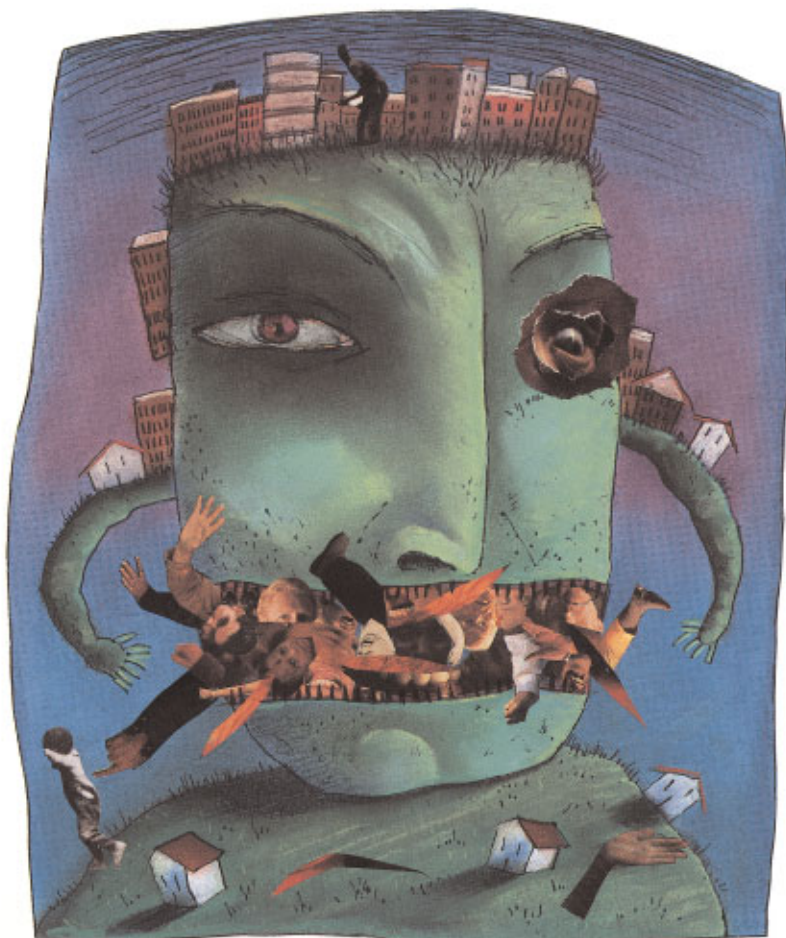


The Robert Wood Johnson Foundation  
Annual Report 1992

# SUBSTANCE ABUSE



TO PROMOTE HEALTH  
AND PREVENT DISEASE  
BY REDUCING HARM CAUSED BY  
SUBSTANCE ABUSE



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■ IT IS THE WORST OF PLAGUES. IT KNOWS NO SEASON AND NO BOUNDARIES. NO MOSQUITO WILL BE IDENTIFIED, NO MICROBE ISOLATED, NO VACCINE INVENTED TO END ITS REIGN. IT IS A PESTILENCE WITH ALL THE CLASSIC TRAPPINGS OF SOCIAL DISRUPTION, SUFFERING AND DEATH — AND ONE TERRIBLE, DEFINING DIFFERENCE: WE INVITE IT TO KILL AND MAIM AND DIMINISH US. WE KNOW HOW IT ENTERS US, AND WE OPEN THE DOORS TO IT, LURED BY THE SHORT-TERM PLEASURE IT OFFERS, LULLED BY THE YEARS OR DECADES IT INCUBATES BEFORE ERUPTING INTO HOST-KILLING MATURITY.

AND BECAUSE ITS VECTOR IS PLEASURE AND ITS MASK IS TIME, WE HAVE NOT EVEN RECOGNIZED ITS HORROR FULLY ENOUGH TO GRANT IT A NAME WORTHY OF ITS GRISLY POWER. HOW INADEQUATE IT IS TO CALL THIS PEERLESS FILLER OF GRAVES AND PLUNDERER OF NATIONS BY SO PALLID A NAME AS *SUBSTANCE ABUSE*.

SUBSTANCE ABUSE IS RESPONSIBLE FOR \$240 BILLION IN HEALTH AND DISABILITY COSTS EACH YEAR IN THIS COUNTRY. ACCORDING TO THE CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY, AT LEAST HALF OF ALL HOSPITAL BEDS IN URBAN AREAS ARE FILLED WITH PATIENTS WHOSE ILLNESSES STEM, DIRECTLY OR INDIRECTLY, FROM ALCOHOL, CIGARETTES OR SOME OTHER FORM OF SUBSTANCE ABUSE. A JOHNS HOPKINS STUDY ESTIMATES THAT 39 PERCENT OF THAT MEDICAL CENTER'S ADULT INTENSIVE CARE UNIT COSTS ARE SUBSTANCE ABUSE-RELATED, AND THERE'S EVERY REASON TO BELIEVE THAT THE HOPKINS EXPERIENCE IS TYPICAL OF OTHER URBAN HOSPITALS.

SUBSTANCE ABUSE UNDERLIES NEARLY ONE-THIRD OF ALL CANCER DEATHS, ONE-FIFTH OF FATAL HEART ATTACKS, MORE THAN ONE-FOURTH OF SUICIDES, AND ONE-THIRD OF THE FATALITIES FROM ACCIDENTS. ONE-THIRD OF AIDS CASES ARE LINKED TO SUBSTANCE ABUSE.

SIXTY TO 90 PERCENT OF HOMELESS PEOPLE ARE SUBSTANCE ABUSERS.

THREE-FOURTHS OF MURDERS, RAPES AND CHILD MOLESTATIONS ARE COMMITTED BY PEOPLE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL. THE CRIMINAL DRUG CASELOAD HAS OVERBURDENED THE NATION'S COURTS SO SEVERELY THAT THE CIVIL COURT SYSTEM, WHICH IS CONSTITUTIONALLY OBLIGATED TO TAKE A LOWER PRECEDENCE THAN CRIMINAL ACTIONS, IS COLLAPSING IN MANY STATES.



THE COST TO BUSINESS IN LOST PRODUCTIVITY, ABSENTEEISM AND HEALTH INSURANCE PREMIUMS IS ASTRONOMICAL.

EVEN IF WE FOUND A PANACEA FOR THIS SCOURGE TOMORROW, THE DAMAGE IT HAS WROUGHT AND THE DISEASE IT HAS SPAWNED IN THE BODIES OF AT LEAST TWO GENERATIONS OF AMERICANS WOULD FILL OUR HOSPITAL BEDS AND EMPTY OUR PURSES WELL INTO THE TWENTY-FIRST CENTURY. AND THERE WILL BE NO PANACEA.

WE TRIED OUTRIGHT PROHIBITION OF ALCOHOL, AND LAUNCHED A CRIMINAL ENTERPRISE OF SUCH SIZE AND SAVAGERY THAT WE WERE OBLIGATED TO ABANDON THE EXPERIMENT.

WE MADE IT A SEVERE CRIMINAL OFFENSE TO SELL OR POSSESS EVEN SMALL QUANTITIES OF ILLICIT DRUGS — PARTICULARLY CRACK COCAINE — AND INCARCERATED MORE OF OUR CITIZENS THAN ANY OTHER NATION ON EARTH WITHOUT MATERIALLY AFFECTING THE TRAFFIC.

OUR ONLY SIGNIFICANT TRIUMPH HAS BEEN OVER CIGARETTES, AND EVEN HERE WE HAVE LESS TO CHEER ABOUT THAN MANY IMAGINE. WHILE IT IS TRUE THAT NEARLY HALF OF ALL LIVING ADULTS IN THIS COUNTRY WHO EVER SMOKED HAVE QUIT, AND THAT SMOKING HAS BECOME ALMOST SOCIALLY UNACCEPTABLE BEHAVIOR, ONE-THIRD OF THE ADULT POPULATION STILL SMOKES, AND CIGARETTES CLAIM MORE THAN 400,000 LIVES A YEAR.

THAT IS A MOST IMPERFECT VICTORY, AND IT TOOK US TWO GENERATIONS TO WIN IT!

WE DON'T HAVE ANOTHER TWO GENERATIONS TO INVEST IN THE SEARCH FOR WAYS IN WHICH TO SLOW THE MEGADEATH RATE FROM THE PANDEMIC OF SUBSTANCE ABUSE. BUT THERE IS LITTLE TO SUGGEST THAT THE NEXT VICTORY WILL COME WITH ANY GREATER SPEED.

WHAT SORT OF BASIC HEALTH CARE SYSTEM WILL WE BE ABLE TO AFFORD, IF IT MUST DEAL, *AD INFINITUM*, WITH THIS FLOOD OF SELF-INFLICTED RUIN?

WE MAY SOON FIND OUT. AND IT IS DOUBTFUL THAT WE WILL FIND THE ANSWER SATISFACTORY — VERY DOUBTFUL INDEED.

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.



Circa 1936

Sidney F. Wentz, Chairman, Board of Trustees

**T**his country will somehow bring substance abuse under control. Its costs are so staggering that the resources that would be expended in even the most massive and protracted campaign against it would be easy to justify. The campaign will begin just as soon as the American people are so concerned by the crisis that they demand that something be done.

So those of us who are pressing for that day to come had better be prepared with sound and humane strategies and tactics drawn up and tested when it finally arrives. Otherwise, I'm very much concerned that this problem will take our national measure and find us wanting. It's not just the size and depth of the problem that troubles me, but the suspicion that it may be rooted in a contradiction in our national character.



There has always been substance abuse, of course. The town drunk was as much a staple of nineteenth century Americana as the church social and the one-room schoolhouse. Mark Twain brought him to life in Pap Finn, Huck's brutish and abusive father. In those days, however, Americans subscribed to the belief that people were morally responsible for all their actions, and that addiction was an ethical lapse, punishable by its consequences. The town took no more moral responsibility for Pap Finn's fate than for the flood that carried away the house in which his body lay. Oh, they'd have hanged the man who shot him, had he fallen into their hands and his crime discovered. But the final assessment would have been the same for both killer and victim: Good riddance to bad rubbish.

It's hard to fault the doctrine of individual responsibility, given our belief in individual liberty. But this should not justify the harsh utilitarianism that permits abandonment of the weak. And therein lies the contradiction: we believe, ardently, that people have a right to do pretty much whatever they want, so long as they don't harm someone else in the process. Yet we are, at heart, a compassionate people, unable to ignore human suffering, once we see it. We for many years avoided that problem by hiding suffering behind pejorative labels: town drunk, derelict, wino, village idiot, bum, madman, nut, loon. No longer. Today we recoil — and rightly so — from labels that deny the humanity of the unfortunate and the ill.

But what if individualism and social consciousness can't coexist in a real world of limited resources? That's the issue substance abuse is raising, and health care is the forum in which it's being raised.

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Can we offer health care for all Americans, yet exempt those conditions attributable to self-induced harm from substance abuse? I doubt it. Even if we knew absolutely (which we couldn't) that a condition such as bladder cancer or heart disease stemmed from smoking, we couldn't refuse to treat it on the grounds that it was the patient's fault. Even if our ethics would permit it, our legal protections as to equal treatment under the law would not.

On the other hand, can we afford a health care system that treats to the limits of our technical capabilities the very serious conditions that alcohol, tobacco and illicit drugs engender? Probably not.

That leads us to care rationing, which would limit the benefits of the basic health package to little more than primary care and to rigidly proscribed treatment programs for serious illness. Then only a portion of our citizens would enjoy better levels of care for things like cancer and heart disease, since it would have to be paid for out of the patient's pocket or by supplemental coverage provided by the individual or his employer.

While that may initially improve on the situation we have now, in which millions of Americans have no health coverage at all, the improvement could be short-lived. As the demands on the national system increase with the aging of the baby boom generation, the range of affordable services may become narrower and narrower. In fact, if the new system prohibits or sharply constrains cost-shifting, it might even prove inferior to the best of what we offer now in indigent care to those without coverage.

