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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 undoctinaire 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

6 want to begin this first public message as chairman of The Robert Wood Johnson Foundation by thanking the trustees and staff for their very valuable help and support during my first months in this complicated, invigorating world of philanthropy in health care.

Particular thanks are due my predecessor, Bob Myers, who made the transition so much easier by his ready and insightful responses to my questions and requests. Also my deep appreciation goes to our president, Lee Cluff, who was most helpful and untiring with his advice, guidance and patience.

My first message as chairman prefaces Lee's last message as president of the Foundation. In it, his colleagues in medicine will find a provocative and intelligent challenge—a typical Lee Cluff offering, in other words—issued as he prepares for his mid-1990 retirement.

This changing of the guard comes, coincidentally, at a milestone in the history of the Foundation—the awarding last October of the billionth grant dollar since the Foundation became a national philanthropy in 1972. The extraordinary record of accomplishment that this billion dollars produced is elaborated in the section entitled "Looking Back, Looking Ahead." I will venture only to observe that General Johnson's philosophy of businesslike, productive philanthropy has proven itself a wise and enduring one over the past seventeen years.

And where do we go from here? As the new chairman, I expect the Foundation to stay the course set by the trustees in 1987—to be bolder and more open to risk-taking in assisting the most vulnerable segments of the

population, in addressing health threats of regional or national concern, and encouraging innovative responses to broad national health issues. We will, of course, over time pursue new directions and initiatives deemed worthy of support by the trustees.

In all Foundation activities, I want to emphasize my total commitment to the Foundation's standards in grantmaking. We are like mountain climbers: we take great risks very carefully.

We will continue to target those solutions most suitable to private initiative. We will choose our grantees and funding partners from among those who share our belief that a commitment of resources carries an obligation to produce measurable results.



The inventory of problems relating to the health needs of Americans and the health care system that seeks to meet them is enormous, and there are no easy solutions. If there were, the immense resources poured into the search by government alone would have long since found and applied them, and the need for private funding to address public problems would have disappeared.

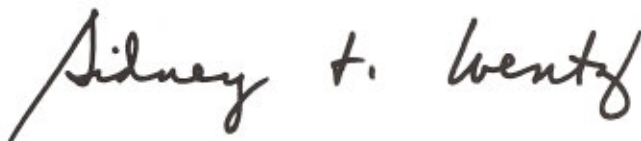
We have contributed a billion dollars to the search for solutions in less than two decades. At the present rate at which we are awarding grants, we will add another billion to the total well before the end of this century. On the face of it, that is a large amount of money. But last year America spent approximately \$600 billion in private and public funds on health care—and did not come close to meeting the needs of all her citizens.

Against that sobering background, the amount the Foundation awards in grants each year is very modest indeed. What makes it important is the freedom we have to apply it solely on the basis of merit to the development of innovative and imaginative solutions. We must be bold in our grantmaking if we are to be of any effect at all, but we must be wise if we are not to be irrelevant. *That* is what it means to take risks carefully.

In July of 1989, Lee Cluff announced his intention to retire by mid-1990. Lee's contribution to the Foundation over fourteen years, and especially as president since 1986, has been, in a word, magnificent. His insight and foresight will be sorely missed here, yet I suspect his contribution to the health and well-being of Americans has by no means come to an end. Godspeed, good doctor.

In effect, Lee's decision engendered my primary mission during this first year as chairman: finding a successor. That mission has been accomplished with the appointment of Dr. Steven A. Schroeder, currently professor of medicine and chairman, Division of General Internal Medicine at the University of California, San Francisco. Steve will begin what we trust will be a long and productive career as president of the Foundation in July 1990. He is a clear thinker and a true visionary, who joins us at a time when the American health care community needs, above all else, clear thinking and real vision.

All in all, 1989 fully reflected the dedication and commitment of our Board of Trustees, and the entire staff, in the pursuit of our evolving and crucial mission. The health care challenges of a new decade are now before us. We are poised and eager to meet them.



Sidney F. Wentz
Chairman, Board of Trustees

A Challenge to America's Physicians

Those who practice medicine are charged with the obligation to apply their knowledge and skills for people's benefit and well-being. Physicians, I believe, have responsibilities to serve both individuals and the public. These responsibilities are skewed toward providing personal medical care, with physicians understandably focusing their attention almost exclusively on their obligations to individuals, through one-on-one medical care. My contention is that physicians should broaden this perspective to recognize the social context and the societal consequences of the care they provide.

In the days when acute and potentially epidemic contagious diseases dominated medical practice, physicians balanced their interest in caring for the sick individual with a concern for measures to protect the public: isolation and treatment of the infected person, immunization, and control of water, food, sewage and other environmental vectors of disease. Faced with smallpox, cholera, diarrheal diseases, pneumonia, high maternal and infant mortality, and early death among their patients, physicians' recognition that the circumstances of living could help control the spread of many diseases turned them into champions of improved health for the public.

By contrast, the measures at their disposal for providing individual medical care often were more harmful than beneficial. Compassion, counsel and advice, the reassuring touch and humane support—the fulfillment of the healer's sacerdotal role—could be powerful weapons in certain cases, but too often they were the only weapons a physician had.

In the past few decades, physicians have become better and better able to prevent, diagnose, treat—and sometimes—cure many disorders. As this power has increased, physicians' attention has turned more and more to personal health care, leaving to others the responsibility for addressing society's health care problems, broadly construed.

In the United States today, chronic diseases and disabilities (including AIDS, which is taking on more of the characteristics of a chronic disorder) occupy most of physicians' time and attention. And physicians have a significant responsibility for helping both individuals and society cope with the complex, broad-ranging consequences of that care.

The social sequelae of caring for chronic diseases and their acute consequences include: unacceptable increases in medical care costs and total national expenditures on health care, competition for scarce public dollars, maldistribution and fragmentation of medical services, excessive medical specialization and dilemmas associated with the use of advanced medical technology. Those who pay the bills—government, insurers and employers—rather than physicians, have assumed an increasing share of the responsibility for addressing these critical national issues.

In the days when individuals and families paid for their own care, medical care couldn't offer very much, but it didn't cost very much either. Now 72 percent of Americans' care is paid by public and private insurance, and their expectations and demands have grown. Personal medical care by a physician is no longer a purely one-on-one relationship. Employers, unions, insurers, government agencies, health planners, a plethora of advisory and review bodies representing every constituency—all are watching carefully the costs, quality and necessity of virtually every physician/patient interaction. Personal medical care has become a societal—not just a personal—issue.

The upshot is that physicians in 1990 have a choice: either help address the problems facing the nation's health care system, or reject this obligation and let others make the attempt. The first choice requires action, but would be consistent with the medical profession's traditional charge to apply knowledge and skill for the health of individuals and the public. The second choice—one of inaction—would, I believe, have long-term deleterious effects on physicians and their ability even to provide one-on-one medical care.

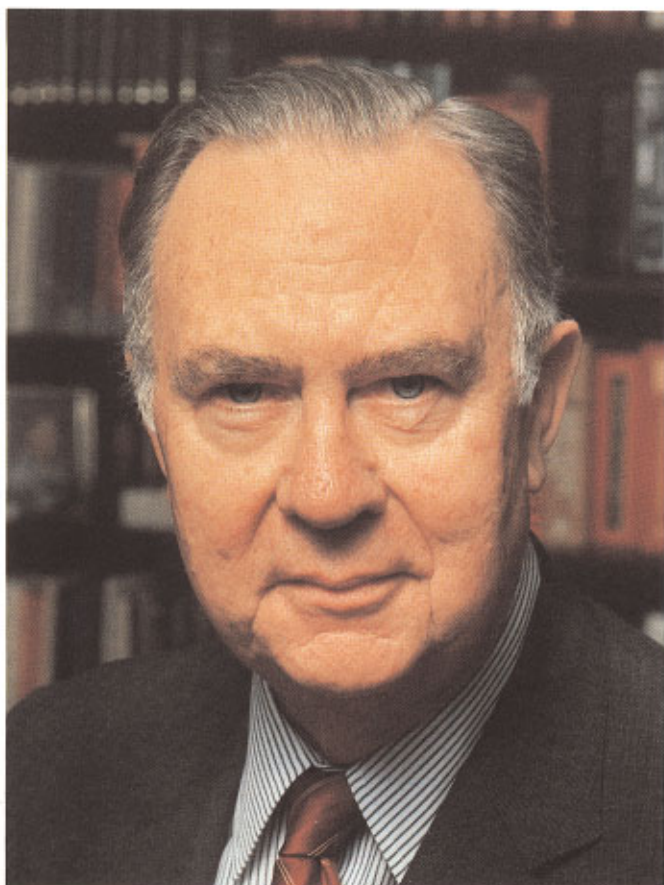
Although some physicians and population groups find themselves in uneasy alliance in HMOs, PPOs and IPAs, most physicians and most people cling to a system of personal medical care that operates seemingly oblivious to the many public concerns and issues that are its consequence.

To restate, the twin obligations of medicine to serve individuals and society have drifted apart. Some way must be found to make these obligations concordant. The issues seem obvious enough to everyone else: at the community, state, regional and national levels, people are alarmed. Too many physicians, it seems, are fiddling their familiar tune while the edifices of medicine are set ablaze by outsiders.

Unfortunately, the medical profession is not a single profession; no longer does it have one powerful voice. Even widely accepted leadership by a few medical statesmen is neither expressed nor heard clearly. Yet, we must find a way for physicians collectively to assume their responsibility to address the nation's health care problems, while preserving their special role as providers of one-on-one medical care.

There are no simple or easy solutions to the problems outlined earlier, and physicians cannot resolve them alone. Still, appropriate action that protects the best of what the nation has in personal medical care cannot occur without the collective involvement of physicians. For example:

- Physician choices about how they practice medicine account for a majority of health care expenditures and contribute significantly to rising health care costs;
- The increasing number of highly specialized physicians and medical services in suburban settings, contrasted with the unavailability of personal medical services in many rural and inner-city areas, depends very much on physicians' personal and career choices;
- Unnecessary duplication of medical services in hospitals and by physicians in communities and regions is significantly influenced by doctors;



- The fragmentation of medical services—which often requires patients to become their own diagnosticians and to seek care from multiple, non-integrated providers—could be largely remedied with physician leadership;
- Disparities in the use of technology and medical procedures between regions and hospitals can be addressed by physicians' enlarging their concentration on the care of individuals to include the impact of how their actions affect the community;
- Inequity in access to personal medical services, although it has many roots and although many physicians conscientiously try to provide services to people in need, has not been addressed adequately by physicians as a group; and
- The nation's health care problems are changing: the rise in chronic health problems and AIDS, the demands of alcohol and drug abuse, the problems of mental illness, the toll of violence—all call for physicians to take the forefront in amelioration efforts.

Some strategies do exist for addressing these problems, which physicians could help put in place more quickly, or could enlarge upon, or could use to develop new and different strategies. But none of these strategies will protect the best of U.S. health care, much less extend and improve it, without physicians' collective effort.

In my belief, an important strategy will turn out to be adoption of systematic, geographic or population-based approaches to medical care. Making high quality, affordable medical care available to everyone who needs it depends on such an expanded regional concept. Systems of personal health care services should bring people and providers of medical care together in a functionally linked, coordinated manner, which would optimize the allocation, distribution and use of resources and maximize services for defined locales or population groups.

Not many years ago, experts believed such coordinated and integrated systems of health care would evolve naturally, necessitated by medicine's technologic and scientific developments. The need for centers where highly specialized medical professionals could employ their sophisticated technology seemed to push inevitably toward centralization of complex care and decentralization of everything else. Although studies conducted in the 1960s suggested that such patterns were occurring informally, only some centralization has occurred, and that only in part.

Looking Back, Looking Ahead

Milestones, in the days before exit signs and maps, used to serve as visible, unambiguous markers—indicators of where a traveler stood in the course of a journey. But in 1989, The Robert Wood Johnson Foundation passed a milestone less tangible than those stone markers of old: the awarding of its billionth grant dollar since becoming a national foundation 17 years ago.

The trustees and staff of the Foundation see that milestone perhaps more clearly than anyone else. We know that the Foundation's grantmaking has accelerated to match the fast-moving and complex health problems that have arisen in recent years. In fact, some 44 percent of all the grant funds awarded by this foundation since its inception as a national philanthropy have been awarded in the past five years.

In 1989 alone, with more than double its original assets and grant awards, the Foundation received some 3,400 proposals asking for well in excess of \$1 billion in funding. We said "no" to more than 3,000 applicants last year. And we managed a portfolio of more than 900 active grants, worth \$296 million.

The billionth dollar by itself does not stand out in that crowd. It is one of many awarded to a particular project. It did not change hands as a single unit; there is no billionth dollar bill. The grant check carried no identifying mark to show that it signifies a special step in our philanthropic endeavors.

How then do we measure the impact of this milestone? Since a lump sum of one billion dollars is difficult to visualize, perhaps it is most appropriate to use this milestone to remind ourselves of the difficulties in gauging the impact of grant funds.

The Foundation's trustees have applied those funds to a specific agenda over the past 17 years, using them at first to improve the overall character of health care in this country, and, more recently, to find workable solutions to some of the nation's most pressing health problems.

That agenda—the way the funds were spent—shifted over time in order to better reflect the needs that arose when major changes occurred in the nation's health, as well as in the ways it financed health care and formulated health policy. In order to have an impact in a field where so many changes occur, this foundation has had to keep its funding flexible and responsive, ready not only to change but to anticipate change.

Propelling change in the health care system

The Foundation subscribes to a modern definition of philanthropy, one appropriate to a fund still young as a national presence. We feel strongly, as we did in our earliest days, that our dollars have the most impact when they propel a needed change, rather than ride the crest of

By the 1970s, the lack of consolidated emergency medical services was seen as a major weakness in the U.S. health care system. With this and its goal of improving access to medical care in mind, the Foundation awarded \$15 million to 44 regions to develop and organize emergency medical response systems. Five years later, efforts of the Foundation had



contributed to the establishment of the universal emergency number 911. In addition to this national program, the

Foundation has awarded grants of more than \$9 million to further improve emergency medical services.



a solution. And so, for example, we have not sought to create change in areas such as biomedical research, a field dominated by the federal government's \$7.2 billion budget. To do so would be to place the funds entrusted to us, small in comparison, on the crest of a powerful and already-moving wave of funding.

Instead, from its first major investments in improving the nation's health and health care, the Foundation looked for areas in which a productive opportunity—and an impetus for change—was needed. Our first major venture, the Emergency Medical Response Program, succeeded in motivating 44 regionalized emergency response systems in 38 states, providing some \$15 million to help create the communications systems so that emergency care professionals could respond to people in medical crises, providing fast and thorough access to care.

The impact of those funds can in part be measured with the three numbers by which millions of Americans now recognize that such services are available: 911. It's a telling measure of the initiative's success that people in thousands of communities now take emergency

care and fast, coordinated response systems for granted.

Although the system we know today as "911" came about through a concerted effort on the part of both the public and private sectors, this foundation's contribution went to the very heart of the system by providing monies specifically to create immediate communications systems among response teams, dispatchers and hospitals. It laid the groundwork for what would become a national effort to avoid unnecessary medical complications and even death in an emergency medical situation.

