.C. <b>\$199,555</b>
<b>Federated Dorchester Neighborhood Houses, Inc.— Kit Clark Senior House</b> Dorchester, Massachusetts <b>\$200,000</b>	<b>Pacific Presbyterian Medical Center, Inc.</b> San Francisco, California <b>\$199,665</b>
<b>The Statue of Liberty-Ellis Island Foundation, Inc.</b> New York, New York <b>\$150,000</b>	<i>Support for medical processing gallery in a museum on Ellis Island (for 6 months). ID#13039</i>
<b>Supportive Services Program for Older Persons</b>	<i>Program to promote the expansion of nontraditional health and health-related services to the elderly, including emergency response services, respite care, housekeeping, and transportation (for 1 year). ID#10528</i>
<b>State of Arkansas, Department of Health</b> Little Rock, Arkansas <b>\$229,582</b>	<b>VNS Affiliates</b> Seattle, Washington <b>\$263,259</b>
<b>Kennebec Valley Regional Health Agency</b> Waterville, Maine <b>\$282,300</b>	<b>Visiting Nurse Association of Delaware, Inc.</b> Wilmington, Delaware <b>\$250,152</b>
<b>MCOSS Foundation, Inc.</b> Red Bank, New Jersey <b>\$168,120</b>	<b>Visiting Nurse Association of the Inland Counties, Inc.</b> Riverside, California <b>\$283,802</b>
<b>Michigan Home Health Care, Inc.</b> Traverse City, Michigan <b>\$237,210</b>	<b>Visiting Nurse Association of North Shore, Inc.</b> Danvers, Massachusetts <b>\$271,710</b>
<b>St. Peter's Hospital</b> Albany, New York <b>\$222,165</b>	<b>Visiting Nurse Association of Springfield</b> Springfield, Massachusetts <b>\$130,990</b>
<b>State of South Carolina, Department of Health and Environmental Control</b> Beaufort, South Carolina <b>\$230,822</b>	<b>Visiting Nurse Association of Texas</b> Dallas, Texas <b>\$171,567</b>
<b>Visiting Nurse Association of York and York County</b> York, Pennsylvania <b>\$179,172</b>	
<b>United Way of Central Jersey, Inc.</b> Milltown, New Jersey <b>\$150,000</b>	<i>Support for 1987 campaign (for 1 year). ID#12012</i>
<b>United Way-Princeton Area Communities</b> Princeton Junction, New Jersey <b>\$92,250</b>	<i>Support for 1986–1987 campaign (for 2 years). ID#12258</i>



<b>University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School</b> Piscataway, New Jersey <b>\$315,900</b>	<i>Property acquisition for the Magnetic Resonance Imaging project (for 1 year). ID#11018</i>
<b>Wake Forest University, The Bowman Gray School of Medicine</b> Winston-Salem, North Carolina <b>\$347,475</b>	<i>Technical assistance and direction for the Dementia Care and Respite Services Program (for 1 year). ID#11317</i>
<b>Youth Employment Service of Princeton, Inc.</b> Princeton, New Jersey <b>\$30,000</b>	<i>High school program offering services for the elderly (for 3 years). ID#11702</i>

Total 1987 grants	\$90,668,192
Refunds of prior years' grants	(395,395)
Cancellations of prior years' grants	(4,821,187)
Transfer of grants	
Balance unspent by original grantees	(748,212)
Transferred to new grantees	748,212
Grants net for 1987	<u>\$85,451,610</u>

#### SENIOR PROGRAM CONSULTANTS

Philip W. Brickner, MD	Linda Hill-Chinn	Philip J. Porter, MD
J. Robert Buchanan, MD	Susan D. Horn, PhD	Burton V. Reifler, MD
James J. Callahan, Jr., PhD	Kenneth G. Johnson, MD	Miles F. Shore, MD
Rheba de Tornay, EdD	William A. Knaus, MD	Mervyn F. Silverman, MD
Carl Eisdorfer, MD, PhD	Anthony R. Kovner, PhD	Leonard I. Stein, MD
Judith Feder, PhD	Julia G. Lear, PhD	Walter J. Wadlington, LLB
James R. Gavin III, MD, PhD	Joan E. Lynaugh, PhD	Raymond P. White, Jr., DDS, PhD
Ruth T. Gross, MD	Charles S. Mahan, MD	
Robert J. Haggerty, MD	Mathy D. Mezey, EdD	

#### FOR FURTHER INFORMATION

A brief, descriptive *Program Summary* is available without charge for most of the Foundation's 1987 grants, as well as for those made in prior years. When possible, requests should include the title of the grant, the institutional recipient, and the grant ID number. The information on 1987 grants is available from the above listing. Address requests to:

Communications Office  
The Robert Wood Johnson Foundation  
Post Office Box 2316  
Princeton, New Jersey 08543-2316

Also available without charge from the same address is the Foundation's *Special Report*, a non-periodic publication that describes the progress and outcomes of some of the programs assisted by the Foundation. Titles issued in 1987 were:

- The Foundation's Minority Medical Training Programs
- Access to Health Care in the United States: Results of a 1986 Survey



## SELECTED BIBLIOGRAPHY

Each year the Foundation's grantees report the publications and other information materials that have been produced as a direct or indirect result of their grants.

This bibliography is a sample of citations from the books, book chapters, journal articles and reports produced and reported to us by Foundation grantees. The publications are available through medical libraries and/or the publishers. We regret that copies are not available from the Foundation.

### Books

Andersen, R.M., et al. *Ambulatory Care and Insurance Coverage in an Era of Constraint*. Chicago: Pluribus Press, 1987.

Bayles, K.A., A.W. Kaszniak and C.K. Tomoeda. *Communication and Cognition in Normal Aging and Dementia*. San Diego: Little Brown/College-Hill Press, 1987.

Eisenberg, J.M. *Doctors' Decisions and the Cost of Medical Care: The Reasons for Doctors' Practice Patterns and Ways to Change Them*. Ann Arbor, Michigan: Health Administration Press Perspectives, 1986.

Evans, R.G. and G.L. Stoddart. *Medicare at Maturity: Achievements, Lessons and Challenges*. Calgary, Alberta: University of Calgary Press, 1986.

Feinstein, A.R. *Clinimetrics*. New Haven, Connecticut: Yale University Press, 1987.

Hoekelman, R.A. (ed.). *Primary Pediatric Care*. St. Louis: C.V. Mosby, 1986.

Hughes, S.L. *Long-Term Care: Options in an Expanding Market*. Homewood, Illinois: Dow Jones-Irwin, 1986.

Isralowitz, R. and M. Singer (eds.). *Adolescent Substance Abuse: A Guide to Prevention and Treatment*. New York: Haworth Press, 1983.

National Research Council. Panel on Adolescent Pregnancy and Childbearing. *Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing*. 2 vols. Washington, D.C.: National Academy Press, 1987.

Potter, P. and A. Perry. *Basic Nursing: Theory and Practice*. St. Louis: C.V. Mosby, 1987.

Rabin, D.L. and P. Stockton. *Long-Term Care for the Elderly: A Factbook*. New York: Oxford University Press, 1987.

Research and Policy Committee of the Committee for Economic Development. *Reforming Health Care: A Market Prescription*. Washington, D.C.: Committee for Economic Development, 1987.

Schwartz, W., et al. *Principles and Practices of Clinical Pediatrics*. Chicago: Year Book Medical Publishers, 1986.

Wiener, J.M. (ed.). *Swing-Beds: Assessing Flexible Health Care in Rural Communities*. Washington, D.C.: Brookings Institution, 1987.

### Book chapters

Brooks-Gunn, J. and F.F. Furstenberg, Jr. "Continuity and Change in the Context of Poverty: Adolescent Mothers and Their Children." *The Malleability of Children*. Edited by J.J. Gallagher. Baltimore: Paul H. Brookes Publishing, 1987.

