THE ROBERT WOOD JOHNSON FOUNDATION

ANNUAL REPORT 1988

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."

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Robert Wood Johnson
1893–1968

Composer Charles Ives once described a work as being filled with the dissonances that made good music—and good men. Robert Wood Johnson could have served as the model for that afterthought.

General Johnson was an ardent egalitarian who ruled a world-girdling business empire; an industrialist fiercely committed to free enterprise who championed—and paid—a minimum wage even the unions of his day considered beyond expectation, a disciplined perfectionist who sometimes had to restrain himself from acts of reckless generosity.

The energy he expended in building the small but innovative family firm of Johnson & Johnson into the world's largest health and medical care products conglomerate would have exhausted most men. But over the course of his 74 years, General Johnson would also be a soldier, politician, writer, blue-water sailor, pilot, activist and philanthropist.

Perhaps the most characteristic of his strongly held opinions was his conviction that the term "common man" was disrespectful. "A man's character," said this man of great wealth, "should not be gauged by what he earns."

Two generations before it was fashionable, General Johnson advocated a larger role for women in politics and championed environmental concerns. In a political era in which the principal debate was whether big government or big business was to be society's salvation, Robert Wood Johnson openly distrusted both. His iconoclasm was so even-handed that he was simultaneously offered the Republican and Democratic nominations for the U.S. Senate—and so thoroughgoing that he declined both.

Like the dissonances Ives sprinkled through his music, the undoctrinaire opinions of Robert Wood Johnson were part of a well-considered whole. He thought things through. He honed his own management system to ten words—"Delete, delegate, decentralize, and if necessary, delouse the central staff."

His philosophy of responsibility received its most enduring corporate expression in his one-page management credo for Johnson & Johnson. It declares a company's first responsibility to be to its customers, followed by its workers, management, community and stockholders—in that order. His sense of personal responsibility toward society was expressed imperishably in the disposition of his own immense fortune. He left virtually all of it to the foundation that bears his name, creating one of the world's largest private philanthropies.

That fortune grew from his own efforts. He entered the family business as a millhand at the age of 17. By 1932 he began, first as president and then as chairman of the board, to turn Johnson & Johnson into the dominant force in the medical products industry.

The title by which most knew him—General—grew out of his service during World War II as a brigadier general in charge of the New York Ordnance District. He resigned his commission to accept President Roosevelt's appointment as vice chairman of the War Production Board and chairman of the Smaller War Plants Corporation.

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 book, *Or Forfeit Freedom*, won the American Political Science Association's Book of the Year Award (and greatly irritated his "bigger is better" industrialist contemporaries) 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."

The constant 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."

Robert Wood Johnson was much like his factories—purposeful, well-considered and respectful of human needs. He was a man of integrity. All the pieces fit. His actions were in full accord with his ideals, and his ideals were rational and humane. 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

In the three years since the Foundation's Board of Trustees elected me Chairman, I have been privileged to be both a witness and a partner to important changes at The Robert Wood Johnson Foundation. Change is a hallmark of a thriving organization, but looking backwards, the extent and significance of these changes appears to me to be remarkable.

As I near the end of my service as Chairman, I believe it useful to reflect on the changes that occurred at the Foundation during my stewardship and to make a few educated guesses about what they mean for the future.

In Lee Cluff's message for this annual report, he proposes a new agenda for health care in the United States. Even his brief review of some of the challenges involved establishes in my mind the complexity of the task before us and how many different sectors it will involve. One of the greatest changes in recent years at the Foundation is the increasing willingness on our part to cast a wider net in our effort to attract applicants beyond the traditional medical care institutions. Clearly the Foundation and its staff owe the "traditional" grantees a great debt of gratitude: In our early years, they taught us how to be good grantmakers, to hold our standards high, and their success has given us the confidence to take more risks, now that we are a more mature organization.

Another point Lee underscores in his message is the Foundation's growing emphasis on "community": that is, community-based and community-wide approaches to health care problems. In part, of course, these strategies reflect the nature of the problems we are choosing to tackle. Before my time, the Foundation was increasingly using the strategy of asking all the different parties in a community who had a stake in a given health problem or shared in the fate of a given vulnerable population to band together and seek broader, more coordinated solutions. These coalitions were and are sometimes fragile—hard to build and harder to maintain. But where they do take hold, where they are successful, they are a powerful affirmation of our pluralistic, democratic ideals. These are the projects that will survive in the long run, because the support they need more than ours is the support of their local communities. I believe the Foundation will and should continue this practice.

In calling for ambitious national priority-setting in medicine and health care, Lee is simply recasting the request the Board made of him and of the staff on a much smaller scale for the Foundation. Nearly two years have been spent seeking outside and inside advice on health care problems and priorities for the 1990s. In a process still going on, we are trying to translate those priorities into a workable agenda for a private philanthropy. We are keenly aware that there are areas in which we can make a difference but many in which we cannot.

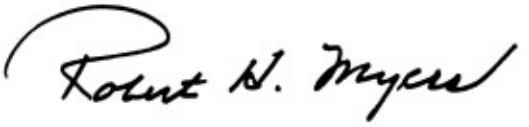
Finally, Lee does not refer to the Board's dictum that the Foundation "be bold, courageous and fast." But the difficulty and urgency of many of the problems he raises call for that kind of effort. I'm proud that this foundation is the nation's leading private funder of programs in AIDS, that we have under way three pathbreaking programs for the chronically mentally ill, that we are pursuing the conceptually difficult area of quality of care, that we are involved in a national effort, joined by an important foundation partner, to encourage long-term solutions to the hospital nursing crisis, and that we will be helping communities fight back against the growing use of illegal drugs and the abuse of alcohol.

During the past three years, the burden of risk-taking and prompt response has fallen primarily to the Foundation's talented and creative staff. In this period, several staff members, whose ideas and vigor contributed greatly to our development, left the Foundation to take on new responsibilities. A recent enlargement of the staff has brought a new array of experiences and fresh perspectives to our work and our continued growth.

I commend the members of the Board of Trustees for their unflagging interest in issues across the health care spectrum, their ability to stimulate good staff work and their conscientious regard for the Foundation's financial health. Sadly, we lost several trustees, trustees emeriti and our first Chairman, my predecessor, Gustav O. Lienhard, while I was Chairman. The strength of this institution and perhaps the best testimony to the dedicated efforts of our late trustees was our ability to and our commitment to continue to grow and thrive.

Even a casual reader of these remarks will, I believe, recognize that my years as Chairman have been exciting and challenging. I feel privileged to have had this opportunity to serve the Foundation during a critical period of transition.

What I see clearly now, a point that Lee's message makes unequivocally, is that for the Foundation, as well as for the nation's entire health care establishment, evolution and change is something that will not disappear. There will be great challenges and opportunities ahead. The Robert Wood Johnson Foundation, as represented by a strong, committed Board and a skilled and dedicated staff, will be in a unique position to play a crucial and important role in meeting and overcoming those challenges.



Robert H. Myers
Chairman, Board of Trustees

A 1990s Agenda for Health Care

Medicine, health care and people's health have changed more in my lifetime than during all human history. More than 90 percent of today's medical knowledge and technology has been acquired and developed during the past five decades. The dramatic medical successes of the last 25 years have led Americans to turn to medicine with many more problems—some not amenable to medical solutions—and many people now view any disturbance in physical or emotional well-being as unacceptable. Meanwhile, the organization and financing of medical care also are changing rapidly. These changes not only shape health care systems, but also have been turbulent for individuals, employers, government, society and health providers. Each has developed methods to adapt to change, but too frequently, without considering the impact on others.

What we have in the way of a health care system, as we enter the 1990s, is very different from what was before. The future will be even more different. Our challenge is to move forward constructively, by understanding emerging and evolving changes, by preparing for the future, by accepting change as an opportunity. I believe the time is right for establishing a new agenda for health care in the United States—one that builds on our understanding of the past—so that we can continue to improve medicine, health care and people's health.

A Personal Reflection

As a very young boy, I suffered repeated bouts with streptococcal sore throat. I became accustomed to being treated with ice packs over my neck, ice cream (the best part of the therapy!), bed rest, aspirin and tepid baths to bring down my fever. My mother greatly feared that I would develop mastoiditis, peritonsillar abscesses or other serious complications. Miraculously—as it seemed to me and my family—during one such illness, our family doctor gave me a new medicine, a sulfonamide—a "sulfa drug," he called it. For me, that event marked the beginning of the technologic revolution in medicine.

The sulfonamides were followed quickly by other "wonder drugs" and biotechnologic advances on many fronts, which paved the way for the cure, control or amelioration of many diseases. At the same time, the comforting role of the physician dimmed in the light of the emerging technologic power.

As a medical intern in the early 1950s, I dreaded each autumn, when I saw so many young patients admitted to the hospital, their arms, legs and breathing paralyzed from poliomyelitis. Our fear of possible electrical failures kept us constantly on the wards, so that, in an emergency, we could manually operate the ventilators. One Christmas Day during that period, watching a 17-year-old girl die from renal failure due to nephritis, I saw how fragile was life and how strong the feelings of a mother and father. My, how different their situation would be today!

Looking at Medicine . . .

Fifty years ago, only writers of science fiction could picture the medical marvels that we take for granted today. Vaccines have eliminated concerns about poliomyelitis and many other formerly common contagious diseases. Hemodialysis and kidney transplants save the lives of people with renal failure. Commonplace miracles. Yet, Americans have grown to expect even more in the way of both cure and care.

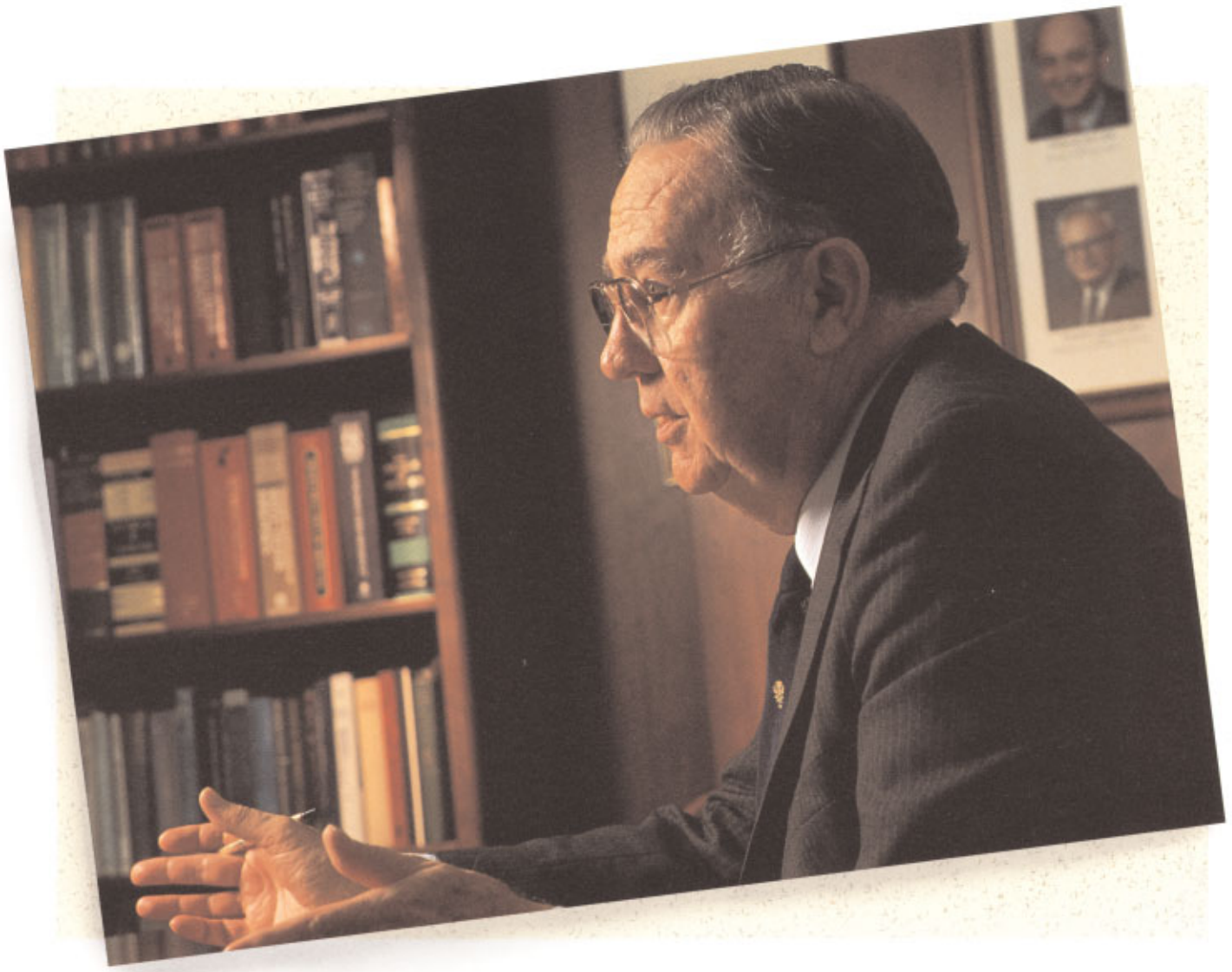
Samaritanism may be technology's consort, but the forces of technology leave less room, less time for human caring. "The secret of the care of the patient is in caring for the patient," written by Dr. Francis Peabody in 1927, remains true today. The trick is knowing both how to care and how to use medical technology appropriately and effectively.

As medical science and technology became an exploding force, medical care—including the services of physicians, nurses, other health professionals and various institutions—inevitably became specialized. No one medical specialty and no one type of professional can bring to bear the full spectrum of skill, knowledge and resources that might be helpful to patients and their health problems. Medicine, of necessity, is now a team effort.

And at Hospitals

Established originally to aid the poor and sick, most hospitals today provide specialized, high-technology services to seriously ill people. Physicians determine who is admitted and prescribe what is to be done for them, but, in fact, it is nurses with advanced skills who control much of the process of patient care.

The operation of the hospital, meanwhile, has become a business, rather than a strictly charitable enterprise. To acquire the human and material resources hospitals need in order to provide services and ensure quality, they must pay close attention to management and financing. They are the most costly part of an increasingly



costly—some would say unreasonably costly—health care system and the primary focus of cost control efforts. As they shifted from centers for care to centers for applying technology, hospitals often have found themselves with an excess of beds, facing closure and increasingly regulated.

The leisurely care typically given hospitalized patients 25 years ago is no longer countenanced. Prospective payment and other cost-control efforts have forced hospitals to shorten patient stays and slowed the rate of hospital cost increases. Yet, we have not seen much effect on the continued upward trend in national health care expenditures. Two examples may illustrate why:

- Many services once performed in the hospital are now provided outside it. The rapidly rising costs attributable to these services more than compensate for slowed growth in inpatient care costs.
- Early evidence suggests that savings from prompt discharge of hospital patients are outweighed by increases in nursing home admissions, community-based services and many subsequent rehospitalizations.

Leighton E. Cluff, MD
President

Access to Care

With medicine and health care becoming more specialized and technology-based, Americans have had more difficulty obtaining general medical care. This problem preoccupied much of the Foundation's agenda in its first 12 years of operation. One approach we—and others—took was to train nurse practitioners and physician assistants to shoulder part of this load; we also encouraged medical schools and hospitals to develop service and education programs to expand the availability of primary care and the pool of manpower trained to provide it. Though access to general medical care did improve, rural Americans, the poor and minorities still have difficulty obtaining the medical care they need. Their problems are compounded by more restrictive health care financing policies. This country's continued failure to help all people who are sick and in need to obtain medical services is a national shame.

Chronic illnesses and disabilities account for an increasing proportion of the health problems of Americans. Their care is mostly community-based, at home. People with chronic mental illnesses have been returned to communities unprepared to receive, protect, and help them find and maintain a home. They have become a significant proportion of America's homeless, underserved with basic medical care as well as mental health services.

A wholly unexpected epidemic began sweeping the nation during this decade. Medical epidemiology, virology, molecular biology and pharmaceutical sciences have demonstrated their power to decipher its sources and causes. AIDS has become a household word. Its progressive character and the complexity of its treatment—along with its concentration in certain geographic areas—have created enormous problems in providing appropriate care for those it afflicts. Some urban hospitals have been inundated with AIDS patients; community-based supportive services have been few or nonexistent. Fear of the disease gripped the public and many health care professionals and slowed the response. AIDS showed us that it, like many other diseases, has social determinants, social manifestations and social consequences.

Drug and alcohol abuse are not new health problems but now have become another national epidemic. The prevalence of substance abuse among all segments of American society—especially our youth—has contributed substantially to disability and premature mortality, to injuries from automobile crashes, violence and suicide, and to the spread of AIDS. Again, effective preventive services are undeveloped, and existing treatment programs cannot accommodate all the drug users seeking access to them.