Measuring and sharing results

Another of our early efforts to regionalize the delivery of health care—the Perinatal Program—provided \$22 million to reorganize perinatal services in eight regions across the U.S. between 1975 and 1980. But because regional perinatal systems became the standard while that Foundation program was in progress, the impact of our grants was lessened. As one observer noted, "The Robert Wood Johnson Foundation-assisted projects were eight large boulders in a landslide."

What did have a strong impact was the program's thorough evaluation of its results, conducted independently of the Foundation to preserve objectivity. Few data at that time documented the effectiveness of such services. Among its chief findings, the Perinatal Program's evaluation charted results that included:

- Fewer deaths among infants in the first 28 days of life;
- Decreases in the number of surviving infants with congenital problems or developmental delay; and
- Improvements in mortality and development in even the highest risk infants.

In assessing and confirming the value of such regionalized care for at-risk infants and pregnant women, the Perinatal Program's evaluation research had as much impact as the "landslide" itself. It is one of the many reasons why this foundation continues to invest in independent evaluations of national program results—results that may become medical milestones in their own right.

Targeting unmet, unrecognized needs

Many foundations—particularly those that are national in scope—avoid duplicating the efforts of other funders. But The Robert Wood Johnson Foundation's mandate in health and health care calls for us to take that rule one step further, by focusing our funds on those needs that others have neither recognized nor adequately met.

We see those two grantmaking approaches in high contrast to one another. To avoid duplicating effort requires using others' work as a

14 yardstick. But to recognize and meet critical needs in health care, we must actively seek problems and solutions that others have passed by, often because of the difficult nature of the problem or simply because those most in need lack the resources to make their needs known.

One such need—dental care for the handicapped—exemplifies this distinction and the Foundation's focused efforts to take on unmet needs in health care.

In the 1970s, the difficulty in obtaining dental care for disabled people was so widespread that a textbook began with the statement: "Dental treatment is the greatest unmet need of the handicapped person." And dentists acknowledged that the problems in treating the disabled had little to do with the technical aspects of dentistry and more to do with the patient's medical or physical limitations. Yet, despite that common recognition of the problem and the ready availability of treatment skill, only 10 to 25 percent of the nation's dentists at that time were even willing to treat patients with physical or mental disabilities.

To address the issue, the Foundation made available some \$5.1 million in grants to help 11 dental schools develop clinical training programs that would teach young dentists to overcome the barriers to providing regular dental care to the disabled. Additional funds awarded to the American Fund for Dental Health and the Association of American Dental Schools ensured that a regular curriculum focusing on these special-needs patients would be developed and implemented at all U.S. dental schools.

The result: A study of the dental students who underwent training in the Foundation-funded program showed that those dentists expressed a greater willingness to treat patients with disabilities compared to dental students who had not received the special training. And because the majority of dental students go on to general practice, it's clear that the Foundation's approach to the problem—improving the *training* of those responsible for meeting the need in question—had the widespread impact necessary to change that important aspect of care for the 33 million people in the U.S. with severe disabilities.

Motivating and training leadership in health care

Although grants to individuals are prohibited under The Robert Wood Johnson Foundation's guidelines, our extensive grants in training and motivating the future leaders of the nation's health care system have had great impact precisely because they benefit both the individuals who participate in those programs and the health care field as a whole.

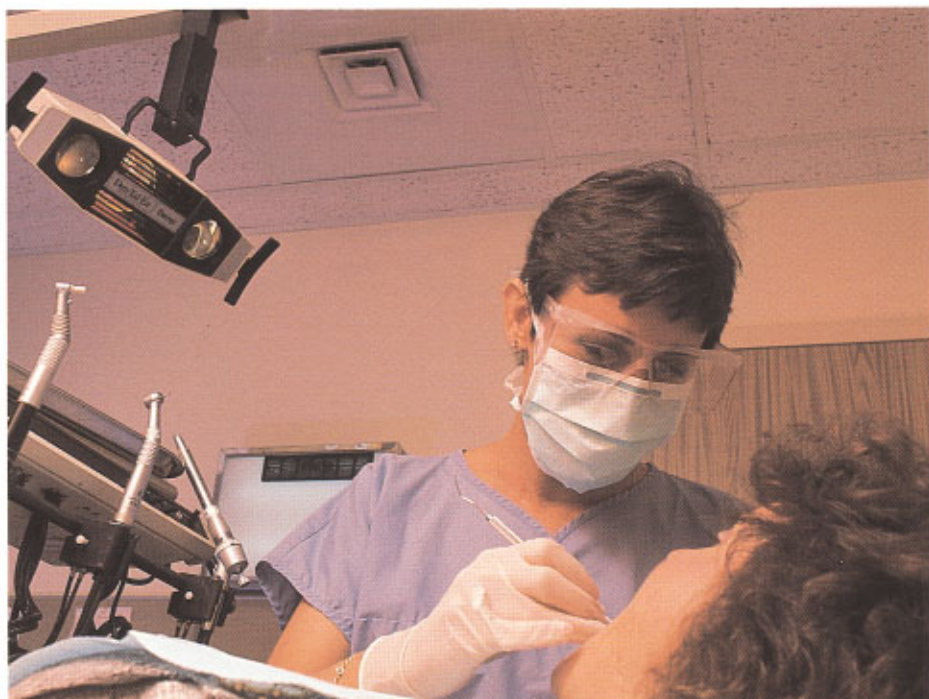
In particular, the Foundation's nearly \$50 million investment in clinical scholarship has had a "ripple

effect," not only by fine-tuning the knowledge of more than 500 Robert Wood Johnson Clinical Scholars, but by motivating those scholars to share what they've learned through increased debate about the nation's health agenda, through public service and through mentoring those who follow in their footsteps in medical care and health policy.

Begun by The Robert Wood Johnson Foundation in 1973, the Clinical Scholars Program provides two-year post-residency fellowships for study of non-biological disciplines bearing on medicine and health affairs. Each year, 20 Robert Wood Johnson scholars and six scholars from the Department of Veterans Affairs are appointed to fellowship positions at six university-directed training programs.

To date, that process has resulted in the training of more than 500 physicians—men and women who have gone on to hold positions of importance not only within their clinical specialties, but in public service and health care policy. The program's alumni include four state health commissioners.

Perhaps the program's impact is best assessed by the scholars themselves. Typical is the view of Dr. Robert Meenan, a 1977 alumnus of the



program and currently a professor of medicine at Boston University. He writes: "The Clinical Scholars Program was absolutely critical in preparing me for a career in academic medicine with an emphasis on health care research. The program also has had a major impact on the specialty of rheumatology, since many prominent people in the field have a Robert Wood Johnson Clinical Scholars connection. These people have brought a completely new emphasis on outcome assessment and psychosocial issues to the field."

Dr. Meenan's own appointment to the presidency of the American College of Rheumatology in 1990 offers another clear indication of the impact of such training.

Tapping the strength of volunteers

Another kind of "ripple effect" funded by The Robert Wood Johnson Foundation has emerged at the grassroots level in this country, as well as from the standpoint of leadership. The Foundation's efforts to channel the energy of community volunteers to provide crucial, everyday health and supportive services have had an impact beyond our expectations, making the original investments provide a return many times over.

The Foundation's Interfaith Volunteer Caregivers Program is perhaps the best example of how the impact of relatively modest grants can be strengthened when those grants empower volunteers to mobilize. The program, which provided grants of \$150,000 to 25 ecumenical projects beginning in 1984, concluded its Foundation funding two years ago. Yet today, those 25 coalitions of religious volunteers helping the homebound elderly and disabled have mushroomed through the



creation of the National Federation of Interfaith Volunteer Caregivers, an offshoot of the original 25 Robert Wood Johnson Foundation projects.

The federation's membership now includes more than 200 organizations and individuals that provide volunteer care in 39 states, Guam, the District of Columbia and Canada. And by 1993, the federation expects that membership will reach 250 caregiving organizations—a milestone marking the multiplication of the original Foundation-funded effort tenfold.

Closer to home, the impact of the program on the everyday lives of the disabled and elderly people served is not to be underestimated. The program's strength lay in its focus on an untapped resource: the people who belong to religious congregations of all faiths. When the program began, few organized efforts sought to marshal the help of this group. By the time Foundation funds concluded, the program had trained and put in place some 11,000 volunteers serving more than 26,000 elderly and disabled people who needed help with the tasks of daily living in order to stay out of nursing homes. Even more impressive is those volunteers' staying power. Over the four years of the Foundation effort, only three percent of the trained volunteers dropped out.

Similar ongoing programs funded by the Foundation have turned to yet another untapped volunteer resource: the elderly themselves. Both the Service Credit Banking Program and the Family Friends Program recruit the able elderly to provide services to others in need, thus mobilizing a population with ample experience and time to devote to meeting vital needs in their communities.

Although some might overlook these initiatives because they required smaller-than-usual Foundation grants—some \$9 million total for all three programs over several years—we see them as the best possible use of Foundation funds in that they combine a community's energy and commitment with Foundation seed money to bring about widespread change.

Leveraging other public and private funds

Because locating other sources of financial support is an ever-present goal for the non-profit organizations we fund, The Robert Wood Johnson Foundation has become increasingly active in seeking funding partners early on for its grant projects. Today, we more actively seek co-funding commitments at the outset of national programs, rather than assuming that such funds will be available at the conclusion of those programs.

Perhaps the best example of our ability to leverage additional support in order to reach a health care goal is the Foundation's Program on Chronic Mental Illness. The national initiative was designed to address the fallout from the nationwide move to release

the chronically mentally ill from institutions. Left to survive in the community, they had little access to the mental health services they needed and many, as a result, became homeless.

Announced in 1985, the Foundation program provides some \$20 million in grants and \$9 million in loans to nine of the nation's largest urban centers to enable them to address this problem. Their approach is to consolidate and expand services for chronic mental illness and to coordinate such care through a centralized mental health authority.

By seeking the co-sponsorship of the federal Department of Housing and Urban Development at the program's outset, the Foundation was able to secure a commitment for up to \$85 million in HUD subsidies to meet the specific need for housing for the chronically mentally ill in the cities participating in this program.

Because cooperation can enhance our grants' impact as much as co-funding, the Foundation sought from the start of this program the cooperation of such groups as the U.S. Conference of Mayors, the National Association of Counties and the National Conference of State Legislators to ensure that those considerable resources would reach the people most in need of help in those urban centers.



Encouraging new approaches to health care delivery

The impact of the Foundation's Health Care for the Homeless Program belies the myth that an innovative grant program is one involving sweeping change and complex ideas. This \$25 million effort, co-funded with The Pew Charitable Trusts, has set the standard for meeting the health care needs of the homeless with a simple but essential innovation: delivering care to the places where the homeless gather, instead of waiting for them to seek care in traditional settings.

That approach led the 19 projects funded by the two foundations to develop even more effective methods of providing care to the homeless,

among them the creation of recovery or "respite beds" where homeless people could recuperate from injury or illness while remaining in shelters, and the coordination of health services ranging from substance abuse treatment to care for homeless people infected with the AIDS virus.

Because of that simple innovation, those 19 projects became the model for the federal government's Stuart B. McKinney Homeless Assistance Act (PL 100-77), specifically the section of the act that mandates funding for medical care for the homeless. When the government began to implement the act in February of 1988, it turned to the Foundation for guidance on how to provide effective care for the homeless.

This year, as the Foundation's funding draws to a close, the simple innovation we began with has truly caught on: The same model of care that allowed our Health Care for the Homeless Program to serve some 200,000 people is not only embedded in the law, but actively at work in dozens of other cities nationwide.

Mobilizing resources in a health crisis

Unlike the groundswell of attention and action now focused on the homeless, the past decade's two most serious public health problems—AIDS and substance abuse—have not captured the resources necessary to combat these twin crises. In the midst of that inaction, we saw opportunities to act that are unique to philanthropy: by providing early and significant funds to meet service needs, by using the application process to bring community groups together with united goals and by calling for creative approaches from those providing prevention and health services in these areas.

The eventual impact of our grants in AIDS and in substance abuse, both

new areas for the Foundation, were greatly influenced by the context of time. Few sources of funds, public or private, existed for AIDS health services in 1985 when we awarded the first of our grants to fight the epidemic—grants that now total more than \$50 million. Likewise, when we announced our entry in substance abuse funding with the "Fighting Back" program early in 1989, the \$26.4 million we committed was as much as all private foundations had contributed to the problem in the previous five years.

Clearly, we knew the historical timing of these grants would increase their impact. But to us, another factor was more critical: We wanted to speed up the time spent on the grantmaking process in both these areas to ensure that the funds quickly reached those most in need. And our major programs in AIDS and substance abuse have been the speediest of all—with no more than a year between our call for proposals and the awarding of grants.

In both substance abuse and AIDS, our first national funding programs were also able to have greater impact

because they created application processes that required many types of service providers to come together in a joint application, with agreement among them about referrals, the division of labor and shared information. In the \$17.2 million AIDS Health Services Program, now in place in 11 communities, those team efforts now provide the full range of community-based services for people with AIDS and related illnesses, from home nursing and hospice care to errands and companionship.

In the "Fighting Back" program, the more than 300 applications received were asked to pull together an even wider range of groups: schools, hospitals, businesses, law enforcement agencies, religious organizations, Boys and Girls Clubs, parents, students and civic leaders. Such broad coalitions, we feel, will be able together to reduce the demand for illegal drugs and alcohol in their medium-sized communities.

Both programs' structure allows the Foundation's funds to stretch that much further because the consortium or team approach ensures that those communities will make the best possible use of existing resources—another impact hard to measure, but valuable when other financing is scarce.

But even in the midst of these health care crises, with concerns about a lack of resources and escalating caseloads, we also felt we could accomplish much by encouraging creativity in our applicants. Why not ask for their best ideas to solve the seemingly unsolvable problems they faced every day?

In attempting to lead the nation's responses to evolving health care challenges, the Foundation must often attempt to position itself well ahead of government and industry, but never so far in front that anyone—including government and industry and providers of care—loses sight of opportunities to follow.

Funding innovative ideas



is a high-risk enterprise for the nation and for all foundations. But when good results earn wide replication, the

rewards of American philanthropy become self-evident.

In perhaps our most flexible funding program, the \$16.8 million AIDS Prevention and Service Projects, we can see the impact that funding approach had: more than 1,000 proposed projects from hundreds of service and prevention organizations in virtually every U.S. state and territory. That response told us that community organizations not only had the creative ideas, but that they were ready to act on them. In many cases, the organizations themselves sprang up in response to our call, putting new energy to work in the epidemic. By giving that nationwide mobilization a goal and an opportunity, we were able to bring the overwhelming response—and need—to the attention of other private funders and federal, state and local governments who were able to provide grants to many of the projects we were unable to fund.

Focusing attention on our health agenda

More recently, we've chosen not only to focus other funders' attention on cutting-edge problems such as AIDS and substance abuse, but to put those issues foremost in the minds of both policymakers and the general public. Two innovative media grant projects have given us the means to do so: public television's *The AIDS Quarterly* series, which is solely funded by the Foundation, and the advertising industry's Partnership for a Drug-Free America, in which we join other funders with support.