Carey, T. "Disability Determination: The Challenge of Backache." *Clinical Concepts in the Regional Musculoskeletal Illness*. Edited by N. Hadler. Orlando, Florida: Grune & Stratton, 1987.

Cotanch, P.H. "Behavioral Treatment in Cancer Patients." *Applications in Behavioral Medicine and Healthy Psychology*. Edited by J. Blumenthal and D. McKee. Sarasota, Florida: Professional Resource Exchange, 1987.

Ehlinger, E.P. "Implications of the Competition Model." *Readings in Community Health Nursing*. Edited by B.W. Spradley. Boston: Little, Brown & Company, 1986.

Epstein, W.V. "The Eye and Connective Tissue Diseases." *Rheumatology and Immunology*. Edited by A.S. Cohen and J.C. Bennett. Second edition. Orlando, Florida: Grune & Stratton, 1986.

Fairchild, M.S. and W.S. Yancy. "Counselling the Parents of Adolescents." *Primary Pediatric Care*. Edited by R.A. Hoekelman. St. Louis: C.V. Mosby, 1986.

Greenberg, J.N., W.N. Leutz and S.H. Altman. "The Social Health Maintenance Organization: A Professional and Organizational Challenge." *Graying Americans and Our Health System: Report of the 1985 National Forum on Hospital and Health Affairs*. Edited by B.J. Jaeger. Durham, North Carolina: Duke University Department of Health Administration, 1985.

Hansell, S. and D. Mechanic. "The Socialization of Introspection and Distress." *Illness Behavior: A Multidisciplinary Perspective*. Edited by S. McHugh. New York: Plenum Publishing Corporation, 1987.

Hartman, C. and A.W. Burgess. "A Cognitive Behavioral Model of Intervention with Heart Attack Victims." *Trauma and Its Wake*. Edited by C. Figley. New York: Brunner-Mazel, 1985.

Helgeson, S.D. and J.F. Jekel. "AIDS." *Health and Medical Horizons, 1987*. New York: Macmillan Publishing Company, 1987.

Hollingsworth, D.R. "Endocrine Disorders of Pregnancy." *Maternal Fetal Medicine: Principles and Practice*. Edited by R.K. Creasy and R. Resnik. Philadelphia: W.B. Saunders, 1984.

Jekel, J.F. "Public Health Approaches to the Cocaine Problem: Lessons from the Bahamas." *The Cocaine Crisis*. Edited by D.F. Allen. New York: Plenum Publishing Corporation, 1987.

Kovner, A.R. and H. Richardson. "The Robert Wood Johnson Demonstration Program." *Swing-Beds: Assessing Flexible Health Care in Rural Communities*. Edited by J.M. Wiener. Washington, D.C.: Brookings Institution, 1987.



Lave, J. and W.A. Knaus. "The Economics of Intensive Care Units." *Medicolegal Aspects of Critical Care*. Edited by K. Benesch. Rockville, Maryland: Aspen Publishers, 1986.

McCormick, M.C. and F.B. Schwartz. "Health Care of the Young." *Preventive Medicine and Public Health*. Edited by B.J. Cassens. Media, Pennsylvania: Harwall Publishing Company, 1987.

Medalie, J.H. "An Approach to Common Problems in the Elderly." *The Practice of Geriatric Medicine*. Edited by E. Calkins. Philadelphia: W.B. Saunders, 1986.

Mengel, M. "Lower Abdominal Pain in an Adolescent." *Family-Centered Medical Care: A Clinical Casebook*. Edited by W.J. Doherty and M.A. Baird. New York: Guilford Press, 1987.

Mettee, T.M. "Urban Community Diagnosis: A Tool for Community-Oriented Family Practice." *Urban Family Medicine*. Edited by R. Birrer. New York: Springer-Verlag, 1986.

Noble, J., et al. "Concepts of Health and Illness." *Textbook of General Medicine and Primary Care*. Edited by J. Noble. Boston: Little, Brown & Company, 1987.

Roy, C. "Practice in Action: Clinical Research." *Faculty Practice in Action: Second Annual Symposium on Nursing Faculty Practice*. Edited by K.E. Barnard and G.R. Smith. Kansas City, Missouri: American Academy of Nursing, 1985.

Saunders, D.S. "Drug Abuse Reactions." *Clinical Manual of Emergency Pediatrics*. Edited by E. Crain and J. Gershel. East Norwalk, Connecticut: Appleton & Lange, 1986.

Schechter, A.N., C.T. Noguchi and G.P. Rodgers. "Sickle Cell

Anemia." *Molecular Basis of Blood Diseases*. Edited by G. Stamatoyannopoulos, et al. Philadelphia: W.B. Saunders, 1987.

Sell, E.J. "Follow-Up of the Infant Given Neonatal Intensive Care." *Perinatal Neurology and Neurosurgery*. Edited by R.A. Thompson, J.R. Green and S.D. Johnsen. Elmsford, New York: Pergamon Press, 1985.

Shaughnessy, P.W. "Access and Case-Mix Patterns." *Swing-Beds: Assessing Flexible Health Care in Rural Communities*. Edited by J.M. Wiener. Washington, D.C.: Brookings Institution, 1987.

Shortell, S.M., et al. "Diversification of Health Care Services: The Effects of Ownership, Environment, and Strategy." *Advances in Health Economics and Health Services Research: Mergers in Health Care—The Performance of Multi-Institutional Organizations, Volume 7*. Edited by R.M. Scheffler and L.F. Rossiter. Greenwich, Connecticut: Jai Press, 1986.

Silverman, M.F. "The Public Health Response." *AIDS: Facts and Issues*. Edited by V. Gong and N. Rudnick. New Brunswick, New Jersey: Rutgers University Press, 1986.

Taplin, S., et al. "A Husband and Wife with Back Aches." *Family-Centered Medical Care: A Clinical Casebook*. Edited by W.J. Doherty and M.A. Baird. New York: Guilford Press, 1987.

Warshaw, G.A. "Geriatric Health." *The Encyclopedia of Aging*. Edited by G. Maddox. New York: Springer Publishing, 1987.

Wykle, M. "Mental Health Nursing: Research in Nursing Homes." *Mental Illness in Nursing Homes*. Edited by M.S. Harper and B. Lebowitz. Rockville, Maryland: United States National Institute of Mental Health, 1986.