We can't have a reasonable health care system for all of our citizens unless we can trim the enormous expense that substance abuse will impose upon it. But no one, to date, has put forth any feasible proposal for constraining the behavior that generates those costs. We

probably don't even know to what degree partial measures fail of their promise.

For instance, if Congress does impose heavier "sin" taxes on cigarettes and alcohol, with revenues earmarked for health care, advocates will hail the measure for reducing (as it probably will, to some degree) the consumption of cigarettes and liquor and for shifting a portion of the health care cost burden of these bad habits onto those who practice them. But will we know the degree to which these increased taxes were offset in the budgets of poor families by reduced family spending for proper food and other necessities, or how much of our limited public revenues will be consumed in combating the resultant growth in the bootlegging and moonshining industries? I doubt it.

There's no sword to cut through this Gordian knot, but we, as a Foundation, are obliged to keep picking at the strands of it with unremitting determination if we are ever to achieve our goal of improved health care for all Americans.



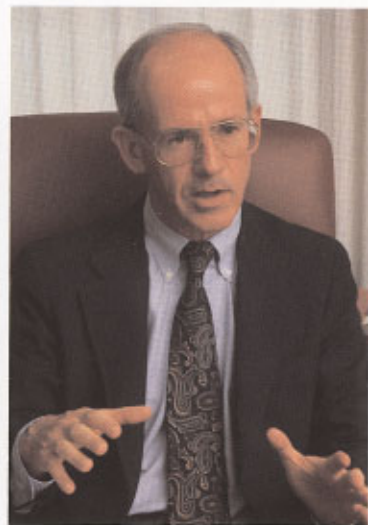
# S U B S T A N C E   A B U S E

Steven A. Schroeder, MD, *President*

*Steven A. Schroeder*

**H**ow did we manage to get through the entire 1992 presidential campaign and the early first round of post-election debate over health care reform without addressing what must be considered the nation's number one health care problem: substance abuse?

The absence of an answer to that question should concern every thinking American, because any solution that doesn't address substance abuse in a very serious and effective way will be washed away in a tidal wave of red ink.



Cigarettes killed more than 400,000 Americans last year; alcohol added 100,000 to the toll; illegal drugs left another 30,000 dead. One dollar in every four spent on health care in this country goes to pay for the devastation wrought by these scourges. It's estimated that, worldwide, 500 million people now living will die from tobacco use alone.

And the cost, horrific though it is, does not encompass all the harm substance abuse causes. It leaves out family violence, crime, lost industrial productivity and myriad other forms of social and economic carnage wrought by this plague.

These figures were available to the presidential candidates last year. How could their significance have been missed?

The public is certainly aware of the problem, and says it is committed to solutions. Aggressive anti-smoking campaigns in California were followed by a 23 percent decline in smoking prevalence. More than three-fourths of all adults — including a majority of smokers — support increased tobacco taxes if those increases are earmarked for health services and drug treatment.

The per capita consumption of cigarettes in this country has declined 37 percent in the past 25 years, and many of those still smoking are reluctant puffers, judging by the brisk initial sales of nicotine patches. (These promising figures are somewhat offset by a lack of movement in smoking rates among young people. In fact, between 1986 and 1991, there was a 1 percent increase in the number of seventh and eighth graders who smoked daily.)

Progress is also being made, though not yet as dramatically, against alcohol and illegal drugs. Per capita consumption of hard liquor has declined. Public intolerance of drunk driving has led to more severe penalties and police crackdowns that have reduced the death rate from drinking-related auto accidents. The concept of the nondrinking designated driver is gaining increasing acceptance.

Efforts at de-glamorizing and de-normalizing the use of illegal drugs — especially cocaine — are beginning to pay dividends. The number of regular users of





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cocaine has fallen from 7 million in 1985 (3.6 percent of the population) to 1.9 million in 1991 (less than 1 percent of the population). Meanwhile, experimentation with cocaine is declining. In 1985, 13 percent of high school seniors had used cocaine in the previous year, while in 1991, only 3.5 percent fell into that same category.

Most significantly, perhaps, the perceptions of the risk that alcohol and cocaine pose have been steadily increasing among young people, as the accompanying data from the High School Senior Survey illustrate.

We are a very long way from being able to congratulate ourselves about any ultimate victory in the fight against substance abuse, however. More than a million drug arrests a year have filled our prisons to overflowing. The AIDS epidemic's relationship to the use of illegal drugs, together with the rising incidence of treatment-resistant tuberculosis, threaten to overwhelm our urban hospitals. Forty-three percent of all adults in this country report alcoholism in their families. The average age of initiation to cigarettes is 11, and to alcohol it is 13.

The problem is anything but race- or class-specific, regardless of how news media in this country depict and illustrate substance abuse. Both the statistics and my own experience as a physician, neighbor and father tell me that substance abuse pervades every element of our society.

As a doctor, I saw far too many fine people from all social strata die from the

consequences of tobacco and alcohol abuse. Many of these people tried valiantly to defeat their addictions, and failed. Perhaps my most poignant memory is a 4 a.m. phone call from the wife of a patient of mine — a journalist who smoked three packs a day — telling me that her husband had just died of cardiac arrest at age 54. He and I had worked together for years, trying to free him from his addiction to cigarettes. We had invoked every technique and tactic known to quit smoking, to no avail. He would sometimes skip appointments with me because he was so ashamed of his inability to fulfill his promise to quit. His death was needless and infuriating

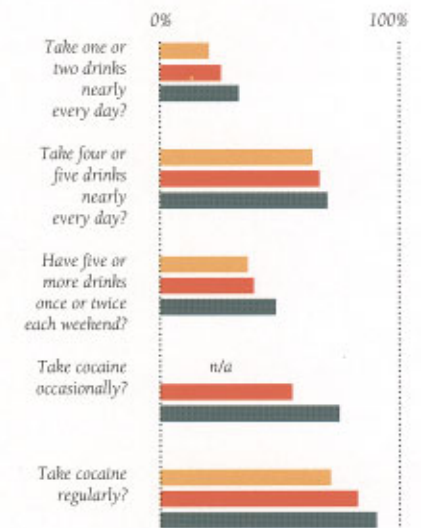
— as were the deaths of a great many other patients whose unsuccessful struggles against tobacco, alcohol and illegal drugs I've witnessed.

As a neighbor, I've seen marriages destroyed by alcohol and families torn apart by the drug problems of adolescent sons and daughters. As a father, I watched my sons

**The High School Senior Survey**

*Perceived Harmfulness of Alcohol and Cocaine*  
 ■ 1981 ■ 1986 ■ 1991

Percentage of students responding "great risk" to the following question: *How much do you think people risk harming themselves (physically or in other ways), if they...*



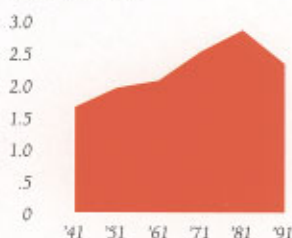
Source: National Institute on Drug Abuse. *Smoking, Drinking and Illicit Drug Use Among American Secondary School Students, College Students, and Young Adults, 1973-1991.*

struggle to accept the death or mutilation of three high school classmates in alcohol-related traffic accidents.

These personal images, nearly as much as the terrible statistics about the cost of

#### Per Capita Alcohol Consumption 1941-1991

Gallons of Ethanol



Source: Alcohol - NIAAA, *Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-1989, Surveillance Report #20.*

substance abuse to our society, confirm for me the wisdom of its inclusion — along with access to care, improvement of services to the chronically ill, and rising costs of care — as one of the four goals The Robert Wood Johnson Foundation has selected as its focus for the balance of the decade.

Specifically, the

Foundation has selected five main issues for priority attention in its campaign against substance abuse:

- Establishing substance abuse as the nation's leading health problem.
- Prevention and early intervention.
- Reducing demand through community initiatives.
- Reducing harm caused by tobacco.
- Understanding the causes of substance abuse.

Let's examine what is being done toward accomplishing these goals:

#### Establishing substance abuse as the nation's leading health problem

As recently as four years ago, drugs were near the top of the public's list of national concerns, stimulated, in part, by President Bush's call for a war on illegal drugs. At that time, virtually the entire focus was on cocaine, with little acknowledgement of the problems of alcohol and tobacco. Since then, the issue has faded significantly from public view, though it remains vital to the public's health. Establishing substance abuse as the nation's most important health problem can reinvigorate public concern, opening the way for more effective policies and programs.

The media, especially the broadcast media, are powerful means of influencing public opinion. In 1992, the Foundation renewed a grant to the Partnership for a Drug-Free America to enable it to continue its national anti-drug media campaign. The campaign has been able to muster \$1 million a day in donated media time and space, and is widely credited with reducing the occasional use of illegal drugs by diminishing the social acceptability of such use. The renewal of this grant will maintain national exposure for the campaign at a time of waning public concern about the drug problem. The program is also being expanded to support state and inner-city initiatives, as well as outdoor advertising.

This past year The Robert Wood Johnson Foundation also contributed to the fight against substance abuse by helping to establish the Center for Addiction and Substance Abuse (CASA) at Columbia





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University, under the direction of Joseph Califano, former U.S. Secretary of Health, Education and Welfare. This multidisciplinary center will address all facets of the substance abuse problem, including its impact on the nation's health care system, workforce, court system and prisons. By informing the press and public on the pervasiveness of the problem, CASA will help underscore the urgency of finding workable solutions.

### Prevention and early intervention

Preventing drug abuse is far more efficient than treating it and coping with its individual and social devastation. Foundation-sponsored programs to assist in this early intervention focus on children from preschool age through adolescence and young adulthood.

In 1992, they included: a national initiative to increase the substance abuse prevention capabilities of Head Start programs; several model programs to prevent problem behavior in elementary schools by changing the learning environment; a national survey of college student drinking practices and alcohol control programs, with particular emphasis on the growing prevalence of binge drinking; and support for the Choice Program, an intensive early intervention counseling program for adolescent delinquents.

### Reducing demand through community initiatives

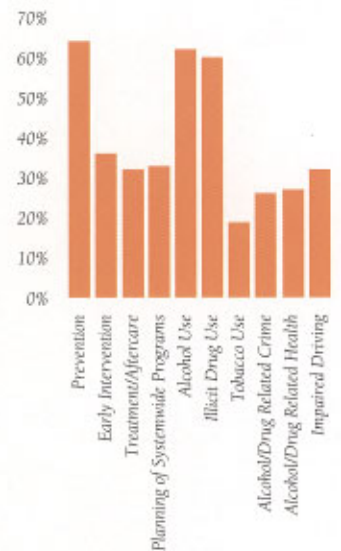
The seemingly endless barrage of newspaper and television stories about the degeneration of our inner cities into virtual combat zones, beset by drug turf wars and rampant alcoholism and haunted by crack and heroin addicts, is only a part of the story. These areas are also filled with concerned citizens who want desperately to do something about the drug and alcohol problems in their neighborhoods, but feel powerless to do so.

In 1990 the Foundation drew 331 applications from communities across the country for its Fighting Back initiative. Planning grants were made to 15 local coalitions of churches, schools, hospitals, municipal governments, police departments and Boys and Girls Clubs determined to combat community drug and alcohol problems.

This past year, the Foundation awarded five-year implementation grants to 13 communities. A 14th was added in early 1993. Each community has devised a comprehensive plan to meet specific local needs addressing prevention, treatment and after-care. Strategies include stationing Newark, New Jersey, police officers in drug-infested housing projects to protect residents and provide safe passage for the project's

#### Community Coalitions Fighting Substance Abuse

Percentage Reporting Extensive Program Activity



Source: Boston University School of Public Health, *Join Together: A National Resource for Communities Fighting Substance Abuse. Who is Really Fighting the War on Drugs?*

children to after-school activities; insurance coverage in Little Rock, Arkansas, schools for drug and alcohol programs from early intervention to intensive treatment; and a collaborative effort by Charlotte, North

Carolina, churches to ensure that patients coming out of substance abuse treatment have the necessary support to sustain their recovery and rejoin the community.

To provide essential expertise to the many other community efforts that were not funded under Fighting Back, the Foundation funded Join Together, a Boston University-based national resource center providing technical assistance, training, communications advice, networking and policy support. Its services are being made available to some 2,000 community coalitions identified through a Foundation-funded national survey.