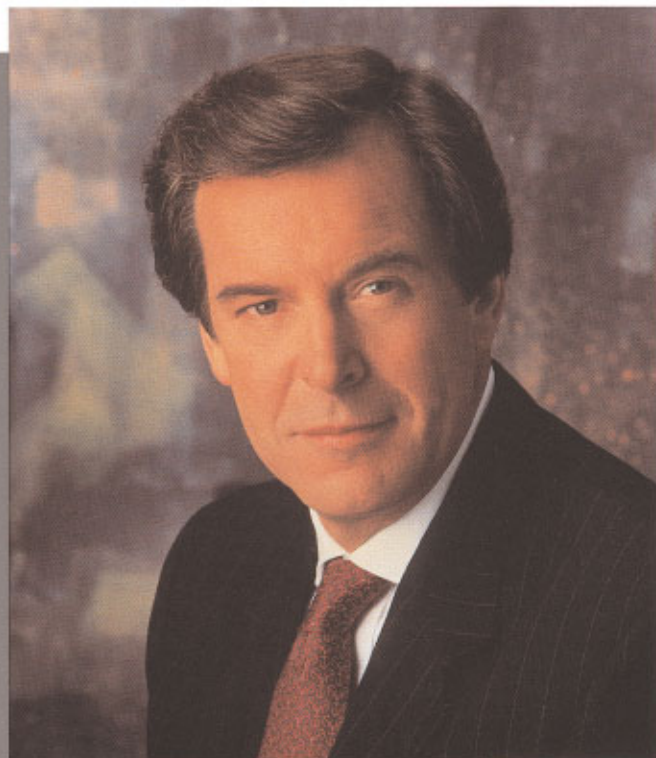
Now in its second year, *The AIDS Quarterly* is the only continuing series coverage of the epidemic—and a crucial source of updated and regular information designed to reach policymakers, health professionals, voters and others concerned with public and health policy. Using both the quarterly episodes and documentary specials, this WGBH series is able to provide both in-depth coverage and breaking news to its audience. And with ABC News Anchor Peter Jennings as its regular host, the program brings credibility to a volatile issue, making the information trustworthy in an epidemic marked by exaggerations and mystery.

The Partnership for a Drug-Free America, which generates print and broadcast messages about the dangers

of drug use—and does so with donated time and space in major media nationwide—is a more direct and widespread attempt to influence and change the public's behavior and attitudes. Our \$3 million grant is specifically designed to allow the Partnership to expand its staff to meet ambitious goals for reaching even larger audiences. The campaign's regularly repeated advertising messages will, by reaching millions, create a climate in which illegal drug use is no longer tolerated, and is better understood to be dangerous.

By underscoring those messages, the Partnership will create a climate nationwide in which all of our substance abuse grants can find increased chances of success. Like our "Fighting Back" program, the Partnership's ads seek to reduce the

In a decidedly non-traditional approach to reach those making the nation's crucial decisions about health care, the Foundation awarded a \$4 million grant to WGBH of Boston, solely underwriting an unprecedented prime-time television series on the AIDS epidemic. Airing nationally on the Public Broadcasting Service, *The AIDS Quarterly* is anchored by Peter Jennings of ABC News. The series continues to examine public policy, scientific, medical services, research and community responses to HIV disease.





demand for illegal drugs. Working in tandem, we feel confident that these two initiatives will accomplish their goals and enhance one another's impact.

Our grant to the Partnership has an impact of another kind, even as it begins. In that amount lies the billionth dollar of The Robert Wood Johnson Foundation's awarded grant funds.

As milestones go, it's a fitting choice. Both substance abuse and use of the media to shape the nation's health agenda are new areas of interest for this foundation, so the billionth dollar represents new beginnings. The Partnership's messages are urgent attempts to focus attention on a national health crisis, in keeping with our new focus on health problems.

And the grant as a whole represents another major commitment to an area largely avoided to date by private philanthropy, allowing this foundation the opportunity to encourage other funders to join us in meeting this critical need.

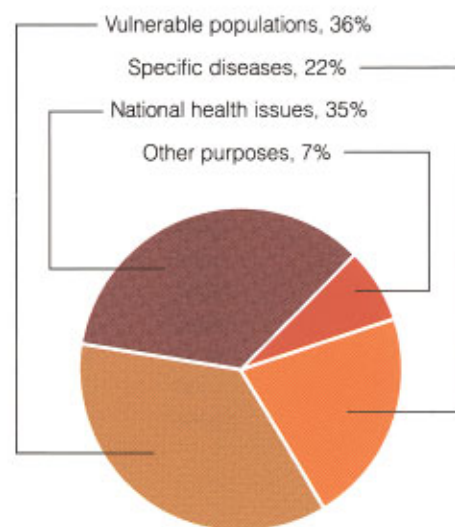
During 1989, the Foundation made 412 grants totaling \$98.6 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

- \$35.4 million, or 36 percent, for programs to assist the segments of our population most vulnerable to illness;

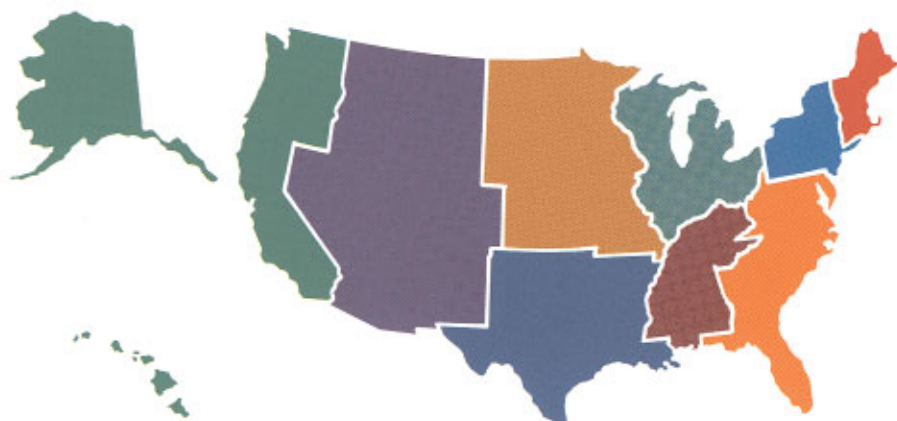
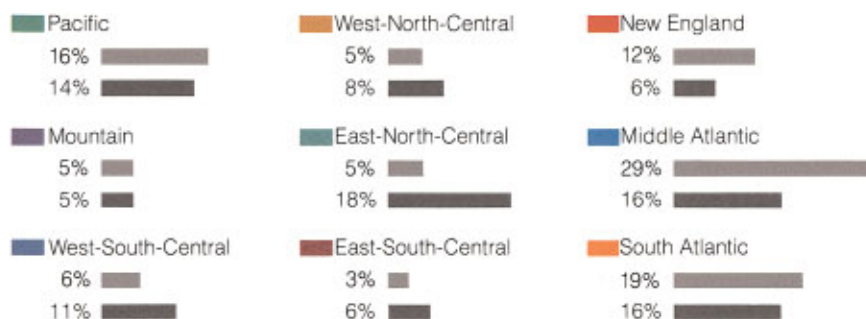
- \$22.1 million, or 22 percent, for programs that address specific diseases of regional or national concern;
- \$34.8 million, or 35 percent, for programs that encourage innovations on broad national health issues; and
- \$6.3 million, or 7 percent, for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.

The distribution of these funds by areas of interest is charted below. Since becoming a national philanthropy in 1972, our appropriations have totaled \$1.02 billion. A chart depicting the geographic distribution of 1989 funds is diagrammed below.

The Foundation's principal objectives



1989 appropriations by geographical region (\$98.6 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, 1989

SERVICES

AIDS Health Services Program	<i>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</i>
AID Atlanta, Inc. Atlanta, GA (1 year) \$378,628	Health Research, Inc. Albany, NY (2 years) \$1,027,364
Associated Catholic Charities of New Orleans, Inc. New Orleans, LA (2 years) \$828,708	Nassau County Medical Center East Meadow, NY (2 years) \$700,990
Comprehensive AIDS Program of Palm Beach County, Inc. West Palm Beach, FL (1 year) \$376,079	Seattle-King County Department of Public Health Seattle, WA (2 years) \$655,552
AIDS Prevention and Service Projects	<i>Support for creative projects to prevent the spread of HIV and/or to improve services for people with AIDS and AIDS-related illnesses (for 3 years). ID#12023</i>
San Francisco Women's Centers San Francisco, CA \$382,603	
Alpha Center for Health Planning, Inc. Washington, DC \$185,075	<i>Technical assistance and direction for the Health Care for the Uninsured Program (for 1 year). ID#14054</i>
American Academy of Pediatrics, Inc. Elk Grove Village, IL \$456,941	<i>Incorporation of the Healthy Children Program within the Academy (for 2 years). ID#13955</i>
American Red Cross Washington, DC \$10,000 and \$50,000	<i>Contribution for disaster relief for victims of Hurricane Hugo (for 1 month). ID#16215</i> <i>Disaster relief for the earthquake in Northern California (for 1 month). ID#16285</i>
Association for Retarded Citizens, Monmouth Unit Shrewsbury, NJ \$48,721	<i>Regional system of primary care for developmentally disabled adults (for 9 months). ID#14657</i>
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, MA \$120,982 and \$309,116 and \$342,800	<i>Technical assistance and direction for the Life-Care-at-Home Communities Demonstration Program (for 1 year). ID#15257</i> <i>Technical assistance and direction for the Supportive Services Program for Older Persons (for 2 years). ID#14950</i> <i>Technical assistance and direction for the Supportive Services Program in Senior Housing (for 2 years). ID#14951</i>
University of California, Los Angeles Los Angeles, CA \$113,237	<i>Enhancing the mental health components of school-based health clinics (for 2 years). ID#13773</i>

University of California, San Francisco, Institute for Health Policy Studies San Francisco, CA \$523,610	<i>Technical assistance and direction for the AIDS Health Services Program (for 2 years). ID#16402</i>
Cathedral Healthcare System, Inc. Newark, NJ \$143,522	<i>Technical assistance for the New Jersey Health Services Development Program (for 19 months). ID#13192</i>
Children's Hospital National Medical Center Washington, DC \$705,953	<i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 2 years). ID#14954</i>
Children's Hospital of Philadelphia Philadelphia, PA \$270,782	<i>The West Philadelphia collaborative program for child health (for 2 years). ID#14306</i>
Program on Chronic Mental Illness	<i>Support for community-wide projects aimed at consolidating and expanding services for people with chronic mental illness (for the periods indicated). ID#10446</i>
City of Baltimore, Department of Health Baltimore, MD (35 months) \$1,533,812	Mental Health Corporation of Denver Denver, CO (2 years) \$944,886
State of Hawaii, Office of the Governor Honolulu, HI (3 years) \$1,396,300	City of Philadelphia, Department of Public Health Philadelphia, PA (3 years) \$1,100,766
Community Care Funding Partners Program	<i>Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for the periods indicated). ID#6397</i>
Community Foundation of Greater Flint Flint, MI (3 years) \$91,045	Lawndale Christian Health Center Chicago, IL (3 years) \$85,634
Esperanza Health Center, Inc. Philadelphia, PA (5 years) \$373,252	Urban Affairs Corporation Houston, TX (6 months) \$74,760
Dementia Care and Respite Services Program	<i>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 1 year). ID#11088</i>
Handmaker Jewish Geriatric Center, Inc. Tucson, AZ \$55,876	
East Tennessee Children's Rehabilitation Center Knoxville, TN \$32,700	<i>Program to identify visual impairments in developmentally delayed children (for 1 year). ID#13718</i>

Program for Enhancing Hospital Care for the Elderly	<i>Development of hospital-wide systems of inpatient geriatric care (for the periods indicated). ID#12423</i>	
Geriatrics Service Complex Foundation, Inc. Miami Beach, FL (2 years) \$400,000		Roger Williams General Hospital Providence, RI (1 year) \$232,467
Kaiser Foundation Hospitals Oakland, CA (2 years) \$399,846		
Fisherman's Mark Lambertville, NJ \$49,757	<i>Improving health services for a rural homeless population (for 1 year). ID#14269</i>	
University of Florida, College of Medicine Gainesville, FL \$219,622	<i>Technical assistance and direction for the Healthy Futures Program (for 1 year). ID#14058</i>	
The Foundation Center New York, NY \$150,000	<i>Data collection and analysis on the foundation field (for 3 years). ID#11076</i>	
The General Hospital Corporation—Massachusetts General Hospital Boston, MA \$191,575	<i>Technical assistance for the Homeless Families Program (for 1 year). ID#14974</i>	
George Washington University Washington, DC \$151,805	<i>Technical assistance and direction for the Local Initiative Funding Partners Program (for 1 year). ID#13196</i>	
Harvard Medical School Boston, MA \$380,728 and \$396,335 and \$148,994	<i>Program to promote local initiatives for children (for 2 years). ID#14371</i> <i>Technical assistance and direction for the Program on Chronic Mental Illness (for 1 year). ID#13781</i> <i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 2 years). ID#14958</i>	
Health Care for the Uninsured Program	<i>Development and implementation of state and local initiatives to assure the availability of health care services for those who cannot afford care and lack health insurance (for the periods indicated). ID#10393</i>	
Arizona Health Care Cost Containment Program Phoenix, AZ (1.5 years) \$227,059		Maine Department of Human Services Augusta, ME (1.5 years) \$178,106
City and County of Denver, Department of Health and Hospitals Denver, CO (1.5 years) \$209,518		United Way of the Bay Area San Francisco, CA (2 years) \$311,611
Florida Small Business Health Access Corporation Tallahassee, FL (1.5 years) \$199,999		

Hospital-Based Rural Health Care Program*Program to improve the access, quality, and cost-efficiency of health services in rural hospitals (for the periods indicated). ID#11262*

Health Systems Agency of Northeastern New York, Inc.
Albany, NY
(2 years)
\$213,583

Hospital Research and Educational Foundation—South Carolina Hospital Association
West Columbia, SC
(2 years)
\$297,292

Nevada Health Facilities Education and Research Foundation
Reno, NV
(1 year)
\$197,008

North Carolina Foundation for Alternative Health Programs, Inc.
Raleigh, NC
(2 years)
\$169,371