**Journal articles**

- Acheson, L.S. "Disturbance of Bone Growth in a Child Who Survived Septic Shock." *Journal of Family Practice*, 23:321-329, October, 1986.
- Adelman, A. "Abdominal Pain in the Primary Care Setting." *Journal of Family Practice*, 25:27-32, July, 1987.
- Andrulis, D.P., et al. "The Provision and Financing of Medical Care for AIDS Patients in U.S. Public and Private Teaching Hospitals." *JAMA*, 258:1343-1346, September 11, 1987.
- Applegate, W.B. "Use of Assessment Instruments in Clinical Settings." *Journal of the American Geriatric Society*, 35:45-50, January, 1987.
- Applegate, W.B., et al. "Impact of Cataract Surgery with Lens Implantation on Vision and Physical Function in Elderly Patients." *JAMA*, 257:1064-1066, February 27, 1987.
- Arno, P.S. "The Nonprofit Sector's Response to the AIDS Epidemic: Community-Based Services in San Francisco." *American Journal of Public Health*, 76:1325-1330, November, 1986.
- Arnold, R.M., G.J. Povar and J.D. Howell. "The Humanities, Humanistic Behavior, and the Humane Physician." *Annals of Internal Medicine*, 106:313-318, February, 1987.
- Bader, J.D., et al. "Identifying Children Who Will Experience High Caries Increments." *Community Dentistry and Oral Epidemiology*, 14:198-201, August, 1986.
- Bassuk, E., L. Rubin and A. Lauriat. "Characteristics of Sheltered Homeless Families." *American Journal of Public Health*, 76:1097-1101, September, 1986.
- Baum, S.A., and L.Z. Rubenstein. "Old People in the Emergency Room: Age-Related Differences in Emergency Department Use and Care." *Journal of the American Geriatric Society*, 35:398-404, May, 1987.
- Beaty, H.N., et al. "Research Activities of Faculty in Academic Departments of Medicine." *Annals of Internal Medicine*, 104:90-97, January, 1986.
- Bellamy, P.E. and R.K. Oye. "Admitting Elderly Patients to the ICU: Dilemmas and Solutions." *Geriatrics*, 42:61-63, March, 1987.
- Bendersky, M. and M. Lewis. "The Impact of Birth Order on Mother-Infant Interactions in Preterm and Sick Infants." *Journal of Developmental and Behavioral Pediatrics*, 7:242-246, August, 1986.
- Bergstrom, N., et al. "The Braden Scale for Predicting Pressure Sore Risk." *Nursing Research*, 36:205-210, 1987.
- Berki, S.E., et al. "Health Insurance Coverage of the Unemployed." *Medical Care*, 23:847-854, July, 1985.
- Blake, R.L. and T.A. Vandiver. "The Reliability and Validity of a Ten-Item Measure of Functional Status." *Journal of Family Practice*, 23:455-459, November, 1986.
- Blanc, P.D. and K.R. Olson. "Occupationally Related Illness Reported to a Regional Poison Control Center." *American Journal of Public Health*, 76:1303-1307, November, 1986.
- Bland, C.J., et al. "Faculty Development Fellowship Programs in Family Medicine." *Journal of Medical Education*, 62:632-641, August, 1987.
- Bluestone, C.D., et al. "Controversies in Screening for Middle Ear Disease and Hearing Loss in Children." *Pediatrics*, 77:57-70, January, 1986.
- Boyko, E.J., et al. "Risk of Ulcerative Colitis Among Former and Current Cigarette Smokers." *New England Journal of Medicine*, 316:707-710, March 19, 1987.
- Bradbury, R.C. "A Community Approach to Health Care Competition." *Inquiry*, 24:253-265, Fall, 1987.
- Brecher, C., J.P. Knickman and R.J. Vogel. "Local Simulations of Alternative Policies for Financing Services to the Elderly." *Medical Care*, 24:363-376, April, 1986.
- Brent, E.E. and D.E. Beckett. "Common Response Patterns of Medical Students in Interviews of Hospitalized Patients." *Medical Care*, 24:981-989, November, 1986.
- Brook, R.H., et al. "Educating Physicians and Treating Patients in the Ambulatory Setting: Where Are We Going and How Will We Know When We Arrive?" *Annals of Internal Medicine*, 107:392-398, September, 1987.
- Buchner, D.M. and E.B. Larson. "Falls and Fractures in Patients with Alzheimer-Type Dementia." *JAMA*, 257:1492-1495, March 20, 1987.
- Burgess, A.W., et al. "A Randomized Control Trial of Cardiac Rehabilitation." *Social Science and Medicine*, 24:359-370, 1987.
- Butler, J.A., et al. "Health Insurance Coverage and Physician Use Among Children with Disabilities: Findings from Probability Samples in Five Metropolitan Areas." *Pediatrics*, 79:89-98, January, 1987.
- Campion, E.W., et al. "Hip Fracture: A Prospective Study of Hospital Course, Complications, and Costs." *Journal of Internal Medicine*, 2:78-92, March/April, 1987.
- Carey, T.S., et al. "Social Security Disability Determinations: Knowledge and Attitudes of Consultative Physicians." *Medical Care*, 25:267-275, April, 1987.
- Carter, W.B., et al. "Developing and Testing a Decision Model for Predicting Influenza Vaccination Compliance." *Health Services Research*, 20:897-932, February Part II, 1986.
- Chacko, M.R., R.D. Wells and S.A. Phillips. "Test of Cure for Gonorrhea in Teenagers: Who Complies and Does Continuity of Care Help?" *Journal of Adolescent Health Care*, 8:261-265, May, 1987.



Chassin, M.R., et al. "Does Inappropriate Use Explain Geographic Variations in the Use of Health Care Services? A Study of Three Procedures." *JAMA*, 258:2533-2537, November 13, 1987.

Cherkin, D.C., et al. "The Use of Medical Resources by Residency Trained Family Physicians and General Internists: Is There a Difference?" *Medical Care*, 25:455-469, June, 1987.

Cherkis, R.C., et al. "Significance of Atypical Endometrial Cells Detected by Cervical Cytology." *Obstetrics and Gynecology*, 69:786-789, May, 1987.

Cohen, M.A., E.J. Tell and S.S. Wallach. "The Lifetime Risks and Costs of Nursing Home Use Among the Elderly." *Medical Care*, 24:1161-1172, December, 1986.

Colwill, J.M. "Academic Department of Family Medicine: A Retrospective and a Prospective View." *Family Medicine*, 18:384-388, November-December, 1986.

Daniel, W., D. Cornely and M. McCormick. "Statement on Infant Mortality." *Pediatrics*, 78:1155-1160, December, 1986.



DeAngelis, C. "Medical Malpractice Litigation: Does It Augment or Impede Quality Care?" *Journal of Pediatrics*, 110:878-880, June, 1987.

DeFriese, G.H. "Assessing the Use of Health Risk Appraisals." *Business and Health*, 4:38-42, April, 1987.

Deyo, R.A. and R.M. Centor. "Assessing the Responsiveness of Functional Scales to Clinical Change: An Analogy to Diagnostic Test Performance." *Journal of Chronic Diseases*, 39:897-906, 1986.

Dooley, B.L. "Health Giving Patterns of Philanthropic Foundations." *Health Affairs*, 6:144-156, Summer, 1987.

Dowd, B.E., A.N. Johnson and R.A. Madson. "Inpatient Length of Stay in Twin Cities Health Plan." *Medical Care*, 24:694-710, August, 1986.

DuBois, R.W., R.H. Brook and W.H. Rogers. "Adjusted Hospital Death Rates: A Potential Screen for Quality of Medical Care." *American Journal of Public Health*, 77:1162-1166, September, 1987.

Dutton, C.B., et al. "Educational Value of an Ambulatory Care Experience for Medical Students." *Journal of Medical Education*, 59:836-838, October, 1984.

Dutton, D.B. "Financial, Organizational and Professional Factors Affecting Health Care Utilization." *Social Science and Medicine*, 23:721-735, 1986.

Ellsbury, K.E. "Paternal Adaptation Through the Course of the Partner's Pregnancy." *Journal of Family Practice*, 24:407-409, April, 1987.

Feinstein, A.R. and J.M. Esdaile. "Incidence, Prevalence, and Evidence: Scientific Problems in Epidemiologic Statistics for the Occurrence of Cancer." *American Journal of Medicine*, 82: 113-123, January, 1987.

Finkelstein, H. "Medical Center Program Tailored to Needs of Deaf." *American Medical News*, April 18, 1986, pp. 27-28.

Fleming, G.V., et al. "Impact of Municipal Health Services Medicare Waiver Program." *Health Care Financing Review*, 8: 13-25, Spring, 1987.

Fletcher, R.H. and S.W. Fletcher. "Health Promotion/Disease Prevention: A Categorical Approach." *Journal of General Internal Medicine*, 1:340-342, September-October, 1986.

Fosarelli, P.D., C. DeAngelis and D. Mellits. "Health Services Use by Children Enrolled in a Hospital-Based Primary Care Clinic: A Longitudinal Perspective." *Pediatrics*, 79:196-202, February, 1987.

Frame, P.S., R.S. Lawrence and S. Tablin. "What's New In Health Care Screening?" *Patient Care*, 21:109-150, June 15, 1987.



Franks, P. and J.C. Dickinson. "Comparisons of Family Physicians and Internists: Process and Outcome in Adult Patients at a Community Hospital." *Medical Care*, 24:941-948, October, 1986.

Freeman, H.E., et al. "Americans Report on Their Access to Health Care." *Health Affairs*, 6:6-18, Spring, 1987.