Because reclaiming our cities is so vital to the nation's revival, the Foundation awarded the largest evaluation grant in its history to assess the lessons learned from the Fighting Back program. The first results of that evaluation reached us in April 1993.

The severe and chronic alcohol problems of Native American communities are being addressed through the Foundation's Healthy Nations program. It will provide support for up to 15 Native American tribes or community organizations to combat alcoholism and drug abuse on reservations and in cities with high concentrations of Native Americans. These grants will be announced in late 1993. They will ensure access to prevention, early identification, treatment and after-care programs for Native Americans battling substance abuse problems.

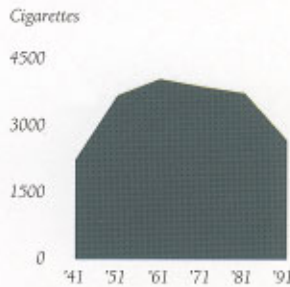
### Reducing harm caused by tobacco

Tobacco is the leading preventable cause of death and disease in this nation and around the world. It accounts for more than 400,000 deaths a year in this country and one death in five in all developed countries. Tobacco is the only legal product in the world that is a major cause of death and disease when used as intended; no health benefits are associated with its use. And, while public opinion and policymakers increasingly support campaigns to reduce the incidence of smoking and the availability of tobacco to minors, there have been relatively few government and philanthropic resources devoted to this cause.

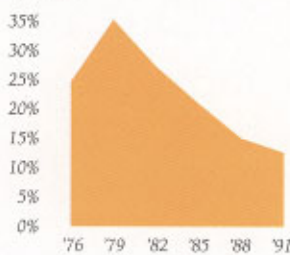
During 1992, the Foundation funded a number of anti-smoking initiatives, including:

- a \$5 million program to help fund policy research on projects aimed at reducing tobacco use, particularly among children and adolescents

**Per Capita Cigarette Consumption Age 18 and Older, 1941-1991**



**Percentage of Persons Aged 18-25 Reporting Current Marijuana Use 1976-1991**



Sources: Tobacco - For 1900-1974, Miller, R., Economics, Statistics and Cooperatives Service. USDA, historical data; Tobacco Situation, USDA Quarterly. For 1975-1981, Tobacco Situation and Outlook Report, April 1985. For 1982-1991, Tobacco Situation and Outlook Report, April 1992.  
 Marijuana - National Household Survey on Drug Abuse, 1972-1991, Main Findings 1990.





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- a grant to the Carter Center, Atlanta, to develop a task force on tobacco tax policies, building on the recognized inverse relationship between smoking prevalence and cigarette prices
- an analysis of how best to disseminate the findings of tobacco research to relevant policy audiences
- an Institute of Medicine program to synthesize what is currently known about preventing nicotine dependence in children and teenagers
- a nationwide survey of teenage attitudes and practices relating to tobacco use
- a statewide training program in New Jersey to help drug and alcohol treatment agencies address the nicotine dependence that frequently accompanies other addictions
- development of a computer simulation model to evaluate the health, economic and demographic effects of workplace smoking cessation programs, and
- an evaluation of Stop Teenage Addiction to Tobacco (STAT), a four-community project to reduce adolescent access to cigarettes.

### Understanding the causes of substance abuse

The knowledge base regarding the causes of substance abuse is surprisingly undeveloped. Clearly, it would be much easier to design effective prevention and treatment programs if the factors influencing initiation, experimentation, use and abuse of harmful substances were better understood. To date,

however, few government or private funds have been made available for developing this information.

During the coming year, the Foundation expects to support programs that will expand our understanding of why people become drug abusers.

I agree with Sidney Wentz that we will eventually be compelled to bring this plague of substance abuse under control, and that we must be unflagging in our efforts to provide model solutions for the myriad problems we will confront in controlling it.

But as a physician, I also harbor the hope that we will take on this challenge because we recognize that we *should* do so. If there is one clear lesson from a lifetime of watching people fight gallant battles against pain and life-threatening disease, it is this: the necessity of a battle diminishes the participant's perception of his or her own gallantry. How many times have I heard patients dismiss my praise of their courage and perseverance in the face of some grave illness with, "Well, I really don't have much choice, do I?"

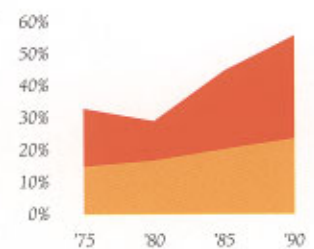
We still have a choice about when we will confront this terrible pestilence. It would be a great tonic to our national spirit were we to do so before our backs are to the wall.

#### Attitudes of Youth Regarding Restrictions on Drinking, Smoking and Using Marijuana

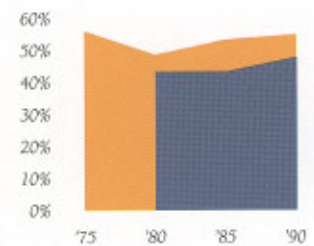
Percent who think people should be prohibited from doing the following:

- Smoke Marijuana
- Get Drunk
- Smoke Cigarettes

In PRIVATE



In PUBLIC



\*Question regarding cigarette smoking in public not asked in 1975.

Source: National Institute on Drug Abuse. *Smoking, Drinking and Illicit Drug Use Among American Secondary School Students, College Students, and Young Adults, 1975-1991.*

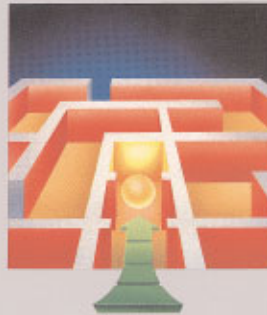
**W**hile the president's message addressed at some length the Foundation's 1992 grants and initiatives in the area of substance abuse, there was also significant grantmaking activity in our other areas of major focus.

#### ACCESS TO BASIC HEALTH CARE

Financial barriers, supply and distributional barriers, and sociocultural barriers all affect access to health care. Access barriers that prevent people from obtaining services they need in a timely manner can be costly. Without medical attention, health problems may become more difficult and expensive to treat. Providers that serve a great many people who can't pay for care put their own financial future at risk.

The most talked-about access barrier is lack of insurance. Some 37 million Americans have no health insurance coverage. Many more are inadequately insured. A large number of us worry that our health insurance won't cover the bill when we need it. Or we stay in jobs we don't like to preserve the coverage we do have. Today, individuals and employers alike make decisions about their future based not on what's best for their careers or their businesses, but on how their health insurance will be affected.

To help states develop more secure coverage for all their residents, the Foundation launched a \$28 million program, State Initiatives in Health Care Financing Reform, that is producing a variety of approaches and lessons potentially germane to national reform efforts.



Historically, the health care and medical education systems in the United States have been skewed toward increasing the supply of costly medical specialists. As a result, we have too few primary care providers to match the needs of Americans for basic health care. To help address this need, the Foundation awarded grants in 1992 through its \$32 million Generalist Physician Initiative, under which schools of medicine are to increase the supply of general internists, general pediatricians and family practitioners. Also supporting this objective is the Generalist Physician Faculty Scholars Program, which is to establish generalist role models in medical schools through career development awards to junior faculty. A new \$16 million program called Practice Sights: State Primary Care Development Strategies encourages states to

improve the availability of primary care providers in medically underserved areas through collaborations among people representing state agencies, communities, provider groups and health professions schools.

Building upon current and past Foundation work in this area, possible future programming would

- be aimed at several important areas:
- increasing the supply of midlevel practitioners (including nurse practitioners, physician assistants and certified nurse-midwives)
  - promoting efforts to maintain and improve the public health infrastructure, as with the Foundation's All Kids Count Program, under which planning grants to develop monitoring and follow-up services to improve immunization rates were funded in 1992
  - fostering changes in the physician generalist-specialist mix (including policy research and communications), and
  - encouraging financing and organizational reforms at the state or federal level, as with a program approved in 1992 to support state organizational and financing changes that would increase the availability of



comprehensive school-based health services for children and youth with unmet health care needs.

Furthermore, the Foundation will continue efforts to increase the supply of minority health personnel, including the Ladders in Nursing Careers Program, announced in 1992, which establishes career ladders for entry and midlevel health workers, particularly minority and low-income individuals, recognizing that minority health professionals are more likely to work in underserved areas. Such programs also help address the need for providers who reflect the cultural diversity of their patients.

However, even when financial barriers to care are lowered and the supply of providers is appropriate, the availability, quality and use of health care services varies across different ethnic and socioeconomic groups, and poorer health is the result. These differences arise from sociocultural barriers. They are created when patient groups and health care providers misunderstand each other or the health care system. As a start in tackling this issue, a \$4 million program called *Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care* was approved in 1992 for demonstration and research projects. Policy experts and health service providers are not fully aware of the existing body of knowledge about sociocultural barriers, and the Foundation staff expect to support projects that will help disseminate and build upon this knowledge. Although work on sociocultural barriers is in its early stages, the staff plan to use a generic, "cross-group" approach, working initially on problems common to various ethnic minorities, immigrants and marginalized groups.

To assure access to basic health care for all Americans requires serious attention to complex problems. By working in concert with others who share this goal, the Foundation maintains its strong commitment to involve health care providers, consumers, policymakers and others in tackling these issues and in overcoming the many barriers that impede progress toward this goal.

## SERVICES FOR PEOPLE WITH CHRONIC HEALTH CONDITIONS

When Americans talk about the problems in the U.S. health care system that frustrate them most, they frequently describe the inadequacies, the gaps, and the bureaucratic tangles faced by someone they know who has a chronic health problem. The person may be a parent with severe arthritis, a child with diabetes, a neighbor injured in an automobile crash, or a co-worker with severe depression. Whatever the cause or condition, the people affected face enormous challenges in getting the health care and related services they need.

Paradoxically, chronic care problems are relatively invisible, even though they affect some 40 million Americans. Serious attention must be given to the way the constellations of necessary services are organized, financed and delivered for people with these conditions, particularly since the growing number of older Americans suggests that the situation will only worsen.

The Foundation focused its chronic care grantmaking in 1992 on four major areas: research, policy analysis, innovations in systems of care, and education.

Because more facts are needed to document the nature and extent of chronic illnesses and the gaps in the current system of care, the Foundation supported several studies that are collecting and analyzing data on the health and service needs of Americans with disabilities, including a study that is developing an in-depth description of chronic care service supply and demand in a single community.

Essential to system reform is a clear understanding of the barriers to improving chronic care. To date, health and supportive service programs for the chronically ill have been developed one disease, one population group, and one funding stream at a time. Almost every community in this country has

separate programs and agencies to provide and pay for primary care, case management, rehabilitation and home care services. These arrangements are different for the elderly, for people with physical disabilities, for people with mental illnesses, for children, and for people with various specific conditions like AIDS or spinal cord injury.

Through policy analysis and its convening role, the Foundation plans to work with consumer groups — as well as physicians and other provider trade associations — to develop a broader vision of ways to provide services for people with chronic disorders. A series of formal meetings with these groups began in late 1992. A communications strategy is under development that will alert the public, the news and information media, providers and policymakers to various issues in chronic care.

The service needs of most people with chronic disorders change over time. Their well being depends not only on health and mental health services, but also on employment and educational opportunities, security, housing and social interaction. The Foundation therefore supports the concept of integrated services and coordinated systems of care. Currently the Foundation supports innovative service system integration at four levels. At the consumer/informal caregiver level, a new \$23 million replication of the Foundation's Interfaith Volunteer Caregivers Program — which will help more than 900 communities nationwide develop projects to serve people with chronic health conditions — was approved in 1992 and will begin making grants in 1993. At the level of the health care institution, Foundation staff developed a \$6 million program to improve chronic care in health maintenance organizations (HMOs). At the local health system level, the Foundation is pushing toward the ideal of

community-wide systems of care. For example, a \$6 million program was authorized in 1992 to develop rural continuums of care for the frail elderly, and a project was funded that will integrate community care for all chronically ill children in several small New Hampshire cities. Finally, at the state or national level, the programmatic focus has been on trying to achieve financing changes. For example, since 1987 the Foundation has been involved in a major initiative, the Program to Promote Long-Term Care Insurance, that now has total authorizations of approximately \$10 million. Crossing all four levels is the Foundation's

new \$15 million program, Building Health Systems for People with Chronic Illnesses. This program will make grants in 1993 supporting demonstration, evaluation and research projects addressing the organization, delivery and financing of chronic care.