St. John's Regional Health Center
Springfield, MO
(2 years)
\$326,896

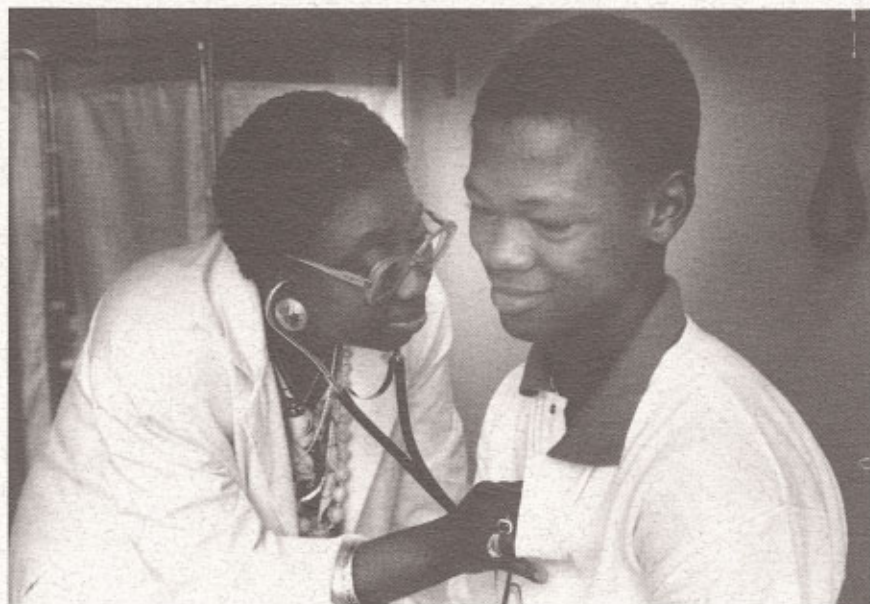
Sauk-Prairie Memorial Hospital Association, Inc.
Prairie du Sac, WI
(1 year)
\$175,000

Synernet Health Care Foundation
Portland, ME
(1 year)
\$167,964

West Alabama Health Services, Inc.
Eutaw, AL
(2 years)
\$317,777

West Texas Rural Health Providers
Lubbock, TX
(3 years)
\$465,810

Hospital Research and Educational Trust
Chicago, IL
\$71,013

Technical assistance and direction for the Community Programs for Affordable Health Care (for 1 year). ID#12963

Improving the Health of Native Americans*Support for innovative programs addressing health care needs of American Indians and Alaska Natives (for the periods indicated). ID#11184***Cheyenne Cultural Center, Inc.**

Clinton, OK

(3 years)

\$264,272**Chilchinbeto Health and Development Corporation**

Kayenta, AZ

(2 years)

\$247,843**Coeur d'Alene Tribe of the Coeur d'Alene Reservation**

Plummer, ID

(1 year)

\$107,189**Fond du Lac Reservation Business Committee**

Cloquet, MN

(2 years)

\$70,019**Institute of American Indian and Alaska Native Culture and Arts Development**

Santa Fe, NM

(2 years)

\$69,710**Milwaukee Indian Health Board, Inc.**

Milwaukee, WI

(2 years)

\$91,626**Navajo Tribe of Arizona**

Window Rock, AZ

(1 year)

\$68,810**Northern Cheyenne Board of Health**

Lame Deer, MT

(2 years)

\$67,970**Pueblo of Isleta**

Isleta, NM

(1 year)

\$30,020**Sinte Gleska College**

Rosebud, SD

(3 years)

\$225,999**South Dakota Coalition Against Domestic Violence and Sexual Assault**

Black Hawk, SD

(3 years)

\$231,751**Southwest Communication Resources, Inc.**

Bernalillo, NM

(2 years)

\$181,361**Tohono O'odham Nation**

Sells, AZ

(2 years)

\$220,080**Improving Service Systems for People with Disabilities***Initiative to improve service delivery systems through community-based agencies run by and for people with physical disabilities (for 2 years). ID#14432***World Institute on Disability**

Berkeley, CA

\$204,299**Independent Sector***Self-study project (for 1 year). ID#15163*

Washington, DC

\$50,000**The Institute for Rehabilitation and Research***Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#14761*

Houston, TX

\$333,698**The Johns Hopkins University, School of Hygiene and Public Health***Technical assistance for the Improving the Quality of Hospital Care Program (for 15 months). ID#13643*

Baltimore, MD

\$283,167

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 the periods indicated). ID#11867

Jeanes/Foulkeways Corporation
Lower Gwynedd, PA
(1 year)
\$241,066

**Pasadena Hospital Association, Ltd.—
Huntington Memorial Hospital**
Pasadena, CA
(31 months)
\$699,986

Mercy Catholic Medical Center
Darby, PA
(8 months)
\$150,000

Riverside Healthcare Association, Inc.
Newport News, VA
(8 months)
\$146,425

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

Adolescent Resources Corporation
Kansas City, MO
(3 years)
\$399,931

Jewish Family Service of Worcester, Inc.
Worcester, MA
(3 years)
\$98,398

Arkansas Community Foundation, Inc.
Little Rock, AR
(4 years)
\$400,000

Jewish Social Service Agency
Rockville, MD
(4 years)
\$166,500

Camillus Health Concern, Inc.
Miami, FL
(4 years)
\$400,000

Kalamazoo Child Guidance Clinic
Kalamazoo, MI
(4 years)
\$349,933

Community Council of Central Oklahoma
Oklahoma City, OK
(4 years)
\$358,914

Maternity Care Coalition of Greater Philadelphia
Philadelphia, PA
(4 years)
\$389,813

Community Council of Greater Dallas
Dallas, TX
(3 years)
\$205,382

Model Cities Health Corporation of Kansas City
Kansas City, MO
(4 years)
\$234,000

Holy Communion Lutheran Church Respite Ministry Program
Racine, WI
(35 months)
\$48,366

City of Los Angeles Board of Education
Los Angeles, CA
\$27,685

Plan for reforming school health services in Los Angeles (for 1 year). ID#15327

University of Maryland at Baltimore
Baltimore, MD
\$295,380

Technical assistance and direction for the AIDS Prevention and Service Projects (for 1 year). ID#14063

University of Maryland, Center on Aging
College Park, MD
\$573,045
and
\$57,026

Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 2 years). ID#14960
Technical assistance and direction for the Service Credit Banking Program (for 1 year). ID#13782

Memorial Hospital for Cancer and Allied Diseases New York, NY \$49,991	<i>Evaluation of a supportive service program for AIDS methadone patients (for 1.5 years). ID#13951</i>
Mental Health Center of Dane County, Inc. Madison, WI \$389,190	<i>Technical assistance and direction for the Mental Health Services Development Program (for 2 years). ID#14961</i>
Mental Health Services Program for Youth	<i>Development of model financing and service delivery systems for children and youth with serious mental disorders (for 1 year). ID#13609</i>
State of California Health and Welfare Agency, Department of Mental Health Sacramento, CA \$99,000	State of Ohio, Department of Mental Health Columbus, OH \$100,000
District of Columbia, Department of Human Services Washington, DC \$99,986	State of Oregon, Department of Human Resources, Mental Health Division Salem, OR \$100,000
Commonwealth of Kentucky, Cabinet for Human Resources, Department for Mental Health and Mental Retardation Services Frankfort, KY \$100,000	Commonwealth of Pennsylvania, Department of Public Welfare Harrisburg, PA \$100,000
State of Michigan, Department of Mental Health Lansing, MI \$100,000	State of Vermont, Department of Mental Health Waterbury, VT \$100,000
State of North Carolina, Department of Human Resources Raleigh, NC \$100,000	State of Washington, Department of Social and Health Services Olympia, WA \$100,000
State of North Dakota, Children's Services Coordinating Committee Bismarck, ND \$100,000	State of Wisconsin, Department of Health and Social Services Madison, WI \$100,000



Middlesex County Recreation Council Edison, NJ \$50,000	<i>Summer camp for children with health problems (for 6 months). ID#13783</i>
National Academy of Sciences— Institute of Medicine Washington, DC \$48,300	<i>The Gustav O. Lienhard Award (for 1 year). ID#13470</i>
National Association of Community Health Centers, Inc. Washington, DC \$305,283	<i>Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#13471</i>
New Brunswick Development Corporation New Brunswick, NJ \$2,000,000	<i>Redevelopment program for New Brunswick, New Jersey (for 31 months). ID#15290</i>
New Brunswick Tomorrow New Brunswick, NJ \$200,000	<i>Program to improve health and human services in New Brunswick (for 1 year). ID#13216</i>
New Jersey Health Services Development Program	<i>Innovative projects to address the state's health care needs (for the periods indicated). ID#11904</i>
AIDS Resource Foundation for Children, Inc. Newark, NJ (3 years) \$498,115	Senior Citizens United Community Services of Camden County, Inc. Audubon, NJ (4 years) \$442,598
Hyacinth Foundation New Brunswick, NJ (3 years) \$375,583	UMDNJ—School of Osteopathic Medicine Camden, NJ (3 years) \$490,096
State of New Jersey, Department of Corrections Trenton, NJ (2 years) \$342,502	Union Industrial Home Association for Destitute Children of Trenton, N.J. Trenton, NJ (3 years) \$456,733
State of New Jersey, Department of Human Services Trenton, NJ (3 years) \$316,410	Visiting Nurse and Health Services Elizabeth, NJ (3 years) \$457,388
Passaic County Committee for Planned Parenthood, Inc. Paterson, NJ (3 years) \$476,351	
New York University New York, NY \$271,927	<i>Technical assistance and direction for the Hospital-Based Rural Health Care Program (for 1 year). ID#14064</i>
Northeastern Ohio Universities College of Medicine Rootstown, OH \$43,681	<i>Program to identify and link the elderly to health services (for 1.5 years). ID#13844</i>
University of Oklahoma, College of Public Health Oklahoma City, OK \$225,412	<i>Technical assistance and direction for Improving the Health of Native Americans (for 1 year). ID#14066</i>

On Lok Approach to Care for the Elderly Bienvivir Senior Health Services El Paso, TX (50 months) \$689,560	<i>Replication of a model program of comprehensive health and financing services for dependent elderly (for the periods indicated). ID#11868</i> The Community Care Organization of Milwaukee County, Inc. Milwaukee, WI (4 years) \$619,925
On Lok Senior Health Services San Francisco, CA \$399,960	<i>Technical assistance for the replication of the On Lok model (for 11 months). ID#13472</i>
Township of Plainsboro Plainsboro, NJ \$50,000	<i>Purchase of a computer system for the Township (for 5 months). ID#15755</i>
Program for Prepaid Managed Health Care University Health Care, Inc. Madison, WI \$207,315	<i>Collaboration of medical institutions with state and federal government and private insurers in projects offering health care by combining patient care management by primary care physicians with a capitated payment arrangement (for 1.5 years). ID#7862</i>
Program to Promote Long-Term Care Insurance for the Elderly State of Connecticut, Office of Policy and Management Hartford, CT (35 months) \$1,799,996 Massachusetts Health Research Institute, Inc. Boston, MA (3 months) \$69,755	<i>Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the periods indicated). ID#12657</i> New York State Department of Social Services Albany, NY (3 years) \$1,709,199
Prudential Insurance Company of America Roseland, NJ \$256,021	<i>Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#14067</i>
RWJ Property Holding Corporation New Brunswick, NJ \$3,291,215	<i>Property acquisition (for 14 months). ID#15774</i>
Research and Education Institute, Inc.—Harbor UCLA Medical Center Torrance, CA \$224,922	<i>Emergency medical services for children in rural and remote areas (for 1 year). ID#12964</i>
The Salvation Army New Brunswick, NJ \$80,000	<i>Program of assistance to the indigent (for 1 year). ID#14068</i>

School-Based Adolescent Health Care Program*Establishment of comprehensive health services clinics in public secondary schools (for 4 years). ID#10523*

State of Alabama, State Board of Health,
Jefferson County Department of Health
Birmingham, AL
\$598,391

Bronx-Lebanon Hospital Center
Bronx, NY
\$400,000

University of Colorado Health Sciences Center
Denver, CO
\$400,000

City of Detroit Health Department
Detroit, MI
\$400,000

Guilford County Department of Public Health
Greensboro, NC
\$400,000

Health Start
St. Paul, MN
\$599,944

Jersey City Health Care Corporation
Jersey City, NJ
\$400,000

City of Los Angeles Board of Education
(Jordan High School)
Los Angeles, CA
\$522,916

City of Los Angeles Board of Education
(Los Angeles High School)
Los Angeles, CA
\$399,990

City of Los Angeles Board of Education
(San Fernando High School)
Los Angeles, CA
\$476,907

Louisiana State University Medical Center
Baton Rouge, LA
\$400,000

Memphis and Shelby County Health Department
Memphis, TN
\$600,000

Minneapolis Special School District, #1
Minneapolis, MN
\$599,993

City of New Orleans, Department of Health
New Orleans, LA
\$600,000

New York Medical College
Valhalla, NY
\$400,000

North Shore University Hospital
Manhasset, NY
\$400,000

Visiting Nurse Association, Inc.
Santa Clara, CA
\$400,000



Shands Teaching Hospital and Clinics, Inc. Gainesville, FL \$237,306	<i>Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#14069</i>
St. Vincent de Paul Society Metuchen, NJ \$76,000	<i>Program of assistance to the indigent (for 2 years). ID#14963</i>
Program to Strengthen Primary Care Health Centers	<i>Initiative to improve the capacity for self-sufficiency of not-for-profit primary care health centers (for the periods indicated). ID#12904</i>
Etowah Quality of Life Council, Inc. Gadsden, AL (3 years) \$99,995	Rural Health Services, Inc. Clearwater, SC (3 years) \$100,000
Laurel Fork-Clear Fork Health Centers, Inc. Clairfield, TN (3 years) \$93,352	Takilma People's Clinic, Inc. Cave Junction, OR (3 years) \$70,518
Lewis County Primary Care Center, Inc. Vanceburg, KY (2 years) \$43,651	United Community Health Center Sahuarita, AZ (3 years) \$84,490
Migrant Council of Henderson County, Inc.— Blue Ridge Health Center Hendersonville, NC (3 years) \$99,999	Wewahitchka Medical Center, Inc. Wewahitchka, FL (3 years) \$99,998
Project Clinic Vacaville, CA (3 years) \$99,998	
Strengthening Hospital Nursing: A Program to Improve Patient Care	<i>Support of efforts to improve patient care by institution-wide restructuring of hospital nursing services (for 1 year). ID#13078</i>
Abbott-Northwestern Hospital, Inc. Minneapolis, MN \$49,725	Copley Hospital, Inc. Morrisville, VT \$49,988
Alton Ochsner Medical Foundation New Orleans, LA \$50,000	D. C. General Hospital Washington, DC \$50,000
Baptist Medical Centers, BMC-Montclair Birmingham, AL \$49,627	Elko General Hospital Elko, NV \$50,000
Baystate Medical Center, Inc. Springfield, MA \$50,000	Medical College of Georgia Augusta, GA \$49,813
Beth Israel Hospital Association Boston, MA \$49,994	State of Hawaii Department of Health—Kona Hospital Kealahakua, HI \$50,000
Trustees of Health and Hospitals of the City of Boston Boston, MA \$50,000	Hospital Authority of Candler County Metter, GA \$50,000

Indiana University, Indiana University Hospitals

Indianapolis, IN
\$50,000

La Crosse Lutheran Hospital

La Crosse, WI
\$47,412

Macon-Bibb County Hospital Authority

Macon, GA
\$48,757

Memorial Hospital at Gulfport

Gulfport, MS
\$37,192

Mercy Hospital and Medical Center

Chicago, IL
\$50,000

University of Minnesota Hospital and Clinic

Minneapolis, MN
\$49,865

New York City Health and Hospitals Corporation

New York, NY
\$50,000

University of Nebraska Medical Center,

University Hospital
Omaha, NE
\$49,930

North Lincoln Hospital Foundation

Lincoln City, OR
\$50,000

North Memorial Medical Center

Robbinsdale, MN
\$49,203

Our Lady of Lourdes Regional Medical Center, Inc.