Freund, D.A. and E. Neuschler. "Overview of Medicaid Capitation and Case-Management Initiatives." *Health Care Financing Review*, Annual Supplement:21-30, 1986.

Friedman, I.M. and I.F. Litt. "Promoting Adolescents' Compliance with Therapeutic Regimens." *Pediatric Clinics of North America*, 33:955-973, August, 1986.

Geyman, J.P. "Training Primary Care Physicians for the 21st Century: Alternative Scenarios for Competitive vs. Generic Approaches." *JAMA*, 255:2631-2635, May 16, 1986.

Glick, S. and M. Taylor. "HMOs and Home Care: An Overview." *Caring*, 5:9-10, May, 1986.

Gomez-Marin, O., et al. "Improvement in Long-Term Survival Among Patients Hospitalized with Acute Myocardial Infarction, 1970-1980." *New England Journal of Medicine*, 316:1353-1359, May 28, 1987.

Gortmaker, S.L., et al. "Reducing Infant Mortality in Rural America: Evaluation of the Rural Infant Care Program." *Health Services Research*, 22:91-116, April, 1987.

Graves, R.C., et al. "Recent Dental Caries and Treatment Patterns in U.S. Children." *Journal of Public Health Dentistry*, 46:23-29, Winter, 1986.

Greenberg, J.N., W.N. Leutz and D.S. Westwater. "Long-Term Care Insurance: How Will It Sell?" *Business and Health*, 3: 20-27, November, 1986.

Hamilton, T.E., G. van Belle and J.P. LoGerfo. "Thyroid Neoplasia in Marshall Islanders Exposed to Nuclear Fallout." *JAMA*, 258:629-636, August 7, 1987.

Harrison, R., et al. "Fulminant Hepatic Failure After Occupational Exposure to 2-Nitropropane." *Annals of Internal Medicine*, 1074:466-468, October, 1987.

Hays, R.D. and K. White. "Professional Satisfaction and Client Outcomes: A Reanalysis." *Medical Care*, 25:259-262, March, 1987.

Hayward, R.A., et al. "Who Gets Preventive Care?: Results from a New National Survey." *Clinical Research*, 35:743A, April, 1987.

Herman, J.M., H.D. Homesley and M.B. Degnan. "Is Hysterectomy a Risk Factor for Vaginal Cancer?" *JAMA*, 256:601-603, August 1, 1986.

Horwitz, R.I. "Complexity and Contradiction in Clinical Trial Research." *American Journal of Medicine*, 82:498-510, March, 1987.

Hsiao, W.C. and D.L. Dunn. "The Impact of DRG Payment on New Jersey Hospitals." *Inquiry*, 24:212-220, Fall, 1987.

Hughes, S.L., et al. "Impact of Long-Term Home Care on Hospital and Nursing Home Use and Cost." *Health Services Research*, 22:19-47, April, 1987.

Hunt, D.D., et al. "Performance of Residents Who Had Academic Difficulties in Medical School." *Journal of Medical Education*, 62:170-176, March, 1987.

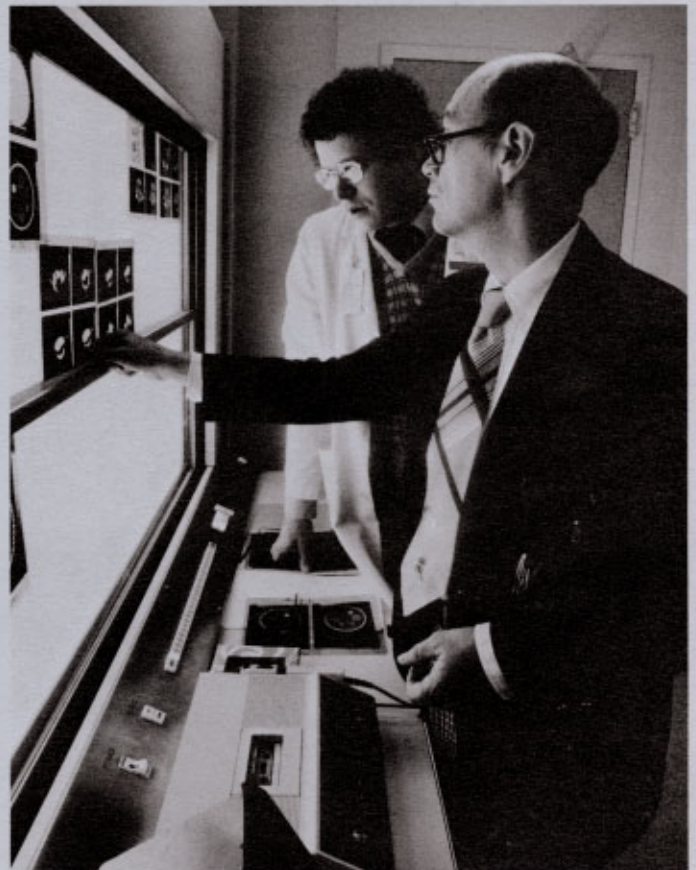
Jaffe, D.M., et al. "Antibiotic Administration to Treat Possible Occult Bacteremia in Febrile Children." *New England Journal of Medicine*, 317:1175-1180, November 5, 1987.

Kaszniak, A.W., et al. "Cognitive Assessment in Alzheimer's Disease: Cross-Sectional and Longitudinal Perspectives." *Canadian Journal of Neurological Sciences*, 13:420-423, November Supplement, 1986.

Keil, D.P., et al. "Hip Fracture and the Use of Estrogens in Postmenopausal Women: The Framingham Study." *New England Journal of Medicine*, 317:1169-1174, November 5, 1987.

Kelly, B., C. Sein and P.L. McCarthy. "Safety Education in a Pediatric Primary Care Setting." *Pediatrics*, 79:818-824, May, 1987.

Kindig, D.A., et al. "Trends in Physician Availability in 10 Urban Areas from 1963 to 1980." *Inquiry*, 24:136-146, Summer, 1987.