The lack of provider training in managing chronic illnesses is a major barrier to improving care. Historically, health care professionals' training has concentrated on the most acute stages of illness and injury. If care of people with chronic illnesses is to improve, all health workers — from physicians to home care attendants — need more knowledge and skills in three key areas: technical advances related to managing chronic conditions; information on specific supportive services available in the community; and more effective organizational skills that would enable development of coordinated, interdisciplinary care plans involving patients and their families in the delivery of care.

In summary, the Foundation's work in 1992 and beyond has been designed to help steer the nation toward an improved health care system for people with chronic illnesses. Demographic trends and greater survival of people with serious disorders challenge the nation to reduce the enormous human and economic costs of inappropriate care.





## HEALTH CARE COST CONTAINMENT

Two lessons stand out in the Foundation's 20 years of experience with various approaches to controlling rising U.S. health care costs: Cost controls must be systemwide, and they must include financial incentives for payers, providers and consumers alike.

Foundation staff found several opportunities in 1992 to test these lessons. New research projects on the problem of rising health care costs are assessing the strategies being developed to solve it. Measures to control physician and hospital payments were evaluated, as were private-sector controls. Demonstration projects focused on cost control efforts at the state level. Already, these projects reveal the political and technical difficulties of implementing health care reform, and the states' widely variable capacity to resolve them.

In 1993, the Foundation will direct its grantmaking efforts to three kinds of activities — developing and testing new cost control strategies, educating the public and monitoring controls.

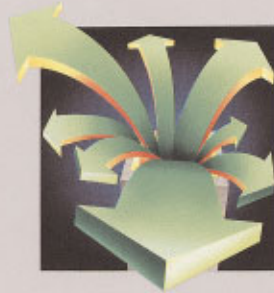
Specifically, the Foundation will continue providing technical assistance to help states reform health care. In addition, the Foundation will continue to support targeted research, policy analysis and invitational conferences on cost control strategies being considered at the national level. Examples include global budgeting, managed competition, and technology controls.

Critical to the adoption of effective cost controls — and to health care reform generally — is a better public understanding of the many tradeoffs inherent in various reform proposals. To help address this information need, Foundation staff will work with media columnists, reporters and commentators to provide objective information about health reform options and their likely impact on access, costs and quality.

The Foundation recognizes the importance of tracking and measuring the impact of any national health care reform plans on people and institutions. Special attention will be given to studies that look for subtle changes in provider, payer and consumer behavior.

In summary, the Foundation is seeking and discovering opportunities to help address the nation's urgent problem of escalating health care costs, which reached \$839 billion in 1992. Our support for the development and testing of new cost control

strategies, for public education initiatives, and for targeted research and evaluation studies to monitor the impact of reforms are the programmatic focal points of this goal area for the near future.



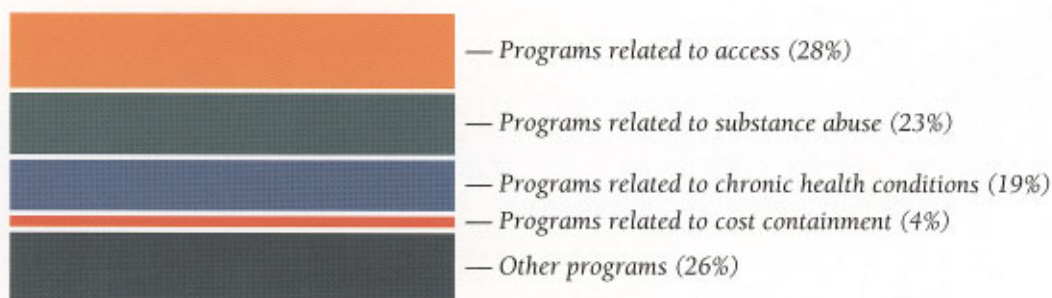
# 1992 ACTIVITIES

## Statistical Analysis

**D**uring 1992, the Foundation made 533 grants totaling \$225.8 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:

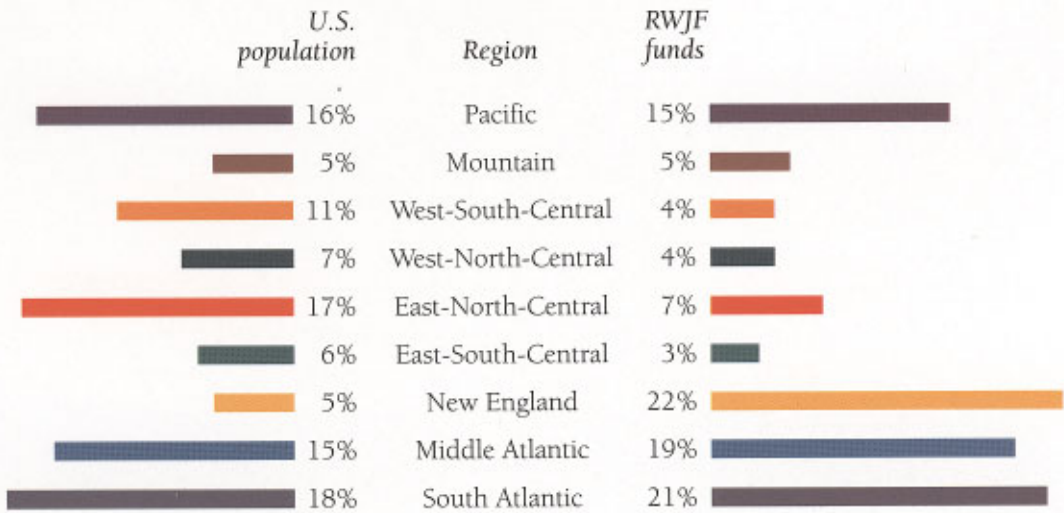
- \$63.2 million, or 28 percent, for programs that assure that Americans of all ages have access to basic health care;
- \$51.4 million, or 23 percent, for programs that promote health and prevent disease by reducing harm caused by substance abuse;
- \$42.6 million, or 19 percent, for programs that improve the way services are organized and provided to people with chronic health conditions;
- \$9.5 million, or 4 percent, for programs that help the nation address the problem of escalating medical care expenditures; and
- \$59.1 million, or 26 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 \$1.4 billion. A chart depicting the geographic distribution of 1992 funds is diagrammed on the opposite page.

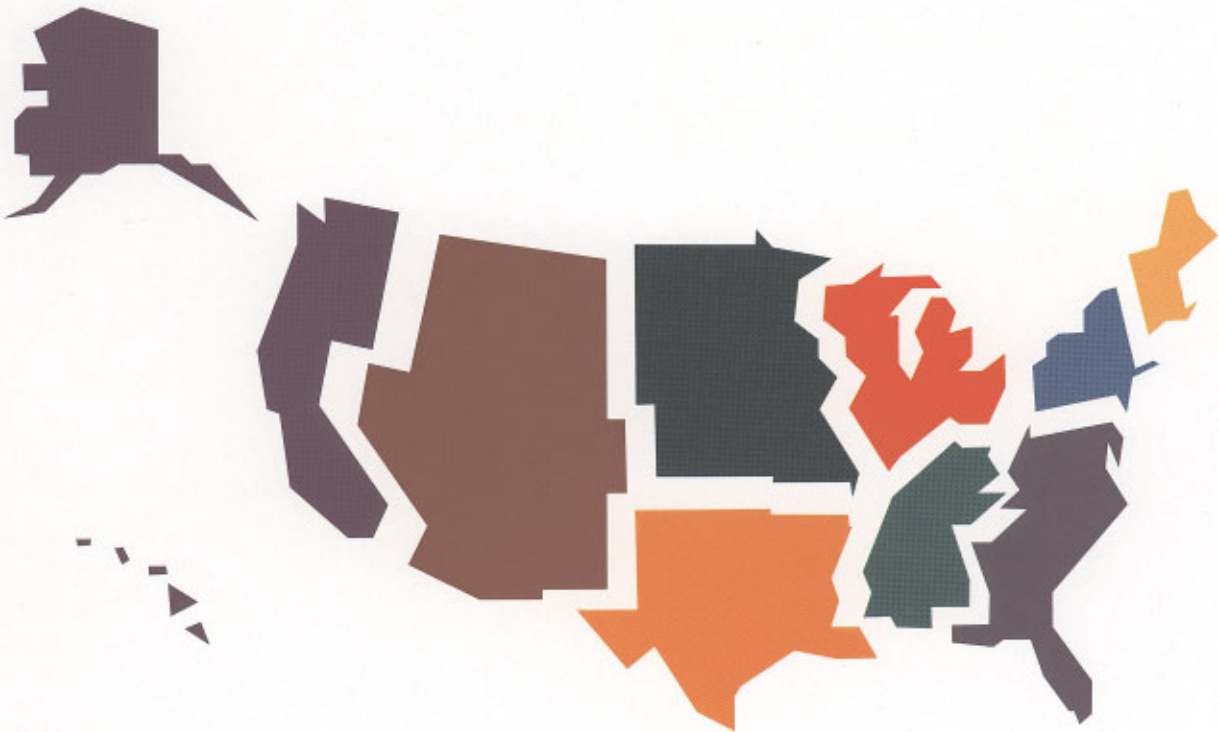




**1992 appropriations by geographical region (\$225.8 million)**



U.S. population figures taken from the 1990 Census of Population, U.S. Department of Commerce, Bureau of Census, March 1991.



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SUMMARY OF 1992 GRANTS  
 Authorized in the year ended December 31, 1992

**Access**

DEMONSTRATION (AD HOCS)

<p><b>Alpha Center for Health Planning, Inc.</b>                  Washington, DC                  \$199,922</p>	<p><i>Technical assistance center on alternative rural hospital models (for 1 year). ID#20111</i></p>
<p><b>Centers for Disease Control</b>                  Atlanta, GA                  \$1,500,000</p>	<p><i>Planning for replication of the Infant Health and Development Program (for 25 months). ID#20395</i></p>
<p><b>Children's Defense Fund</b>                  Washington, DC                  \$373,920</p>	<p><i>Improving health and developmental services for low-income children (for 2 years). ID#17477</i></p>
<p><b>Columbia University, School of Public Health</b>                  New York, NY                  \$223,579</p>	<p><i>Ecumenical child health project (for 1.5 years). ID#19988</i></p>
<p><b>CRG Corporation</b>                  Washington, DC                  \$398,091</p>	<p><i>Demonstration of hospital/health center partnerships for urgent care (for 2 years). ID#19327</i></p>
<p><b>Emory University, The Carter Center</b>                  Atlanta, GA                  \$1,504,713</p>	<p><i>Establishment of the Interfaith Health Resources Center (for 4 years). ID#19394</i></p>
<p><b>University of Florida, College of Medicine</b>                  Gainesville, FL                  \$176,252                  and                  \$51,438</p>	<p><i>Development of a statewide midwifery resource center (for 1 year). ID#20000</i></p> <p><i>Technical assistance and direction for the Healthy Futures Program (for 6 months). ID#18550</i></p>
<p><b>George Washington University</b>                  Washington, DC                  \$343,333                  and                  \$400,581                  and                  \$283,112</p>	<p><i>Technical assistance and direction for the Local Initiative Funding Partners Program — Phase II (for 1 year). ID#19313</i></p> <p><i>Technical assistance and direction for Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (for 1 year). ID#20613</i></p> <p><i>Technical assistance and direction for the School-Based Adolescent Health Care Program (for 6 months). ID#19679</i></p>
<p><b>Halifax Medical Center</b>                  Daytona Beach, FL                  \$49,397</p>	<p><i>Establishment of a public/private indigent health care center (for 6 months). ID#18394</i></p>
<p><b>Hospital Research and Educational Trust</b>                  Chicago, IL                  \$414,752</p>	<p><i>Pilot hospital-community partnerships to address local health priorities (for 2.5 years). ID#17221</i></p>