Lafayette, LA
\$49,988

The Pennsylvania State University,

Milton S. Hershey Medical Center
Hershey, PA
\$49,883

**The University of Pennsylvania, Hospital of the University
of Pennsylvania**

Philadelphia, PA
\$50,000

Providence Medical Center

Portland, OR
\$49,865

Robert Wood Johnson University Hospital, Inc.

New Brunswick, NJ
\$49,960

Research and Education Institute, Inc.—

Harbor UCLA Medical Center
Torrance, CA
\$50,000

Richland Memorial Hospital

Columbia, SC
\$49,149

St. David's Hospital

Austin, TX
\$49,522

St. Elizabeth Community Health Center

Lincoln, NE
\$47,640

St. Luke's Hospitals of Fargo

Fargo, ND
\$50,000

St. Patrick Hospital of Lake Charles

Lake Charles, LA
\$49,969

San Jose Medical Center

San Jose, CA
\$50,000

Sauk-Prairie Memorial Hospital Association, Inc.

Prairie du Sac, WI
\$50,000

University of Utah, University Hospital

Salt Lake City, UT
\$49,813

Vanderbilt University, Vanderbilt University Hospital

Nashville, TN
\$50,000

Virginia Mason Medical Center

Seattle, WA
\$49,692

University of Virginia Health Sciences Center

Charlottesville, VA
\$49,986

West Virginia University Hospitals, Inc.

Morgantown, WV
\$49,979

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 the periods indicated). ID#12422

Colorado Housing and Financing Authority

Denver, CO

(1 year)

\$169,464**Illinois Housing Development Authority**

Chicago, IL

(2 years)

\$254,308**Maine State Housing Authority**

Augusta, ME

(2 years)

\$198,237**New Jersey Housing and Mortgage Finance Agency**

Trenton, NJ

(2 years)

\$209,685**New Hampshire Housing Finance Authority**

Manchester, NH

(2 years)

\$241,104**Pennsylvania Housing Finance Agency**

Harrisburg, PA

(2 years)

\$220,126**Rhode Island Housing and Mortgage Finance Corporation**

Providence, RI

(2 years)

\$282,146**Vermont Housing Finance Agency**

Burlington, VT

(2 years)

\$160,213**Virginia Housing Development Authority**

Richmond, VA

(2 years)

\$195,898**Supreme Court Historical Society**

Washington, DC

\$50,000

Supreme Court Historical Society Endowment Fund (for 1 year). ID#15008

Texas Tech University Foundation

Lubbock, TX

\$254,136

Volunteer program for supportive services for rural elderly (for 2 years). ID#15262

United Way of Central Jersey, Inc.

Milltown, NJ

\$200,000

Support for 1989 campaign (for 1 year). ID#14540



United Way—Princeton Area Communities Princeton Junction, NJ \$108,500	<i>Support for 1988 and 1989 campaigns (for 2 years). ID#14964</i>
Utah Easter Seal Society Murray, UT \$117,526	<i>Early intervention program for rural disabled children and their families (for 10 months). ID#13983</i>
Wake Forest University, The Bowman Gray School of Medicine Winston-Salem, NC \$301,104	<i>Technical assistance and direction for the Dementia Care and Respite Services Program (for 1 year). ID#13788</i>
RESEARCH	
Albany Medical College of Union University Albany, NY \$46,071	<i>Study to assess the feasibility of curriculum change (for 1 year). ID#14684</i>
Alpha Center for Health Planning, Inc. Washington, DC \$250,008	<i>Technical assistance and direction for the Program on Changes in Health Care Financing and Organization (for 1 year). ID#14534</i>
Alpha Omega Alpha Honor Medical Society New York, NY \$50,000	<i>Study on the decline of medical school applicants (for 6 months). ID#15011</i>
American Academy of Arts and Sciences Cambridge, MA \$40,000	<i>Conference on health care issues (for 1 year). ID#15828</i>
American Bar Association Fund for Justice and Education Chicago, IL \$280,464	<i>Analyze and disseminate findings on state policies on child abuse deaths (for 2 years). ID#14660</i>
Association of Academic Health Centers, Inc. Washington, DC \$25,000 and \$50,000	<i>Increase number of women and minorities in academic medicine administration (for 1 year). ID#14284 Planning for a trilateral conference on comparative health systems (for 1 year). ID#15108</i>
Boston University, Center for Applied Social Science Boston, MA \$151,251	<i>Evaluation of the Mental Health Services Program for Youth—Phase I (for 1 year). ID#13612</i>
Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare Waltham, MA \$529,458 and \$48,432	<i>Evaluation of the Dementia Care and Respite Services Program—Phase II (4 years). ID#12311 Improving the health of the retarded and other mentally impaired people (for 6 months). ID#16283</i>

University of California, Los Angeles, School of Medicine Los Angeles, CA \$7,860	<i>Research on future manpower needs in clinical geriatrics (for 3 months). ID#15259</i>
Program on the Care of Critically Ill Hospitalized Adults Duke University Medical Center Durham, NC (3 years) \$368,925	<i>National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated). ID#10559</i> The University of Pennsylvania, School of Medicine Philadelphia, PA (3 months) \$19,900
Case Western Reserve University, Weatherhead School of Management Cleveland, OH \$175,404	<i>Evaluation of the Strengthening Hospital Nursing Program—Phase I (1.5 years). ID#13635</i>
University of Colorado Health Sciences Center Denver, CO \$491,752	<i>Home health quality assessment and assurance project (for 47 months). ID#13779</i>
Columbia University, School of Public Health New York, NY \$725,500 and \$17,884	<i>Evaluation of the Health Care for the Uninsured Program—Phase II (3 years). ID#13055</i> <i>Special journal issue on health policy and disadvantaged groups (for 10 months). ID#14737</i>
University of Connecticut, School of Medicine Farmington, CT \$199,105	<i>Assessment of a community program to reduce youth substance abuse (for 2 years). ID#14124</i>
Cooper Hospital—University Medical Center Camden, NJ \$45,178	<i>Study on coverage of hospital inpatient and outpatient services in New Jersey (for 1 year). ID#14313</i>
Corporation Against Drug Abuse Washington, DC \$225,080	<i>Planning a small employer program to reduce workforce substance abuse (for 1 year). ID#16073</i>
Duke University Medical Center Durham, NC \$1,702,182	<i>Outcomes of coronary angioplasty versus bypass surgery—Phase II (for 4.5 years). ID#13464</i>
Economic and Social Research Institute Oakton, VA \$112,009	<i>Demonstration of an alternative model for providing subacute care (for 9 months). ID#15231</i>
George Washington University Washington, DC \$485,765	<i>Technical assistance and direction for Program on the Care of Critically Ill Hospitalized Adults (for 1 year). ID#13466</i>

Georgetown University, School of Medicine Washington, DC \$46,610 and \$875,387 and \$75,662	<i>Evaluation of the Service Credit Banking Program for the Elderly—Phase II (for 1 year). ID#12811</i> <i>Evaluation of the Supportive Services Program for Older Persons—Phase II (3 years). ID#12577</i> <i>Evaluation of the Supportive Services Program in Senior Housing—Phase I (17 months). ID#12812</i>
Grow, Inc. Champaign, IL \$87,311	<i>Statewide mutual self-help programs for chronically mentally ill people (for 1 year). ID#14312</i>
Harvard Medical School Boston, MA \$191,239 and \$45,155	<i>Comparative study of hospital practice patterns and outcomes—Phase I (for 11 months). ID#13677</i> <i>Study of methods to reduce battery on adult psychiatric units (for 1 year). ID#15534</i>
Health Action Forum of Greater Boston, Inc. Boston, MA \$41,079	<i>Strengthening implementation of Massachusetts universal health insurance law (for 1 year). ID#14703</i>
University of Illinois Chicago, IL \$50,000	<i>Planning for the 1991 White House Conference on Aging (for 1 year). ID#14498</i>
International Health Services, Inc. Chardon, OH \$149,521	<i>Study of nursing home design modifications for residents with dementia (for 1.5 years). ID#14715</i>
University of Iowa, Center for Health Services Research Iowa City, IA \$124,355	<i>Evaluation of the Program for Enhancing Hospital Care for the Elderly (for 2 years). ID#13952</i>
The Johns Hopkins University, School of Medicine Baltimore, MD \$49,969	<i>Improving the accuracy of detection of child abuse (for 1 year). ID#13394</i>
Massachusetts Health Data Consortium Waltham, MA \$49,201	<i>Study of recently graduated RNs (for 9 months). ID#14279</i>
University of Michigan Ann Arbor, MI \$42,286	<i>Study of physicians' attitudes about the care of HIV-infected patients (for 1 year). ID#14270</i>
University of Michigan, School of Public Health Ann Arbor, MI \$433,781	<i>Evaluation of the AIDS Prevention and Service Projects (for 2 years). ID#14910</i>
University of Minnesota, School of Public Health Minneapolis, MN \$1,022,961	<i>Evaluation of the Hospital-Based Rural Health Care Program—Phase II (for 4 years). ID#11949</i>

University of Missouri, Columbia, School of Medicine Columbia, MO \$48,502	<i>Child fatality classification project (for 9 months). ID#14756</i>
National Committee for Quality Assurance, Inc. Washington, DC \$308,875	<i>Develop a certification program for HMOs (for 3 years). ID#13214</i>
National Council of Community Mental Health Centers Rockville, MD \$39,702	<i>Assessing capital financing options for community mental health centers (for 3 months). ID#15744</i>
The National Leadership Commission on Health Care Washington, DC \$50,000	<i>Study of employment-based financing of health care (for 4 months). ID#14353</i>
New York University, Graduate School of Public Administration New York, NY \$227,530 and \$259,442	<i>Evaluation of a health insurance plan for a working-poor group (for 2 years). ID#15105</i> <i>Evaluation of the Program to Strengthen Primary Care Health Centers (for 4 years). ID#14172</i>
University of North Carolina at Chapel Hill, School of Public Health Chapel Hill, NC \$599,843 and \$41,784	<i>Evaluation of the Healthy Futures Program—Phase II (for 4 years). ID#12817</i> <i>Re-evaluation of the REACH program for chronically ill rural children (for 10 months). ID#14695</i>
Pace University, Graduate School of Nursing Pleasantville, NY \$5,000	<i>Study of the impact of AIDS on patients' families (for 1 year). ID#13837</i>
The University of Pennsylvania, School of Nursing Philadelphia, PA \$49,998	<i>Financial feasibility of short-term ambulatory care for the frail elderly (for 4 months). ID#14324</i>
The University of Pennsylvania, The Wharton School Philadelphia, PA \$38,985	<i>Review of literature on operations research in hospital patient care (for 5 months). ID#14200</i>
University of Pittsburgh, School of Medicine Pittsburgh, PA \$11,677	<i>Study of clinical practice and research in child/adolescent psychotherapy (for 10 months). ID#14450</i>
Rand Corporation Santa Monica, CA \$199,997	<i>Research on physician behavior and medical malpractice (for 1 year). ID#14556</i>
State of South Carolina, Department of Health and Environmental Control Columbia, SC \$415,808	<i>Vital records geographic referencing system (for 3 years). ID#14260</i>

University of Southern California Los Angeles, CA \$22,738	<i>Report on gaining community acceptance (for 1 year). ID#14477</i>
Stanford University, School of Medicine Stanford, CA \$2,197,584	<i>National collaborative study of the Infant Health and Development Program (for 19 months). ID#13218</i>
Union College Schenectady, NY \$49,681	<i>Analysis of physician assistant career patterns (for 1 year). ID#14800</i>
Vanderbilt University Nashville, TN \$42,593	<i>A study of Tennessee's responses to change in the Medicare Catastrophic Act (for 1 year). ID#14755</i>
University of Virginia Law School Foundation Charlottesville, VA \$74,179	<i>Technical assistance for the Medical Malpractice Program (for 1 year). ID#13475</i>
EDUCATION AND TRAINING	
American Academy of Pediatrics, Pennsylvania Chapter Ardmore, PA \$87,632	<i>Health support services program for children in day care (for 1 year). ID#15501</i>
American Enterprise Institute for Public Policy Research Washington, DC \$20,000	<i>Background papers on child health for federal executive appointees (for 1 year). ID#15387</i>
Association of American Indian Physicians, Inc. Oklahoma City, OK \$20,153	<i>Biomedical career symposium for Native Americans (for 3 months). ID#14902</i>



Chicago Theological Seminary Chicago, IL \$29,700	<i>Promoting preventive health care among Chicago-area black churches (for 1 year). ID#13056</i>
Clinical Nurse Scholars Program	<i>Postdoctoral fellowships of advanced in-hospital clinical practice and research (for 2 years). ID#7514</i>
University of California, San Francisco, School of Nursing San Francisco, CA \$764,970	University of Rochester, School of Nursing Rochester, NY \$693,190
The University of Pennsylvania, School of Nursing Philadelphia, PA \$723,803	
Clinical Scholars Program	<i>Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for the periods indicated). ID#5109</i>
University of California, Los Angeles, School of Medicine Los Angeles, CA (3 years) \$1,415,127	Stanford University, School of Medicine Stanford, CA (3 years) \$595,438
University of California, San Francisco, School of Medicine San Francisco, CA (3 years) \$561,400	University of Washington, School of Medicine Seattle, WA (3 years) \$1,118,896
University of North Carolina at Chapel Hill, School of Medicine Chapel Hill, NC (3 years) \$1,176,812	Yale University, School of Medicine New Haven, CT (3 years) \$1,277,950
The University of Pennsylvania, School of Medicine Philadelphia, PA (37 months) \$1,228,873	
Faculty Fellowships in Health Care Finance	<i>Program of study and field experience in health care finance for university faculty from related specialties (for 1 year). ID#8584</i>
University of California, Los Angeles, School of Nursing Los Angeles, CA \$52,500	University of Puerto Rico, School of Public Health San Juan, PR \$40,500
Cornell University Ithaca, NY \$52,500	Seton Hall University South Orange, NJ \$52,500
Medical University of South Carolina Charleston, SC \$49,558	Wright State University Dayton, OH \$51,660
The Foundation for Exceptional Children Reston, VA \$49,803	<i>Model program to assist handicapped youth using corporate volunteers (for 1 year). ID#15772</i>
Fund for Aging Services New York, NY \$79,051	<i>Assessment and dissemination of the Eldercare assistance model (for 1 year). ID#14829</i>