- Kirkman-Liff, B.L. "Refusal of Care: Evidence from Arizona." *Health Affairs*, 4:15-24, Winter, 1985.
- Knaus, W.A. and D.P. Wagner. "When is ICU Care Appropriate?" *Business and Health*, 4:31-34, January, 1987.
- Knudson, M.P. "The Natural History of Palpitations in a Family Practice." *Journal of Family Practice*, 24:357-360, April, 1987.
- Kosecoff, J., et al. "The Appropriateness of Using a Medical Procedure: Is Information in the Medical Record Valid?" *Medical Care*, 25:196-201, March, 1987.
- Kottke, T.E., et al. "The Systematic Practice of Preventive Cardiology." *American Journal of Cardiology*, 59:690-694, March 1, 1987.
- Landis, S.E. and J.A. Earp. "Sick Child Care Options—What Do Working Mothers Prefer?" *Women and Health*, 12:61-77, Spring, 1987.
- Larson, E.B., et al. "Evaluation and Care of Elderly Patients with Dementia." *Journal of General Internal Medicine*, 1:116-126, March/April, 1986.
- Lawler, F.H. "Referral Rates of Senior Family Practice Residents in an Ambulatory Care Clinic." *Journal of Medical Education*, 62:177-182, March, 1987.
- Lee, P.R. and P.S. Arno. "The Federal Response to the AIDS Epidemic." *Health Policy*, 6:259-267, 1986.
- LeFevre, M., J. Kruse and S. Zweig. "Selection of Infant Feeding Method: A Population-Based Study in a Rural Area." *Journal of Family Practice*, 24:487-491, May, 1987.
- Leventhal, J.M., et al. "Does Breast-Feeding Protect Against Infections in Infants Less Than Three Months of Age?" *Pediatrics*, 78:896-903, November, 1986.
- Like, R. and S.J. Zyzanski. "Patient Satisfaction with the Clinical Encounter: Social Psychological Determinants." *Social Science and Medicine*, 24:351-357, 1987.
- Lindgren, S.D., D.C. Harper and J.A. Blackman. "Environmental Influences and Perinatal Risk Factors in High-Risk Children." *Journal of Pediatric Psychology*, 11:531-547, December, 1986.
- Linn, L.S., et al. "Use of Nonphysician Staff to Evaluate Humanistic Behavior of Internal Medicine Residents and Faculty Members." *Journal of Medical Education*, 61:918-920, November, 1986.
- Lion, J., A. Malbon and A. Bergman. "Ambulatory Visit Groups: Implications for Hospital Outpatient Departments." *Journal of Ambulatory Care Management*, 10:56-69, February, 1987.
- Litt, I.F. and L. Glader. "Follow-up of Adolescents Previously Studied for Contraceptive Compliance." *Journal of Adolescent Health Care*, 8:349-351, July, 1987.
- MacKenzie, E.J., et al. "Predicting Posttrauma Functional Disability for Individuals Without Severe Brain Injury." *Medical Care*, 24:377-387, May, 1986.
- Main, D.M., et al. "Prospective Evaluation of a Risk Scoring System for Predicting Preterm Delivery in Black Inner City Women." *Obstetrics and Gynecology*, 69:61-66, January, 1987.
- Manning, W.G., K.B. Wells and B. Benjamin. "Use of Outpatient Mental Health Services Over Time in a Health Maintenance Organization and Fee-For-Service Plans." *American Journal of Psychiatry*, 144:283-287, March, 1987.
- Maron, D.J. and S.P. Fortmann. "Nicotine Yield and Measures of Cigarette Smoke Exposure in a Large Population: Are Lower-Yield Cigarettes Safer?" *American Journal of Public Health*, 77:546-549, May, 1987.
- Maxwell, J.H. and H.M. Sapolsky. "The First DRG: Lessons from the End Stage Renal Disease Program for the Prospective Payment System." *Inquiry*, 24:57-67, Spring, 1987.
- Mechanic, D. "Challenges in Long-Term Care Policy." *Health Affairs*, 6:22-34, Summer, 1987.
- Mengel, M. and W.R. Phillips. "The Quality of Obstetric Care in Family Practice: Are Family Physicians as Safe as Obstetricians?" *Journal of Family Practice*, 24:159-164, February, 1987.
- Merrick, N.J., et al. "Derivation of Clinical Indications for Carotid Endarterectomy by an Expert Panel." *American Journal of Public Health*, 77:187-190, February, 1987.
- Miller, M. "Family Friends Program Reaches Disabled Children in Eight U.S. Cities." *Perspective on Aging*, 15:14,27, November/December, 1986.
- Mor, V. and L. Laliberte. "Simulating the Impact of Case-Mix Adjusted Hospice Rates." *Health Care Financing Review*, 8:53-64, Winter, 1986.
- Morris, A.L. and H.M. Bohannon. "Oral Health Status in the United States: Implications for Dental Education." *Journal of Dental Education*, 49:434-442, June, 1985.
- Morris, J.N., et al. "Last Days: A Study of the Quality of Life of Terminally Ill Cancer Patients." *Journal of Chronic Diseases*, 39:47-62, 1986.
- Muurinen, J.M. "The Economics of Informal Care: Labor Market Effects in the National Hospice Study." *Medical Care*, 24:1007-1017, November, 1986.
- Oda, D.S., et al. "Nurse Practitioners and Primary Care in Schools." *American Journal of Maternal and Child Nursing*, 10:127-130, March/April, 1985.



Okta, J.S. and P.J. Volland. "Foster Home Care for the Frail Elderly as an Alternative to Nursing Home Care: An Experimental Evaluation." *American Journal of Public Health*, 77:1505-1510, December, 1987.

Orr, D.P., et al. "Adolescent Health Care: Perceptions and Needs of the Practicing Physician." *Journal of Adolescent Health Care*, 8:239-245, May, 1987.

Powers, J.S. and M.C. Burger. "Terminal Care Preferences: Hospice Placement and Severity of Disease." *Public Health Reports*, 102:444-449, July-August, 1987.

Prescott, P.A. "Vacancy, Stability, and Turnover of Registered Nurses in Hospitals." *Research in Nursing and Health*, 9:51-60, March, 1986.

"Proceedings of the Fourth Annual Conference: The Robert Wood Johnson Dental Services Research Scholars Program." Special Issue of *Journal of Dental Education*, 50, November, 1986.

Ricketts, T.C., G.H. DeFries and G. Wilson. "Trends in the Growth of Family Practice Residency Training Programs." *Health Affairs*, 5:84-96, Winter, 1986.

Rocco, M.B., et al. "Correlates of Cardiac and Sudden Death After Ambulatory Monitoring in a Community Hospital: Importance of Clinical Characteristics, Congestive Heart Failure, and Tachyarrhythmias." *Journal of Chronic Diseases*, 40:977-984, 1987.

Rosenblatt, R.A. and C.L. Wright. "Rising Malpractice Premiums and Obstetric Practice Patterns: The Impact on Family Physicians in Washington State." *Western Journal of Medicine*, 146:246-248, February, 1987.

Rossi, P.H. and J.D. Wright. "The Determinants of Homelessness." *Health Affairs*, 6:19-32, Spring, 1987.

Rostain, A.L. and M.C. Parrott. "Ethics Committee Simulations for Teaching Medical Ethics." *Journal of Medical Education*, 61:178-181, March, 1986.

Rowland, D. and B. Lyons. "Mandatory HMO Care for Milwaukee's Poor." *Health Affairs*, 6:87-100, Spring, 1987.

Rubenstein, L.Z. "Geriatric Assessment: An Overview of Its Impacts." *Clinics in Geriatric Medicine*, 3:1-15, February, 1987.

Sapolsky, H.M. "Prospective Payment in Perspective." *Journal of Health Politics, Policy and Law*, 11:633-645, 1987.