Costs of Care

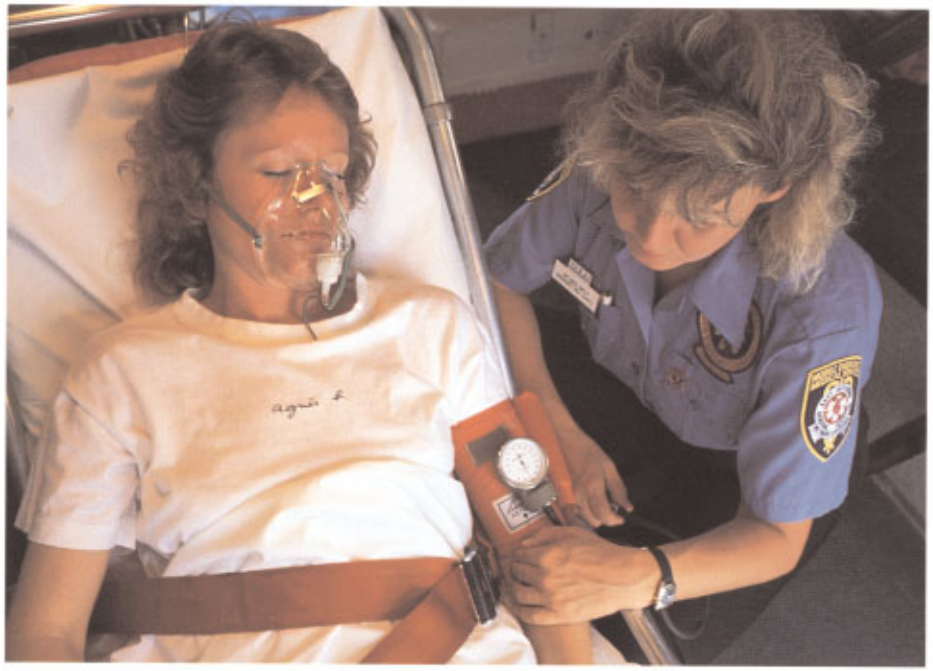
Despite the large number of Americans covered by some type of health insurance, some 37 million are uninsured. Federal and state government are the principal payers for health care for the poor, elderly and disabled, and these costs account for about half the nation's health care expenditures paid by third parties. A number of thoughtful analysts believe that the very large commitment of public funds for the elderly, under Medicare and Medicaid, has diverted resources from appropriate and necessary health care programs for poor children.

Rapidly escalating health care costs and rising insurance rates affect the nation's entire economy. They make U.S. factories and businesses less competitive with those of other countries where there are national or publicly financed health care systems. The problem is worse for employers who provide health care benefits for retirees. Both early retirement and longer life expectancy exacerbate the employers' financial dilemma. Some industries—notably steel—have large numbers of retirees, a declining number of employees and dwindling profitability. For them, the problem is almost insurmountable.

Medicare's new catastrophic health benefit may help employers some, but the cost of this new program will be borne by retirees themselves. The catastrophic health benefit adds important coverage for prolonged hospitalization, home care, hospice and nursing home care. It will not solve the problem faced by the great number of elderly people who need long-term nursing home care. For them, there still may be difficult—even disastrous—financial consequences.

Organization of Care

The organization of care has evolved with the demands of rapidly changing medical technology. More physicians are engaged in group practices and large multispecialty clinics. More young physicians are seeking and accepting salaried positions. An alphabet soup of health care organizations—HMOs, IPAs, S/HMOs, PPOs—has been concocted, stirred by government, in expectation that these organizations can control rising health care costs. Although in the early days of the prepaid movement, some plans demonstrated lower health care costs,



they did so primarily by discouraging hospitalizations and by enrolling only the younger, healthier employed population. More recently, we hear that "managed care" is the direction for the future, whether such care is funded by prepaid systems, vouchers or fee-for-services; however, its public acceptability remains untested.

Health Care Manpower

In the 1960s and early 1970s, experts predicted a decreasing supply of physicians. Financial incentives were rapidly put in place to encourage medical schools to expand. The result: more medical schools, more medical students, more graduates in residency training and more practicing physicians. By the late 1970s, the potential doctor shortage had been transformed into a potential glut, and several medical schools now have cut their class sizes. Yet the oversupply we face in some physician specialties is balanced by an undersupply of general physicians and a continuing geographic maldistribution, with many inner cities and rural areas still underserved.

In 1988, a third of medical students were women, and more women undergraduates were planning to enter medical school than nursing school. As physicians, women have practiced in a different specialty mix and in a somewhat different style than have men. The impact of their increasing presence remains to be seen.

Though the number of women physicians has increased, blacks, Hispanics and Native Americans are still underrepresented. Prior to the 1960s, less than 3 percent of all medical students were black. Bolstered by programs and policies encouraging minority enrollment, by 1974, 7.5 percent of students were black and 10 percent minority. Since then, minority enrollment has leveled off. The many factors that contribute to this continued inequality in admissions and enrollment should be dealt with more directly, in part to preserve equality of access to educational opportunities and in part to ensure that the nation's growing minority population receives adequate medical care.

Most nurses—68 percent—are employed in hospitals. As hospital occupancy rates and the number of hospitals decreased, predictions were that the nation's supply of nurses would be adequate. This has not proved true. Vacancy rates for budgeted RN positions nearly tripled between 1983 and 1987. Due to shortages of nurses, beds have been closed and admissions postponed, and many hospitals are more and more dependent on costly "agency" nurses and overseas recruitment. These problems are not limited to hospitals: More than a third of the nation's 19,000 nursing homes also report nurse recruitment problems; and, just at a time when home health care agencies are rapidly growing, the majority report they cannot find the nursing staff they need. Fueling the demand for nursing care is the increased severity and complexity of the illnesses of patients who are hospitalized, admitted to nursing homes, and requiring care in the home, especially after hospitalization.

Yet the number of young people—almost entirely women—applying for nursing school admission has fallen precipitously. Some schools have closed or had to reduce class size. In addition, the qualifications of many applicants have declined. Some of the major factors contributing to this deteriorating situation are: the growth in other career opportunities for women; the perceived unattractiveness of the hospital and nursing home work environments; and non-competitive salaries. (The implications of this deteriorating situation are so serious that the

Foundation has undertaken a major new national initiative and several smaller studies in the past year, in order to stimulate some new approaches.)

The dental problems of Americans today little resemble those of years ago. Fluoridation of drinking water has dramatically reduced the prevalence of dental caries among children and young adults. In older adults, periodontal disease has become a much greater problem than caries. The technology of dental care also has changed drastically, and accordingly, today's dental practices are much different than heretofore. Though dental school applications are down, and a number of dental schools have closed or reduced class size, many of the nation's poor, elderly and disabled citizens still receive inadequate dental care—many can't afford it—indicating that the optimal supply-demand balance for dental manpower has yet to be struck.

Other health professions also are experiencing declining numbers and changing roles and responsibilities. Dozens of new health professions have emerged. When a new need and a new career opportunity present themselves, educational institutions establish new educational programs, and now present the country with graduates in more than 150 different health occupations. Fragmentation and overlapping of roles is inevitable, and some consolidation might produce a more efficient, less costly system.

Redefining Responsibilities

Medicine and health care are very much influenced by economic, cultural and political forces—the social environment. I believe, however, that there is an increasing discontinuity between society's needs and the directions medicine and health care have taken. Sometimes, patients see physicians as overly concerned with their own financial well-being, while physicians see patients as having unrealistic expectations about medicine's power to prevent or cure disease.

Expectations about the role of the health and medical care system today extend well beyond the care of the sick and injured. What once were thought of as social problems have become medical and health problems: examples are deviant behavior, learning disabilities, suicide, violence, substance abuse, homelessness and other problems that may have, to varying degrees, psycho-biological substrates and possible interventions. How far the health and medical care systems can—or should—go in grappling with these problems is unclear, but they can't be dismissed simply as "social problems." Not only do the people involved require health care, sometimes delivered in an exquisitely sensitive and supportive way, but also the potential exists for future advances in the biomedical sciences to offer help with the underlying disorders. As yet, neither society, medicine nor the health care system has fully accepted the constellation of needs in these "problem populations."

Just as we need to recognize the role of the health care system in some "social problems," we also must recognize its limits: Many of today's health problems are not amenable to developments in biomedical science or medical technology alone. Medical problems such as lung cancer attributable to cigarette smoking, sexually transmitted diseases, AIDS or occupational injuries all have a strong social component. Our personal health care system has tended to treat the product, but not the problem. Unfortunately, it has been disassociated in philosophy and practice from public health. I believe we are beginning to see in some areas—notably care for people with AIDS and some innovative programs for the elderly—stronger, much-needed partnerships across the social/medical services spectrum.

Almost every day, people are confronted with statements—not always based on good evidence—regarding environmental hazards to their health. Some of these hazards are real and deserve prompt attention. Others, however, are based on incomplete or faulty studies or statistical analyses. Still others are based on extrapolations from animal studies in which exposure to an environmental hazard far exceeds that to which human beings would ever be exposed. An important role for the health sector is the proper sorting out of real environmental threats from the remote, no easy task.

During my youth, much of the health care and supportive services required by young and old alike was provided by parents and grandparents. Most Americans lived where they were born, near the families of their brothers and sisters, aunts, uncles and cousins. Although today families still provide much supportive and informal nursing care required by elderly people and the severely disabled, a large number of people do not have family to provide these services. Furthermore, neither chronically ill and disabled people nor their families are prepared to take on the high level of care required. The health care system has not usually offered the necessary information, instruction and follow-up support to make medically assisted self-care realistic.

One useful role for health care may be to encourage the many fragmented public and private agencies and programs serving vulnerable populations to work together in a new, more coordinated fashion. I am glad to say that this Foundation has been actively seeking and supporting efforts to strengthen the continuum of services for these groups. We have found many

health care providers interested in improving services for, as examples, people with Alzheimer's disease, children with serious mental illnesses, people with AIDS, the homeless and at-risk mothers and infants. All these efforts will be critical in achieving compassionate, effective approaches to health care for vulnerable Americans.

Another population change requiring acknowledgement and action by the health care system is the increasing number of single-parent homes. A substantial component of this growth is among young, unmarried women—often children themselves—who become mothers. Not only do large social and economic problems result, but also large problems for health care. One of the most obvious is that posed by the care of very low birthweight infants, where the emphasis is first on medical and nursing care to ensure survival, then subsequently on preventing or ameliorating long-term developmental consequences. Knowledge about human reproduction is squarely within the domain of medicine. However, in my view, the medical care system's responsibility to the next generation is not fulfilled merely by conducting biological research, providing obstetrical care and conducting perinatal rescue. More active engagement with this problem is required.

A 1990s Agenda

Clearly, medicine and health care cannot resolve all of people's malaise. Nor can they alone solve the nation's many social and economic problems. But, in order to contribute more effectively to the health of all of our people, it is time for medicine and health care to change. As individuals, society, the nation—and its health problems—have changed, so has our present and future health care agenda. Medicine and health care must look not only at the individual patient, but also toward mankind as a whole. The long-range welfare of both the person *and* the community must be their goal.

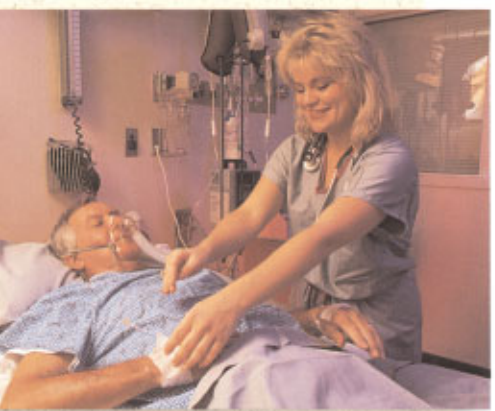
Perhaps the principal problem in setting an agenda for the next decade is deciding what to do among all the things that could and should be done. I know that The Robert Wood Johnson Foundation cannot address all of them. Yet, the revolutionary advances of the past, which continue at an accelerated pace today, suggest that almost any medical problem affecting human welfare can be solved if it is properly formulated and its solution is diligently pursued. We have it in our power as individuals, families, communities and health care professionals to resolve many of today's problems and make life more fulfilling for even our most dispossessed brethren.

The Robert Wood Johnson Foundation is committed to the goal of improving people's health care. Its efforts and its resources are targeted to empowering communities, their citizens and their institutions to better meet the needs of people, by helping them resolve the disparities, inequities and inadequacies in health care, while preserving and making the best use of all of what is good about the U.S. health care system.

1988 Activities

For the uninitiated reader—especially the prospective applicant seeking to determine whether the Robert Wood Johnson Foundation would be interested in a particular project—it may be difficult to see a pattern in the eclectic mix of grants recounted in our annual report. The key to understanding that pattern is this: *all our grants seek to improve the availability and quality of health care provided to the American people—especially to those at risk of inadequate care.*

In 1988 the Foundation funded three of four pilot sites in a $1.6 million initiative aimed at determining how the needs of the elderly in acute care settings might be better addressed. Each site works with a group of hospitals to develop clinical, administrative and personnel training recommendations to provide care appropriate not only to the specific illnesses of elderly patients, but to the needs deriving from their advanced age.



That is indeed a broad realm, and its boundaries, particularly in the past decade, have been anything but stable. However, the Foundation has specific interests within that realm, and it looks for three problem-solving approaches in the projects it funds, regardless of their objectives and priority:

1. Improving the use of existing resources.
2. Clarifying the relationship between the public and private sectors, and assuring that each is fulfilling its proper role.
3. Addressing core aspects of problems, so that proposed solutions are readily replicated and are not dependent upon characteristics or personnel of a particular agency.

The Foundation has established these priorities: populations at risk of exclusion from adequate care, diseases or health threats of major concern, and health-related issues of regional or national significance. The Foundation in 1988 provided substantial funding in each category.

VULNERABLE POPULATIONS

The Elderly

Two major programs were initiated this year to address the special needs of elderly patients, and a number of initiatives in a field of great concern to the elderly—long-term care—also were launched.

Supportive Services Program in Senior Housing: This program extends to elderly residents of public housing the benefits of an earlier Foundation initiative to let the elderly define their own needs for community support services. The earlier program used market research to determine what services the elderly residing in a community were willing to pay for out of their own resources, rather than letting those services be defined by what was available through third-party reimbursement.

The Supportive Services Program in Senior Housing uses the same means of determining the desired services, but also provides money, which must be matched from state housing agency reserve funds, to subsidize the cost of these services to the low-income elderly residing in public housing. The services offered would include non-traditional offerings like emergency response systems, transportation and minor home repairs.

Program for Enhancing Hospital Care for the Elderly: The needs of the hospitalized elderly frequently differ in substance or emphasis from those of the general population of hospital patients. But these differences, in terms of basic medical services, rehabilitation, medications and social service support, have rarely been addressed in a systematic way.

Program to Promote Long-Term Care Insurance for the Elderly: The Foundation initiated a program in 1987 to encourage cooperation between the public and private sectors in financing mechanisms for long-term care. In 1988, a second set of grants was made to four more states to test the premise that a combination of expanded private insurance programs and more efficient use of public funds—particularly Medicaid—can foster development of more affordable and comprehensive long-term care insurance. In most of the states, Medicaid is to serve as a reinsurance mechanism for private underwriters of long-term care policies.

The Foundation also awarded grants to community hospital centers in California, Pennsylvania and Virginia to explore the feasibility of a Life Care at Home plan. These centers would provide the care to enable enrollees to continue living in their own homes at a lower cost than traditional campus-based life care plans.

The final two of five Foundation-funded replicas of San Francisco's On Lok program were awarded grants in 1988. The program allows frail, dependent elderly people who would otherwise be forced to go into nursing homes to continue living in the community. It provides all necessary services, from home care and medical day care to sophisticated evaluation and hospital care, with intensive case management to assure that the enrollee is receiving only the exact care needed. The care is funded through prepaid capitation from Medicare and Medicaid, which serves as a common resource for all enrollees' needs, with On Lok at full financial risk for any costs above its capitation guarantees.

Also in the field of long-term care, the Foundation last year funded a program through National Rehabilitation Hospital in Washington, D.C., to establish a general medical practice to meet the needs of working-age disabled people residing in the community. Upper respiratory infections and other minor illnesses quite often progress rapidly to serious disease requiring long hospitalization in disabled patients. This new initiative is designed to provide a prompt and dependable source of general medical care, including in-home visits for urgent problems.

Mothers and Infants

The Foundation awarded grants in 1988 under two major initiatives designed to improve maternal and infant health:

Healthy Futures: This program addresses the problem of infant mortality in six southern states. The program is a response to recommendations from the Southern Governors' Association's Regional Task Force on Infant Mortality. It seeks to improve maternal, perinatal and neonatal care by implementing on a broad scale approaches to problems of coordinated perinatal service delivery which have proven effective in Foundation demonstration programs. Grants have been awarded to Alabama, Arkansas, Mississippi, Oklahoma, West Virginia and the Commonwealth of Puerto Rico.

A similar program was launched in the Foundation's home state in 1988. The *Program to Improve Maternal and Infant Health in New Jersey* is designed to build upon New Jersey's major initiative to expand Medicaid eligibility to low-income pregnant women and to increase Medicaid reimbursement rates for providers who agree to provide comprehensive prenatal and postnatal services. The Foundation funding will help link high-risk mothers and infants with providers of perinatal care.

Children and Youth

The Foundation committed itself in 1988 to fund the medical aspect of a ten-year program in Chicago designed to eliminate the barriers to school readiness of children reared in deep poverty. These children, undernurtured, undernourished and with little or no health care, arrive at school with language and information-handling deficits, exacerbated by health problems like hearing loss, which practically assure their failure.

A grant to the Ounce of Prevention Fund supports the Center for Successful Child Development in Chicago, which seeks to involve about 2,250 children and their adolescent single mothers in a program which will include in-home instruction in prenatal care, nutrition and infant and child care; a center for pregnant women and women with young children, staffed by clinical social workers and early childhood education specialists; a toddler school; a HealthStart program and a comprehensive primary health care program.

The final site in the Foundation's *School-Based Adolescent Health Care Program* was funded in 1988 in the Liberty City area of Miami. The grant brings to 19 the number of communities participating in this comprehensive health services program, and to 25 the number of schools offering it.