Fund for the City of New York New York, NY \$100,000	<i>New York-New Jersey citizens commission on AIDS (for 2 years). ID#14868</i>
George Washington University Washington, DC \$15,267 and \$33,599 and \$34,008 and \$450,000 and \$49,945	<i>Analysis of uninsured population (for 3 months). ID#15418</i> <i>Conference on RWJF long-term care initiative (for 5 months). ID#14739</i> <i>Conference on measuring health care effectiveness (for 8 months). ID#15527</i> <i>Support for the National Health Policy Forum (for 2 years). ID#15206</i> <i>Workshop for federal health policymakers on RWJF-funded AIDS projects (for 5 months). ID#15761</i>
Georgetown University, School of Medicine Washington, DC \$49,084	<i>Study of the feasibility of private sector technology assessment (for 6 months). ID#15148</i>
Greater New York Hospital Foundation, Inc. New York, NY \$811,223	<i>Implementation of educational programs to advance nurse aides and LPNs (for 32 months). ID#14368</i>
Harvard Medical School Boston, MA \$37,115 and \$8,328 and \$614,180	<i>Conference on epidemiologic research in mental health (for 6 months). ID#14808</i> <i>Symposium on the education of physician-scientists (for 1 month). ID#13740</i> <i>Technical assistance and direction for the Minority Medical Faculty Development Program (for 2 years). ID#14959</i>
Health Policy Fellowships Program	<i>One-year fellowships with federal government in Washington, D.C., for faculty from academic health science centers (for 1 year). ID#4888</i>
University of Alabama at Birmingham, School of Optometry Birmingham, AL \$51,330	University of Nevada, School of Medicine Reno, NV \$46,480
University of Chicago, The Pritzker School of Medicine Chicago, IL \$52,160	New York City Health and Hospitals Corporation— Kings County Hospital Brooklyn, NY \$50,184
Marshall University School of Medicine Huntington, WV \$49,200	The University of Texas Medical Branch at Galveston Galveston, TX \$48,862
The J.M. Foundation New York, NY \$5,000	<i>Forum for grantmakers on people with disabilities (for 8 months). ID#15045</i>
The Johns Hopkins University, School of Hygiene and Public Health Baltimore, MD \$302,534	<i>Technical assistance and direction for the Faculty Fellowships in Health Care Finance Program (for 1 year). ID#13467</i>

Lutheran Social Services of Wisconsin and Upper Michigan Eau Claire, WI \$50,000	<i>Training volunteers for substance abuse prevention and referral program (for 2 years). ID#14099</i>
The Media-Advertising Partnership for a Drug-Free America, Inc. New York, NY \$3,000,000	<i>National media drug abuse prevention program (for 3 years). ID#16072</i>
Minority Medical Faculty Development Program	<i>Four-year program to provide two-year, biomedical, postdoctoral research fellowships (for the periods indicated). ID#7854</i>
Albert Einstein College of Medicine of Yeshiva University New York, NY (2 years) \$146,526	Duke University Medical Center Durham, NC (2 years) \$177,200
Beth Israel Hospital Association Boston, MA (2 years) \$144,819	Emory University, School of Medicine Atlanta, GA (2 years) \$137,932
Boston University, School of Medicine Boston, MA (2 years) \$157,625	The General Hospital Corporation—Massachusetts General Hospital Boston, MA (1.5 years) \$26,296
Brigham and Women's Hospital, Inc. Boston, MA (42 months) \$433,434	Harvard Medical School Boston, MA (2 years) \$146,526
University of California, Los Angeles, School of Medicine Los Angeles, CA (2 years) \$142,846	Jewish Hospital of St. Louis St. Louis, MO (2 years) \$136,350
University of California, San Diego, School of Medicine La Jolla, CA (39 months) \$152,895	Massachusetts General Hospital Boston, MA (3 years) \$120,000
University of California, San Francisco, School of Medicine San Francisco, CA (30 months) \$328,896	University of Michigan, Mental Health Research Institute Ann Arbor, MI (2 years) \$152,500
University of Colorado Health Sciences Center Denver, CO (42 months) \$288,850	New England Medical Center Hospitals, Inc. Boston, MA (30 months) \$170,226
University of Colorado Health Sciences Center, School of Medicine Denver, CO (30 months) \$165,665	The University of Pennsylvania, School of Medicine Philadelphia, PA (42 months) \$300,873

Sloan-Kettering Institute for Cancer Research New York, NY (6 months) \$8,175	University of Virginia, School of Medicine Charlottesville, VA (2 years) \$152,500
Stanford University, School of Medicine Stanford, CA (2 years) \$163,217	Washington University, School of Medicine Saint Louis, MO (3 years) \$440,423
Veterans Administration Medical Center in Martinez, CA Martinez, CA (2 years) \$152,500	Yale University, School of Medicine New Haven, CT (2 years) \$136,274
National Academy of Sciences— Institute of Medicine Washington, DC \$275,000	<i>Technical assistance for the Health Policy Fellowships Program (for 1 year). ID#13786</i>
National Coalition of Hispanic Health and Human Services Organizations Washington, DC \$19,991	<i>Reprinting of English-Spanish AIDS guide (for 6 months). ID#15422</i>
National Conference of State Legislatures Denver, CO \$44,535	<i>Program to educate state legislatures on child mental health issues (for 1 year). ID#14499</i>
National Institute for Dispute Resolution, Inc. Washington, DC \$48,000	<i>Demonstration project to strengthen the long-term care ombudsman programs (for 2 years). ID#15038</i>
National Public Radio, Inc. Washington, DC \$413,301	<i>Reporting of topics in health care policy (for 2 years). ID#12782</i>
New York University New York, NY \$40,874	<i>Impact of government policies on rural hospitals (for 13 months). ID#13926</i>
University of North Carolina at Chapel Hill, Health Services Research Center Chapel Hill, NC \$173,840	<i>Technical assistance and direction for the Dental Services Research Scholars Program (for 1 year). ID#13787</i>
University of Oklahoma Health Sciences Center Oklahoma City, OK \$189,277	<i>Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#14065</i>
The Panos Institute Alexandria, VA \$15,587	<i>Minority church role in AIDS conference (for 6 months). ID#15306</i>

The People-to-People Health Foundation, Inc. Chevy Chase, MD \$71,463	<i>Support of a section on private philanthropy in "Health Affairs" (for 3 years). ID#15214</i>
The University of Texas Medical School at San Antonio San Antonio, TX \$19,987	<i>Policy workshop on Hispanic-Americans (for 9 months). ID#15111</i>
University of Medicine and Dentistry of New Jersey Newark, NJ \$180,000	<i>Program to prepare minority students for careers in medicine and dentistry (for 3 years). ID#10357</i>
Vanderbilt University, School of Medicine Nashville, TN \$724,070	<i>Technical assistance and direction for the Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 2 years). ID#14965</i>
WGBH Educational Foundation Boston, MA \$1,739,862	<i>Support for PBS "AIDS Quarterly" series (for 1 year). ID#15748</i>
University of Washington, School of Nursing Seattle, WA \$157,805	<i>Technical assistance and direction for the Clinical Nurse Scholars Program (for 1 year). ID#14070</i>

Total 1989 grants	\$98,150,073
Refunds of prior years' grants net of transfers	(509,586)
Cancellations of prior years' grants net of transfers	(4,191,047)
Transfer of grants	
Balance unspent by original grantees	(482,310)
Transferred to new grantees	482,310
Grants net for 1989	<u>\$93,449,440</u>

For Further Information

A brief, descriptive *Program Summary* is available without charge for most of the Foundation's 1989 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 1989 grants is available from the above listing. Address requests to:

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

Also available without charge from the same address are non-periodic publications that describe the progress and outcomes of some of the programs assisted by the Foundation. Titles issued in 1989:

Interfaith Volunteer Caregivers: A Special Report
Making Connections: Adolescents
The Healthy Children Program: A Special Report

44 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

Adams, C. *American Nurse-Midwifery: 1987*. Washington, D.C.: American College of Nurse-Midwives, 1989.

Foley, K.M. and R. Payne. *Current Therapy of Pain*. Toronto, Canada: B.C. Decker Company, Inc., 1989.

Jaynes, G.D. and R.M. Williams, Jr. (eds.). *A Common Destiny: Blacks and American Society*. Washington, D.C.: National Academy Press, 1989.

Mezey, M.D., J.E. Lynaugh and M.M. Cartier (eds.). *Nursing Homes and Nursing Care: Lessons from the Teaching Nursing Homes*. New York: Springer Publishing Company, 1989.

Wright, J.D. *Address Unknown: The Homeless in America*. Hawthorne, New York: Aldine de Gruyter, 1989.

BOOK CHAPTERS

Culbert, A. "Early Acceptance and Institutional Linkages in a Model Program of Recruitment, Retention, and Timely Graduation from Medical School." *Black Student Retention in Higher Education*. Edited by C.A. Ford and M. Lang. Springfield, Illinois: Charles C. Thomas, 1988.

Curran, J.J. and D.A. Albert. "Polymyalgia Rheumatica and Giant Cell Arteritis." *Conn's Current Therapy*. Edited by R.E. Rakel. Philadelphia: W.B. Saunders Company, 1989.

Dunham, N.C., et al. "Measuring the Impact of an HMO-Based Health Plan for Indigent Adults on Utilization, Access and Satisfaction." *Advances in Health Economics and Health Research: Vol. 10 of Risk-Based Payments Under Public Programs*. Edited by R.M. Scheffler and L.F. Rossiter. Greenwich, Connecticut: Jai Press, 1989.

Garber, A.M. "Long-Term Care, Wealth, and the Health of the Disabled Elderly Living in the Community." *The Economics of Aging*. Edited by D.A. Wise. Chicago: University of Chicago Press, 1989.

Gortmaker, S.L., et al. "Reducing Infant Mortality in Rural America: Evaluation of the Rural Infant Care Program." *Methodological Advances in Health Services Research*. Edited by G.H. DeFries, T.C. Richetts and J.S. Stein. Ann Arbor, Michigan: Health Administration Press, 1989.

Guzy, P.M. and N. Goldschlager. "Considerations in the Selection of Cardiac Pacing Systems." *Electrical Therapy of Cardiac Arrhythmias*. Edited by S. Saksena and N. Goldschlager. Philadelphia: W.B. Saunders Company, 1989.

Karen, R.A., R.L. Kane and L.Z. Rubenstein. "Comprehensive Assessment of the Elderly Patient." *Health Care of the Elderly*. Edited by M.D. Peterson and D.L. White. Newberry Park, California: Sage Publications, 1989.

Payne, R. "Cancer Pain Mechanisms and Etiology." *Cancer Pain*. Edited by S.E. Abram. Boston: Kluwer Academic Publishers, 1988.

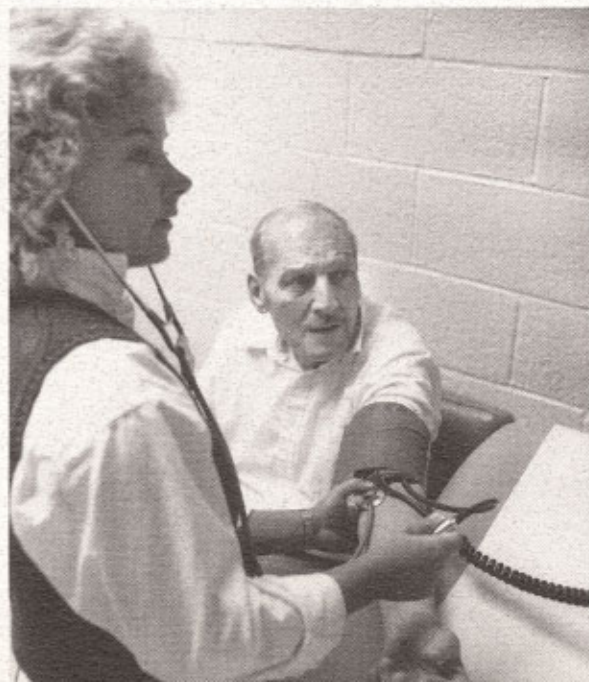
Rumbaut, R.G., et al. "The Politics of Migrant Health Care: A Comparative Study of Mexican Immigrants and Indochinese Refugees." *Research in the Sociology of Health Care*, vol. 7. Edited by D.C. Wertz. Greenwich, Connecticut: Jai Press, 1988.

Shapiro, M.F. and E.B. Larson. "Principles of Medical Therapeutics." *Medical Therapeutics: A Pocket Companion*. Edited by E.B. Larson and P.G. Ramsey. Philadelphia: W.B. Saunders Company, 1989.

Sudman, S. and H.E. Freeman. "Access to Health Care Services in the USA: Results and Methods." *Health and Illness in America and Germany: Comparative Sociology of Health Conduct and Public Policy*. Munich, West Germany: R. Oldenbourg Verlag, 1989.

Von Behren, R. "Research as a Planning and Management Tool." *Planning and Managing Adult Day Care: Pathways to Success*. Edited by L.C. Webb. Owings Mills, Maryland: National Health Publishing, 1989.

Wexler, N.S. "The Oracle of DNA." *Molecular Genetics in Diseases of Brain, Nerve, and Muscle*. Edited by L.P. Rowland. New York: Oxford University Press, 1989.