- Schoen, M.H., M. Marcus and A.L. Koch. "An Evaluation of The Robert Wood Johnson Foundation's Hospital-Sponsored Ambulatory Dental Services Program." *Health Services Research*, 22:327-339, August, 1987.
- Schwartz, D.A. and P. Reilly. "The Choice Not To Be Resuscitated." *Journal of the American Geriatric Society*, 34: 807-811, November, 1986.
- Schwartz, W.B. "The Inevitable Failure of Current Cost-Containment Strategies: Why They Can Provide Only Temporary Relief." *JAMA*, 257:220-224, January 9, 1987.
- Seay, J.D., et al. "Holding Fast to the Good: The Future of the Voluntary Hospital." *Inquiry*, 23:253-260, Fall, 1986.
- Selker, H.P. "Electrocardiograms and Decision Aids in Coronary Care Triage: the Truth, But Not the Whole Truth." *Journal of General Internal Medicine*, 2:67-69, January/February, 1987.
- Selker, H.P., et al. "How Do Physicians Adapt When the Coronary Care Unit is Full? A Prospective Multicenter Study." *JAMA*, 257:1181-1185, March 6, 1987.
- Sell, E.J., et al. "Early Identification of Learning Problems in Neonatal Intensive Care Graduates." *American Journal of Diseases in Children*, 139:460-463, May, 1985.
- Shapiro, M.F. and E.B. Larson. "Funding for Medical Care Research." *Journal of General Internal Medicine*, 2:113-118, March/April, 1987.
- Siegel, D.M. "Adolescents and Chronic Illness." *JAMA*, 257:3396-3399, June 26, 1987.
- Sier, H., J. Ouslander and S. Orzeck. "Urinary Incontinence Among Geriatric Patients in an Acute-Care Hospital." *JAMA*, 257:1767-1771, April 3, 1987.
- Silliman, R.A., et al. "Families of Elderly Stroke Patients: Effects of Home Care." *Journal of the American Geriatric Society*, 34:643-648, September, 1986.
- Siu, A.L., R.H. Brook and L.Z. Rubenstein. "Medicare Capitation and Quality of Care for the Frail Elderly." *Health Care Financing Review*, Annual Supplement:57-63, 1986.
- Slap, G. "Normal Physiological and Psychosocial Growth in the Adolescent." *Journal of Adolescent Health Care*, 7:135-235, November Supplement, 1986.
- Smith, D.G., et al. "Impact of Multiple Comparisons in Randomized Clinical Trials." *American Journal of Medicine*, 83:545-550, September, 1987.
- Smith, D.M., M. Weinberger and B.P. Katz. "A Controlled Trial to Increase Office Visits and Reduce Hospitalizations of Diabetic Patients." *Journal of General Internal Medicine*, 2:232-238, July-August, 1987.
- Smith, Jr., G.R., R.A. Monson and D.C. Ray. "Psychiatric Consultation in Somatization Disorder: A Randomized Controlled Study." *New England Journal of Medicine*, 314: 1407-1413, May 29, 1986.
- Taler, G., J. Ryan and H. Mandell. "The Transition Unit: The Bridge Between Acute and Long-Term Care." *Maryland Medical Journal*, 35:913-915, November, 1986.
- Tell, E., M.A. Cohen and S.S. Wallack. "Life Care at Home: A New Model for Financing and Delivering Long Term Care." *Inquiry*, 24:245-252, Fall, 1987.
- Thorpe, K.E. "Does All-Payer Rate Setting Work? The Case of the New York Prospective Hospital Reimbursement Methodology." *Journal of Health Politics, Policy and Law*, 12: 391-408, Fall, 1987.
- Tinetti, M.E. "Performance-Oriented Assessment of Mobility Problems in Elderly Patients." *Journal of the American Geriatric Society*, 34:119-126, February, 1986.
- Trinkoff, A.M. and S.P. Baker. "Poisoning Hospitalizations and Deaths from Solids and Liquids Among Children and Teenagers." *American Journal of Public Health*, 76:657-660, June, 1986.
- Walsh Chapman, D. and R.W. Hingson. "Where to Refer Employees for Treatment of Drinking Problems: The Limited Lessons from Empirical Research." *Journal of Occupational Medicine*, 27:745-752, October, 1986.
- Weitzman, M., et al. "High Risk Youth and Health: The Case of Excessive School Absence." *Pediatrics*, 78:313-322, August, 1986.
- Wennberg, J. "Which Rate is Right?" (editorial). *New England Journal of Medicine*, 314:310-311, January 30, 1986.
- Williams, M.E., et al. "How Does the Team Approach to Outpatient Geriatric Evaluation Compare with Traditional Care: A Report of a Randomized Controlled Trial." *Journal of the American Geriatric Society*, 35:1071-1078, December, 1987.
- Williamson, H.A. and P. Schultz. "An Association Between Acute Bronchitis and Asthma." *Journal of Family Practice*, 24:35-38, January, 1987.
- Zawadski, R.T. and M.L. Ansak. "A Community Approach to Elderly Care." *Business and Health*, 4:30-34, November, 1986.

## Reports

*Blueprint for the Future of Mental Health Services: Report of the Future Mental Health Services Project.* Alexandria, Virginia: National Mental Health Association, 1986.

Buckwalter, K.C. "Increasing Communication Ability in Stroke Patients." *Creating the Future Through Research: Proceedings of the West Virginia Nurses Association Symposium.* Edited by J.F. Wang. Charleston, West Virginia: West Virginia Nurses Association Group, 1986.



Derzon, R.A. and L.S. Lewin. *Prognosis for Human Health and Health Care: A Survey of Interviews with Selected Experts*. Washington, D.C.: Lewin and Associates, 1987.

Feder, J., et al. *Trends in Health Care Spending, Use, and Prices: What's Been Slowing Down?* Washington, D.C.: Georgetown University Center for Health Policy Studies, 1987.

Holahan, J., M. Lewis and M. Silverberg. *Hospital Participation in Medicaid: Implications for Cost Containment*. Working Paper 3470-04. Washington, D.C.: Urban Institute, 1987.

Hughes, A.M., J.P. Martin and P. Franks (eds.). *AIDS Home Care and Hospice Manual*. San Francisco: AIDS Home Care and Hospice Program, VNA of San Francisco, 1987.

Malone, J.K., et al. *Prepaid Health Plans for the Aged that Include Long-Term Care: New Policy Options for Medicaid*. Washington, D.C.: National Governors' Association Center for Policy Research, 1987.

Miller, M., J. Diao and D. Bastianelli. *Family Friends Project Training Manual*. Washington, D.C.: National Council on the Aging, 1985.

*Minority Students in Medical Education: Facts and Figures III*. Washington, D.C.: Association of American Medical Colleges Office of Minority Affairs, 1987.

Rooks, J. and J.E. Haas (eds.). *Nurse-Midwifery in America*. Washington, D.C.: American College of Nurse-Midwives Foundation, 1986.

Scitovsky, A.A., et al. *Estimating the Direct and Indirect Economic Costs of Acquired Immune Deficiency Syndrome, 1985, 1986, and 1990* (Final report prepared for the U.S. Centers for Disease Control). San Francisco: University of California-San Francisco, Institute for Health Policy Studies, 1986.

Solomon, D.H., et al. *Indications for Selected Medical and Surgical Procedures—A Literature Review and Rating of Appropriateness: Cholecystectomy*. Santa Monica, California: Rand Corporation, 1986.





## FINANCIAL STATEMENTS

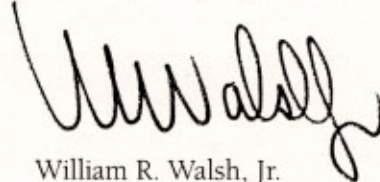
The annual financial statements for the Foundation for 1987 appear on pages 52 and 53. A listing of grants authorized in 1987 begins on page 19.

Grants authorized in 1987, net of cancellations and refunds of prior years' grants totaled \$85,451,610. Program development, evaluation, administrative and investment expenses for the year came to \$9,977,894; and federal excise tax on income amounted to \$843,356, making a grand total of grant authorizations and expenditures of \$96,272,860. This total was \$11,023,135 more than gross investment income of \$85,249,725. In 1986, total grant authorizations and expenditures were \$17,295,241 more than gross income.

The distributable amounts for 1987 and 1986 were approximately \$105,778,000 and \$87,321,000, respectively. These requirements, to the extent that they were greater than the total of current-year grant

authorizations and expenditures, have been satisfied by paying out grants authorized in previous years or by utilizing excess distributions carried forward from prior years.

A list of investment securities held at December 31, 1987 is available upon request to the Executive Vice President—Finance and Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.



William R. Walsh, Jr.  
Executive Vice President—Finance  
and Treasurer

---

To The Trustees of  
The Robert Wood Johnson Foundation:

We have examined the statement of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation as of December 31, 1987 and 1986 and the related statement of investment income, expenses, grants and changes in foundation principal for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of The Robert Wood Johnson Foundation at December 31, 1987 and 1986 and the investment income, expenses, grants and changes in foundation principal for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

Coopers & Lybrand

Princeton, New Jersey  
January 15, 1988



**Statement of assets, liabilities and Foundation principal**

at December 31, 1987 and 1986

ASSETS	1987	1986
Cash	\$ 96,803	\$ 107,767
Refundable federal excise tax	564,392	-0-
Investments (at cost, or market value on dates of gifts):		
Johnson & Johnson common stock 15,601,000 shares in 1987, 16,984,000 shares in 1986, (quoted market value \$1,168,124,875 and \$1,114,575,000)	149,076,187	162,291,512
Fixed income investments (quoted market value \$648,117,406 and \$619,524,122)	641,714,907	573,991,753
Stock portfolios including temporary cash investments of \$7,161,079 and \$54,702,659 (quoted market value \$82,801,696 and \$59,587,759)	99,624,109	59,550,957
Program related investments	2,675,000	2,675,000
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	5,863,214	5,982,540
	<u>\$899,614,612</u>	<u>\$804,599,529</u>
<b>LIABILITIES AND FOUNDATION PRINCIPAL</b>		
Liabilities:		
Unpaid grants (Note 1)	\$123,610,555	\$123,603,291
Federal excise tax payable	-0-	1,641,942
Total liabilities	123,610,555	125,245,233
Foundation principal	776,004,057	679,354,296
	<u>\$899,614,612</u>	<u>\$804,599,529</u>

See notes to financial statements.