The first rural variant of the School-Based Program was funded this past year through a grant to the Ware County Board of Health to support a 16-county regional project operated by the Southeast Georgia Health District. It will provide clinic sites in six consolidated high schools, staffed by public health nurse practitioners and mental health counselors, with medical backup provided by health department physicians. Three regional youth service centers will serve as referral centers. They will be staffed by experts in chronic mental and physical illness, alcohol and drug abuse, and other relevant fields.

Other grants of interest in the area of medical care delivery to vulnerable children and adolescents included:

- A grant to the Erna Yaffe Foundation for Health, Medical, and Basic Scientific Research of Providence, Rhode Island, for implementation and coordination of a regional program to improve the health of children and adolescents in six New England states.
- A grant to Children's Hospital—San Diego and Children's Memorial Hospital, Chicago, for a 30-month urban pilot implementation of the Foundation-supported Rural Effort to Assist Children at Home (REACH) program in an urban environment. REACH is designed to provide post-hospital in-home services to chronically ill children.
- A grant to Columbia University, Harlem Hospital Center for a community-based project to reduce playground and fall-related injuries among children in New York City's Harlem community.
- A grant to Children's Hospital Medical Center of Northern California at Oakland for development of a hospital-based evaluation and referral program for foster children.

Native Americans

The Foundation's Trustees in 1988 authorized a major new effort to support projects aimed at reducing the excess morbidity and mortality among American Indians and Alaskan Natives—two of the nation's most vulnerable population groups.

Foundation funds will be spent to conduct a three-round call for proposals designed to encourage Native Americans to submit single-site proposals to address their health problems. Funding will be provided for projects in three broad areas:

1. prevention projects focusing on the major causes of sickness, disability and death among Native Americans;
2. projects focusing on particularly vulnerable subgroups, such as high-risk mothers and infants, adolescents engaging in health-threatening behavior, and the frail elderly;
3. projects focusing on management and financing of health services.

The program will assist American Indians and Alaskan Natives either by themselves or in cooperation with government or private institutions.

The first round of grants will be presented for Trustee consideration in 1989.

The Medically Indigent

The Robert Wood Johnson Foundation's ongoing support of programs improving and expanding access to medical care for the medically uninsured and indigent was expanded in the significant area of providing financially viable primary care health centers serving this population. Under this initiative, grants will be made available to small community health centers to help them expand their clinical capabilities, increase their management efficiency and reach new payer populations. The program will initially help as many as 30 centers with six or fewer physicians to document their needs, do the necessary strategic planning and draft proposals for grants—something they would not normally have the staff, time and resources to do. It is expected that 20 of those centers will ultimately qualify for grants.

SPECIFIC THREATS TO HEALTH

Major initiatives were announced this past year to address a number of the nation's most pressing health problems, including the AIDS epidemic, serious mental illness among children and adolescents, and substance abuse.

AIDS

The Robert Wood Johnson Foundation launched a massive nationwide effort this past year to attract the most innovative and promising ideas in AIDS prevention and service from as many sources as possible. The call was made through a mailing of approximately 30,000 announcements in both English and Spanish. By the July submission deadline, the *AIDS Prevention and Service Projects* had drawn 1,026 proposals for projects with price tags ranging from $1,000 to $10 million, totaling nearly $538 million. The proposals came from 48 states, two U.S. territories and the District of Columbia. The applicants included community organizations such as the Red Cross and the Salvation Army, family planning agencies, health centers, YMCAs and organizations created to deliver AIDS-related services, as well as colleges, medical centers, school districts, labor unions, public agencies and religious organizations.

After an exhaustive multi-stage review, involving more than 100 expert consultants, the Foundation chose 54 service and prevention projects for funding. Those projects are supporting activities in 24 states, the District of Columbia and Puerto Rico.

The Foundation also funded several significant AIDS-related programs apart from those derived from the major call for proposals. They include:

- A grant to the WGBH Educational Foundation, Boston, to produce and broadcast a series of one-hour news and documentary programs called "The AIDS Quarterly." Intended to offer reliable and accurate information to policymakers, practitioners and the public, these productions will be supplemented by other one-hour, single-subject documentaries and a comprehensive outreach project, especially for schools. Initial programming aired in early 1989.
- A grant to Beth Israel Medical Center, New York, for a program using methadone maintenance clients to delivery basic in-home support services to methadone patients with AIDS.
- A grant to George Washington University to establish a national public interest AIDS network to provide timely and relevant policy information to nearly 40,000 state and local public officials nationwide.

The Trustees approved a new national program in 1988 to enhance the effectiveness of community services benefiting the physically handicapped. Twelve community-based agencies, run by and for the physically handicapped, were created to marshal and coordinate the often fragmented services available to the disabled, to identify and make better use of available public and private financing, and meet the underserved needs of the handicapped, either directly or through other agencies.

- A grant to the University of California, Los Angeles, School of Medicine to conduct a national survey of hospital AIDS testing policies and practices. Results of the survey of some 600 hospitals will serve as baseline information to monitor changes in hospital AIDS policies and practices.
- Renewal grants were awarded to four of the nine projects funded under the Foundation's AIDS Health Services Program. The remaining projects will be considered for renewal in 1989.

The nationwide shortage of registered nurses reflects two phenomena—the rising intensity and complexity of care, which demands higher nurse-to-patient ratios, and the diminishing supply of new RNs as more prestigious and lucrative professions become increasingly accessible to women.

Mental Illness

It is estimated that some three million children in this country are afflicted with serious psychiatric diseases, including depression, hyperactivity, conduct disorders, autism and anorexia nervosa. In most communities, the services available to those children and their families fall far short of need, and those services that do exist are frequently underfunded and poorly organized.

To address those inadequacies, the Foundation's Trustees authorized the *Mental Health Services Program for Youth*, a five-year program to demonstrate that collaborative efforts between state and local agencies and organizations can greatly improve the delivery of mental health services to children and adolescents. The eight projects to be funded will support the coordination and management of services, phasing in of new services, and community-level staff training. The first grants under the program will be recommended to the Foundation's Board in July 1989.

Substance Abuse

A two-year, in-depth analysis of the nation's substance abuse problem led the Foundation to conclude that it could play an important role by supporting community-wide efforts to reduce the demand for illegal drugs and alcohol.

Under the title *Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol*, the Board this past year authorized funding for up to 12 two-year planning grants and eight five-year implementation grants to assist drug-beset communities of 100,000 to 250,000 people in implementing a variety of anti-drug strategies. The first projects under the program will be presented to the Trustees for consideration in 1990.

A possible model for such efforts is being developed through a grant to the United Way of Eastern Fairfield County in Bridgeport, Connecticut. The two-year grant was awarded last year to provide partial funding for a community-wide substance abuse prevention and treatment system for youth.

Dementia

The *Dementia Care and Respite Services Program*, now funded in 19 sites, is intended to demonstrate that daycare centers offering dementia-specific day programs and other community-based in-home care and respite services can become financially self-sufficient through private billing, while expanding their services. The hope is that these pilot programs can serve as a model for as many as 1,000 sites across the nation.

A second aspect of this initiative is to develop greater cooperation between the public and private sector in serving this patient and caregiver population. To this end, it is co-sponsored by the federal Administration on Aging and the Alzheimer's Disease and Related Disorders Association.

PROBLEMS OF NATIONAL SIGNIFICANCE

The Nursing Shortage

In 1988 the Robert Wood Johnson Foundation and the Pew Charitable Trusts jointly announced *Strengthening Hospital Nursing: A Program to Improve Patient Care*. The initiative commits $26.8 million—$18.2 million of it from the Foundation—over the next six years to projects designed to restructure the hospital as a workplace for nurses.

The directions to be explored include:

- providing nurses with compensation and responsibility commensurate with their experience and education,
- providing nurses with more opportunities for continuing clinical and management training,

- establishing policies to provide nursing service participation in hospital governance and management, including responsibility for developing the nursing service budget and deploying nursing staff, and
- enhancing clerical and other support staffs to permit nurses to concentrate on nursing care.

The program will award up to 80 stage-one grants in August 1989 to hospitals or hospital consortia of 300 beds or more to fund one-year planning and design of such initiatives. As many as 20 of the stage-one grantees will be selected to implement and develop their programs over a five-year period.

Local Initiative Funding Partners Program

Grants were awarded this past year under the *Local Initiative Funding Partners Program*. The five grants match, dollar-for-dollar, funds committed by local philanthropies to address pressing local health care needs.

Three of the first-round projects were directed at helping adolescents whose behavior puts their lives and futures at risk. The other two are providing start-up funding for two new programs addressing the needs of AIDS patients—a residential shelter for homeless patients in Miami and a medical day care center in New York City.

A second request for proposals under this initiative drew 31 applications in 1988. The review process for these applications continues. The entire program will be reviewed in 1989 to ascertain whether funding should be continued.

Quality of Care

No major national initiatives were launched in the area of quality of care in 1988, though it remains an issue of active program development. Current projects in this field include clinical indicators of quality, generic screens to identify quality problems in hospitals, and appropriateness of specific procedures. The Foundation and the federal Health Care Financing Administration are cooperating in a program to extend quality and quality problem indicators to the home health and other community-based programs.

Financing and Organization of Health Care

The Foundation approved a new solicitation in 1988 designed to expand upon its previous *Program for Demonstration and Research on Health Care Costs*. The new initiative incorporates changes designed to reduce restrictions on timing of applications, size of grants and initial application procedures for prospective grantees. It also will seek a less institutional and more general approach to health care financing problems and will seek to assess the effects of cost containment efforts on quality of care and access to care.

In another follow-up to an earlier initiative, the Foundation broke with tradition and extended its support of three of the centers funded under the *Program for Prepaid Managed Health Care*. This unprecedented step was taken because it was felt that the centers would soon achieve self-sufficiency if funding was continued for limited short-term needs.

Training of Health Professionals

Following an extensive review of its activities in the area of increasing minority participation in the health care professions, the Foundation has

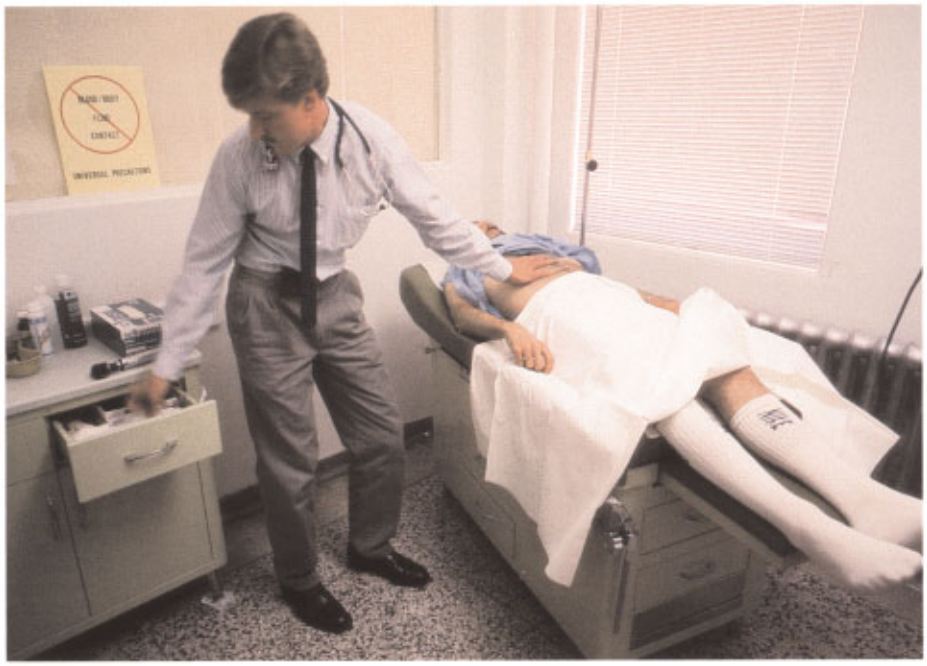
decided to concentrate on two objectives—increasing the acceptance rates of minorities in medical schools and increasing the number of minority faculty in senior positions in the nation's medical schools.

In pursuit of the first of these goals, the Trustees have authorized funding for the *Minority Medical Education Program*, a nationwide effort to prepare talented minority college students for medical school admission. Five-year grants have been awarded to six institutions to support six-week summer programs providing academic enrichment, laboratory experience, counseling in the selection and application process for medical school, and MCAT preparation and review for at least 180 students annually.

The Foundation also reviewed the six-year-old *Minority Medical Faculty Development Program* in 1988. The program underwrites four years of biomedical research training and was reauthorized for up to three more years, which would bring the total number of fellows to 71.

Following renewal application reviews and site visits, the Foundation awarded grants to seven academic medical centers to continue the training of physicians under the *Clinical Scholars Program*. The program is designed to allow young clinicians to acquire new skills and training in the non-biological sciences. It offers two years of graduate-level study and research and is open to applicants training in any of the medical or surgical specialties.

The enrollment of the fifteenth consecutive class of six *Health Policy Fellows* brought to $6 million the Foundation's investment in the program. It is designed to enable faculty members of health science centers to obtain "hands-on" experience in the health care policymaking environment, usually on assignment with the U.S. Congress.



The final class of five scholars in two-year postdoctoral *Dental Services Research Scholars* fellowships at Harvard and UCLA was selected in 1988. The program, launched in 1982, has created the first cadre of dental academicians formally trained to study methods for providing and financing dental care. These 30 scholars are expected to provide the nucleus for systematic dental services research programs.

The seventh and final group of nine *Clinical Nurse Scholars* was appointed in 1988. When they complete their post-doctoral fellowships in 1991, the program will have trained 62 nurse faculty members at a total projected cost of $12.3 million. The program fell short of its original goal of preparing a cadre of faculty for leadership roles in acute-care clinical nursing service. Although the involvement of the scholars in nursing service proved less than expected, the high caliber of the participants should assure that the program will be of significant benefit to nursing research.

Cost Containment

Grants to sites in Tulsa and Boston brought to a close the Foundation's funding under the *Community Programs for Affordable Health Care*. The Foundation invested in this nationwide program designed to mobilize local leadership, including industry, labor, the health professions and medical institutions in a broad-based effort to reduce medical costs. Despite some notable local successes, initial evidence indicates that external forces, such as the increasing intensity of care in the nation's medical case mix, may make it difficult for local initiatives to have the hoped-for level of effectiveness.

GRANT EVALUATION AND RESEARCH

One of the hallmarks of Robert Wood Johnson Foundation grantmaking is the emphasis it has always placed on evaluating results. Typically, the Foundation has spent 10 percent of each national program investment on independent evaluation by outside experts—far more than other major foundations.

In 1988 the Foundation's evaluation and research staff carried that process a step further, completing a one-year review of its own evaluation process. Out of that review will come changes aimed at making the results of program evaluations more meaningful and prompt.

Those changes include:

- evaluating not only the outcome of a project, but peripheral influences that shaped that outcome, like project management and the public policy environment in which the program operated;
- assessing the impact of programs over a longer term, particularly if the anticipated results were expected to emerge later;
- reporting interim findings, not only to the Foundation's staff and Trustees, but often to the program sites and even the health care community and the general public; and
- insisting on a formal plan for rapid dissemination of the results of programs so that they reach interested audiences in a timely fashion. The preliminary dissemination plan will be worked out by the evaluation staff and the Foundation's communications office at least twelve months before a project evaluation is scheduled to be completed.

Interim Evaluations

The findings of several major interim evaluations will be reported in the coming year, including:

The AIDS Health Services Program: The first program to report interim findings to the Foundation. Another set of in-progress evaluations is expected this year in this initiative to develop comprehensive health and support services for HIV-related illnesses.

The Health Care for the Uninsured Program: The initial interim report is expected in 1989 on this program to develop state and local initiatives for the provision of health services to those without health insurance.

The Hospital-Based Rural Health Care Program: An initial appraisal of a grant and loan program to support initiatives by rural hospitals in 15 communities to enhance their financial stability, quality of care and accessibility.

The Program on Chronic Mental Illness: An evaluation of the first two years of a program of grants and loans to help nine major cities centralize currently fragmented mental health programs under a community authority and to provide safe, affordable housing for the chronically mentally ill.

Interim evaluations were also begun on the *Supportive Services in Senior Housing, Supportive Services for Older Persons, School-Based Adolescent Health Care* and *Healthy Futures* programs described above.

The Foundation initiated retrospective evaluations of the long-term effects of two earlier national initiatives—the *Community Hospital Program* and the *Municipal Health Services Program*—initiated in the 1970s as models for expanding the delivery of primary health care.

Preliminary results of the evaluations show that while many of the sites remain in operation, they were not replicated elsewhere, in large measure because changes in federal policy frustrated expectations of a national health insurance program, upon which the strategies of these two programs were predicated.

Health Care Research

The Foundation launched initiatives this past year in the field of health care delivery research.

The Trustees approved support for a nine-hospital comparison of variations in medical practice patterns and patient outcomes in teaching hospitals and community hospitals in three regions of the country. The Harvard Medical School-led analysis of treatment and service utilization patterns and of clinical, satisfaction and functional patient outcomes seeks to identify the most effective and efficient means of treating patients with the diseases or conditions selected for study.

The Trustees also authorized the establishment of a pilot internal *Program on Health Data and Statistical Analysis* to support the statistical and informational needs of the Foundation and, eventually, to serve as a national resource on health data issues, complementing the efforts of existing public and private data collection agencies.

In its first co-sponsorship of a major National Institutes of Health randomized clinical trial, the Foundation provided funding to Duke University Medical Center researchers for the planning phases of a study to assess the comparative quality of life, functional capabilities and economic outcomes of coronary angioplasty and coronary artery bypass surgery. The study is expected to provide valuable information for physicians and patients about the relative advantages and disadvantages of these two most common treatments of severe coronary artery disease.