<b>International Center for Integrative Studies, The Door</b> New York, NY \$40,000	<i>Consolidated funding and reporting strategy for adolescent health services (for 1 year). ID#18927</i>
<b>Kingston Hospital</b> Kingston, NY \$54,665	<i>Technical assistance and direction for the New Jersey Infant Health and the Interfaith Replication Programs (for 3 months). ID#21545</i>
<b>University of Maryland</b> Baltimore, MD \$520,200	<i>Replication of the Choice Program in one site (for 2 years). ID#18703</i>
<b>Miami Children's Hospital</b> Miami, FL \$52,534	<i>Expansion of emergency medical services to victims of Hurricane Andrew (for 1 year). ID#21286</i>
<b>The National Association of Community Health Centers, Inc.</b> Washington, DC \$41,272	<i>Development of health service expansion strategies for underserved areas (for 8 months). ID#19289</i>
and \$107,813	<i>Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#18258</i>
<b>New River Health Association, Inc.</b> Scarbro, WV \$46,400	<i>Program to improve perinatal health services in rural West Virginia (for 1 year). ID#18457</i>
<b>North Carolina Foundation for Alternative Health Programs, Inc.</b> Raleigh, NC \$354,705	<i>Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (for 15 months). ID#19242</i>
<b>Rebuild LA</b> Los Angeles, CA \$50,000	<i>Planning for multiservice health centers in Los Angeles (for 1 year). ID#20950</i>
<b>Resources for Human Development, Inc.</b> Philadelphia, PA \$140,000	<i>Development of a resident-directed health care center in public housing (for 1.5 years). ID#19363</i>
<b>St. Anthony's Health Care Foundation, Inc.</b> St. Petersburg, FL \$324,183	<i>Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#18260</i>
<b>City of San Antonio, San Antonio Metropolitan Health District</b> San Antonio, TX \$187,482	<i>Countywide immunization monitoring and follow-up system (for 15 months). ID#19167</i>
<b>The Task Force for Child Survival and Development</b> Atlanta, GA \$360,270	<i>Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (for 1 year). ID#19664</i>



<b>The University of Texas Medical Branch at Galveston</b> Galveston, TX \$197,625	<i>Statewide technical assistance center for school-based health centers (for 2 years).</i> ID#18386
<b>United Hospital Fund of New York</b> New York, NY \$2,099,578	<i>Project to help rebuild New York City's primary care infrastructure (for 3 years).</i> ID#19763
<b>University of Medicine and Dentistry of New Jersey — New Jersey Dental School</b> Newark, NJ \$493,727	<i>Expansion of a dental care network for impoverished communities (for 3 years).</i> ID#19027
<b>University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School</b> Piscataway, NJ \$322,985	<i>Planning and development of a statewide immunization project (for 1 year).</i> ID#19687
<b>The Volunteers in Medicine Clinic</b> Hilton Head Island, SC \$50,000	<i>Establishment of a primary care clinic (for 8 months).</i> ID#20555

**DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)**

<b>Program to Address Sociocultural Barriers to Health Care in Hispanic Communities</b>	<i>National demonstration program to develop and implement community-based interventions that help Hispanic Americans become effective health care consumers (for 5 years).</i> ID#18351	2 9
<b>National Coalition of Hispanic Health and Human Services Organizations</b> Washington, DC \$2,913,118		
<b>All Kids Count: Establishing Immunization Monitoring and Follow-up Systems</b>	<i>Support for projects to develop and implement systems that improve and sustain access to immunizations for preschool children (for 1 year).</i> ID#19234	• •
<b>County of Alameda, Health Care Services Agency</b> Oakland, CA \$149,000	<b>Dallas County Health Department</b> Dallas, TX \$28,720	
<b>Allegheny County Health Department</b> Pittsburgh, PA \$148,758	<b>Fresno County Department of Health</b> Fresno, CA \$149,919	
<b>Chatham County Health Department</b> Savannah, GA \$103,213	<b>City of Lubbock Health Department</b> Lubbock, TX \$132,969	
<b>City of Cincinnati Department of Health</b> Cincinnati, OH \$149,000	<b>Medical and Health Research Association of New York City, Inc.</b> New York, NY \$149,096	
<b>City of Cleveland Department of Public Health</b> Cleveland, OH \$147,228	<b>Metropolitan Government of Nashville and Davidson County</b> Nashville, TN \$150,000	
<b>Colorado Department of Health</b> Denver, CO \$136,966		

**City of Milwaukee Health Department**  
Milwaukee, WI  
\$127,268

**Minnesota Department of Health**  
Minneapolis, MN  
\$149,533

**Mississippi State Department of Health**  
Jackson, MS  
\$65,226

**State of Nevada, Department of Human Resources**  
Carson City, NV  
\$92,781

**North Carolina Department of Environment, Health, and Natural Resources**  
Raleigh, NC  
\$149,907

**County of Orange Health Care Agency**  
Santa Ana, CA  
\$142,686

**Philadelphia Department of Public Health**  
Philadelphia, PA  
\$147,206

**Rhode Island Department of Health**  
Providence, RI  
\$139,701

**City of Richmond Department of Public Health**  
Richmond, VA  
\$149,025

**San Bernardino County Department of Public Health**  
San Bernardino, CA  
\$145,900

**County of Snohomish Health District**  
Everett, WA  
\$150,000

**Texas Children's Hospital**  
Houston, TX  
\$149,527

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**Community Care Funding Partners Program**

*Primary care projects for underserved groups, jointly funded with local foundations and other private sources (for 3 years). ID#6397*

**Delaware Nursing Centers, Inc.**  
Wilmington, DE  
\$76,415

**The Presbyterian Hospital in the City of New York**  
New York, NY  
\$100,000

**Health and Hospital Corporation of Marion County**  
Indianapolis, IN  
\$100,000

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**Developing Local Infant Mortality Review Committees**

*Support for the establishment of fetal-infant mortality review committees in selected communities (for 2.5 years). ID#18709*

**American College of Obstetricians and Gynecologists**  
Washington, DC  
\$1,396,845

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**Program to Improve Maternal and Infant Health in New Jersey**

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

**Jersey City Health Care Corporation**  
Jersey City, NJ  
(5 months)  
\$187,374

**St. Joseph's Hospital and Medical Center**  
Paterson, NJ  
(4 months)  
\$124,748

**Morristown Memorial Hospital**  
Morristown, NJ  
(4 months)  
\$31,854

**Southern New Jersey Perinatal Cooperative, Inc.**  
Camden, NJ  
(4 months)  
\$18,067

**Ocean County Board of Health**  
Toms River, NJ  
(4 months)  
\$36,241

**University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School**  
Piscataway, NJ  
(5 months)  
\$248,116

**Planned Parenthood — Essex County**  
Newark, NJ  
(4 months)  
\$42,156

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**Local Initiative Funding Partners  
Program — Phase II**

*Matching grants program to enable local philanthropies to sponsor innovative health services projects, focusing on the Foundation's goal areas (for the periods indicated).  
ID#18466*

**Child and Family Services**  
Manchester, NH  
(4 years)  
**\$291,798**

**Christian Community Health Services**  
Cincinnati, OH  
(4 years)  
**\$244,410**

**Family Tree Clinic, Inc.**  
St. Paul, MN  
(3 years)  
**\$500,000**

**Homeless Prenatal Program, Inc.**  
San Francisco, CA  
(3 years)  
**\$325,310**

**Illinois Primary Health Care Association**  
Chicago, IL  
(2 years)  
**\$280,617**

**Jasper Memorial Hospital Foundation, Inc.**  
Jasper, TX  
(3 years)  
**\$494,145**

**Maine-Dartmouth Family Practice Residency**  
Augusta, ME  
(3 years)  
**\$371,589**

**State of Maine, Department of Mental Health and  
Mental Retardation**  
Augusta, ME  
(3 years)  
**\$499,999**

**Missoula City-County Health Department**  
Missoula, MT  
(3 years)  
**\$407,852**

**Youth Advocates, Inc.**  
San Francisco, CA  
(4 years)  
**\$350,000**

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**New Jersey Health Services  
Development Program — Phase II**

*Innovative projects to address the state's health care needs, focusing on the Foundation's  
goal areas (for 3 years). ID#18599*

**AD House, Inc.**  
Newark, NJ  
**\$248,522**

**Martin House Community for Justice Foundation, Inc.**  
Trenton, NJ  
**\$250,000**

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**Strengthening Hospital Nursing:  
A Program to Improve Patient  
Care**

*Support of efforts to improve patient care by institution-wide restructuring of hospital  
nursing services (for 3 years). ID#13078*

**Abbott-Northwestern Hospital, Inc.**  
Minneapolis, MN  
**\$542,986**

**Providence Medical Center**  
Portland, OR  
**\$472,795**

**Beth Israel Hospital Association**  
Boston, MA  
**\$386,567**

**Research and Education Institute, Inc. — Harbor-UCLA  
Medical Center**  
Torrance, CA  
**\$558,494**

**Copley Hospital, Inc.**  
Montpelier, VT  
**\$508,444**

**St. Luke's Hospitals of Fargo**  
Fargo, ND  
**\$502,500**

**D.C. General Hospital**  
Washington, DC  
**\$426,686**

**St. Vincent Hospital and Health Center**  
Billings, MT  
**\$492,590**

**Immanuel-St. Joseph's Hospital**  
Mankato, MN  
**\$528,766**

**University Hospitals of Cleveland**  
Cleveland, OH  
**\$458,489**

**Mercy Hospital and Medical Center**  
Chicago, IL  
**\$371,941**

**University of Utah, University Hospital**  
Salt Lake City, UT  
**\$504,411**

**The Pennsylvania State University, Milton S.  
Hershey Medical Center**  
Hershey, PA  
**\$589,357**

**Vanderbilt University, Vanderbilt University Hospital**  
Nashville, TN  
**\$582,661**

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**EDUCATION & TRAINING (AD HOCS)**

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<b>A.C.N.M. Foundation, Inc. — American College of Nurse-Midwives</b> Washington, DC <b>\$49,841</b>	<i>Development of a plan to increase the number of nurse-midwives (for 6 months).</i> ID#20273
<b>American Academy of Pediatrics, Pennsylvania Chapter</b> Bryn Mawr, PA <b>\$30,000</b>	<i>Mid-Atlantic conference on improved access to child health care (for 10 months).</i> ID#20643
<b>Family Health Center, Inc.</b> Kalamazoo, MI <b>\$5,423</b>	<i>Regional program to help local health centers enter occupational health (for 1 month).</i> ID#20965
<b>Georgetown University, School of Medicine</b> Washington, DC <b>\$376,374</b>	<i>Technical assistance and direction for the Generalist Physician Faculty Scholars Program (for 14 months).</i> ID#18636
<b>Harvard Medical School</b> Boston, MA <b>\$170,658</b>	<i>Technical assistance and direction for the Minority Medical Faculty Development Program (for 1 year).</i> ID#19685
<b>Hospital Research and Educational Trust</b> Chicago, IL <b>\$362,575</b>	<i>Technical assistance and direction for the Ladders in Nursing Careers Program (for 1.5 years).</i> ID#19991
<b>Kean College of New Jersey Foundation, Inc.</b> Union, NJ <b>\$711,923</b>	<i>Educational consortium to increase minority nurses in New Jersey (for 4 years).</i> ID#20065
<b>Massachusetts General Hospital</b> Boston, MA <b>\$49,142</b>	<i>Expansion of the hospital's minority staff recruitment efforts (for 13 months).</i> ID#18821
<b>University of Missouri, Columbia, School of Medicine</b> Columbia, MO <b>\$460,816</b>	<i>Technical assistance and direction for The Generalist Physician Initiative (for 1 year).</i> ID#19691
<b>New York Health Careers Center, Inc.</b> New York, NY <b>\$712,599</b>	<i>Program to recruit people into health care careers (for 22 months).</i> ID#18755
<b>University of Oklahoma Health Sciences Center</b> Oklahoma City, OK <b>\$304,161</b>	<i>Technical assistance and direction for the Minority Medical Education Program (for 1 year).</i> ID#19318
<b>University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School</b> Piscataway, NJ <b>\$199,984</b>	<i>Increasing minority representation in medicine in New Jersey (for 3 years).</i> ID#20596