**Statement of investment income, expenses, grants and changes in Foundation principal**

for the years ended December 31, 1987 and 1986

	<u>1987</u>	<u>1986</u>
Investment income:		
Dividends	\$ 26,784,791	\$ 23,951,600
Interest	<u>58,464,934</u>	<u>59,813,384</u>
	85,249,725	83,764,984
Less: Federal excise tax	843,356	832,292
Investment expense	<u>914,078</u>	<u>535,740</u>
	83,492,291	82,396,952
Expenses:		
Program development and evaluation	6,370,407	5,632,215
General administration	<u>2,693,409</u>	<u>2,422,489</u>
	9,063,816	8,054,704
Income available for grants	74,428,475	74,342,248
Grants, net of refunds and cancellations	<u>85,451,610</u>	<u>91,637,489</u>
	<u>(11,023,135)</u>	<u>(17,295,241)</u>
Adjustments to Foundation principal:		
Capital gains on sale of securities less related federal excise tax (Note 2)	107,670,196	93,679,149
Contributions received	<u>2,700</u>	<u>250</u>
	<u>107,672,896</u>	<u>93,679,399</u>
Net increase in Foundation principal	96,649,761	76,384,158
Foundation principal, beginning of year	<u>679,354,296</u>	<u>602,970,138</u>
Foundation principal, end of year	<u>\$776,004,057</u>	<u>\$679,354,296</u>

See notes to financial statements.

**Notes to financial statements**

1. Summary of Significant Accounting Policies:

Grants are recorded as payable in the year the grant requests are authorized by the Board of Trustees. At December 31, 1987 unpaid grants are as follows:

<u>Year Grant Authorized</u>	<u>Amount Unpaid At December 31, 1987</u>
1983	\$ 1,141,919
1984	3,129,086
1985	9,117,622
1986	43,578,095
1987	<u>66,643,833</u>
	<u>\$123,610,555</u>

Depreciation of \$387,251 in 1987 and \$368,867 in 1986 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

Interest and dividend income is recorded when received and expenses are recorded, except for federal

excise taxes, when paid. The difference between the cash and accrual basis for such amounts is considered to be immaterial.

2. The net capital gains on sales of securities for the years ended December 31, 1987 and 1986 were as follows:

	<u>1987</u>	<u>1986</u>
Johnson & Johnson common stock	\$105,744,331	\$66,562,129
Other securities, net	<u>1,925,865</u>	<u>27,117,020</u>
	<u>\$107,670,196</u>	<u>\$93,679,149</u>

3. Substantially all employees of the Foundation are covered by a retirement plan which provides for retirement benefits through the purchase of individually-owned annuities. The Foundation's policy is to fund costs incurred. Pension expenses were \$516,616 and \$490,061 in 1987 and 1986, respectively.







## THE SECRETARY'S REPORT

In April 1987, the Foundation lost a valued trustee emeritus with the death of Gustav O. Lienhard. Mr. Lienhard, a close personal friend of the Foundation's founder, General Robert Wood Johnson, served as chairman of the Board of Trustees from 1971 to 1986 and as trustee emeritus since 1986. Under Mr. Lienhard's guidance, the Foundation was transformed from a local to a national philanthropy which, during his tenure, awarded grants totaling more than one-half billion dollars. We are indebted to Mr. Lienhard for his leadership, untiring devotion and distinguished service to the Foundation.

The Foundation lost a valued trustee with the death of George H. Murphy in July 1987. Mr. Murphy served on the Board since July 1974, giving generously of his time and energy. We are indebted to him for his leadership and service to the Foundation.

In August 1987, Edward C. Andrews, Jr., MD, was elected trustee of the Foundation. Dr. Andrews is president of the Maine Medical Center, Portland, Maine. Prior to becoming president of the Maine Medical Center in 1975, Dr. Andrews was president of the University of Vermont, Burlington, from 1970 to 1975. He has served on various state health advisory councils and on Maine's Advisory Committee on Medical Education as well as the American Hospital Association's Council on Patient Care Services and the U.S. Navy Secretary's Special Health Care Advisory Committee.

In December 1987, James E. Burke was elected trustee of the Foundation. Mr. Burke is chairman of the board and chief executive officer of Johnson & Johnson. Mr. Burke is a member and former chairman of the President's Commission on Executive Exchange and is a former chairman of the United Negro College Fund and serves on its board of directors. He also serves on the boards of directors of the International Business Machines Corporation and The Prudential Insurance Company.

### Staff changes

In October 1987, the Board elected Andrew R. Greene, assistant treasurer for monitoring of the Foundation, to vice president for financial monitoring. Alan B. Cohen, ScD, was promoted to assistant vice president in July 1987 and to vice president in December 1987. Also in December 1987, Carolyn H. Asbury, PhD, was promoted to senior program officer.

In November 1987, Richard C. Reynolds, MD, was named executive vice president of the Foundation. Dr. Reynolds was dean of the University of Medicine and Dentistry of New Jersey (UMDNJ)—Robert Wood

Johnson Medical School in Piscataway and senior vice president for academic affairs for UMDNJ until joining the Foundation staff. He had served as dean since 1979 and as senior vice president since 1984.

Thomas P. Gore II was named vice president for communications of the Foundation in October 1987. Prior to joining the Foundation staff, Mr. Gore was assistant vice president of marketing and public relations at Tulane University Medical Center in New Orleans.

Michael Beachler joined the staff in July 1987 as program officer. Mr. Beachler is the former assistant deputy commissioner for human services for the State of Maine. He received his MPH in health services from the University of Pittsburgh.

In September 1987, Andrea I. Kabcenell joined the Foundation staff as program officer. Prior to joining the staff, Ms. Kabcenell was a project manager at The University of Pennsylvania School of Medicine, Section of General Medicine, in Philadelphia. She received her MPH from the University of Michigan School of Public Health.

Joel C. Cantor, in October 1987, also joined the Foundation as program officer. Mr. Cantor was a researcher at the U.S. Public Health Service's National Center for Health Services Research and Health Care Technology Assessment in Rockville, Maryland, before joining the Foundation.

Pauline M. Seitz joined the Foundation staff in October 1987 as program officer. Ms. Seitz was previously director of nurse-midwifery service at Booth Memorial Hospital in Cleveland. Ms. Seitz completed her MPA at The John F. Kennedy School of Government at Harvard University.

In December 1987, Shirley A. Girouard joined the staff as program officer. She had been affiliated with the Dartmouth-Hitchcock Medical Center in Hanover, New Hampshire, since 1977 as a medical-clinical specialist and as a nursing supervisor.

Craig S. Sarsony joined the Foundation in May 1987 as financial officer. Mr. Sarsony received his MBA and MPH from Columbia University. Mr. Sarsony had been an intern in the financial office of the New York University Medical Center and has worked on an immunization program in Paraguay, South America.

In July 1987, G. Russell Henshaw, Jr., was appointed deputy controller of the Foundation. Prior to joining the staff, Mr. Henshaw was chief financial officer and a member of the board of directors of a Tennessee corporation in Memphis. He is also a former partner in the accounting firm of Coopers & Lybrand.



In November 1987, Denise Graveline joined the Foundation as communications officer. Ms. Graveline is a professional journalist who has managed her own business as a freelance writer and editor specializing in health and education. She has her bachelor's degree in print journalism from Boston University College of Communication.