1988 Activities: Statistical Analysis

During 1988, the Foundation made 345 grants totaling $103.8 million in support of programs and projects to improve health care in the United States. The types of activities supported were:

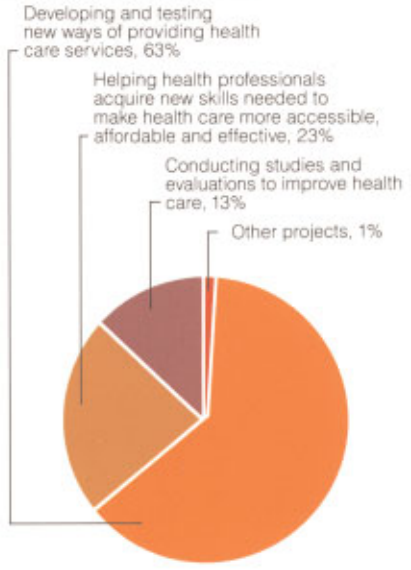
- developing and testing new ways of providing health care services, $65.2 million, or 63 percent of the 1988 grant funds;
- helping health professionals acquire new skills needed to make health care more accessible, affordable and effective, $23.8 million, or 23 percent;
- conducting studies and evaluations to improve health care, $13.8 million, or 13 percent; and
- other projects, $1.0 million, or 1 percent.

These same grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

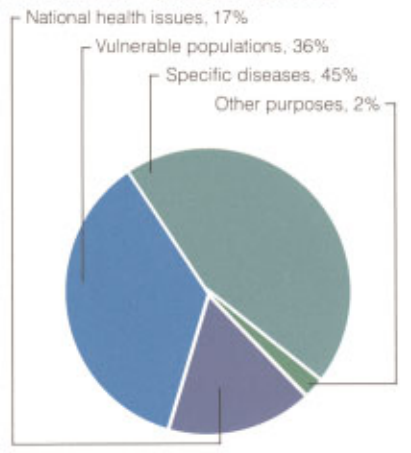
- $37.3 million, or 36 percent, for programs to assist the segments of our population most vulnerable to illness;
- $47.3 million, or 45 percent, for programs that address specific diseases of regional or national concern;
- $17.8 million, or 17 percent, for programs that encourage innovations on broad national health issues; and
- $1.4 million, or 2 percent, for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.

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 $927.1 million. A chart depicting the geographic distribution of 1988 funds is diagrammed below.

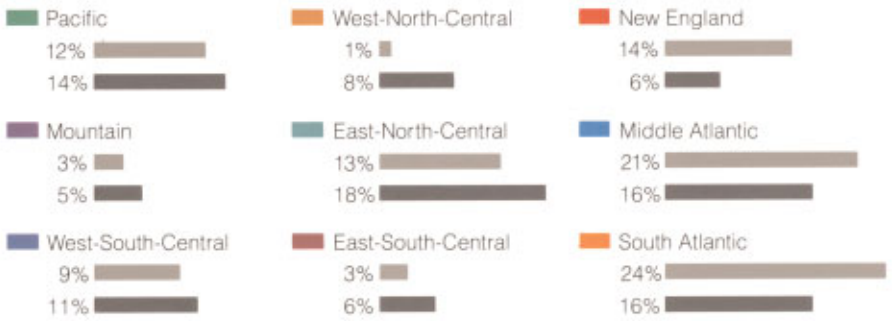
Types of activities supported:



The Foundation's principal objectives:



Appropriations by geographical region
1988 grants—$103.8 million



RWJF funds
U.S. population

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, 1988

SERVICES

AIDS Health Services Program — *Establishment of specialized comprehensive out-of-hospital health and supportive services for patients with AIDS and AIDS-related disorders (for the periods indicated). ID#10907*

AID Atlanta, Inc.
Atlanta, GA
(1 year)
$421,372

Community Council of Greater Dallas
Dallas, TX
(2 years)
$697,684

New Jersey State Department of Health
Trenton, NJ
(2 years)
$1,603,581

Public Health Trust of Dade County, Florida
Miami, FL
(1 year)
$1,506,002

AIDS Prevention and Service Projects — *Support for creative projects to prevent the spread of HIV and/or to improve services for people with AIDS and AIDS-related illnesses (for the periods indicated). ID#12023*

AIDS Council of Northeastern New York, Inc.
Albany, NY
(1 year)
$33,757

AIDS Interfaith Network, Inc.
Dallas, TX
(3 years)
$251,652

Albany Medical Center
Albany, NY
(3 years)
$1,138,256

All Saints AIDS Service Center Corporation
Pasadena, CA
(1 year)
$382,659

American Red Cross, Salt Lake Area Chapter
Salt Lake City, UT
(3 years)
$711,435

Associated Catholic Charities of New Orleans, Inc.
New Orleans, LA
(2 years)
$891,329

Boston University
Boston, MA
(1 year)
$17,481

University of California, San Diego, School of Medicine
La Jolla, CA
(2 years)
$277,456

Catholic Charities of the Archdiocese of Saint Paul and Minneapolis
Minneapolis, MN
(1 year)
$122,720

Catholic Counseling Center
Cleveland, OH
(3 years)
$496,227

Catholic Service League of Summit County
Akron, OH
(3 years)
$267,902

Central Maryland Ecumenical Council, Inc.
Baltimore, MD
(1 year)
$115,843

Children's Hospital National Medical Center
Washington, DC
(4 years)
$1,084,465

Delmarva Rural Ministries, Inc.
Dover, DE
(1 year)
$50,000

Douglas County Health and Social Services Department
Roseburg, OR
(1 year)
$21,382

Drug Action of Wake County
Raleigh, NC
(1 year)
$54,615

East Los Angeles Rape Hotline
Los Angeles, CA
(1 year)
$137,909

EduMed, Incorporated
Bartlesville, OK
(1 year)
$74,674

The Empowerment Program, Inc.
Denver, CO
(1 year)
$44,755

Family Service Association
Dayton, OH
(2 years)
$63,362

Gay Men's Health Crisis, Inc.
New York, NY
(1 year)
$51,090

Girls Clubs of America, Inc.
New York, NY
(2 years)
$211,975

Good Samaritan Project
Kansas City, MO
(1 year)
$93,144

County of Grant Nurses Office
Lancaster, WI
(2 years)
$19,826

Hektoen Institute for Medical Research
Chicago, IL
(3 years)
$769,852

Hemophilia of Georgia, Inc.
Atlanta, GA
(2 years)
$123,052

Hispanic Health Council, Inc.
Hartford, CT
(2 years)
$305,416

University of Illinois at Chicago, College of Education
Chicago, IL
(2 years)
$286,167

JWCH Institute, Inc.
Los Angeles, CA
(2 years)
$243,710

Jersey Shore Addiction Services, Inc.
Asbury Park, NJ
(1 year)
$107,135

Lesbian-Gay Community Service Center of Greater Cleveland
Cleveland, OH
(1 year)
$28,000

The Lighthouse for the Blind and Visually Impaired
San Francisco, CA
(1 year)
$33,458

Manchester Area Family Planning Center, Inc.
Manchester, NH
(1 year)
$5,351

University of Maryland
College Park, MD
(2 years)
$235,781

Metropolitan Family Study Center, Inc.
Atlanta, GA
(3 years)
$270,380

National Association of People with AIDS
Washington, DC
(1 year)
$90,546

National Association of Protection and Advocacy Systems, Inc.
Washington, DC
(1 year)
$70,338

New Jersey Congress of Parents and Teachers
Trenton, NJ
(1 year)
$14,620

Planned Parenthood of Alabama, Inc.
Birmingham, AL
(3 years)
$99,931

Project Open Hand
San Francisco, CA
(2 years)
$447,554

The Public Health Foundation of Los Angeles County, Inc.
Los Angeles, CA
(1 year)
$293,968

Puerto Rico Community Foundation, Inc.
Hato Rey, PR
(3 years)
$353,707

Saint Peter's Lutheran Church
New York, NY
(1 year)
$453,723

The Salvation Army
Wichita, KS
(1 year)
$70,185

Municipality of San Juan Department of Health
Rio Piedras, PR
(3 years)
$1,186,518

Seattle-King County Department of Public Health
Seattle, WA
(2 years)
$725,390

Service Employees International Union
Washington, DC
(4 years)
$809,316

South Shore Mental Health Center, Inc.
Quincy, MA
(4 years)
$1,831,191

Southcentral Foundation
Anchorage, AK
(2 years)
$137,892

Southeastern Network of Youth and Family Services, Inc.
Athens, GA
(1 year)
$70,779

Unitarian Universalist Fellowship of Mobile
Mobile, AL
(3 years)
$239,409

Volunteers of Legal Service, Inc.
New York, NY
(1 year)
$41,660

Westchester County Department of Health
White Plains, NY
(2 years)
$336,558

Benedictine Hospital
Kingston, NY
$215,791
Technical assistance and direction for the Program to Improve Maternal and Infant Health in New Jersey (for 1 year). ID#12770

Beth Israel Medical Center
New York, NY
$293,000
Pilot program of support services to homebound methadone patients with AIDS (for 2 years). ID#13207

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$40,997
Technical assistance for the Life-Care-at-Home Program (for 3 months). ID#14579

Children's Hospital Medical Center of Northern California
Oakland, CA
$329,936
Program to improve health services for children in foster care (for 2 years). ID#12218

Children's Hospital-San Diego
San Diego, CA
$346,197
Pilot urban health care projects for chronically ill children (for 2.5 years). ID#13153

Program on Chronic Mental Illness
Support for community-wide projects aimed at consolidating and expanding services for people with chronic mental illness (for the periods indicated). ID#10446

Franklin County Mental Health Board
Columbus, OH
(3 years)
$760,359

Hamilton County Community Mental Health Board
Cincinnati, OH
(3 years)
$1,479,995

State of Hawaii, Office of the Governor
Honolulu, HI
(1 year)
$605,231

Lucas County Mental Health Board
Toledo, OH
(3 years)
$1,168,386

Mecklenburg County Area Mental Health/ Mental Retardation Authority
Charlotte, NC
(3 years)
$1,591,854

Mental Health Corporation of Denver
Denver, CO
(14 months)
$706,571

Mental Health-Mental Retardation Center of Austin-Travis County
Austin, TX
(3 years)
$1,700,915

Community Care Funding Partners Program
Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for the periods indicated). ID#6397

Community Foundation of Greater Flint
Flint, MI
(3 years)
$43,611

Dunn Memorial Hospital
Bedford, IN
(5 years)
$168,433

The Greater Kansas City Community Foundation
Kansas City, MO
(3 years)
$78,730

Community Programs for Affordable Health Care
Implementing local projects to slow the rate of health care cost increases (for 2 years). ID#6748

Health Action Forum of Greater Boston, Inc.
Boston, MA
$512,275

Tulsa Business Health Group, Inc.
Tulsa, OK
$781,010

The Council of State Governments-Southern Governors' Association
Lexington, KY
$153,846
Technical assistance for the Healthy Futures Program (for 1 year). ID#12351

Dementia Care and Respite Services Program

Program to expand the availability of day programs, other community and in-home respite services, and related health and supportive services for people with dementia and their caregivers (for the periods indicated). ID#11088

Alzheimer's Disease and Related Disorders Association, Inc.—Atlanta
Atlanta, GA
(2 years)
$139,144

Alzheimer's Disease and Related Disorders Association, Inc.—Central New York
Syracuse, NY
(2 years)
$109,217

Alzheimer's Disease and Related Disorders Association, Inc.—Lexington
Lexington, KY
(2 years)
$104,094

Atlanta Jewish Community Center, Inc.
Atlanta, GA
(2 years)
$106,924

Cedar Crest, Inc.
Janesville, WI
(2 years)
$68,177

The Community Family, Inc.
Everett, MA
(2 years)
$149,161

County of Fairfax District Health Department
Fairfax, VA
(2 years)
$157,395

Food and Nutrition Services, Inc.
Aptos, CA
(2 years)
$154,864

Hilo Adult Day Care Aid Center, Inc.
Hilo, HI
(2 years)
$190,699

Jewish Federation of Southern Arizona, Handmaker Jewish Geriatric Center
Tucson, AZ
(1 year)
$12,937

The Life Enrichment Center of Cleveland County, Inc.
Shelby, NC
(2 years)
$174,454

Madison Area Adult Day Centers, Inc.
Madison, WI
(2 years)
$208,425

Parker Jewish Geriatric Institute
New Hyde Park, NY
(2 years)
$153,295

Rush-Presbyterian-St. Luke's Medical Center
Chicago, IL
(1 year)
$64,463

St. Elizabeth Adult Day Care Center, Inc.
St. Louis, MO
(2 years)
$109,156

Senior Services, Inc.
Winston-Salem, NC
(2 years)
$150,797

Sinai Samaritan Medical Center, Inc.
Milwaukee, WI
(2 years)
$179,759

Sunshine Terrace Foundation, Inc.
Logan, UT
(2 years)
$62,289

Telespond Senior Services, Inc.
Scranton, PA
(2 years)
$79,231

Program for Enhancing Hospital Care for the Elderly

Development of hospital-wide systems of inpatient geriatric care (for the periods indicated). ID#12423

Biomedical Research Foundation of Colorado
Denver, CO
(2.5 years)
$392,720

Roger Williams General Hospital
Providence, RI
(1 year)
$165,496

The Erna Yaffe Foundation for Health, Medical, and Basic Scientific Research
Boston, MA
$233,448

Regional approach to improving the health of children and adolescents (for 2 years). ID#14028

FRC Management, Inc.
Gwynedd, PA
$251,927

Technical assistance to Life-Care-at-Home Communities Demonstration Program (for 1 year). ID#13107

Family Friends

Program directed by the National Council on the Aging to support community projects that match older volunteers with chronically ill or disabled children and their families (for 2 years). ID#10571

Catholic University of America
Washington, DC
$216,349

Cuyahoga County Hospital System
Cleveland, OH
$244,203

Eastern Nebraska Regional Agency on Human Services
Omaha, NE
$244,981

Hartford Hospital
Hartford, CT
$242,220

Jewish Family Service of Los Angeles
Los Angeles, CA
$244,332

Metropolitan Dade County, Florida, Community Action Agency
Miami, FL
$258,394

Santa Rosa Health Care Corporation
San Antonio, TX
$247,903

Utah Easter Seal Society
Salt Lake City, UT
$238,165

University of Florida, College of Medicine
Gainesville, FL
$213,733

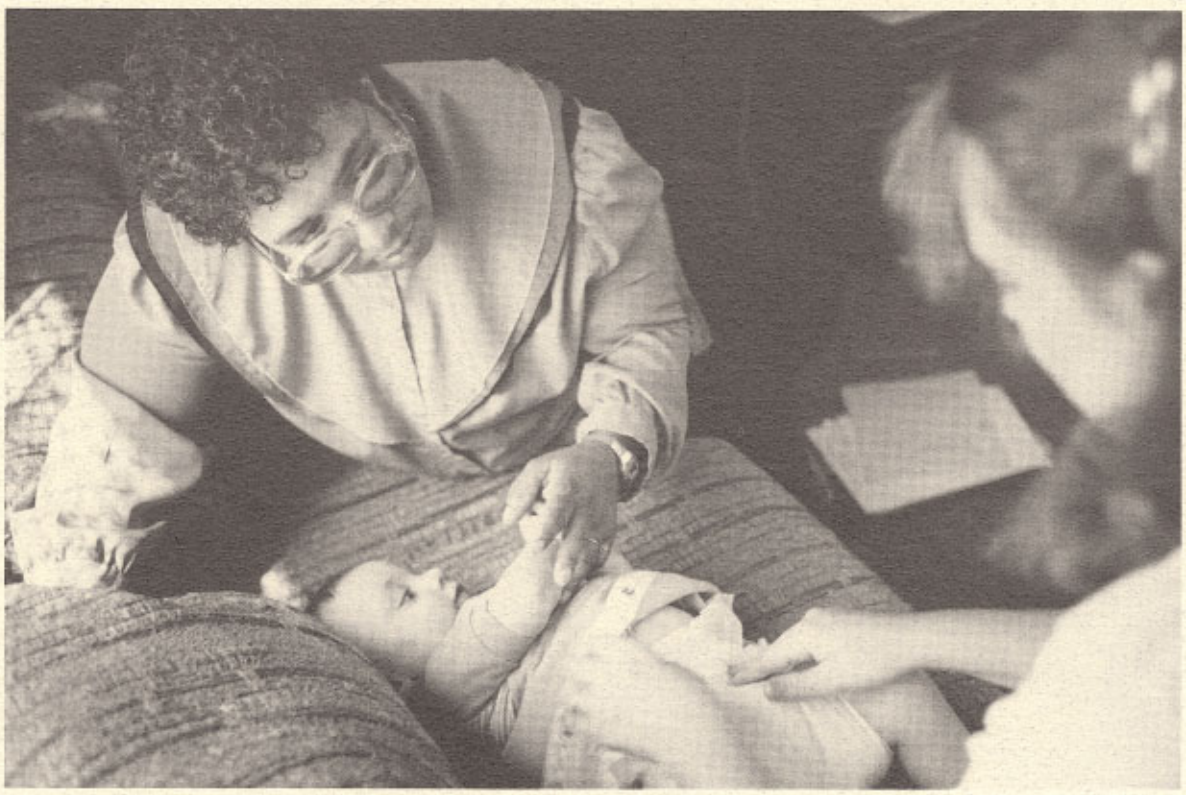
Technical assistance and direction for the Healthy Futures Program (for 1 year). ID#12773

The Foundation Center
New York, NY
$750,000

Expansion of the Center's data and information services (for 3 years). ID#13187

Gateway District Health Department
Owingsville, KY
$50,000

Development of a community health planning organization (for 1.5 years). ID#13717