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**The Generalist Physician Initiative**

*Program aimed at increasing the supply of generalist physicians (for 1.5 years). ID#18773*

**Boston University, School of Medicine**  
Boston, MA  
\$150,000

**Case Western Reserve University, School of Medicine**  
Cleveland, OH  
\$149,999

**Dartmouth Medical School**  
Hanover, NH  
\$149,751

**East Carolina University, School of Medicine**  
Greenville, NC  
\$149,985

**Medical College of Georgia, School of Medicine**  
Augusta, GA  
\$150,000

**Hahnemann University, School of Medicine**  
Philadelphia, PA  
\$150,000

**University of Louisville Foundation, Inc.**  
Louisville, KY  
\$150,000

**University of Massachusetts Medical School**  
Worcester, MA  
\$149,901

**The Morehouse School of Medicine, Inc.**  
Atlanta, GA  
\$149,795

**University of Nevada, School of Medicine**  
Reno, NV  
\$150,000

**University of New England, College of Osteopathic Medicine**  
Biddeford, ME  
\$149,954

**The University of New Mexico, School of Medicine**  
Albuquerque, NM  
\$149,981

**New York Medical College**  
Valhalla, NY  
\$150,000

**The Pennsylvania State University, College of Medicine**  
Hershey, PA  
\$150,000

**The University of Texas Medical Branch at Galveston**  
Galveston, TX  
\$149,371

**Tufts University, School of Medicine**  
Boston, MA  
\$149,994

**UB Foundation Services, Inc.**  
Buffalo, NY  
\$150,000

**University of Virginia, School of Medicine**  
Charlottesville, VA  
\$149,999

**Minority Medical Faculty Development Program**

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

**Baylor College of Medicine**  
Houston, TX  
(25 months)  
\$315,506

**Beth Israel Hospital Association**  
Boston, MA  
(2 years)  
\$152,500

**Boston University, School of Medicine**  
Boston, MA  
(2 years)  
\$152,500

**Brigham and Women's Hospital, Inc.**  
Boston, MA  
(2 years)  
\$152,320

**University of California, Los Angeles, School of Medicine**  
Los Angeles, CA  
(2 years)  
\$457,267

**University of California, San Francisco, School of Medicine**  
San Francisco, CA  
(2 years)  
\$152,500

**Children's Hospital Corporation**  
Boston, MA  
(2 years)  
\$152,379

**The Children's Hospital of Philadelphia**  
Philadelphia, PA  
(2 years)  
\$152,500

University of Colorado Health Sciences Center  
Denver, CO  
(2 years)  
\$163,006

Emory University, School of Medicine  
Atlanta, GA  
(2 years)  
\$163,006

Foundation for Advanced Education in the  
Sciences, Inc.  
Bethesda, MD  
(2 years)  
\$163,006

The Johns Hopkins University, School of Medicine  
Baltimore, MD  
(2 years)  
\$315,269

The University of Pennsylvania, School of Medicine  
Philadelphia, PA  
(2.5 years)  
\$305,000

Stanford University, School of Medicine  
Stanford, CA  
(2 years)  
\$163,006

University of Texas Health Science Center at San  
Antonio  
San Antonio, TX  
(2 years)  
\$163,006

Vanderbilt University, School of Medicine  
Nashville, TN  
(2 years)  
\$163,005

University of Virginia, School of Medicine  
Charlottesville, VA  
(2 years)  
\$163,006

University of Washington, School of Medicine  
Seattle, WA  
(2 years)  
\$163,006

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RESEARCH & POLICY ANALYSIS (AD HOCS)

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Alliance for Young Families, Inc. *Analysis of adolescent health care needs in HMOs in Massachusetts (for 1 year).*  
Boston, MA ID#18451  
\$50,000

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3 American Academy of *Classification of mental health of children in primary care settings (for 3 years).*  
4 Pediatrics, Inc. ID#19893  
Elk Grove Village, IL  
\$113,362

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American Association for the *Report on health care as a human right (for 20 months).* ID#19534  
Advancement of Science  
Washington, DC  
\$48,443

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American Medical Association *Development of materials to implement adolescent preventive services (for 1.5 years).*  
Chicago, IL ID#18474  
\$147,896

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Association of Academic Health *Increasing health manpower through expanded national service (for 1 year).* ID#18592  
Centers, Inc.  
Washington, DC  
\$48,250

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Association of Asian Pacific *Analysis of barriers to health care for Asian and Pacific Island people (for 1.5 years).*  
Community Health Organizations ID#19757  
Oakland, CA  
\$98,860

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University of California, Los *Development of an improved measure of access to care (for 1 year).* ID#20511  
Angeles, School of Medicine  
Los Angeles, CA  
\$49,994

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<b>University of California, San Francisco, Institute for Health Policy Studies</b> San Francisco, CA <b>\$649,341</b> and <b>\$197,861</b>	<i>Study of barriers to primary care in California (for 2.5 years). ID#18869</i>  <i>Study of national and state strategies to improve child health access (for 2 years). ID#19101</i>
<b>The Center for Health Policy Development</b> Portland, ME <b>\$199,970</b>	<i>Dissemination of information on public-private strategies for health care reform (for 1 year). ID#20051</i>
<b>University of Colorado Health Sciences Center</b> Denver, CO <b>\$46,265</b>	<i>Evaluation of the Oregon school-based health clinic program (for 1 year). ID#20750</i>
<b>Columbia University, School of Public Health</b> New York, NY <b>\$99,979</b>	<i>Analysis of state policymaking regarding the uninsured (for 1 year). ID#18947</i>
<b>Community Health Center Capital Corporation</b> Washington, DC <b>\$50,000</b>	<i>Feasibility study for a hospital's conversion to a federally qualified health center (for 7 months). ID#20230</i>
<b>Emory University, School of Medicine</b> Atlanta, GA <b>\$752,108</b>	<i>Effects of illiteracy on patient-provider interactions (for 2 years). ID#19558</i>
<b>Families USA Foundation, Inc.</b> Washington, DC <b>\$279,689</b>	<i>Studies of health insurance coverage issues (for 1 year). ID#20400</i>
<b>Foundation of the University of Medicine and Dentistry of New Jersey</b> Newark, NJ <b>\$100,464</b>	<i>Technical assistance to the Foundation on health statistics activities (for 1 year). ID#19694</i>
<b>Freedom from Hunger</b> Davis, CA <b>\$163,200</b>	<i>Feasibility of health advisor networks in underserved communities (for 15 months). ID#20096</i>
<b>The General Hospital Corporation — Massachusetts General Hospital</b> Boston, MA <b>\$359,783</b>	<i>Research on access to physician services among the uninsured (for 2 years). ID#19577</i>
<b>Greater Cleveland Hospital Association</b> Cleveland, OH <b>\$584,676</b>	<i>Linking supply to demand: a long-range nursing workforce project (for 3 years). ID#21124</i>

<b>Harvard Medical School</b> Boston, MA <b>\$181,372</b>	<i>Analysis of Medicaid prescription drug reimbursement policies (for 1.5 years). ID#19782</i>
<b>The Johns Hopkins University, School of Hygiene and Public Health</b> Baltimore, MD <b>\$49,615</b>	<i>Assessment of RWJF maternal and child health programs (for 6 months). ID#19755</i>
<b>Loyola University of Chicago</b> Chicago, IL <b>\$164,884</b>	<i>National survey of surgeons on trauma care issues (for 1 year). ID#19275</i>
<b>State of Maryland, Department of Health and Mental Hygiene</b> Baltimore, MD <b>\$134,185</b>	<i>Survey of access and patient satisfaction of Maryland Medicaid clients (for 2 years). ID#19107</i>
<b>Medical and Health Research Association of New York City, Inc.</b> New York, NY <b>\$102,155</b>	<i>Microcomputer programs to analyze National Health Interview Survey data (for 1 year). ID#19609</i>
<b>University of Michigan, School of Public Health</b> Ann Arbor, MI <b>\$785,586</b>	<i>Study of expanded health insurance coverage in small businesses (for 2.5 years). ID#15150</i>
3 6 <b>University of Minnesota, School of Public Health</b> Minneapolis, MN <b>\$48,749</b>	<i>Study of exclusion from insurance coverage due to pre-existing conditions (for 15 months). ID#21482</i>
• • <b>University of Missouri-St. Louis</b> St. Louis, MO <b>\$42,124</b>	<i>Research on birth outcomes among Mexican women in Chicago (for 16 months). ID#19213</i>
<b>National Council of State Boards of Nursing, Inc.</b> Chicago, IL <b>\$530,110</b>	<i>Implementation of a national nurse database (for 2 years). ID#20932</i>
<b>The New York Academy of Medicine</b> New York, NY <b>\$50,000</b>	<i>Review of the function of New York City's Health and Hospitals Corporation (for 9 months). ID#19909</i>
<b>The University of Pennsylvania, School of Arts and Sciences</b> Philadelphia, PA <b>\$339,227</b>	<i>Assessment of Philadelphia's school-based AIDS prevention program (for 2 years). ID#20589</i>
<b>The People-to-People Health Foundation, Inc.</b> Chevy Chase, MD <b>\$489,683</b> and <b>\$137,562</b> and <b>\$319,093</b>	<i>1993 RWJF National Survey of Access to Health Care — analysis (for 3 years). ID#19319</i>  <i>Study of economic and cultural barriers in access to care for Hispanics (for 1.5 years). ID#20002</i>  <i>Study of the declining supply of rural physicians (for 2 years). ID#20001</i>



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**University of Tennessee,  
College of Medicine**      *Study to evaluate Medicaid patient access to primary care (for 11 months). ID#20783*  
Memphis, TN  
**\$49,486**

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**Texas Tech University  
Foundation**      *Feasibility of a statewide rural intergenerational volunteer program (for 5 months).  
ID#18812*  
Lubbock, TX  
**\$30,001**

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**United Way of the Bay Area**      *Development of a small group health insurance trust (for 1 year). ID#18863*  
San Francisco, CA  
**\$182,280**

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**University of Wisconsin  
Medical School**      *Policy studies on generalist-specialist physician mix (for 2 years). ID#19407*  
Madison, WI  
**\$368,518**

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**RESEARCH & POLICY ANALYSIS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)**

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**State Initiatives in Health Care  
Financing Reform**      *Initiative to help states plan and develop reforms that improve the delivery and financing  
of health care (for the periods indicated). ID#18519*

**State of Arkansas, Arkansas Health  
Care Access Council**  
Little Rock, AR  
(1.5 years)  
**\$427,567**

**State of Colorado, Office of the Governor**  
Denver, CO  
(2 years)  
**\$566,999**

**State of Florida, Agency for Health Care  
Administration**  
Tallahassee, FL  
(1 year)  
**\$450,000**

**Health Research, Inc.**  
Albany, NY  
(2 years)  
**\$937,731**

**State of Iowa, Department of Public Health**  
Des Moines, IA  
(2 years)  
**\$685,923**

**State of Minnesota, Department of Health**  
Minneapolis, MN  
(1.5 years)  
**\$891,591**

**State of New Mexico, New Mexico Health Policy  
Commission**  
Santa Fe, NM  
(2 years)  
**\$856,769**

**North Dakota State Department of Health and  
Consolidated Laboratories**  
Bismarck, ND  
(2 years)  
**\$671,337**

**State of Oklahoma, Office of the Governor**  
Oklahoma City, OK  
(2 years)  
**\$854,595**

**State of Oregon, Department of Human Resources**  
Portland, OR  
(2 years)  
**\$636,289**

**State of Vermont, Vermont Health Care Authority**  
Montpelier, VT  
(2 years)  
**\$808,341**

**State of Washington, Office of Financial Management**  
Olympia, WA  
(2 years)  
**\$634,909**

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EVALUATIONS (AD HOCS)

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**New York University, Robert F. Wagner Graduate School of Public Service**  
New York, NY  
\$133,622