Robert J. Blendon, ScD, senior vice president, left the Foundation in September 1987 to become professor of health policy and management and chairman of the department of health policy and management at the Harvard School of Public Health. Dr. Blendon had been a member of the staff for 15 years and played a leading role in developing the Foundation's demonstration and evaluation programs.

In December 1987, Linda H. Aiken, PhD, vice president, left the Foundation to join the faculty of The University of Pennsylvania as trustee professor of nursing and sociology, and associate director of the Leonard Davis Institute of Health Economics at The Wharton School of Business. Dr. Aiken had been a member of the staff for 13 years and initiated programs in mental health and was active in our grant programs in nursing and evaluation.

In August 1987, Rolando A. Thorne, program officer, left the Foundation to become assistant director, University of Miami Center on Adult Development and Aging. Mr. Thorne was responsible for the Foundation's Service Credit Banking Program for the Elderly.

In December 1987, Connie F. Mullinix, program associate, left the Foundation to complete the joint MBA/PhD program at The University of Pennsylvania. Ms. Mullinix worked in research and evaluation dealing primarily with access to care studies and the nursing shortage.

### Senior program consultants

James R. Gavin III, MD, PhD, was appointed a senior program consultant to direct the Foundation's Minority Medical Education Program. Dr. Gavin is professor of medicine and chief, diabetes section, University of Oklahoma Health Sciences Center.

Susan D. Horn, PhD, was appointed a senior program consultant to direct the Foundation's Program for Faculty Fellowships in Health Care Finance. Dr. Horn is assistant director of the Center for Hospital Finance and Management at The Johns Hopkins University.

Charles S. Mahan, MD, was appointed a senior program consultant to direct the Foundation's Healthy Futures: A Program to Improve Maternal and Infant Care in the South. Dr. Mahan is professor of Obstetrics and Gynecology at the University of Florida in Gainesville.

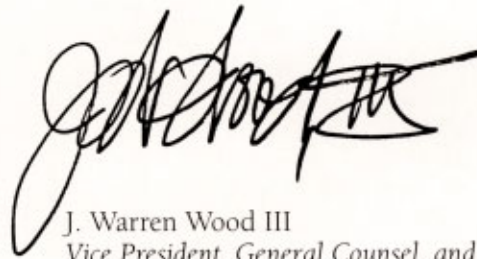
Burton V. Reifler, MD, was appointed a senior program consultant to direct the Foundation's Dementia Care and Respite Services Program. Dr. Reifler is professor and chairman of the Department of Psychiatry and Behavioral Science at the Bowman Gray School of Medicine, Wake Forest University.

Henry J. Foster, MD, completed his assignment directing the Foundation's Program to Consolidate Health Services for High-Risk Young People. Dr. Foster was appointed to this position in 1981.

Carl J. Schramm, PhD, JD, completed his assignment directing the Foundation's Program for Faculty Fellowships in Health Care Finance. Dr. Schramm was appointed to this position in 1984.

### Board activities

The Board of Trustees met seven times in 1987 to conduct business, review proposals and appropriate funds. In addition, the Executive, Nominating and Compensation, Program Review, Finance and Audit Committees met as required to consider and prepare recommendations to the Board.



J. Warren Wood III  
Vice President, General Counsel, and Secretary



## OFFICERS AND STAFF

Robert H. Myers  
*Chairman, Board of Trustees*

Leighton E. Cluff, MD  
*President*

Robert H. Ebert, MD  
*Special Program Consultant*

Samuel P. Martin III, MD  
*Special Program Consultant*

Richard C. Reynolds, MD  
*Executive Vice President*

Alan B. Cohen, ScD  
*Vice President*

Ruby P. Hearn, PhD  
*Vice President*

Terrance Keenan  
*Vice President for Special Programs*

Jeffrey C. Merrill  
*Vice President*

Carolyn H. Asbury, PhD  
*Senior Program Officer*

Paul S. Jellinek, PhD  
*Senior Program Officer*

Annie Lea Shuster  
*Senior Program Officer*

Stephen A. Somers, PhD  
*Senior Program Officer*

Nancy L. Barrant  
*Program Officer*

Michael Beachler  
*Program Officer*

Joel C. Cantor  
*Program Officer*

Shirley A. Girouard  
*Program Officer*

Andrea I. Kabcenell  
*Program Officer*

Pauline M. Seitz  
*Program Officer*

Linda T. Curran  
*Director of Personnel*

Edward H. Robbins  
*Proposal Manager*

William R. Walsh, Jr.  
*Executive Vice President—Finance  
and Treasurer*

Andrew R. Greene  
*Vice President for Financial Monitoring*

James R. Tesone  
*Assistant Treasurer for Investment*

James L. Crutchfield  
*Controller*

G. Russell Henshaw, Jr.  
*Deputy Controller*

Diane W. Hancharik  
*Director of Data Systems*

Roy F. Chiorello  
*Assistant Controller*

Peter Goodwin  
*Senior Financial Officer*

John P. Morrill  
*Equity Portfolio Manager*

Craig S. Sarsony  
*Financial Officer*

Thomas P. Gore II  
*Vice President for Communications*

Victoria D. Weisfeld  
*Senior Communications Officer*

Denise Graveline  
*Communications Officer*

Philip J. Gallagher  
*Librarian*

Linda S. Orgain  
*Communications Associate*

J. Warren Wood III  
*Vice President, General Counsel,  
and Secretary*

Olga Ferretti  
*Assistant Secretary*



## GRANT APPLICATION GUIDELINES

The Robert Wood Johnson Foundation funds projects of several kinds:

(1) projects that reflect an applicant's own interests. For such projects there are no formal application forms or deadlines because grants are made throughout the year.

(2) projects, also investigator-initiated, that are developed in response to a Foundation call for proposals. The call for proposals describes the program area for which proposals are requested and specifies any necessary application steps or deadlines.

(3) projects that are part of Foundation national programs. For these, the Foundation sets the program's goals, common elements that all projects should contain, eligibility criteria, timetables and application procedures.

The Foundation publishes and distributes widely to eligible organizations its calls for proposals and national program announcements.

Institutions wishing to apply for funds *not* in response to a call for proposals or national program announcement are advised to submit a preliminary letter of inquiry, rather than a fully developed proposal. This minimizes the demand on the applicant's time, yet helps the Foundation staff determine whether a proposed project falls within the Foundation's current areas of interest. Such a letter should be no more than four pages long, should be written on the applicant institution's letterhead and should contain the following information about the proposed project:

- a brief description of the problem to be addressed
- a statement of the project's principal objectives
- a description of the proposed intervention (for research projects, the methodology)
- the expected outcome
- the qualifications of the institution and the project's principal personnel

- timetable for the grant, total estimated project budget, other planned sources of support and amount requested from the Foundation
  - any plans for evaluation of the project's results and dissemination of its findings
  - plans for sustaining the project after grant funds expire, and
  - name of the primary contact person for follow-up.
- Budgets and curricula vitae of key staff may be appended to the letter, as may other background information about the applicant institution, if desired.

Based on a review of these points, presented in the letter of inquiry, Foundation staff may request a full proposal. If so, instructions will be provided regarding what information to include and how to present it.

### Limitations

Preference will be given to applicants that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and not private foundations as defined under Section 509(a). Public agencies also are given preference. Policy guidelines established by the Foundation's Board of Trustees usually preclude support for:

- ongoing general operating expenses or existing deficits
- endowment or capital costs, including construction, renovation or equipment
- basic biomedical research
- conferences, symposia, publications or media projects unless they are integrally related to the Foundation's program objectives or an outgrowth of one of its grant programs
- research on unapproved drug therapies or devices
- international programs and institutions, and
- direct support to individuals.

Preliminary letters of inquiry should be addressed to:

Edward H. Robbins, Proposal Manager  
 The Robert Wood Johnson Foundation  
 Post Office Box 2316  
 Princeton, New Jersey 08543-2316.







THE  
ROBERT WOOD  
JOHNSON  
FOUNDATION

College Road  
Post Office Box 2316  
Princeton, NJ 08543-2316