Harvard Medical School
Boston, MA
$381,870

Technical assistance and direction for the Program on Chronic Mental Illness (for 1 year). ID#12608

Healthy Futures Program

Four-year initiative to support new efforts in southern states to coordinate and improve maternal, perinatal and infant care services (for 2 years). ID#12025

Alabama State Health Department
Montgomery, AL
$738,793

State of Arkansas Department of Health
Little Rock, AR
$631,394

Mississippi State Department of Health
Jackson, MS
$722,770

Oklahoma State Department of Health
Oklahoma City, OK
$608,938

Commonwealth of Puerto Rico, Department of Health
San Juan, PR
$625,210

West Virginia Department of Health
Charleston, WV
$759,344

Hospital-Based Rural Health Care Program

Program to improve the access, quality, and cost-efficiency of health services in rural hospitals (for 2 years). ID#11262

Tri-County Memorial Hospital
Gowanda, NY
$391,617

Program to Improve Maternal and Infant Health in New Jersey

Four-year initiative to support new state efforts to coordinate and improve maternal, perinatal and infant care services (for 2 years). ID#12024

Jersey City Health Care Corporation
Jersey City, NJ
$550,301

Morristown Memorial Hospital
Morristown, NJ
$609,915

Ocean County Board of Health
Toms River, NJ
$591,915

Planned Parenthood—Essex County
Newark, NJ
$567,334

St. Joseph's Hospital and Medical Center
Paterson, NJ
$570,880

Southern New Jersey Perinatal Cooperative, Inc.
Camden, NJ
$669,658

University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School
Piscataway, NJ
$714,598

Jewish Family Service of Northern Middlesex County, Inc.
Edison, NJ
$10,000

Case management of services for the frail elderly (for 1 year). ID#13512

The John F. Kennedy Medical Center Foundation, Inc.
Edison, NJ
$115,900

Equipment for the Robert Wood Johnson Jr. Rehabilitation Institute (for 5 months). ID#12777

Life-Care-At-Home Communities Demonstration Program

Pilot projects to provide an affordable total package of medical and support services to people 65 years and older living at home (for 1 year). ID#11867

Mercy Catholic Medical Center
Darby, PA
$367,483

Pasadena Hospital Association, Ltd.—Huntington Memorial Hospital
Pasadena, CA
$329,576

Riverside Healthcare Association, Inc.
Newport News, VA
$296,074

Local Initiative Funding Partners Program — *Matching grants program to enable local foundations and corporations to sponsor innovative health service projects (for the periods indicated). ID#12033*

Catholic Health and Rehabilitation Services Foundation
Miami Lakes, FL
(3 years)
$400,000

State of Idaho, Public Health District 3, Southwest District Health Department
Caldwell, ID
(3 years)
$270,000

Lao Family Community of Minnesota, Inc.
St. Paul, MN
(3 years)
$183,508

Planned Parenthood of New York City, Inc.
New York, NY
(4 years)
$280,000

Village Nursing Home, Inc.
New York, NY
(2 years)
$300,000

University of Maryland at Baltimore
Baltimore, MD
$376,388

Technical assistance and direction for the AIDS Prevention and Service Projects (for 14 months). ID#13618

University of Maryland, Center on Aging
College Park, MD
$59,116

Technical assistance and direction for the Service Credit Banking Program for the Elderly (for 1 year). ID#13502

Mental Health Services Development Program — *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*

Connecticut Department of Mental Health
Hartford, CT
(2 years)
$576,490

Fountain House, Inc.
New York, NY
(3 years)
$600,000

State of New Hampshire, Department of Health and Human Services
Concord, NH
(3 years)
$593,173

Pathways, Inc.
Ashland, KY
(3 years)
$562,933

Piedmont Area Mental Health, Mental Retardation and Substance Abuse Authority
Concord, NC
(3 years)
$598,417

Providence Health Care Foundation
Anchorage, AK
(2 years)
$60,811

County of Santa Clara, Department of Public Health
San Jose, CA
(3 years)
$600,000

Travelers and Immigrants Aid of Chicago
Chicago, IL
(31 months)
$149,650

Tropical Texas Center for Mental Health and Mental Retardation
Edinburg, TX
(3 years)
$600,000

University of Medicine and Dentistry of New Jersey—Community Mental Health Center at Piscataway
Piscataway, NJ
(3 years)
$600,000

Middlesex County Recreational Council
Edison, NJ
$85,900

Summer camp for children with health problems (for 5 months). ID#12610

National Academy of Sciences—Institute of Medicine Washington, DC ***$48,000***	*The Gustav O. Lienhard Award (for 1 year). ID#12362*
National Association of Community Health Centers, Inc. Washington, DC ***$396,362***	*Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#12037*
The National Council on the Aging, Inc. Washington, DC ***$451,559***	*Technical assistance and direction for the Family Friends (for 2 years). ID#10948*
National Rehabilitation Hospital, Inc. Washington, DC ***$294,452***	*Managed medical services program for disabled adults in the community (for 1.5 years). ID#12783*
New York University New York, NY ***$253,642***	*Technical assistance and direction for the Hospital-Based Rural Health Care Program (for 1 year). ID#12780*
State of Ohio, Department of Mental Health Columbus, OH ***$50,000***	*Case management program for the mentally disabled in Cuyahoga County (for 1 year). ID#13482*
University of Oklahoma, College of Public Health Oklahoma City, OK ***$208,275***	*Technical assistance and direction for Improving the Health of Native Americans (for 1 year). ID#13698*
On Lok Approach to Care for the Elderly **Providence Medical Center** Portland, OR ***$699,998*** **Richland Memorial Hospital** Columbia, SC ***$698,855***	*Replication of a model program of comprehensive health and financing services for dependent elderly (for 4 years). ID#11868*
On Lok Senior Health Services San Francisco, CA ***$399,971***	*Technical assistance for the replication of the On Lok model (for 1 year). ID#12363*

Ounce of Prevention Fund
Chicago, IL
$1,000,000
Health component of a project for children in deprived communities (for 5 years). ID#12955

Program for Prepaid Managed Health Care
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 1.5 years). ID#7862

Health Partners of Philadelphia, Inc.
Philadelphia, PA
$288,000

MagnaCare Health Plan
Cincinnati, OH
$300,000

Public Health Trust of Dade County, Florida
Miami, FL
$300,000

Program to Promote Long-Term Care Insurance for the Elderly
Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the periods indicated). ID#12657

State of California, California Legislature Assembly Committee on Rules
Sacramento, CA
(2 years)
$384,944

State of New Jersey, Department of Human Services
Trenton, NJ
(1.5 years)
$330,639

New York State Department of Social Services
Albany, NY
(1.5 years)
$355,282

State of Oregon Department of Human Services, Senior Services Division
Salem, OR
(1.5 years)
$300,949

Prudential Insurance Company of America
Roseland, NJ
$268,793
Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#13614

RWJ Property Holding Corporation
New Brunswick, NJ
$301,900
Property acquisition (for 11 months). ID#13836

Robert Wood Johnson University Hospital, Inc.
New Brunswick, NJ
$1,595,003
Establishment of a central New Jersey trauma network (for 4.5 years). ID#13004

Sacred Heart Medical Center Foundation
Eugene, OR
$254,132
Community hospital prenatal care for women in low-income rural areas (for 3 years). ID#13031

Saint Joseph's Medical Center
South Bend, IN
$200,000
Primary care health center serving people with no medical coverage (for 4 years). ID#11603

St. Mary's Hospital
East St. Louis, IL
$200,000
Primary care health center serving medically indigent people (for 4 years). ID#12954

St. Vincent's Hospital and Medical Center of New York
New York, NY
$204,453
Technical assistance and direction for the Health Care for the Homeless Program (for 9 months). ID#12786

The Salvation Army
New Brunswick, NJ
$75,000
Program of assistance to the indigent (for 1 year). ID#12785

School-Based Adolescent Health Care Program

Establishment of comprehensive health services clinics in public secondary schools (for 2 years). ID#10523

Public Health Trust of Dade County, Florida
Miami, FL
$200,000

Shands Teaching Hospital and Clinics, Inc.
Gainesville, FL
$186,977

Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#13634

Supportive Services Program for Older Persons

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 3 years). ID#10528

State of Arkansas Department of Health
Little Rock, AR
$514,522

Kennebec Valley Regional Health Agency
Waterville, ME
$467,700

MCOSS Foundation, Inc.
Red Bank, NJ
$542,828

Michigan Home Health Care, Inc.
Traverse City, MI
$511,930

SMILE Independent Living Services, Inc.
Albany, NY
$527,835

State of South Carolina Department of Health and Environmental Control
Beaufort, SC
$504,421

VNS Affiliates
Seattle, WA
$427,377

Visiting Nurse Association of Delaware, Inc.
Wilmington, DE
$499,848

Visiting Nurse Association of the Inland Counties
Riverside, CA
$466,198

Visiting Nurse Association of North Shore, Inc.
Danvers, MA
$477,241

The Visiting Nurse Association of Texas
Dallas, TX
$578,121

Supportive Services Program in Senior Housing

Innovative approaches to financing and delivering supportive services to older people who live in private, publicly subsidized housing for the elderly (for 1 year). ID#12422

Colorado Housing and Financing Authority
Denver, CO
$144,807

Illinois Housing Development Authority
Chicago, IL
$49,598

Maine State Housing Authority
Augusta, ME
$88,517

Massachusetts Housing Finance Authority
Boston, MA
$204,000

New Hampshire Housing Finance Authority
Manchester, NH
$62,697

New Jersey Housing and Mortgage Finance Agency
Trenton, NJ
$182,935

Pennsylvania Housing Finance Agency
Harrisburg, PA
$179,874

Rhode Island Housing and Mortgage Finance Corporation
Providence, RI
$107,669

Vermont Housing Finance Agency
Burlington, VT
$64,786

Virginia Housing Development Authority
Richmond, VA
$71,620

Texas Woman's University
Denton, TX
$50,000

Program to encourage single mothers and minorities to enter nursing (for 1 year). ID#13946

United Hospital Fund of New York New York, NY ***$395,247***	*Treatment of alternative level of care patients in New York hospitals (for 3 years). ID#12851*
United Seniors Health Cooperative Washington, DC ***$178,821***	*Development of programs to assist the elderly in health financing decisions (for 1.5 years). ID#13314*
United Way of Central Jersey, Inc. Milltown, NJ ***$150,000***	*Support of 1988 Campaign (for 1 year). ID#12965*
United Way of Eastern Fairfield County, Inc. Bridgeport, CT ***$671,721***	*Community program to reduce youth substance abuse (for 2 years). ID#13455*
Visiting Homemaker Service of Middlesex County, Inc. North Brunswick, NJ ***$20,000***	*Start-up support for an adult daycare center in East Brunswick (for 1 year). ID#12870*
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, NC ***$308,305***	*Technical assistance and direction for the Dementia Care and Respite Services Program (for 1 year). ID#12612*
Ware County Board of Health Waycross, GA ***$598,757***	*Regional school-based adolescent health care program in rural Georgia (for 3 years). ID#13894*

RESEARCH

Alpha Center for Health Planning, Inc.
Washington, DC
$255,245
and
$269,005

Technical assistance and direction for the Health Care for the Uninsured Program (for 1 year). ID#12769
Technical assistance and direction for the Program on Changes in Health Care Financing and Organization (for 14 months). ID#12843

American Board of Pediatrics Foundation
Chapel Hill, NC
$5,641

Workshop on the role of women in pediatrics (for 2 months). ID#13389

Association of American Medical Colleges
Washington, DC
49,157

Analysis of results from a national survey of young physicians (for 1 year). ID#13430

Boston University, School of Management
Boston, MA
$249,665
and
$49,992

Evaluation of the Program for Faculty Fellowships in Health Care Finance (for 2 years). ID#13283
Evaluating the accuracy of cost-to-charge ratios for estimating costs (for 1 year). ID#13971

Boston University, School of Medicine
Boston, MA
$250,112

Severity-of-illness measurement as a means of assessing quality of care (for 1 year). ID#12749

Brandeis University, Bigel Institute for Health Policy
Waltham, MA
$29,000

Patterns and costs of pediatric AIDS services in a municipal hospital (for 1 year). ID#13860

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$100,488

Evaluation of the Dementia Care and Respite Services Program—Phase I (for 10 months). ID#11316

University of California, Los Angeles
Los Angeles, CA
$46,646

Research on readmission to state psychiatric hospitals in Mississippi (for 8 months). ID#13913

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$433,198

Survey of HIV testing policies and practices in U.S. hospitals (for 20 months). ID#13462

Program on the Care of Critically Ill Hospitalized Adults

National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for 2.5 years). ID#10559

Beth Israel Hospital Association
Boston, MA
$856,056

Duke University Medical Center
Durham, NC
$884,576

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$933,693

Marshfield Medical Research Foundation, Inc.
Marshfield, WI
$828,851

Case Western Reserve University, School of Medicine
Cleveland, OH
$977,483

Center for Aging, Inc. Freehold, NJ ***$11,800***	*Feasibility study of model housing for the frail elderly (for 6 months). ID# 13909*
University of Chicago, The Pritzker School of Medicine Chicago, IL ***$11,964***	*Study to determine current issues in biomedical ethics (for 2 months). ID#14512*
Christ Church New Brunswick, NJ ***$43,662***	*Interfaith program to improve services to the indigent in New Brunswick (for 8 months). ID#13922*
State of Colorado, Department of Institutions, Division of Mental Health Denver, CO ***$49,939***	*Study of the total costs of treating the chronically mentally ill (for 1 year). ID#13331*
University of Colorado Health Sciences Center Denver, CO ***$82,706*** and ***$47,373*** and ***$25,363***	*Home health quality assessment and assurance project (for 6 months). ID#13138* *Study of transitional care in swing-bed hospitals and nursing homes (for 1 year). ID#13669* *Manuscript on the Hospital Swing-Bed Program as a health policy case study (for 6 months). ID#14004*
Columbia University, School of Public Health New York, NY ***$91,456***	*Evaluation of the Health Care for the Uninsured Program—Phase I (for 7 months). ID#13719*
Community Health Care Association of New York State, Inc. New York, NY ***$45,411***	*Assessment of primary care health centers' role in HIV-related care (for 13 months). ID#13935*
Duke University Medical Center Durham, NC ***$358,681***	*Outcomes of coronary angioplasty versus bypass surgery—Phase I (for 1 year). ID#12925*
Economic and Social Research Institute Oakton, VA ***$15,000***	*Planning and development of the subacute care alternative model (for 6 months). ID#13771*
University of Florida, Institute for Child Health Policy Gainesville, FL ***$111,748***	*Feasibility of a school-enrollment based family health insurance program (for 1 year). ID#13772*
George Washington University Washington, DC ***$598,523***	*Technical assistance and direction for Program on the Care of Critically Ill Hospitalized Adults (for 1 year). ID#12352*
Georgetown University, School of Medicine Washington, DC ***$350,815***	*Analysis of health policy issues (for 1 year). ID#12775*
Group Health Cooperative of Puget Sound Seattle, WA ***$101,335***	*Evaluation of the Wind River health promotion project (for 3 years). ID#13986*
Harvard Community Health Plan, Inc. Brookline Village, MA ***$38,284***	*Report on approaches to reducing pediatric hospitalization (for 3 months). ID#13179*

Harvard Medical School
Boston, MA
$20,000

Pilot program on the management of persons with serious chronic illness (for 1 year). ID#13984

Industrywide Network for Social, Urban and Rural Efforts
Washington, DC
$63,647

Completion of study of the impact of life cycle preventive health services (for 3 months). ID#13335

Institute for the Future
Menlo Park, CA
$4,000

Dissemination of a study on health care projections for the year 2000 (for 3 months). ID#13897

Joint Center for Political Studies, Inc.
Washington, DC
$25,000

Renewal support for an analysis of black philanthropy in the United States (for 1 year). ID#13013

Marshfield Medical Research Foundation, Inc.
Marshfield, WI
$84,165

Study of nonhospitalized critically ill adults (for 28 months). ID#14053

University of Maryland, School of Medicine
Baltimore, MD
$1,550,375

Evaluation of the Program on Chronic Mental Illness—Phase II (for 52 months). ID#12558

Massachusetts General Hospital
Boston, MA
$196,545

Plan design for a more architecturally appropriate dementia care center (for 1 year). ID#13978

Massachusetts Institute of Technology
Cambridge, MA
$145,953

Forecasting the AIDS epidemic: development of a simulation model (for 15 months). ID#13446

McLean Hospital Corporation
Belmont, MA
$46,534

Study of stress and substance abuse among nurses (for 1 year). ID#13433

The Medical Malpractice Program

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

University of Chicago
Chicago, IL
(3 years)
$290,470

State of Maryland, Department of Health and Mental Hygiene
Baltimore, MD
(1 year)
$87,498

Oregon Foundation for Medical Excellence
Portland, OR
(3 years)
$293,072

Vanderbilt University, Institute for Public Policy Studies
Nashville, TN
(22 months)
$299,393

University of Washington, School of Medicine
Seattle, WA
(3 years)
$295,093

Meharry Medical College
Nashville, TN
$48,500

Planning an analysis of costs associated with program-related investments (for 8 months). ID#12941