JOURNAL ARTICLES

- Ales, K.L., M.E. Norton and M.L. Druzin. "Early Prediction of Antepartum Hypertension." *Obstetrics and Gynecology*, 73:928-933, June, 1989.
- Andrulis, D.P., V.B. Weslowski and L.S. Gage. "The 1987 U.S. Hospital AIDS Survey." *JAMA*, 262:784-794, August 11, 1989.
- Applegate, W.B. "Hypertension in Elderly Patients." *Annals of Internal Medicine*, 110:901-915, June 1, 1989.
- Beardsley, R.S., et al. "Health Services Research in Nursing Homes: A Systematic Review of Three Clinical Geriatric Journals." *Journal of Gerontology*, 44:M30-M35, January, 1989.
- Bennett, C.L., et al. "The Relation Between Hospital Experience and In-Hospital Mortality for Patients with AIDS-Related PCP." *JAMA*, 261:2975-2979, May 26, 1989.
- Berwick, D.M., S. Budman and M. Feldstein. "No Clinical Effect of Back Schools in an HMO: A Randomized Prospective Trial." *Spine*, 14:338-344, March, 1989.
- Borgiel, A.M., et al. "Quality of Care in Family Practice: Does Residency Training Make a Difference?" *Canadian Medical Association Journal*, 140:1035-1043, May 1, 1989.
- Boyko, E.J., et al. "Coffee and Alcohol Use and the Risk of Ulcerative Colitis." *American Journal of Gastroenterology*, 84:530-534, May, 1989.
- Brody, D.S., et al. "The Relationship Between Patients' Satisfaction with Their Physicians and Perceptions About Interventions They Desired and Received." *Medical Care*, 27:1027-1035, November, 1989.
- Brown, F.W. and G.R. Smith, Jr. "Birth Order of Patients with DSM-III-R Somatization Disorder." *American Journal of Psychiatry*, 146:1193-1196, September, 1989.
- Califf, R.M., et al. "The Evolution of Medical and Surgical Therapy for Coronary Artery Disease: A 15-Year Perspective." *JAMA*, 261:2077-2086, April 14, 1989.
- Chan, C.K., et al. "The Value and Hazards of Standardization in Clinical Epidemiologic Research." *Journal of Clinical Epidemiology*, 41(11):1125-1134, 1988.
- Charlson, M.E., et al. "The Post-Operative Electrocardiogram and Creatine Kinase: Implications for Diagnosis of Myocardial Infarction After Non-Cardiac Surgery." *Journal of Clinical Epidemiology*, 42(1):25-34, 1989.
- Chassin, M.R., et al. "Differences Among Hospitals in Medicare Patient Mortality." *Health Services Research*, 24:1-31, April, 1989.
- Cohen, M.A., et al. "Attitudes Toward Joining Continuing Care Retirement Communities." *Gerontologist*, 28:637-643, October, 1988.
- Coughlin, T.A. and K. Liu. "Health Care Costs of Older Persons with Cognitive Impairments." *Gerontologist*, 29:173-182, April, 1989.
- Davidson, C.J., et al. "Cardiovascular and Renal Toxicity of a Nonionic Radiographic Contrast Agent After Cardiac Catheterization: A Prospective Trial." *Annals of Internal Medicine*, 110:119-124, January 15, 1989.
- Denardo, S.J., R.K. Oye and P.E. Bellamy. "Efficacy of Intensive Care for Bone Marrow Transplant Patients with Respiratory Failure." *Critical Care Medicine*, 17:4-6, January, 1989.
- Drapuc, K., et al. "Can Family Members of High-Risk Cardiac Patients Learn Cardiopulmonary Resuscitation?" *Archives of Internal Medicine*, 149:61-64, January, 1989.
- Earls, F., et al. "Comprehensive Health Care for High-Risk Adolescents: An Evaluation Study." *American Journal of Public Health*, 79:999-1005, August, 1989.
- Enthoven, A. and R. Kronick. "A Consumer-Choice Health Plan for the 1990s: Universal Health Insurance in a System Designed to Promote Quality and Economy" (second of two parts). *New England Journal of Medicine*, 320:94-101, January 12, 1989.
- Feinstein, A.R. "Epidemiologic Analyses of Causation: The Unlearned Scientific Lessons of Randomized Trials." *Journal of Clinical Epidemiology*, 42(6): 481-489, 1989.
- Felson, D.T., et al. "Impaired Vision and Hip Fracture: The Framingham Study." *Journal of the American Geriatrics Society*, 37:495-500, June, 1989.
- Forrow, L. and R.M. Arnold. "Abstracting Nonquantitative Data" (letter to the editor). *Journal of General Internal Medicine*, 4:267, May/June, 1989.
- Forsyth, B.W., et al. "New Epidemiologic Evidence Suggesting that Bias Does Not Explain the Aspirin/Reye's Syndrome Association." *JAMA*, 261:2517-2524, May 5, 1989.
- Frankl, D., R.K. Oye and P.E. Bellamy. "Attitudes of Hospitalized Patients Toward Life Support: A Survey of 200 Medical Inpatients." *American Journal of Medicine*, 86:645-648, June (Part 1 of 2 volumes), 1989.
- Gelberg, L. and L.S. Linn. "Psychological Distress Among Homeless Adults." *Journal of Nervous and Mental Disease*, 177:291-295, May, 1989.
- Gorczyca, A.M., J.E. Jones and C.W. Douglass. "Orthodontic Treatment Provided by General Practitioners and Pedodontists in Massachusetts." *Journal of Clinical Orthodontics*, 23:346-352, May, 1989.

- Grim, P.S., et al. "Informed Consent in Emergency Research: Prehospital Thrombolytic Therapy for Acute Myocardial Infarction." *JAMA*, 262:252-255, July 14, 1989.
- Gulick, E.E. "Model Confirmation of the MS-Related Symptom Checklist." *Nursing Research*, 38:147-153, May/June, 1989.
- Hadley, J. and K. Swartz. "The Impacts on Hospital Costs Between 1980 and 1984 of Hospital Rate Regulation, Competition, and Changes in Health Insurance Coverage." *Inquiry*, 26:35-47, Spring, 1989.
- Hartman, S.E. and D.B. Mukamel. "How Might a Low-Cost Hospital System Look? Lessons from the Rochester Experience." *Medical Care*, 27:234-243, March, 1989.
- Henderson, M., A. Bergman and J.M. Burns. "A Guide to Setting Up a Case Management Program." *Business and Health*, 7:26-30, March, 1989.
- Henrich, J.B. and R.I. Horwitz. "Evidence Against the Association Between Alcohol Use and Ischemic Stroke Risk." *Archives of Internal Medicine*, 149:1413-1416, June, 1989.
- Hereford, R.W. "Developing Nontraditional Home-Based Services for the Elderly." *Quality Review Bulletin*, 15:92-97, March, 1989.
- Hiatt, H.H., et al. "A Study of Medical Injury and Medical Malpractice: An Overview." *New England Journal of Medicine*, 321:480-484, August 17, 1989.
- Hilborne, L.H., et al. "Evaluation of Stat and Routine Turnaround Times as a Component of Laboratory Quality." *American Journal of Clinical Pathology*, 91:331-335, March, 1989.
- _____. "How Medicine Policy Affects Local Health, Social Services." *Perspective on Aging*, 18:10-11, July/August, 1989.
- Howell, J.D. and C.G. McLaughlin. "Regional Variation in 1917 Health Care Expenditures." *Medical Care*, 27:772-788, August, 1989.
- Hughes, J.W. and E.A. Snyder. "Evaluating Medical Malpractice Reforms." *Contemporary Policy Issues*, 7:83-98, April, 1989.
- Johnson, J. and D. Lauver. "Alternative Explanations of Coping with Stressful Experiences Associated with Physical Illness." *Advances in Nursing Science*, 11:39-52, January, 1989.
- Johnson-Russell, J. and M.G. Anema. "Physical Assessment Skills: A New Dimension to Traditional School Nursing." *School Nurse*, 5:14-22, January/February, 1989.
- Jones, J.E. and G.C. Preusz. "Evaluating Dental Faculty Performance: Perceptions of Dental School Deans." *Psychological Reports*, 62:647-651, April, 1989.
- Justice, A.C., A.R. Feinstein and C.K. Wells. "A New Prognostic Staging System for the Acquired Immunodeficiency Syndrome." *New England Journal of Medicine*, 320:1388-1393, May 25, 1989.
- Kane, R.L., et al. "Effects of a Geriatric Nurse Practitioner on Process and Outcome of Nursing Home Care." *American Journal of Public Health*, 79:1271-1277, September, 1989.
- Kapp, M.B. "Enforcing Patient Preferences: Linking Payment for Medical Care to Informed Consent." *JAMA*, 261:1935-1938, April 7, 1989.
- Kemper, K., B. Forsyth and P. McCarthy. "Jaundice, Terminating Breast-Feeding, and the Vulnerable Child." *Pediatrics*, 84:773-778, November, 1989.
- Kinnison, M.L., N.R. Powe and E.P. Steinberg. "Results of Randomized Controlled Trials of Low- versus High-Osmolality Contrast Media." *Radiology*, 170:381-389, February, 1989.
- Kravitz, R.L., et al. "Risk Factors Associated with Participation in the Ontario, Canada Doctors' Strike." *American Journal of Public Health*, 79:1227-1233, September, 1989.
- Lavizzo-Mourey, R. "Special Skills for the Clinical Management of the Older Patient." *Geriatrics*, 43:3-10, December (supplement), 1988.
- Leape, L.L., et al. "Relation Between Surgeons' Practice Volumes and Geographic Variation in the Rate of Carotid Endarterectomy." *New England Journal of Medicine*, 321:653-657, September 7, 1989.
- Leider, H., R. Zigelman and F. Burg. "Using an Organizational Development Strategy to Improve Residency Training." *Academic Medicine*, 64:415-416, July, 1989.
- Lewis, M. and M. Bendersky. "Cognitive and Motor Differences Among Low Birth Weight Infants: The Impact of Intraventricular Hemorrhage, Medical Risk, and Social Class." *Pediatrics*, 83:187-192, February, 1989.
- Lurie, N., et al. "How Free Care Improved Vision in the Health Insurance Experiment." *American Journal of Public Health*, 79:640-642, May, 1989.
- Mathews, W.C. and L.S. Linn. "AIDS Prevention in Primary Care Clinics: Testing the Market." *Journal of General Internal Medicine*, 4:34-38, January/February, 1989.
- Matthews, D.A. and A.R. Feinstein. "A New Instrument for Patients' Ratings of Physician Performance in the Hospital Setting." *Journal of General Internal Medicine*, 4:14-22, January/February, 1989.
- McCormick, M.C. "Long-term Follow-up of Infants Discharged from Neonatal Intensive Care Units." *JAMA*, 261:1767-1772, March 24/31, 1989.
- McLaughlin, C.G., W.K. Zellers and L.D. Brown. "Health Care Coalitions: Characteristics, Activities, and Prospects." *Inquiry*, 26:72-83, Spring, 1989.
- Meiners, M.R. "Reforming Long-Term Care Financing Through Insurance." *Health Care Financing Review*, Annual Supplement: 109-112, 1988.

Melnick, G.A., J. Mann and I. Golan. "Uncompensated Emergency Care in Hospital Markets in Los Angeles County." *American Journal of Public Health*, 79:514-516, April, 1989.

Miller, H.C. and J.F. Jekel. "Malnutrition and Growth Retardation in Newborn Infants." *Pediatrics*, 83:443-444, March, 1989.

Moloney, T.W. and B. Paul. "A New Financial Framework: Lessons from Canada." *Health Affairs*, 8:149-159, Summer, 1989.

Moreno, C.A. "Utilization of Medical Services by Single-Parent and Two-Parent Families." *Journal of Family Practice*, 28:194-199, February, 1989.

Olds, D.L., et al. "Improving the Life-Course Development of Socially Disadvantaged Mothers: A Randomized Trial of Nurse Home Visitation." *American Journal of Public Health*, 78:1436-1445, November, 1988.

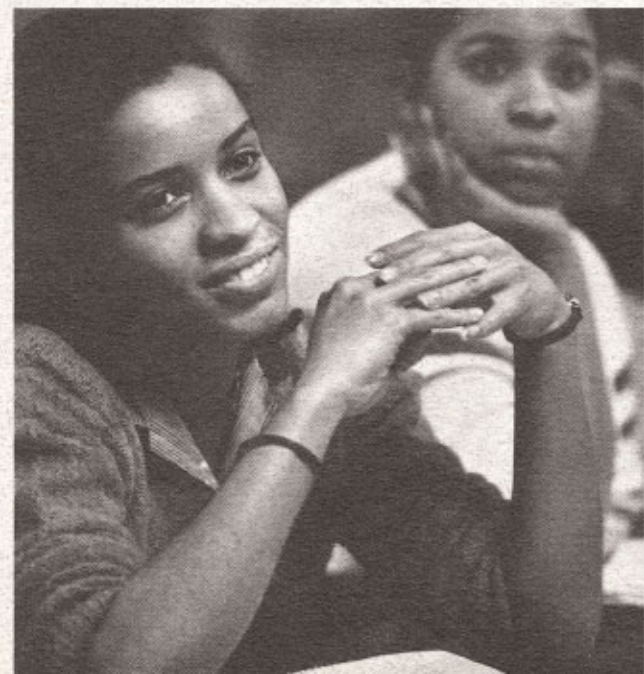
Orkin, F.K. "Practice Standards: The Midas Touch or the Emperor's New Clothes?" *Anesthesiology*, 70:567-571, April, 1989.

Park, R.E., et al. "Physician Ratings of Appropriate Indications for Three Procedures: Theoretical Indications vs. Indications Used in Practice." *American Journal of Public Health*, 79:445-447, April, 1989.

Parkerson, G.R., et al. "The Effect of a Telephone Family Assessment Intervention on the Functional Health of Patients with Elevated Family Stress." *Medical Care*, 27:680-693, July, 1989.

Perrin, J.M., et al. "Variations in Rates of Hospitalization of Children in Three Urban Communities." *New England Journal of Medicine*, 320:1183-1187, May 4, 1989.

Pincus, T., J.M. Mitchell and R.V. Burkhauser. "Substantial Work Disability and Earnings Losses in Individuals Less Than Age 65 with Osteoarthritis: Comparisons with Rheumatoid Arthritis." *Journal of Clinical Epidemiology*, 42(5):449-457, 1989.



Pollock, S. "The Hardiness Characteristic: A Motivating Factor in Adaptation." *Advances in Nursing Science*, 11:53-62, January, 1989.

Psaty, B.M., et al. "Beta-Blockers and Primary Prevention of Coronary Heart Disease in Patients with High Blood Pressure." *JAMA*, 261:2087-2094, April 14, 1989.

Rivara, F.P., N. Calonge and R.S. Thompson. "Population-Based Study of Unintentional Injury Incidence and Impact During Childhood." *American Journal of Public Health*, 79:990-994, August, 1989.

Rosado, J.A., et al. "The Value of Holter Monitoring in Evaluating the Elderly Patient Who Falls." *Journal of the American Geriatrics Society*, 37:430-434, May, 1989.

Rosenberg, D. and S. Cretin. "Use of Meta-Analysis to Evaluate Tolonium Chloride in Oral Cancer Screening." *Oral Surgery, Oral Medicine, Oral Pathology*, 67:621-627, May, 1989.

Rossi, P.H. and J.D. Wright. "The Urban Homeless: A Portrait of Urban Dislocation." *Annals of the American Academy of Political and Social Science*, 501:132-142, January, 1989.

Rubenstein, L.V., et al. "Health Status Assessment for Elderly Patients: Report of the Society of General Internal Medicine Task Force on Health Assessment." *Journal of the American Geriatrics Society*, 37:562-569, June, 1989.

Rubin, R.M., J.M. Wiener and M.R. Meiners. "Private Long-Term Care Insurance: Simulations of a Potential Market." *Medical Care*, 27:182-193, February, 1989.

Sawyer, J.A., et al. "Accuracy of Women's Self-Report of Their Last Pap Smear." *American Journal of Public Health*, 79:1036-1037, August, 1989.

Schlesinger, M., P.D. Cleary and D. Blumenthal. "The Ownership of Health Facilities and Clinical Decisionmaking: The Case of the ESRD Industry." *Medical Care*, 27:244-258, March, 1989.

Schwartz, W.B. and D.N. Mendelson. "Physicians Who Have Lost Their Malpractice Insurance: Their Demographic Characteristics and the Surplus-Lines Companies That Insure Them." *JAMA*, 262:1335-1341, September 8, 1989.

Schwartz, W.B., F.A. Sloan and D.N. Mendelson. "Debating the Supply of Physicians: The Authors Respond." *Health Affairs*, 8:91-95, Summer, 1989.

Slap, G.B., et al. "Risk Factors for Attempted Suicide During Adolescence." *Pediatrics*, 84:762-772, November, 1989.

Smith, B.B. "A Model for Utah." *Perspective on Aging*, 18:20-21, July/August, 1989.

Strayhorn, G. and H. Frierson. "Assessing Correlations Between Black and White Students' Perceptions of the Medical School Learning Environment, Their Academic Performances, and Their Well-Being." *Academic Medicine*, 64:468-473, August, 1989.

Tell, E.J., et al. "Life Care at Home: An Innovative Long Term Care Finance and Delivery Program." *Pride Institute Journal of Long Term Home Health Care*, 8:37-43, Winter, 1989.