*Evaluation of the Program to Strengthen Primary Care Health Centers (for 1.5 years). ID#20461*

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COMMUNICATIONS (AD HOCS)

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**Alpha Center for Health Planning, Inc.**  
Washington, DC  
\$10,424

*National conference on the evolving role of primary care (for 5 months). ID#19118*

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**Minnesota Medical Foundation, Inc.**  
Minneapolis, MN  
\$37,450

*Reprint and distribution of the Native American Youth Health Survey (for 6 months). ID#20505*

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**National Academy of Sciences — National Research Council**  
Washington, DC  
\$70,000

*National roundtable on effective services for children (for 1 year). ID#20243*

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**National Health Foundation**  
Los Angeles, CA  
\$50,000

*Collaborative effort for access to health care in riot area (for 6 months). ID#20689*

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**The Public Agenda Foundation**  
New York, NY  
\$250,000

*Program of public information on health care reform (for 2 years). ID#18400*

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**Radio Bilingue, Inc.**  
Fresno, CA  
\$355,121

*Radio programming on health for the Latino population (for 3 years). ID#19868*

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**Scientists' Institute for Public Information, Inc.**  
New York, NY  
\$412,006

*Project to encourage health care reportage in minority-owned media (for 2 years). ID#19331*

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**The Task Force for Child Survival and Development**  
Atlanta, GA  
\$95,834

*Fostering state leadership for childhood immunization programs (for 2 years). ID#19301*

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**U.S. Government, National Commission on Children**  
Washington, DC  
\$200,000

*Activities to promote a national agenda to support children and families (for 6 months). ID#20748*

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**Washington Business Group on Health**  
Washington, DC  
\$187,456

*Promoting the inclusion of preventive services in employer health plans (for 2 years). ID#19821*

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OTHER INTERVENTIONS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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**Health of the Public: An Academic Challenge**      *Program to stimulate academic health centers to become more responsive to the health needs of populations and communities (for 44 months). ID#20933*

University of California, San Francisco, School of Medicine  
San Francisco, CA  
\$3,899,833

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**New Jersey Health Services Development Program — Phase II**      *Innovative projects to address the state's health care needs, focusing on the Foundation's goal areas (for 1.5 years). ID#18599*

New Jersey Health Care Facilities Financing Authority  
Trenton, NJ  
\$111,462

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**Chronic Health Conditions**

DEMONSTRATION (AD HOCS)

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**AIDS Arms Network, Inc.**      *Challenge grant to stabilize the Dallas AIDS Health Services Program (for 3 months). ID#19860*  
Dallas, TX  
\$23,200

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**Beth Israel Medical Center**      *Home-based services for methadone patients with AIDS (for 2 years). ID#13778*  
New York, NY  
\$200,000

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**Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**      *Technical assistance and direction for No Place Like Home: Providing Supportive Services in Senior Housing (for 2 years). ID#18254*  
Waltham, MA  
\$434,630

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**The Center School**      *Summer therapy program for children with learning disabilities (for 2 months). ID#19635*  
Highland Park, NJ  
\$5,000

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**Children's Hospital Corporation**      *Replication of a school-based project for technology-dependent children (for 3 years). ID#17792*  
Boston, MA  
\$499,056

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**Consumer Cooperative Development Corporation — National Cooperative Bank**      *Development of rural community-based systems for long-term care (for 10 months). ID#19575*  
Washington, DC  
\$199,918

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**Dartmouth-Hitchcock Medical Center**      *Planning community-based care for chronically ill children and families (for 1 year). ID#19829*  
Lebanon, NH  
\$199,859

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**Fund for the City of New York**      *Support of a director for a high school HIV/AIDS education program (for 1 year). ID#19287*  
New York, NY  
\$50,000

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**The General Hospital Corporation — Massachusetts General Hospital**      *Technical assistance and direction for the Homeless Families Program (for 1 year). ID#19311*  
Boston, MA  
\$558,942

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<b>The Genesee Hospital</b> Rochester, NY <b>\$377,108</b>	<i>Technical assistance and direction for Building Health Systems for People with Chronic Illnesses (for 15 months). ID#20316</i>
<b>Harvard University, School of Public Health</b> Boston, MA <b>\$199,903</b>	<i>Service-provider information network for people with HIV disease (for 1.5 years). ID#18502</i>
<b>The Hole in the Wall Gang Fund South, Inc.</b> Gainesville, FL <b>\$151,571</b>	<i>Planning residential treatment for chronically ill children and families (for 2 years). ID#19445</i>
<b>The Institute for Rehabilitation and Research</b> Houston, TX <b>\$486,327</b>	<i>Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#18552</i>
<b>The Johns Hopkins Hospital</b> Baltimore, MD <b>\$195,770</b>	<i>Management of chronic disease in the employed population (for 1 year). ID#19665</i>
<b>Middlesex County Educational Services Commission</b> Piscataway, NJ <b>\$49,020</b>	<i>After-care for substance-abusing youth with mental illness (for 1 year). ID#19499</i>
<b>University of Minnesota, School of Public Health</b> Minneapolis, MN <b>\$302,443</b>	<i>Technical assistance and direction for Improving Child Health Services: Removing Categorical Barriers to Care (for 1 year). ID#19690</i>
<b>Monmouth Housing Alliance, Inc.</b> Red Bank, NJ <b>\$48,450</b>	<i>Establishment of a non-profit housing program for people with special needs (for 1 year). ID#20263</i>
<b>The Technical Assistance Collaborative, Inc.</b> Boston, MA <b>\$1,465,443</b>	<i>Technical assistance for Replication of the Foundation's Programs on Mental Illness (for 4 years). ID#20138</i>
<b>United Seniors Health Cooperative</b> Washington, DC <b>\$410,000</b>	<i>Demonstration of a community-wide service credit banking program (for 3 years). ID#19150</i>
<b>Wake Forest University, The Bowman Gray School of Medicine</b> Winston-Salem, NC <b>\$1,949,543</b>	<i>Technical assistance and direction for Partners in Caregiving: The Dementia Services Program and for the Dementia Care and Respite Services Program (for 2 years). ID#18820</i>
<b>Washington Business Group on Health</b> Washington, DC <b>\$491,337</b>	<i>Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#18261</i>
<b>University of Wisconsin Medical School</b> Madison, WI <b>\$445,000</b>	<i>Support for a cancer pain resource center (for 3 years). ID#20623</i>



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DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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**Coming Home: Development of Rural Community-Based Systems for Chronic Care**      *Initiative promoting the development of integrated systems of care for the frail elderly (for 6 years). ID#21254*

**Consumer Cooperative Development Corporation — National Cooperative Bank**  
Washington, DC  
\$6,531,516

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**Funding Partnership for People with Disabilities**      *Program involving many grantmakers to foster the integration of people with disabilities into all aspects of American life (for the periods indicated). ID#21362*

**Drexel University**  
Philadelphia, PA  
(2 years)  
\$49,628

**Theda Clark Memorial Hospital**  
Neenah, WI  
(1.5 years)  
\$49,668

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**Homeless Families Program**      *Initiative to help homeless families obtain needed health and supportive services, including permanent housing (for the periods indicated). ID#13135*

**County of Alameda, Health Care Services Agency**  
Oakland, CA  
(3 years)  
\$300,000

**City of Houston**  
Houston, TX  
(3 years)  
\$300,000

**City of Baltimore, Office of the Mayor**  
Baltimore, MD  
(1 year)  
\$100,000

**Metro Atlanta Task Force for the Homeless, Inc.**  
Atlanta, GA  
(3 years)  
\$300,000

**Catholic Charities of San Francisco County**  
San Francisco, CA  
(3 years)  
\$321,008

**Multnomah County, Oregon**  
Portland, OR  
(3 years)  
\$300,000

**The Colorado Coalition for the Homeless**  
Denver, CO  
(1 year)  
\$131,297

**Seattle-King County Department of Public Health**  
Seattle, WA  
(3 years)  
\$300,000

**Council of Community Services of Nashville and Davidson County**  
Nashville, TN  
(3 years)  
\$299,995

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**Improving Child Health Services: Removing Categorical Barriers to Care**      *Support for communities to restructure child health and social service systems (for 3 years). ID#13101*

**City and County of San Francisco, Department of Public Health**  
San Francisco, CA  
\$500,000

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**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 the periods indicated). ID#14432*

**The Ability Center of Greater Toledo**  
Sylvania, OH  
(3 years)  
**\$597,156**

**Ability Resources**  
Tulsa, OK  
(3 years)  
**\$600,000**

**Adaptive Living Programs for Handicapped  
Americans (ALPHA ONE)**  
South Portland, ME  
(3 years)  
**\$598,964**

**Ann Arbor Center for Independent Living**  
Ann Arbor, MI  
(3 years)  
**\$595,282**

**Atlantis Community, Inc.**  
Denver, CO  
(3 years)  
**\$398,600**

**Center for Independence of the Disabled  
in New York, Inc.**  
New York, NY  
(1 year)  
**\$142,111**

**Center for Living and Working, Inc.**  
Worcester, MA  
(3 years)  
**\$582,112**

**Montana Independent Living Project, Inc.**  
Helena, MT  
(3 years)  
**\$591,093**

**Resources for Independent Living, Inc.**  
Sacramento, CA  
(1 year)  
**\$118,396**

**Southeastern Minnesota Center for Independent  
Living, Inc.**  
Rochester, MN  
(3 years)  
**\$591,898**

**Stavros Center for Independent Living, Inc.**  
Amherst, MA  
(3 years)  
**\$594,385**

**SUMMIT Independent Living Center, Inc.**  
Missoula, MT  
(3 years)  
**\$599,876**

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**Local Initiative Funding Partners  
Program — Phase II**

*Matching grants program to enable local philanthropies to sponsor innovative health  
services projects, focusing on the Foundation's goal areas (for 3 years). ID#18466*

**AIDS Services of Austin**  
Austin, TX  
**\$371,420**

**RAIN-Arkansas, Inc.**  
Little Rock, AR  
**\$447,579**

**Jacob Perlow Hospice Corporation**  
New York, NY  
**\$149,160**

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**Mental Health Services Program  
for Youth**

*Development of model financing and service delivery systems for children and youth with  
serious mental disorders (for 2 years). ID#13609*

**State of California Health and Welfare Agency,  
Department of Mental Health**  
Sacramento, CA  
**\$911,622**

**State of Oregon, Department of Human Resources,  
Mental Health Division**  
Salem, OR  
**\$1,030,808**

**Commonwealth of Kentucky, Cabinet for Human  
Resources, Department of Mental Health and Mental  
Retardation Services**  
Frankfort, KY  
**\$908,734**

**State of Vermont, Department of Mental Health**  
Waterbury, VT  
**\$939,959**

**State of North Carolina, Department of Human  
Resources**  
Raleigh, NC  
**\$931,389**

**State of Wisconsin, Department of Health and Social  
Services**  
Madison, WI  
**\$900,000**

**State of Ohio, Department of Mental Health**  
Columbus, OH  
**\$900,000**

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<p><b>New Jersey Health Services Development Program — Phase II</b></p> <p><b>Cadbury Corporation</b> Cherry Hill, NJ (1 year) <b>\$84,070</b></p> <p><b>Children's Hospice of New Jersey, Inc.</b> Morristown, NJ (3 years) <b>\$250,000</b></p>	<p><i>Innovative projects to address the state's health care needs, focusing on the Foundation's goal areas (for the periods indicated). ID#18599</i></p>	<p><b>The New Jersey State Chapter of the Epilepsy Foundation of America</b> Trenton, NJ (3 years) <b>\$179,996</b></p> <p><b>Newark Beth Israel Medical Center</b> Newark, NJ (2 years) <b>\$248,051</b></p>
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<p><b>No Place Like Home: Providing Supportive Services in Senior Housing</b></p> <p><b>Multnomah County, Oregon</b> Portland, OR <b>\$75,000</b></p> <p><b>North Carolina Housing Finance Agency</b> Raleigh, NC <b>\$75,000</b></p>	<p><i>Innovative approaches to financing and delivering supportive services to older people who live in private, publicly subsidized housing for the elderly (for 1 year). ID#12422</i></p>	<p><b>South Dakota Housing Development Authority</b> Pierre, SD <b>\$74,823</b></p>
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<p><b>On Lok Approach to Care for the Elderly</b></p> <p><b>Bienvivir Senior Health Services</b> El Paso, TX <b>\$50,000</b></p>	<p><i>Replication of a model program of comprehensive health and financing services for dependent elderly (for 2 months). ID#11868</i></p>
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<p><b>Service Credit Banking Program Replication</b></p> <p><b>University of Maryland, Center on Aging</b> College Park, MD <b>\$674,913</b></p>	<p><i>Replication of a model to provide supportive services by volunteers for the frail and disabled elderly (for 3 years). ID#20228</i></p>
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*EDUCATION & TRAINING (AD HOCS)*