Metropolitan Chicago Coalition on Aging
Chicago, IL
$48,422

Survey of older adults at risk of homelessness (for 7 months). ID#13367

University of Michigan, School of Public Health Ann Arbor, MI ***$14,944***	*Evaluation of the Health Care for the Uninsured Program—Phase I (for 1 year). ID#13007*
University of Minnesota, School of Public Health Minneapolis, MN ***$150,937***	*Evaluation of the Hospital-Based Rural Health Care Program—Phase I (for 10 months). ID#11265*
State of Mississippi, Office of the Governor, Division of Medicaid Jackson, MS ***$197,064***	*Planning for the improvement of the Medicaid program in Mississippi (for 1 year). ID#14027*
Montefiore Medical Center Bronx, NY ***$48,297***	*Feasibility study for a lead poisoning prevention and treatment program (for 1 year). ID#12468*
National Bureau of Economic Research, Inc. Cambridge, MA ***$312,094***	*Determinants of nursing home utilization among the elderly (for 3 years). ID#12761*
New England Medical Center, Inc. Boston, MA ***$47,761***	*Research on adjusted mortality rates for cardiac conditions (for 6 months). ID#13499*
New York Business Group on Health, Inc. New York, NY ***$49,927***	*Evaluation of AIDS education programs in the workplace (for 1 year). ID#12864*
University of North Carolina at Chapel Hill, School of Public Health Chapel Hill, NC ***$101,948***	*Evaluation of the Healthy Futures Program—Phase I (for 9 months). ID#11866*
The University of Pennsylvania Philadelphia, PA ***$48,833***	*Study of Medicare legislation's impact on hospital desegregation (for 10 months). ID#13928*
The People-to-People Health Foundation, Inc. Millwood, VA ***$39,400***	*Special issue of "Health Affairs" on reforming medical education (for 5 months). ID#13003*
Philadelphia College of Pharmacy and Science Philadelphia, PA ***$18,357***	*Analysis of key issues concerning medication use in the elderly (for 4 months). ID#14242*
University of Rochester, School of Medicine and Dentistry Rochester, NY ***$24,327***	*Survey of recently trained geriatricians in the United States (for 1 year). ID#12524*
Rutgers University, Institute for Health, Health Care Policy, and Aging Research New Brunswick, NJ ***$49,988***	*Preliminary study of civil commitment procedures for mentally ill in New Jersey (for 1.5 years). ID#13180*
University Health System of New Jersey Princeton, NJ ***$50,000***	*Data system to measure severity of illness in member hospitals' case mix (for 1 year). ID#13802*
The Urban Institute Washington, DC ***$147,370***	*Research on changes in Medicaid eligibility policies (for 15 months). ID#13029*

University of Virginia Law School Foundation
Charlottesville, VA
$100,756
Technical assistance for the Medical Malpractice Program (for 1 year). ID#12368

Wheat Ridge Foundation
Chicago, IL
$25,000
National conference on church leadership on health needs of the vulnerable (for 5 months). ID#13861

Wheelock College
Boston, MA
$48,092
National survey of child life health professionals (for 1 year). ID#12726

University of Wisconsin—Madison, Center for Health Economics and Law
Madison, WI
$39,505
Study of the total costs of treating the chronically mentally ill (for 15 months). ID#13168

EDUCATION AND TRAINING

American College of Physicians
Philadelphia, PA
$49,807
Symposium on challenges in residency education (for 1 year). ID#13910

American Medical Association
Chicago, IL
$30,000
Conference to develop a national AIDS health education strategy (for 3 months). ID#13289

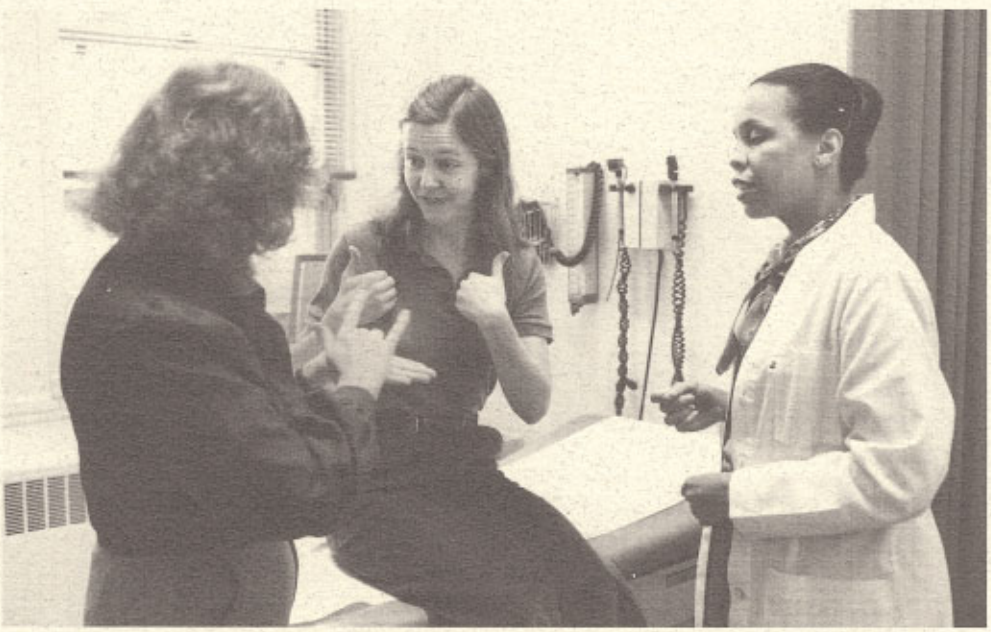
Association of American Medical Colleges
Washington, DC
$49,810
Long-term strategy to increase minority representation in medicine (for 11 months). ID#13436

The Clinical Nurse Scholars Program
Postdoctoral fellowships of advanced in-hospital clinical practice and research (for 1 year). ID#7514

University of California, San Francisco, School of Nursing
San Francisco, CA
$295,812

The University of Pennsylvania, School of Nursing
Philadelphia, PA
$301,176

University of Rochester, School of Nursing
Rochester, NY
$244,246



The Clinical Scholars Program — *Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for 2 years). ID#5109*

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$299,137

University of California, San Francisco, School of Medicine
San Francisco, CA
$85,385

University of North Carolina at Chapel Hill, School of Medicine
Chapel Hill, NC
$438,515

The University of Pennsylvania, School of Medicine
Philadelphia, PA
$374,519

Stanford University, School of Medicine
Stanford, CA
$170,203

University of Washington, School of Medicine
Seattle, WA
$284,405

Yale University, School of Medicine
New Haven, CT
$203,930

Columbia University, Harlem Hospital Center
New York, NY
$241,544 — *Program to reduce childhood injuries in Harlem (for 2 years). ID#13396*

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, CA
$210,445

Forsyth Dental Infirmary for Children
Boston, MA
$95,404

Harvard University, School of Dental Medicine
Boston, MA
$127,409

University of Iowa, College of Dentistry
Iowa City, IA
$100,000

University of Louisville Research Foundation, Inc.
Louisville, KY
$97,200

University of North Carolina at Chapel Hill, School of Dentistry
Chapel Hill, NC
$95,852

The Ohio State University Research Foundation
Columbus, OH
$94,316

Faculty Fellowships in Health Care Finance — *Program of study and field experience in health care finance for university faculty from related specialties (for the periods indicated). ID#8584*

Arizona State University, College of Business
Tempe, AZ
(8 months)
$14,998

University of Nebraska
Lincoln, NE
(1 year)
$15,000

Rensselaer Polytechnic Institute
Troy, NY
(1 year)
$15,000

Wright State University School of Medicine
Dayton, OH
(1 year)
$14,138

Fairview General Hospital
Cleveland, OH
$3,200 — *Support for a newsletter for family medicine fellows (for 2 years). ID#13270*

The Fox Chase Cancer Center
Philadelphia, PA
$60,816 — *Technical assistance for the Minority Medical Faculty Development Program (for 1 year). ID#12774*

Freedom from Hunger Foundation
Davis, CA
$152,913 — *Mississippi partnership for improved nutrition and health (for 2 years). ID#12998*

George Washington University
Washington, DC
$502,775

Program to provide AIDS policy information to state and local officials (for 2 years). ID#13911

Greater New York Hospital Foundation, Inc.
New York, NY
$49,522

Development of educational programs to upgrade LPNs to RNs (for 4 months). ID#13076

Health Policy Fellowships Program

One-year fellowships with federal government in Washington, D.C., for faculty from academic health science centers (for 1 year). ID#4888

University of Colorado Health Sciences Center, School of Medicine
Denver, CO
$46,703

University of Illinois, College of Medicine
Chicago, IL
$44,570

University of Kansas Medical Center
Kansas City, KS
$48,560

The Pennsylvania State University, Milton S. Hershey Medical Center
Hershey, PA
$50,176

Tufts University, School of Veterinary Medicine
North Grafton, MA
$49,200

University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School
Piscataway, NJ
$50,600

Health Start, Inc.
St. Paul, MN
$11,000

Expansion of a school-based clinic computer information system (for 6 months). ID#13276

Jefferson Medical College of Thomas Jefferson University
Philadelphia, PA
$30,314

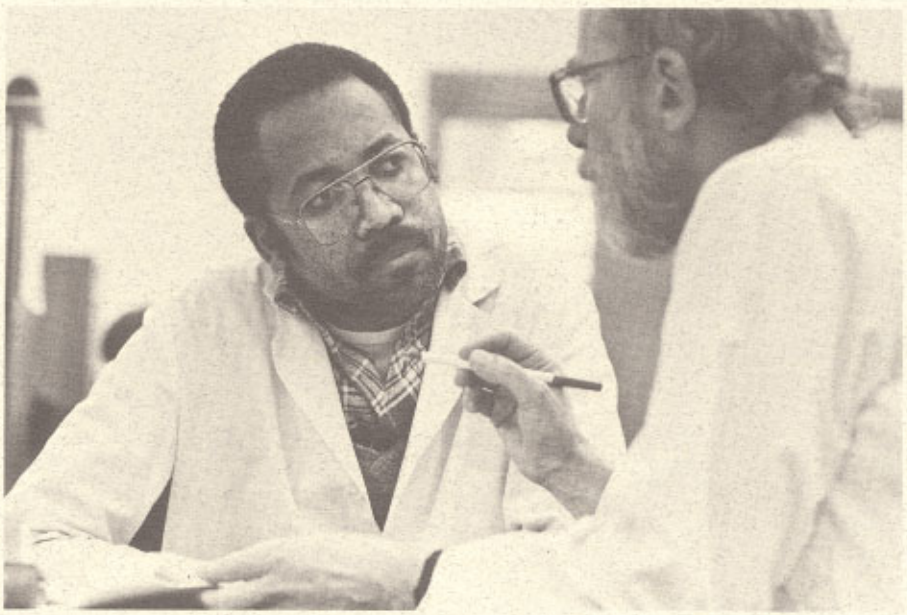
Conference on the undergraduate education of physicians (for 1 year). ID#13600

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$261,382

Technical assistance and direction for the Faculty Fellowships in Health Care Finance Program (for 10 months). ID#13288

Kanuga Conferences, Inc.
Hendersonville, NC
$12,000

Interfaith conference on AIDS, mental illness, and the homeless (for 1 month). ID#14147



Middlesex County College
Edison, NJ
$251,957
and
$92,412
and
$23,321

Implementation of a geriatric care curriculum for Associate Degree RNs (for 3 years). ID#12779
Reentry training program in long-term care for experienced RNs (for 10 months). ID#13330
Refresher training to return inactive RNs to nursing service (for 3 months). ID#13590

Minority Medical Education Program

Summer enrichment program to help minority students successfully compete for medical school acceptance (for the periods indicated). ID#11878

Baylor College of Medicine
Houston, TX
(for 37 months)
$596,368

Case Western Reserve University, School of Medicine
Cleveland, OH
(for 39 months)
$599,581

Illinois Institute of Technology
Chicago, IL
(for 39 months)
$599,460

United Negro College Fund, Inc.
New York, NY
(for 39 months)
$593,478

University of Virginia, School of Medicine
Charlottesville, VA
(for 39 months)
$602,700

University of Washington, School of Medicine
Seattle, WA
(for 37 months)
$599,958

National Academy of Sciences—Institute of Medicine
Washington, DC
$255,000

Technical assistance to the Foundation's Health Policy Fellowships Program (for 1 year). ID#9604

National Conference of State Legislatures
Denver, CO
$6,958

Video for state legislators on programs for the medically indigent (for 6 months). ID#13419

National Leadership Coalition on AIDS
Washington, DC
$45,410

Leadership conference on the President's HIV Commission recommendations (for 3 months). ID#13998

New Jersey State Department of Higher Education
Trenton, NJ
$10,000

Workshop on hazardous health behaviors within fraternity and sorority life (for 1 month). ID#13916

University of North Carolina at Chapel Hill, Health Services Research Center
Chapel Hill, NC
$211,693

Technical assistance and direction for the Dental Services Research Scholars Program (for 1 year). ID#12611

University of Oklahoma Health Sciences Center
Oklahoma City, OK
$199,373

Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#12784

Oregon Health Decisions
Portland, OR
$10,377

Support for a national conference on bioethics (for 3 months). ID#13683

The Rose Foundation
Denver, CO
$18,000

Support for a national conference on bioethics (for 2 months). ID#13682

Thomas A. Edison State College Foundation, Inc. Trenton, NJ ***$15,000***	*Off-campus BSN program for working RNs (for 7 months). ID#13457*
United Hospital Fund of New York New York, NY ***$25,175***	*Conference on the future of voluntary health care institutions (for 2 months). ID#13282*
Vanderbilt University Nashville, TN ***$22,017***	*Technical assistance and direction for the Community Initiatives to Control Demand for Illegal Drugs and Alcohol (for 2 months). ID#14595*
WGBH Educational Foundation Boston, MA ***$3,999,826***	*Support for a PBS "AIDS Update" series (for 14 months). ID#13317*
University of Washington, School of Medicine Seattle, WA ***$43,069***	*Special issue of "Journal of Rural Health" on rural perinatal care (for 1 year). ID#13015*
University of Washington, School of Nursing Seattle, WA ***$208,394***	*Technical assistance and direction for the Clinical Nurse Scholars Program (for 1 year). ID#12787*
World Institute on Disability Berkeley, CA ***$15,930***	*Develop strategies for an independent living campaign for the disabled (for 3 months). ID#13306*

Total 1988 grants	$101,897,720
Refunds of prior years' grants net of transfers	(177,151)
Cancellations of prior years' grants net of transfers	(4,736,826)
Transfer of grants	
Balance unspent by original grantees	(1,862,691)
Transferred to new grantees	1,862,691
Grants net for 1988	$96,983,743

FOR FURTHER INFORMATION

A brief, descriptive *Program Summary* is available without charge for most of the Foundation's 1988 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 1988 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. Title issued in 1988:

Serving Handicapped Children

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

Amara, R.J., I. Morrison and G. Schmid. *Looking Ahead at American Health Care*. Washington, D.C.: McGraw-Hill Book Company Healthcare Information Center, 1988.

Cook, C.D. *Assuring Quality Outpatient Care for Children*. Oxford, England: Oxford University Press, 1988.

Craig, R.T. and B. Wright. *Mental Health Financing and Programming: A Legislator's Guide*. Washington, D.C.: National Conference of State Legislatures, 1988.

Dutton, D.B., *et al. Worse Than the Disease: Pitfalls of Medical Progress*. Cambridge, England: Cambridge University Press, 1988.

Eisdorfer, C. and G.L. Maddox (eds.). *The Role of Hospitals in Geriatric Care*. New York: Springer Publishing Company, 1988.

Evashwick, C.J. and L.J. Weiss. *Managing the Continuum of Care*. Rockville, Maryland: Aspen Publishers, 1987.

Levine, M.D. and E.R. McAnarney (eds.). *Early Adolescent Transitions*. Lexington, Massachusetts: D.C. Heath and Company, 1987.

Mor, V., D.S. Greer and R. Kastenbaum (eds.). *The Hospice Experiment*. Baltimore: Johns Hopkins University Press, 1988.

Rivlin, A.M. and J.M. Wiener. *Caring for the Disabled Elderly: Who Will Pay?* Washington, D.C.: Brookings Institution, 1988.

Small, N.R. and M.B. Walsh (eds.). *Teaching Nursing Homes: The Nursing Perspective*. Owings Mills, Maryland: National Health Publishing, 1988.

Wright, J.D. and E. Weber. *Homelessness and Health*. Washington, D.C.: McGraw-Hill Book Company Healthcare Information Center, 1987.

BOOK CHAPTERS

Anglin, T.M. "Medical Practitioner's Guide to the Evaluation and Management of Children and Adolescents for Suspected Sexual Abuse." *Responding to Sexual Abuse: A Multidisciplinary Training Manual*. Edited by P.M. Marlay and G.K. Freedheim. Cleveland: Federation for Community Planning, 1988.

Gennaro, S. "The Childbirth Experience." *Childbirth Education: Practice, Research and Theory*. Edited by F. Nichols and S. Humenick. Philadelphia: W.B. Saunders, 1988.

Hartley, M., C. Murphy and M.W. Yogman. "Discussing Death and Dying with Children." *Health and Medical Horizons*, vol. 7. New York: Macmillan Publishing Company, 1988.

Henderson, M., *et al.* "Private Sector Case Management for High Cost Illness." *Advances in Health Economics and Health Services Research*, vol. 8. Edited by R.M. Scheffler and L.F. Rossiter. Greenwich, Connecticut: Jai Press, 1988.

Ince, L.P. "An Operant Conditioning Program for Biofeedback." *Advances in Clinical Rehabilitation*, vol. 2. Edited by M.G. Eisenberg and R.C. Grzesiak. New York: Springer Publishing Company, 1988.