Tinetti, M.E., M. Speechley and S.F. Ginter. "Risk Factors for Falls Among Elderly Persons Living in the Community." *New England Journal of Medicine*, 319:1701-1707, December 29, 1988.

Tomblin, J.B., C.M. Shonrock and J.C. Hardy. "The Concurrent Validity of the Minnesota Child Development Inventory as a Measure of Young Children's Language Development." *Journal of Speech and Hearing Disorders*, 54:101-105, February, 1989.

Turner, B.J., S.C. Day and B. Borenstein. "A Controlled Trial to Improve Delivery of Preventive Care: Physician or Patient Reminders?" *Journal of General Internal Medicine*, 4:403-409, September/October, 1989.

Uhlmann, R.F., et al. "Impact of Mild to Moderate Hearing Loss on Mental Status Testing: Comparability of Standard and Written Mini-Mental State Examinations." *Journal of the American Geriatrics Society*, 37:223-228, March, 1989.

Wachter, R.M., et al. "Decisions about Resuscitation: Inequities Among Patients with Different Diseases but Similar Prognoses." *Annals of Internal Medicine*, 111:525-532, September 15, 1989.

Wall, E.M., et al. "The Relationship Between Assessed Obstetric Risk and Maternal-Perinatal Outcome." *Journal of Family Practice*, 28:35-40, January, 1989.

Watts, V.G., C.T. Harris and W. Pearson. "Course Selections and Career Plans of Black Participants in a Summer Intervention Program for Minority Students." *Academic Medicine*, 64: 166-167, March, 1989.

Wells, K.B., et al. "The Functioning and Well-being of Depressed Patients: Results from the Medical Outcomes Study." *JAMA*, 262:914-919, August 18, 1989.

Wickizer, T.M., J.R.C. Wheeler and P.J. Feldstein. "Does Utilization Review Reduce Unnecessary Hospital Care and Contain Costs?" *Medical Care*, 27:632-647, June, 1989.

Wiener, J.M. and R.M. Rubin. "The Potential Impact of Private Long-Term Care Financing Options on Medicaid: The Next Thirty Years." *Journal of Health Politics, Policy and Law*, 14:327-340, Summer, 1989.

Williams, R. and W.T. Boyce. "Protein Malnutrition in Elderly Navajo Patients." *Journal of the American Geriatrics Society*, 37:397-406, May, 1989.

Willke, R.J. and P.S. Cotter. "Young Physicians and Changes in Medical Practice Characteristics Between 1975 and 1987." *Inquiry*, 26:84-99, Spring, 1989.

Worobey, J. and M. Lewis. "Individual Differences in the Reactivity of Young Infants." *Developmental Psychology*, 25: 663-667, July, 1989.

York, R., et al. "Characteristics of Premenstrual Syndrome." *Obstetrics and Gynecology*, 73:601-605, April, 1989.

REPORTS

A Bold Step: The South Acts to Reduce Infant Mortality. Washington, D.C.: Southern Regional Project on Infant Mortality, 1989.

Crisler, K., et al. *Preliminary Report of Home Health Quality Indicator Development.* Denver: Center for Health Services Research, 1988.

Hanley, R., et al. *Predicting Elderly Nursing Home Admissions: Results from the 1982-84 National Long-Term Care Survey.* Washington, D.C.: Brookings Institution, 1989.

Jackson, S. *Protocol of Activities for Area Perinatal Coordinators: Oklahoma Healthy Futures Project.* Oklahoma City, Oklahoma: Oklahoma State Department of Health; Maternal, Child Health Services, 1989.

Minority Students in Medical Education: Facts and Figures V. Washington, D.C.: Association of American Medical Colleges, 1989.

Shaughnessy, P., A. Kramer and D. Hittle. *The Teaching Nursing Home Experiment: Its Effects and Implications.* Denver: Center for Health Services Research, 1988.

State Housing Policy and the Chronically Mentally Ill (State Policy Reports). Washington, D.C.: National Governors' Association, 1989.

Swartz, K. *The Medically Uninsured: Special Focus on Workers.* Washington, D.C.: Urban Institute, 1989.



Financial Statements

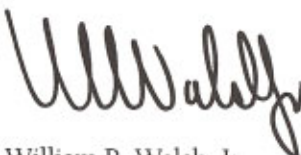
The annual financial statements for the Foundation for 1989 appear on pages 50 through 52. A listing of grants authorized in 1989 begins on page 21.

Grants authorized in 1989, net of cancellations and refunds of prior years' grants, totaled \$93,449,000. Program development, evaluation, administrative and investment expenses for the year came to \$14,032,000; and federal excise tax on income amounted to \$1,055,000, making a grand total of grant authorizations and expenditures of \$108,536,000. This total was \$1,543,000 more than gross investment income of \$106,993,000. In 1988, total grant authorizations and expenditures were \$15,460,000 more than gross revenue.

The amounts required to be paid out for 1989 and 1988 were approximately \$115,450,000 and \$102,260,000, respectively. The excess of the payout requirement over grant authorizations and expenditures has been covered

by other qualifying distributions (program related investments and building and equipment additions) and excess distribution carryforwards from prior years.

A list of investment securities held at December 31, 1989, 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

Report of Independent Certified Public Accountants

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, 1989 and 1988 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, 1989 and 1988 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 accounting from the modified cash basis to the accrual basis and adopted SFAS No. 96.



Princeton, New Jersey
January 19, 1990

Statement of Assets, Liabilities and Foundation Principal

at December 31, 1989 and 1988
(Dollars in Thousands)

	1989	1988
ASSETS		
Cash	\$ 2	\$ 2
Interest and dividends receivable	11,946	-0-
Investments at market value (Notes 2 and 3):		
Johnson & Johnson common stock	1,607,952	1,222,421
Other equity investments	167,960	128,078
Fixed income investments	799,519	693,625
Program related investments	8,974	4,089
Land, building, furniture and equipment at cost, net of depreciation (Note 1)	11,994	6,319
	<u>\$2,608,347</u>	<u>\$2,054,534</u>
LIABILITIES AND FOUNDATION PRINCIPAL		
Liabilities:		
Accounts payable	\$ 166	\$ -0-
Unpaid grants (Note 1)	141,430	133,042
Federal excise tax payable	635	2
Deferred federal excise tax	27,418	9,273
Total liabilities	169,649	142,317
Foundation principal	2,438,698	1,912,217
	<u>\$2,608,347</u>	<u>\$2,054,534</u>

See notes to financial statements.

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

for the years ended December 31, 1989 and 1988
(Dollars in Thousands)

	1989	1988
Investment income:		
Dividends	\$ 35,064	\$ 31,467
Interest	<u>71,929</u>	<u>62,654</u>
	106,993	94,121
Less: Federal excise tax	1,055	928
Investment expense	<u>1,451</u>	<u>1,269</u>
	104,487	91,924
Expenses:		
Program development and evaluation	8,515	6,919
General administration	<u>4,066</u>	<u>3,481</u>
	<u>12,581</u>	<u>10,400</u>
Income available for grants	91,906	81,524
Grants, net of refunds and cancellations	<u>93,449</u>	<u>96,984</u>
Excess of grants and expenses over income	<u>(1,543)</u>	<u>(15,460)</u>
Adjustments to Foundation principal net of related federal excise tax:		
Capital gains on sale of securities (Note 3)	109,224	84,222
Unrealized appreciation on investments	407,491	67,285
Cumulative effect of changes in accounting principles (Note 2)	<u>11,309</u>	<u>1,000,166</u>
	<u>528,024</u>	<u>1,151,673</u>
Net increase in Foundation principal	526,481	1,136,213
Foundation principal, beginning of year	<u>1,912,217</u>	<u>776,004</u>
Foundation principal, end of year	<u>\$2,438,698</u>	<u>\$1,912,217</u>

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, 1989 unpaid grants are as follows:

Year Grant Authorized	Amount Unpaid At December 31, 1989 (Dollars in Thousands)
1985	\$ 685
1986	4,094
1987	15,045
1988	52,506
1989	<u>69,100</u>
	<u>\$141,430</u>

Depreciation of \$530,950 in 1989 and \$431,283 in 1988 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 and interest and dividend income being reported for financial statement purposes in different periods than for tax purposes.

(Continued)

2. *Change in Accounting:* During 1989, the Foundation changed its method of accounting to the accrual basis from the modified cash basis. The cumulative effect of the accounting change for years prior to 1989 amounted to \$11,309,000, net of deferred federal excise tax of \$211,000. As a result of the adoption of SFAS No. 96, deferred taxes previously provided at 1% are now provided at the statutory rate of 2%.

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.

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

	1989		1988	
	Cost	Market Value	Cost	Market Value
Johnson & Johnson Common Stock 27,081,300 shares in 1989 and 28,720,600 shares in 1988	\$ 129,388	\$1,607,952	\$137,221	\$1,222,421
Other equity investments:				
Internally managed including temporary cash and U.S. Government instruments of \$60,023 and \$33,282 in 1989 and 1988, respectively	100,645	115,607	84,006	84,380
Externally managed	50,439	52,353	48,441	43,698
Fixed income investments	792,792	799,519	697,732	693,625
	<u>\$1,073,264</u>	<u>\$2,575,431</u>	<u>\$967,400</u>	<u>\$2,044,124</u>

The net capital gains (losses) on sales of securities for the years ended December 31, 1989 and 1988 were as follows (dollars in thousands):

	1989	1988
Johnson & Johnson common stock	\$ 78,078	\$87,354
Other securities, net	31,146	(3,132)
	<u>\$109,224</u>	<u>\$84,222</u>

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 \$703,999 and \$591,395 in 1989 and 1988, respectively.
5. *Johnson & Johnson Stock Split:* Johnson & Johnson common stock held at December 31, 1988 has been adjusted to reflect the two for one split on May 11, 1989.

The Secretary's Report

Sidney F. Wentz was elected chairman of the Board of Trustees effective June 1, 1989. Mr. Wentz is the former chairman and chief executive officer of Crum and Forster, Inc., an insurance holding company headquartered in Basking Ridge, New Jersey. He retired from the company in 1988.

Mr. Wentz succeeds Robert H. Myers, a Washington, D.C.-based attorney who had served as the Foundation's chairman since February 1986 and as a trustee since 1983. Mr. Myers continues as a trustee of the Foundation.

Ian M. Ross completed his tenure on the Board of Trustees effective January 1, 1989. Mr. Ross joined the Board in 1985 and provided important direction to the Foundation during his service as trustee.

At the February 1989 meeting of the Board, Edward R. Eberle was elected to the office of trustee emeritus of the Foundation, having served as a trustee of the Foundation for 13 years. Upon his election as trustee emeritus, Mr. Eberle was cited by the Board for his devotion and distinguished service to the Foundation.

In December 1989, the Foundation lost a valued Board member with the death of Robert J. Dixon, retired president and vice chairman of Johnson & Johnson International, New Brunswick, New Jersey. Mr. Dixon had served as trustee of the Foundation since 1962 and was elected trustee emeritus in February 1989. We are indebted to him for his loyal and distinguished service to the Foundation.

Staff changes

Effective January 1, 1989, Robert H. Ebert, MD, special advisor to the president since January 1983, and Samuel P. Martin III, MD, special program consultant since November 1986, completed their assignments.

During 1989, three new staff members joined the Foundation to work on its Program on Health Data and Statistical Analysis. Dianne C. Barker, in March, was appointed data coordinator; in April, Randolph A. Desonia was appointed projects coordinator; and in October, Robert G. Hughes, PhD, was appointed research fellow for the program.

Prior to joining the staff, Ms. Barker was a project director with Health Service Research and Development in the Veterans Administration's Northeast Regional Field Program in West Roxbury, Massachusetts. She received her MHS in Population Dynamics from The Johns Hopkins University School of Hygiene and Public Health.

Mr. Desonia, before joining the staff, was a senior research associate for the Intergovernmental Health Policy Project at George Washington University, and a deputy director for the Foundation's Health Care for the Uninsured Program. He received an MA in Applied Economics and an MA in Health Services Administration from the University of Michigan.

Dr. Hughes was an assistant professor in the School of Health Administration and Policy at Arizona State University. He received his PhD from the Department of Behavioral Sciences at The Johns Hopkins University School of Hygiene and Public Health.

In May 1989, Ronald W. Stuart was appointed equity portfolio manager and in June 1989, Arthur P. Ernst was appointed fixed income portfolio manager at the Foundation. Mr. Stuart is a former vice president of Dean Witter Reynolds InterCapital in New York. He earned his MBA in Finance at the University of Utah. Mr. Ernst is a former vice president, portfolio manager and economist at First Investors Management Company in New York. He received his MBA in Finance from The Wharton School at The University of Pennsylvania.

In June 1989, Floyd K. Morris, Jr., joined the staff as financial officer. Prior to joining the Foundation, Mr. Morris was an assistant administrator of general services at the United Hospitals Medical Center, Newark, New Jersey. He received his MHA from the University of Pittsburgh.

In September 1989, Vivian E. Fransen was appointed communications officer. Prior to joining the staff, Ms. Fransen was grants administrator for Morristown Memorial Hospital in Morristown, New Jersey. She received her MPA from Bernard M. Baruch College, The City University of New York.

In September 1989, Amy L. Mone was promoted to associate communications officer. Ms. Mone joined the Foundation in 1987.

In March 1989, Craig S. Sarsony, financial officer, left the Foundation to become associate project director for finance for the Child Survival Project of Save the Children, Inc., in Santo Domingo, the Dominican Republic. Mr. Sarsony joined the Foundation in May 1987.

(Continued)

In July 1989, Leah M. Rothstein, associate communications officer, left the Foundation to become a business reporter for the *Rochester Democrat and Chronicle*, a leading Gannett daily, in Rochester, New York. Ms. Rothstein joined the Foundation in September 1988.

Program directors

Harold Amos, PhD, was appointed program director to the Minority Medical Faculty Development Program. Dr. Amos is professor emeritus in the Department of Microbiology/Molecular Genetics at Harvard Medical School.

Lex Frieden was appointed program director to the program,

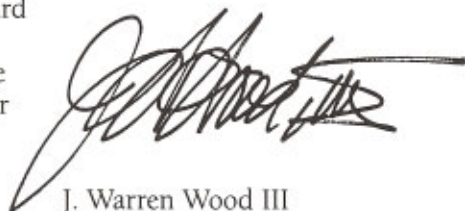
Improving Service Systems for People with Disabilities. Mr. Frieden is executive director of the Institute for Rehabilitation and Research in Houston, Texas, and assistant professor in the Department of Rehabilitation at Baylor College of Medicine.

James J. O'Connell III, MD, was appointed program director to the Homeless Families Program. Dr. O'Connell is an instructor at Harvard Medical School and a physician at Massachusetts General Hospital. He also directs Boston's Health Care for the Homeless Project.

Ruth S. Hanft, PhD, completed her assignment directing the Local Initiative Funding Partners Program. Dr. Hanft was appointed to this position in 1988.

Board activities

The Board of Trustees met six times in 1989 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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	William A. Knaus, MD	Burton V. Reifler, MD	

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
- a 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
- a plan for sustaining the project after grant funds expire, and
- the 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.

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."