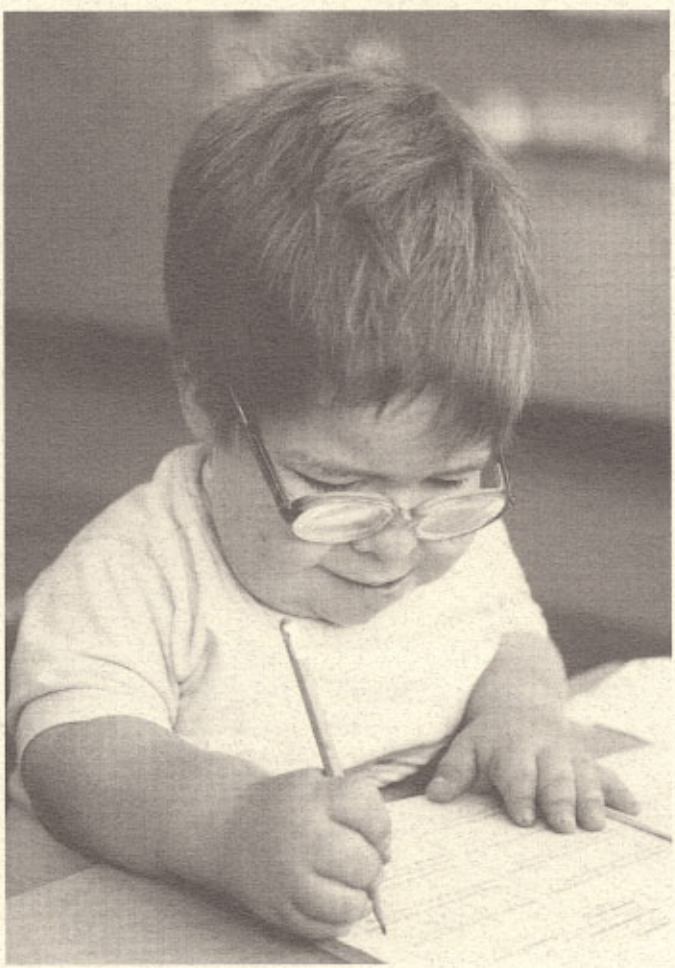
Kerman-Lerner, P. "Communication Disorders." *Rehabilitation Medicine*. Edited by J. Goodgold. St. Louis: C.V. Mosby, 1988.

Lee, P.R. and P.S. Arno. "AIDS and Health Policy." *AIDS: Public Policy Dimensions*. Edited by J. Griggs. New York: United Hospital Fund of New York, 1987.

Medalie, J.H. "The Elderly and Their Families." *Clinical Aspects of Aging*. Edited by W. Reichel. Baltimore: Williams and Wilkins, 1988.

Shaughnessy, P.W. and A.M. Kramer. "Tradeoffs in Evaluating the Effectiveness of Nursing Home Care." *Nursing Homes and Nursing Care: Lessons from the Teaching Nursing Home*. Edited by M. Mezey, J.E. Lynaugh and M.M. Cartier. New York: Springer Publishing Company, 1988.

Simons, K. "Visual Acuity and the Functional Definition of Blindness." *Clinical Ophthalmology*. Edited by T.D. Duane and E.A. Jaeger. Philadelphia: J.B. Lippincott Company, 1988.



Thorpe, K.E. "Health Care." *The Two New Yorks: State-City Relations in the Changing Federal System.* Edited by J. Benjamin and C. Brecher. New York: Russell Sage Foundation, 1988.

Van Ostenberg, P. "Dental Medicine and Oral Health." *New Business Development in Ambulatory Care: Exploring Diversification Options.* Edited by D.M. Howard. Chicago: American Hospital Publishing, Inc., 1988.

Wiener, J.M., *et al.* "Financing and Utilization of Long-Term Care for the Elderly: The Next Thirty-Four Years." *Forecasting the Health of the Oldest Old.* Edited by K. Manton. New York: Oxford University Press, 1987.

JOURNAL ARTICLES

Agress, C.R., *et al.* "Impact of AIDS on Recruitment, Training and Retention in Ambulatory Care Facilities." *Journal of Ambulatory Care Management,* 11:27–32, May, 1988.

Asch, D.A. and R.M. Parker. "The Libby Zion Case: One Step Forward or Two Steps Backward?" *New England Journal of Medicine,* 318:771–775, March 24, 1988.

Bassuk, E.L. and L. Rosenberg. "Why Does Family Homelessness Occur? A Case-Control Study." *American Journal of Public Health,* 78:783–788, July, 1988.

Boucree, M.C., A.C. Epps and J.C. Pisano. "Parental Educational Background and Residency Training Selection of Minority and Nonminority Medical Students." *Journal of the National Medical Association,* 80:23–33, January, 1988.

Brack, C.J., D.P. Orr and G. Ingersoll. "Pubertal Maturation and Adolescent Self-Esteem." *Journal of Adolescent Health Care,* 9:280–285, July, 1988.

Brooten, D., *et al.* "Anxiety, Depression, and Hostility in Mothers of Preterm Infants." *Nursing Research,* 37:213–216, July/August, 1988.

Brown, R.L. "Evaluation of a Continuing Medical Education Program for Primary Care Physicians on the Management of Alcoholism." *Journal of Medical Education,* 63:482–484, June, 1988.

Buchner, D.M. and E.B. Larson. "Transfer Bias and the Association of Cognitive Impairment with Falls." *Journal of General Internal Medicine,* 3:254–259, May/June, 1988.

Burda, D. "Providers Look to Industry for Quality Models." *Modern Healthcare,* 18:24+, July 15, 1988.

Chang, G. and B.M. Astrachan. "The Emergency Department Surveillance of Alcohol Intoxication After Motor Vehicle Accidents." *JAMA,* 260:2533–2536, November 4, 1988.

Cherkin, D.C., L.G. Hart and R.A. Rosenblatt. "Patient Satisfaction with Family Physicians and General Internists: Is There a Difference?" *Journal of Family Practice,* 26:543–551, May, 1988.

Colby, D.C. and D.G. Baker. "State Policy Responses to the AIDS Epidemic." *Publius: The Journal of Federalism,* 18: 113–130, Summer, 1988.

Cummings, S.R., *et al.* "Recovery of Function After Hip Fracture: The Role of Social Supports." *Journal of the American Geriatrics Society,* 36:801–806, September, 1988.

Deyo, R.A. and A.K. Diehl. "Cancer as a Cause of Back Pain: Frequency, Clinical Presentation, and Diagnostic Strategies." *Journal of General Internal Medicine,* 3:230–238, May–June, 1988.

Durbin, M. "Bone Marrow Transplantation: Economic, Ethical, and Social Issues." *Pediatrics,* 82:774–783, November, 1988.

Feigl, P., *et al.* "Studying Patterns of Cancer Care: How Useful is the Medical Record?" *American Journal of Public Health,* 78:526–533, May, 1988.

Feldstein, P.J., T.M. Wickizer and J.R.C. Wheeler. "Private Cost Containment: the Effects of Utilization Review Programs on Health Care Use and Expenditures." *New England Journal of Medicine,* 318: 1310–1314, May 19, 1988.

Finkler, S.A., D. Brooten and L. Brown. "Utilization of Inpatient Services Under Shortened Lengths of Stay: A Neonatal Care Example." *Inquiry,* 25:271–280, Summer, 1988.

Gelberg, L. and L.S. Linn. "Social and Physical Health of Homeless Adults Previously Treated for Mental Health Problems." *Hospital and Community Psychiatry,* 39:510–516, May, 1988.

Giblin, P.T., M.L. Poland and J.W. Ager. "Clinical Applications of Self-Esteem and Locus of Control to Adolescent Health." *Journal of Adolescent Health Care,* 9:1–14, January, 1988.

Ginzberg, E. "Medical Care for the Poor: No Magic Bullets." *JAMA,* 259:3309–3311, June 10, 1988.

Greenberg, J., *et al.* "The Social HMO Demonstration: Early Experience." *Health Affairs,* 7:66–79, Summer, 1988.

Hayward, R.A., *et al.* "Inequities in Health Services Among Insured Americans: Do Working-Age Adults Have Less Access to Medical Care Than the Elderly?" *New England Journal of Medicine,* 318:1507–1512, June 9, 1988.

Hlatky, M.A., *et al.* "Trends in Physician Management of Uncomplicated Acute Myocardial Infarction, 1970–1987." *American Journal of Cardiology,* 61:515–518, 1988.

Kahn, K.L., *et al.* "The Use and Misuse of Upper Gastrointestinal Endoscopy." *Annals of Internal Medicine,* 109:664–670, October 15, 1988.

Kane, R.A., *et al.* "Geriatric Nurse Practitioners as Nursing Home Employees: Implementing the Role." *Gerontologist,* 28:469–477, August, 1988.

Kellerman, A.L., *et al.* "Utilization and Yield of Drug Screening in the Emergency Department." *American Journal of Emergency Medicine,* 6:14–20, January, 1988.

Kemper, K.J. "Medically Inappropriate Hospital Use in a Pediatric Population." *New England Journal of Medicine,* 318:1033–1037, April 21, 1988.

Kent, D.L. and E.B. Larson. "Magnetic Resonance Imaging of the Brain and Spine: Is Clinical Efficacy Established after the First Decade?" *Annals of Internal Medicine,* 108:402–424, March, 1988.

Kosecoff, J., *et al.* "Obtaining Clinical Data on the Appropriateness of Medical Care in Community Practice." *JAMA,* 258:2538–2542, November 13, 1987.

Landis, S.E. and J.A.L. Earp. "Day Care Center Illness: Policy and Practice in North Carolina." *American Journal of Public Health,* 78:311–313, March, 1988.

Levkoff, S.E., *et al.* "Illness Behavior in the Aged: Implications for Clinicians." *Journal of the American Geriatrics Society,* 36: 622–629, July, 1988.

Levy, D.E. "How Transient Are Transient Ischemic Attacks?" *Neurology,* 38:674–677, May, 1988.

Lewis, M.A. "Parishes Must Complement Professional Elder Care." *Health Progress,* 69:44–47, January/February, 1988.

Like, R.C., J. Rogers and M. McGoldrick. "Reading and Interpreting Genograms: A Systematic Approach." *Journal of Family Practice,* 26:407–412, April, 1988.

MacKenzie, E.J., S. Shapiro and J.H. Siegel. "The Economic Impact of Traumatic Injuries: One-Year Treatment-Related Expenditures." *JAMA,* 260:3290–3296, December 9, 1988.

Matthews, D.A. and A.R. Feinstein. "A Review of Systems for the Personal Aspects of Patient Care." *American Journal of the Medical Sciences,* 295:159–171, March, 1988.

McLaughlin, C.G. "Market Responses to HMOs: Price Competition or Rivalry?" *Inquiry,* 25:207–218, Summer, 1988.

McNutt, R.A. and H.P. Selker. "How Did the Acute Ischemic Heart Disease Predictive Instrument Reduce Unnecessary Coronary Care Unit Admissions?" *Medical Decision Making,* 8:90–94, April–June, 1988.

Meiners, M.R. "Enhancing the Market for Private Long-Term Care Insurance." *Business and Health,* 5:19–22, May, 1988.

Melnick, G.A. and J. Zwanziger. "Hospital Behavior Under Competition and Cost-Containment Policies: The California Experience, 1980 to 1985." *JAMA,* 260:2669–2675, November 11, 1988.

Meyers, A.R., *et al.* "The Epidemiology of Medical Care Utilization by Severely Disabled Independently-Living Adults." *Journal of Clinical Epidemiology,* 41:163–172, 1988.

Mezey, M., J.E. Lynaugh and M.M. Cartier. "The Teaching Nursing Home Program, 1982–1987: A Report Card." *Nursing Outlook,* 36:285+, November/December, 1988.

Miller, D.S. and E.H.B. Lin. "Children in Sheltered Homeless Families: Reported Health Status and Use of Health Services." *Pediatrics,* 81:668–673, May, 1988.

Nelson, L.J. and N. Milliken. "Compelled Medical Treatment of Pregnant Women: Life, Liberty, and Law in Conflict." *JAMA,* 259:1060–1066, February 19, 1988.

Oriol, W. "Generations Working Together, Learning From Each Other." *Perspective on Aging,* 17:7–8, May/June, 1988.

Palla, B. and I.F. Litt. "Medical Complications of Eating Disorders in Adolescents." *Pediatrics,* 81:613–623, May, 1988.

Parraga, I.M., *et al.* "Feeding Patterns of Urban Black Infants." *Journal of the American Dietetic Association,* 88:796–800, July, 1988.

Phillips, M.R., A.S. Wolf and D.J. Coons. "Psychiatry and the Criminal Justice System: Testing the Myths." *American Journal of Psychiatry,* 145:605–610, May, 1988.

Reinhardt, J.W. "Risk Assessment of Mercury Exposure from Dental Amalgams." *Journal of Public Health Dentistry,* 48: 172–177, Summer, 1988.

Rogers, J., R. Grower and P. Supino. "Target Groups for Screening Elderly Outpatients." *American Journal of Preventive Medicine,* 4:27–34, January/February, 1988.

Rosenblatt, R.A. "The Future of Obstetrics in Family Practice: Time for a New Direction." *Journal of Family Practice,* 26: 127–129, February, 1988.

Rowe, M.J. and C.C. Ryan. "Comparing State-Only Expenditures for AIDS." *American Journal of Public Health,* 78:424–429, April, 1988.

Rubenstein, L.V., *et al.* "Participation of Volunteer Faculty Members in Education Research Projects." *Journal of Medical Education,* 63:283–287, April, 1988.

Sapolsky, H.M. "An Evaluation of the New Jersey DRG Hospital Payment System." *New Jersey Medicine,* 85:32–37, January, 1988.

Schwartz, W.B., F.A. Sloan and D.N. Mendelson. "Why There Will Be Little or No Physician Surplus Between Now and the Year 2000." *New England Journal of Medicine,* 318:892–897, April 7, 1988.

Shortell, S.M. and E.F.X. Hughes. "The Effects of Regulation, Competition, and Ownership on Mortality Rates Among Hospital Inpatients." *New England Journal of Medicine,* 318:1100–1107, April 28, 1988.

Siegler, M. and P.A. Singer. "Clinical Ethics Consultation: Godsend or God Squad?" *American Journal of Medicine,* 85:759–760, December, 1988.

Siu, A.L., B. Leake and R.H. Brook. "The Quality of Care Received by Older Patients in 15 University-Based Ambulatory Practices." *Journal of Medical Education,* 63:155–161, March, 1988.

Sloan, F.A., M.A. Morrisey and J. Valvona. "Effects of the Medicare Prospective Payment System on Hospital Cost Containment: An Early Appraisal." *Milbank Quarterly,* 66: 191–220, 1988.

Smith, G.R. and D.F. O'Rourke. "Return to Work After a First Myocardial Infarction: A Test of Multiple Hypotheses." *JAMA,* 259:1673–1677, March 18, 1988.

Sorrenti, R.W. "How to Assess Managed Care Plans." *Business and Health,* 5:14–16, September, 1988.

Stewart, A.L., R.D. Hays and J.E. Ware, Jr. "The MOS Short-form General Health Survey: Reliability and Validity in a Patient Population." *Medical Care,* 26:724–735, July, 1988.

Stiffman, A.R., *et al.* "Problems and Help Seeking in High-Risk Adolescent Patients of Health Clinics." *Journal of Adolescent Health Care,* 9:305–309, July, 1988.

Szolovits, P., R.S. Patil and W.B. Schwartz. "Artificial Intelligence in Medical Diagnosis." *Annals of Internal Medicine,* 108:80–87, January, 1988.

Thorpe, K.E. "Uncompensated Care Pools and Care to the Uninsured: Lessons from the New York Prospective Hospital Reimbursement Methodology." *Inquiry,* 25:344–353, Fall, 1988.

Tinetti, M.E. and S.F. Ginter. "Identifying Mobility Dysfunctions in Elderly Patients: Standard Neuromuscular Examination or Direct Assessment?" *JAMA,* 259:1190–1193, February 26, 1988.

Wallston, K.A., *et al.* "Comparing the Quality of Death for Hospice and Non-Hospice Cancer Patients." *Medical Care,* 26:177–182, February, 1988.

Ware, J.E., Jr. and A.R. Davies. "Patients' Perspectives on the Quality of Medical Care (editorial)." *Journal of Family Practice,* 26:489–490, May, 1988.

Weinberger, M., *et al.* "The Cost-effectiveness of Intensive Postdischarge Care." *Medical Care,* 26:1092–1102, November, 1988.

Winslow, C.M., *et al.* "The Appropriateness of Performing Coronary Artery Bypass Surgery." *JAMA,* 260:505–509, July 22/29, 1988.

Wise, P.H., *et al.* "Infant Mortality Increase Despite High Access to Tertiary Care: An Evolving Relationship Among Infant Mortality, Health Care, and Socioeconomic Change." *Pediatrics,* 81:542–548, April, 1988.

Wisniewski, T.L. "Your Role in the AIDS Epidemic: Guidelines and Resources for the Louisiana Physician." *Journal of the Louisiana Medical Society,* 139:74–79, October, 1987.

Wissow, L.S., *et al.* "Poverty, Race, and Hospitalization for Childhood Asthma." *American Journal of Public Health,* 78:777–782, July, 1988.

Wouters, A.V. and J. Hester. "Patient Choice of Providers in a Preferred Provider Organization." *Medical Care,* 26:240–255, March, 1988.

Yergan, J., *et al.* "Relationship Between Patient Source of Payment and the Intensity of Hospital Services." *Medical Care,* 26:1111–1114, November, 1988.

REPORTS

Coughlin, T. and K. Liu. *Health Care Costs of Older Persons with Cognitive Impairments.* Working paper no. 3701-02. Washington, D.C.: Urban Institute, 1988.

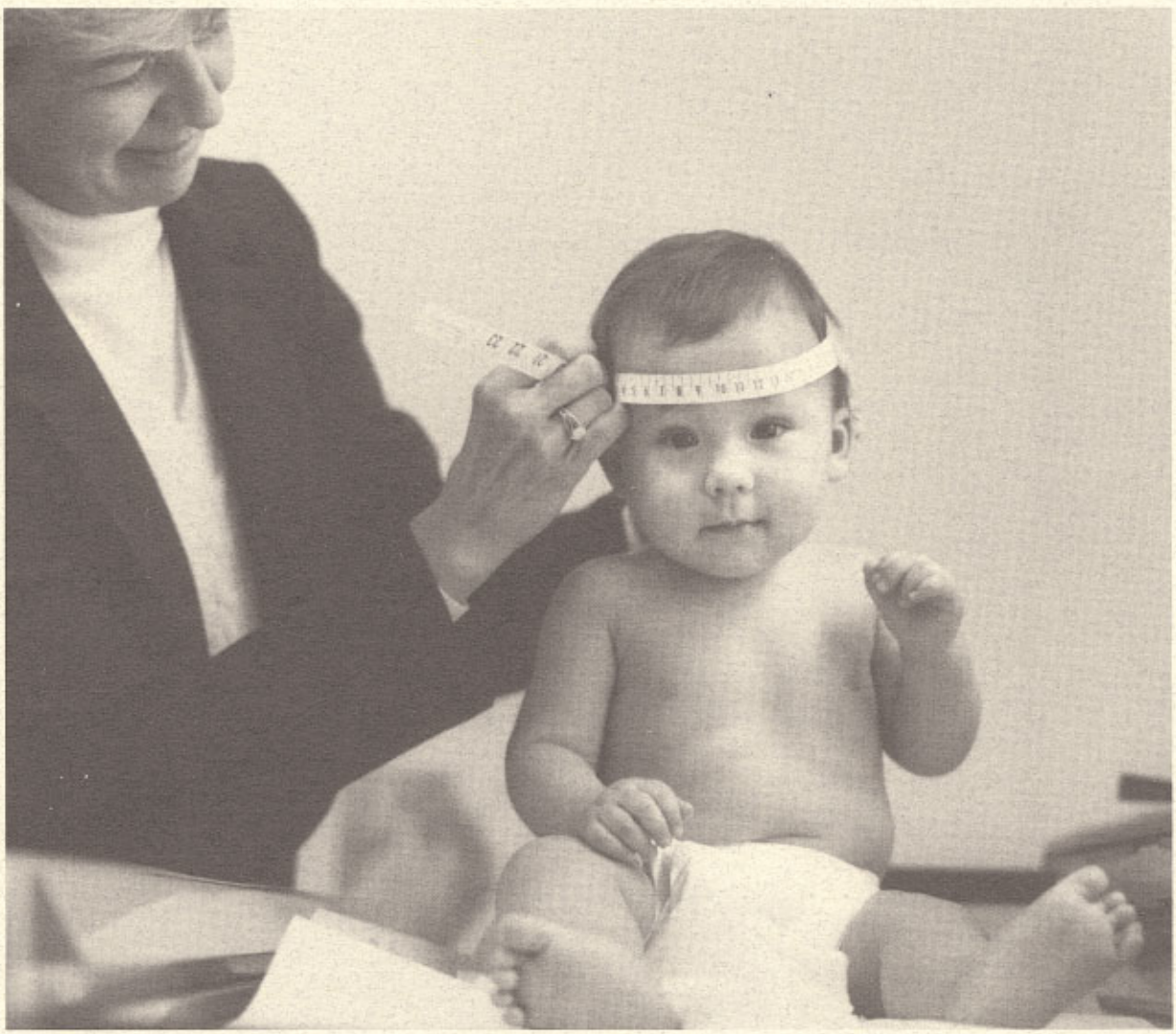
Handbook for Interfaith Volunteer Caregiving. Kingston, New York: Benedictine Hospital, 1987.

Health Care Reform: The Challenge for North America. New York: Americas Society/Canadian Affairs, 1988.

Holshouser, W.L., Jr. *Aging in Place: the Demographics and Service Needs of Elders in Urban Public Housing.* Boston: Citizens Housing and Planning Association, 1988.

Perkey, B.N. *Health Care and the Employed Uninsured in Tennessee: Results of a Market Feasibility Study.* Nashville: Tennessee Association of Primary Health Care Centers, 1987.

Von Behren, R. *Adult Day Care: A Program of Services for the Functionally Impaired.* Washington, D.C.: National Council on the Aging, 1988.



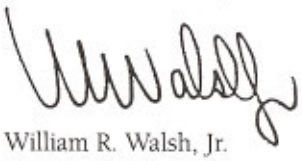
Financial Statements

The annual financial statements for the Foundation for 1988 appear on pages 50 through 52. A listing of grants authorized in 1988 begins on page 23.

Grants authorized in 1988, net of cancellations and refunds of prior years' grants totaled $96,984,000. Program development, evaluation, administrative and investment expenses for the year came to $11,669,000; and federal excise tax on income amounted to $928,000, making a grand total of grant authorizations and expenditures of $109,581,000. This total was $15,460,000 more than gross investment income of $94,121,000. In 1987, total grant authorizations and expenditures were $11,023,000 more than gross revenue.

The amounts required to be paid out for 1988 and 1987 were approximately $102,260,000 and $105,778,000, respectively. The excess of grant authorizations and expenditures over the payout requirement is available to be carried forward to future years.

A list of investment securities held at December 31, 1988, 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 audited the accompanying statements of assets, liabilities and foundation principal of The Robert Wood Johnson Foundation (the "Foundation") as of December 31, 1988 and 1987 and the related statements of investment income, expenses, grants and changes in foundation principal for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Foundation at December 31, 1988 and 1987 and the investment income, expenses, grants and changes in foundation principal for the years then ended in conformity with generally accepted accounting principles.

As discussed in Note 2 to the financial statements, the Foundation changed its method of reporting investments in 1988 to the market value method from the cost method. The proforma financial statements illustrate the results of the change as if it had taken place in prior years and have been provided for informational purposes.

Princeton, New Jersey
January 20, 1989

Statement of Assets, Liabilities and Foundation Principal

at December 31, 1988 and 1987
(Dollars in Thousands)

ASSETS	1988	1987	Proforma Unaudited 1987
Cash	$ 2	$ 97	$ 97
Refundable federal excise tax	-0-	564	564
Investments at market value in 1988 and cost in 1987 (Note 2):			
Johnson & Johnson common stock	1,222,421	149,076	1,168,125
Other equity investments	128,078	99,624	82,802
Fixed income investments	693,625	641,715	648,117
Program related investments	4,089	2,675	2,675
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	6,319	5,863	5,863
	$2,054,534	$899,614	$1,908,243
LIABILITIES AND FOUNDATION PRINCIPAL			
Liabilities:			
Unpaid grants (Note 1)	$ 133,042	$123,610	$ 123,611
Federal excise tax payable	2	-0-	-0-
Deferred federal excise tax	9,273	-0-	8,463
Total liabilities	142,317	123,610	132,074
Foundation principal	1,912,217	776,004	1,776,169
	$2,054,534	$899,614	$1,908,243

See notes to financial statements.

Statement of Investment Income, Expenses, Grants and Changes in Foundation Principal

for the years ended December 31, 1988 and 1987
(Dollars in Thousands)

	1988	1987	Proforma Unaudited 1987
Investment income:			
Dividends	$ 31,467	$ 26,785	$ 26,785
Interest	62,654	58,465	58,465
	94,121	85,250	85,250
Less: Federal excise tax	928	844	844
Investment expense	1,269	914	914
	91,924	83,492	83,492
Expenses:			
Program development and evaluation	6,919	6,371	6,371
General administration	3,481	2,693	2,693
	10,400	9,064	9,064
Income available for grants	81,524	74,428	74,428
Grants, net of refunds and cancellations	96,984	85,451	85,451
Excess of grants and expenses over income	(15,460)	(11,023)	(11,023)
Adjustments to Foundation principal net of related federal excise tax:			
Capital gains on sale of securities	84,222	107,670	107,670
Unrealized appreciation on investments	67,285	-0-	10,524
Contributions received	-0-	3	3
Cumulative effect of the change in accounting principal (Note 2)	1,000,166	-0-	-0-
	1,151,673	107,673	118,197
Net increase in Foundation principal	1,136,213	96,650	107,174
Foundation principal, beginning of year	776,004	679,354	1,668,995
Foundation principal, end of year	$1,912,217	$776,004	$1,776,169

See notes to financial statements.

Notes to Financial Statements

1. *Summary of Significant Accounting Policies:* Investments represent securities traded on a national securities exchange and are valued at the last reported sales price on the last business day of the year.

   Grants are recorded as a liability in the year the grant requests are authorized by the Board of Trustees. At December 31, 1988 unpaid grants are as follows:

Year Grant Authorized	Amount Unpaid At December 31, 1988 (Dollars in Thousands)
1984	451
1985	2,720
1986	13,700
1987	32,948
1988	83,223
	$133,042

   Depreciation of $431,283 in 1988 and $387,251 in 1987 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

   Deferred federal excise taxes are the result of unrealized appreciation on investments being reported for financial statement purposes in different periods than for tax purposes.

   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. *Change in Accounting:* During 1988, the Foundation changed its method of reporting investments to the market value method from the cost method. Management believes the market value method more appropriately reflects the value of the assets of the Foundation. The cumulative effect of the accounting change for years prior to 1988 amounted to $1,000,165,455, net of deferred federal excise tax of $8,463,319. The 1987 proforma financial statements illustrate the results of the change as if it had taken place in prior years and are provided for informational purposes.

3. *Investments:* The cost and market values of the investments are summarized as follows (dollars in thousands):

	1988		1987	
	Cost	Market Value	Cost	Market Value
Johnson & Johnson Common Stock 14,360,300 shares in 1988 and 15,601,000 shares in 1987	$137,221	$1,222,421	$149,076	$1,168,125
Other equity investments:				
Internally managed including temporary cash and U.S. Government instruments of $33,361 and $4,714 in 1988 and 1987, respectively	84,006	84,380	50,124	44,334
Externally managed	48,441	43,698	49,500	38,468
Fixed income investments	697,732	693,625	641,715	648,117
	$967,400	$2,044,124	$890,415	$1,899,044

   The net capital gains (losses) on sales of securities for the years ended December 31, 1988 and 1987 were as follows (dollars in thousands):

	1988	1987
Johnson & Johnson common stock	$87,354	$105,744
Other securities, net	(3,132)	1,926
	$84,222	$107,670

4. *Retirement Plan:* 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 expense was $591,395 and $516,616 in 1988 and 1987, respectively.

The Secretary's Report

In May 1988, the Foundation lost a valued trustee with the death of Richard B. Ogilvie, former Governor of Illinois and member of the Chicago law firm of Isham, Lincoln & Beale. Mr. Ogilvie served on the Foundation's Board since December 1983, giving generously of his time and energy. We are indebted to him for his loyal and distinguished service to the Foundation.

The Foundation lost a valued trustee emeritus with the death of the Honorable Dubois S. Thompson in October 1988. Judge Thompson was elected trustee in October 1963 and trustee emeritus in January 1976. He gave wise counsel and made many contributions toward the philanthropic goals of the Foundation during his tenure.

Staff changes

In February 1988, G. Russell Henshaw, Jr., was appointed controller of the Foundation, succeeding James L. Crutchfield who retired after 11 years of service with the Foundation. Mr. Henshaw joined the Foundation in July 1987 as deputy controller.

In February 1988, Donna A. Peters, PhD, joined the Foundation staff as program officer. Prior to joining the staff, she was the director of Nursing Research and Quality Assurance at The Johns Hopkins Hospital. Dr. Peters received her PhD from The University of Pennsylvania.

In July 1988, Harold G. Logan, EdD, joined the staff as senior program officer. Dr. Logan had served as co-director of the Health Care Organization and Administration Track of the Graduate Program in Public Health in the Department of Environmental and Community Medicine, University of Medicine and Dentistry of New Jersey—Robert Wood Johnson Medical School, where he held faculty and administrative appointments for 20 years. Dr. Logan received his EdD from the Graduate School of Education at Rutgers, The State University of New Jersey.

William C. Imhof, in August 1988, joined the Foundation as assistant treasurer for investment. Prior to joining the staff, Mr. Imhof was senior vice president and portfolio manager of the Oppenheimer Special Fund, New York. He is a former executive vice president and chief investment officer of the Putnam Management Company's Conventional Equity Funds, Boston, Massachusetts.

In September 1988, Leah M. Rothstein joined the Foundation staff as communications associate. Prior to joining the staff, Ms. Rothstein was a reporter for the *Philadelphia Business Journal*. She is a graduate of Kenyon College in Gambier, Ohio.

Marjorie A. Gutman, PhD, in October 1988, joined the Foundation as program officer. Dr. Gutman previously served as a consultant for the HealthStart Program, New Jersey Department of Health; and for the Foundation's New Jersey Health Services Development Program. Dr. Gutman received her PhD from New York University.

Program directors

Edward N. Brandt, Jr., MD, PhD, was appointed program director to the Foundation's AIDS Prevention and Service Projects. Dr. Brandt is executive dean of the College of Medicine at the University of Oklahoma Health Sciences Center.

Barbara A. Donaho was appointed program director to the Foundation's Strengthening Hospital Nursing: A Program to Improve Patient Care. Ms. Donaho is vice president for nursing and patient services at Shands Hospital in Gainesville, Florida.

Mary Jane England, MD, was appointed program director to the Foundation's Mental Health Services Program for Youth. Dr. England is vice president, medical services at Prudential Insurance Company in Roseland, New Jersey.

Ruth S. Hanft was appointed program director to the Foundation's Local Initiative Funding Partners Program. Ms. Hanft is research professor in the department of health services administration at George Washington University.

Marion Ein Lewin was appointed program director to the Foundation's Health Policy Fellowships Program. Ms. Lewin is senior program officer at the Institute of Medicine, National Academy of Sciences.

Mark R. Meiners, PhD, was appointed program director to the Foundation's Program to Promote Long-Term Care Insurance for the Elderly and the Service Credit Banking Program. Dr. Meiners is associate director for economics of aging and health at the Center on Aging, University of Maryland.

Mary Plaska was appointed program director to the Foundation's Program to Strengthen Primary Care Health Centers. Ms. Plaska is director of special projects at the National Association of Community Health Centers in Washington, D.C.

W. Anderson Spickard, Jr., MD, was appointed program director to the Foundation's program, Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol. Dr. Spickard is professor of medicine at Vanderbilt University School of Medicine.

Timothy L. Taylor, PhD, was appointed program director to the Foundation's program, Improving the Health of Native Americans. Dr. Taylor is assistant professor of health administration at the University of Oklahoma College of Public Health.

Carl Eisdorfer, PhD, MD, completed his assignment directing the Foundation's Program for Hospital Initiatives in Long-Term Care. Dr. Eisdorfer was appointed to this position in 1982.

Robert J. Haggerty, MD, completed his assignment directing the Foundation's General Pediatrics Academic Development Program. Dr. Haggerty was appointed to this position in 1978.

Joan E. Lynaugh, PhD, and Mathy D. Mezey, EdD, completed their assignments directing the Foundation's Teaching Nursing Home Program. Drs. Lynaugh and Mezey were appointed to these positions in 1981.

Board activities

The Board of Trustees met five times in 1988 to conduct business, review proposals and appropriate funds. In addition, the Nominating and Compensation, Program Review, Program Monitoring, 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

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Chairman, Board of Trustees

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Pauline M. Seitz
Program Officer

Linda T. Curran
Director of Personnel

Edward H. Robbins
Proposal Manager

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Executive Vice President—Finance and Treasurer

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Vice President for Financial Monitoring

William C. Imhof
Assistant Treasurer for Investment

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Controller

Diane W. Hancharik
Director of Data Systems

Roy F. Chiorello
Assistant Controller

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Senior Financial Officer

Craig S. Sarsony
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Denise Graveline
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Philip J. Gallagher
Librarian

Leah M. Rothstein
Communications Associate

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Vice President, General Counsel, and Secretary

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Gail Benish
Catherine Beste
Amy Brand
Geraldine Brown
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Paul Frame
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Linda Gabryszewski
Mariella Gazsi
Sandra Georgeanni
Lucille Gerrity
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Rosemary McGreevy
Margaret Miller
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Julia Painter
Katherine Parker
Ann Pomphrey
Dolores Price
James Rohmann
Martha Rossman
Stacey Sandrey
Margaret Scherbina
Sharon Schlegel
Susan Sciora
Judith Shapiro
Dolores Slayton
Debra Soroka
Frances Sucharow
Richard Toth
Denise Tramontana
Heidi Tucci
Jill Ubry
Jerome Walker
Joyce Warren
Ellen Wawczak
Sara Wilkinson
Samirah Williams

Program Directors

Edward N. Brandt, Jr., MD, PhD
Philip W. Brickner, MD
J. Robert Buchanan, MD
James J. Callahan, Jr., PhD
Rheba de Tornyay, EdD
Barbara A. Donaho
Mary Jane England, MD
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Mary Plaska
Philip J. Porter, MD
Burton V. Reifler, MD
Miles F. Shore, MD
Mervyn F. Silverman, MD
W. Anderson Spickard, Jr., MD
Leonard I. Stein, MD
Timothy L. Taylor, PhD
Walter J. Wadlington, LLB
Jeffrey A. Warren
Raymond P. White, Jr., DDS, PhD

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

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