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<p><b>Massachusetts Health Research Institute, Inc.</b> Boston, MA <b>\$3,515,839</b></p>	<p><i>Technical assistance and direction for the Community Health Leadership Recognition Program (for 3 years). ID#19688</i></p>
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<p><b>Public Hospital Institute</b> Berkeley, CA <b>\$50,000</b></p>	<p><i>National AIDS Update Conference (for 5 months). ID#20265</i></p>
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*RESEARCH & POLICY ANALYSIS (AD HOCS)*

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<p><b>Boston University, School of Public Health</b> Boston, MA <b>\$288,589</b></p>	<p><i>Improved services for disabled and chronically ill Medicaid enrollees (for 1 year). ID#19422</i></p>
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<p><b>Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare</b> Waltham, MA <b>\$50,000</b></p>	<p><i>Study of changes in Medicare home care benefits (for 11 months). ID#20048</i></p>
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<b>University of Colorado Health Sciences Center</b> Denver, CO <b>\$199,821</b>	<i>Analysis of data on the long-term course of severe mental illness (for 1 year). ID#19300</i>
<b>Dartmouth Medical School</b> Hanover, NH <b>\$935,694</b>	<i>Expanding the Program on the Care of Critically Ill Hospitalized Adults to include the elderly (for 2 years). ID#20856</i>
<b>Fallon Community Health Plan, Inc.</b> Worcester, MA <b>\$48,245</b>	<i>Planning a study of a comprehensive care model for the chronically ill (for 6 months). ID#20515</i>
<b>George Washington University</b> Washington, DC <b>\$1,150,468</b>	<i>Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 14 months). ID#20776</i>
<b>Georgetown University, School of Medicine</b> Washington, DC <b>\$50,000</b>	<i>Planning an enhanced national survey of service needs of disabled people (for 7 months). ID#19993</i>
<b>Indiana University, School of Law</b> Indianapolis, IN <b>\$238,374</b>	<i>Consequences of private health insurance barriers for the seriously ill (for 2 years). ID#20184</i>
<b>Medicare Beneficiaries Defense Fund, Inc.</b> New York, NY <b>\$113,148</b>	<i>Barriers to Medicare coverage for the elderly and disabled (for 1 year). ID#20231</i>
<b>National Coalition for Cancer Survivorship</b> Silver Spring, MD <b>\$42,145</b>	<i>Planning an information and referral service for cancer survivors (for 7 months). ID#20232</i>
<b>Pacific Institute of Medical Research</b> Los Angeles, CA <b>\$42,140</b>	<i>Study of the mental health of homeless children (for 2 years). ID#18945</i>
<b>The University of Pennsylvania, School of Nursing</b> Philadelphia, PA <b>\$199,957</b>	<i>Field study of the implementation of the Nursing Home Reform Act of 1987 (for 2 years). ID#19584</i>
<b>University of Rochester, School of Medicine and Dentistry</b> Rochester, NY <b>\$40,750</b>	<i>Assessment of the Foundation's grantmaking in the chronic illness area (for 5 months). ID#20575</i>
<b>Rutgers University, Institute for Health, Health Care Policy and Aging Research</b> New Brunswick, NJ <b>\$199,868</b>	<i>Study of informal caregivers for the seriously mentally ill (for 2 years). ID#18059</i>



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<b>University of Southern California</b> Los Angeles, CA \$15,168	<i>Analysis of data on community attitudes toward human service facilities (for 1 year). ID#19723</i>
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<b>Stanford University, School of Medicine</b> Stanford, CA \$772,964	<i>Development of a case management system for serious disorders (for 2 years). ID#20297</i>
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<b>Yale-New Haven Hospital, Inc.</b> New Haven, CT \$97,785	<i>Improved continuity of care for people with chronic medical conditions (for 6 months). ID#18421</i>
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COMMUNICATIONS (AD HOC)

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<b>AIDS National Interfaith Network, Inc.</b> Washington, DC \$40,000	<i>Support for AIDS workers to attend the National Skills-Building Conference (for 3 months). ID#20342</i>
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<b>American Geriatrics Society, Inc.</b> New York, NY \$80,000	<i>Development of a lay guide to health concerns of the elderly (for 1 year). ID#19398</i>
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<b>Montefiore Medical Center</b> Bronx, NY \$50,000	<i>Documenting an HIV/AIDS education program in New York City public schools (for 1 year). ID#20848</i>
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<b>New World Media Alliance, Inc.</b> New York, NY \$106,750	<i>Communications tools to help elderly people make life-support decisions (for 6 months). ID#19790</i>
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<b>The New York Business Group on Health, Inc.</b> New York, NY \$49,858	<i>Regional conference on HIV/AIDS and the employer (for 10 months). ID#20572</i>
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<b>The New York Community Trust</b> New York, NY \$30,000	<i>Technical assistance and education for grantmakers regarding AIDS (for 1 year). ID#20377</i>
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<b>County of Santa Clara, Department of Public Health</b> San Jose, CA \$50,000	<i>Dissemination of information regarding the clustered apartment project (for 1 year). ID#19837</i>
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COMMUNICATIONS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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<b>Funding Partnership for People with Disabilities</b>	<i>Program involving many grantmakers to foster the integration of people with disabilities into all aspects of American life (for 1 year). ID#21362</i>
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<b>St. Joseph Rehabilitation Hospital and Outpatient Center</b> Albuquerque, NM \$50,000
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**Substance Abuse**DEMONSTRATION (AD HOCS)

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<b>American Association of School Administrators</b> Arlington, VA \$195,954	<i>School-based substance abuse prevention: Options for PreTeens (for 2 years). ID#18580</i>
<b>Bank Street College of Education</b> New York, NY \$350,000	<i>Development of a preschool curriculum to prevent substance abuse (for 2 years). ID#21128</i>
<b>The Center on Addiction and Substance Abuse</b> New York, NY \$605,461	<i>After-care demonstration program for drug-using ex-offenders (for 9 months). ID#20660</i>
<b>University of Colorado Health Sciences Center</b> Denver, CO \$420,736	<i>Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (for 1 year). ID#19262</i>
<b>Community Anti-Drug Coalitions of America</b> Alexandria, VA \$500,000	<i>Establishment of a national organization of community anti-drug coalitions (for 3 years). ID#20046</i>
<b>State of Florida, Department of Health and Rehabilitative Services</b> Tallahassee, FL \$47,742	<i>Technical assistance for a new state tracking system for substance-exposed newborns (for 1 year). ID#17365</i>
<b>Institute of Beverage Alcohol, Inc.</b> Minneapolis, MN \$20,085	<i>Certification program to promote responsible alcohol service (for 1 year). ID#19844</i>
<b>March of Dimes Birth Defects Foundation, East Central Florida Chapter</b> Orlando, FL \$558,923	<i>Project to reduce substance abuse among pregnant and postpartum women (for 2 years). ID#19622</i>
<b>City of New Haven, Department of Health</b> New Haven, CT \$572,827	<i>Expansion of a model needle exchange program (for 3 years). ID#19924</i>
<b>New York University, Robert F. Wagner Graduate School of Public Service</b> New York, NY \$144,070	<i>Drug abuse after-care demonstration program for ex-offenders (for 11 months). ID#18736</i>
<b>Resources for Children with Special Needs, Inc.</b> New York, NY \$150,000	<i>Services for birth, foster, and adoptive families of drug-exposed children (for 2 years). ID#18311</i>

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<b>St. Peter's Medical Center</b> New Brunswick, NJ \$534,663	<i>Treating tobacco addiction in drug and alcohol treatment settings (for 3 years). ID#19598</i>
<b>The Van Ost Institute for Family Living, Inc.</b> Englewood, NJ \$25,000	<i>Substance abuse treatment program for the elderly (for 1 year). ID#20136</i>
<b>Vanderbilt University, School of Medicine</b> Nashville, TN \$690,588	<i>Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year). ID#19697</i>
<b>Yale University, The Bush Center in Child Development and Social Policy</b> New Haven, CT \$26,710	<i>Review of preschool substance abuse prevention interventions (for 7 months). ID#20351</i>

*DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)*

<b>Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol</b>	<i>Support of community-wide efforts to reduce alcohol and drug abuse through public awareness strategies, prevention, early identification, and treatment interventions (for the periods indicated). ID#13375</i>
<b>County of Alameda — Castlemont Corridor Coordinating Council</b> Oakland, CA (1 year) \$568,207	<b>City of New Haven, Human Resources Administration</b> New Haven, CT (1 year) \$600,000
<b>Boys' and Girls' Clubs of Newark, Inc.</b> Newark, NJ (2.5 years) \$1,855,062	<b>Northwest New Mexico Council of Governments</b> Gallup, NM (2.5 years) \$1,611,628
<b>The Greater Kansas City Community Foundation</b> Kansas City, MO (2.5 years) \$1,542,886	<b>Santa Barbara Council on Alcoholism and Drug Abuse</b> Santa Barbara, CA (2.5 years) \$1,829,842
<b>Lexington/Richland Alcohol and Drug Abuse Council, Inc.</b> Columbia, SC (2.5 years) \$1,674,821	<b>United Way of San Antonio and Bexar County</b> San Antonio, TX (1 year) \$578,780
<b>City of Little Rock</b> Little Rock, AR (2.5 years) \$1,919,272	<b>City of Vallejo</b> Vallejo, CA (2.5 years) \$1,544,482
<b>Marshall Heights Community Development Organization</b> Washington, DC (1 year) \$599,916	<b>Worcester Fights Back, Inc.</b> Worcester, MA (2.5 years) \$1,927,238
<b>Milwaukee County</b> Milwaukee, WI (2.5 years) \$1,790,240	

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**Free to Grow: Head Start Partnerships to Promote Substance-free Communities** *Model development and implementation for the Head Start Program to work with families of preschool children and neighborhoods to prevent substance abuse (for 2 years).* ID#20223

**Alcohol and Drug Abuse Prevention Foundation, Inc.**  
New York, NY  
\$399,513

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**New Jersey Health Services Development Program — Phase II** *Innovative projects to address the state's health care needs, focusing on the Foundation's goal areas (for 2 years).* ID#18599

**Community Corrections Council**  
Morris Plains, NJ  
\$189,266

**Mercer Medical Center**  
Trenton, NJ  
\$249,487

**Martin Luther King, Jr., Day Care Center**  
Camden, NJ  
\$175,000

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**RESEARCH & POLICY ANALYSIS (AD HOCS)**

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**Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare** *Substance abuse treatment and costs study (for 3 years).* ID#21228

Waltham, MA  
\$522,741

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**State of Connecticut, Connecticut Alcohol and Drug Abuse Commission** *Program to stimulate community substance abuse initiatives statewide (for 6 months).* ID#19532

Hartford, CT  
\$50,000

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**Consumers Union of United States, Inc., Consumer Reports Books** *Research to enable revision of a substance abuse source book (for 15 months).* ID#20457

Yonkers, NY  
\$100,000

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**Developmental Studies Center** *Preventing the onset of substance abuse and other problem behavior (for 39 months).* ID#16174

San Ramon, CA  
\$1,200,000

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**Harvard University, School of Public Health**

Boston, MA

\$998,254

and

\$32,968

*National study of college drinking patterns and practices (for 2.5 years).* ID#19547

*Substance abuse linkage to a criminal behavior study (for 2 months).* ID#20995

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**Health Policy Advisory Center, Inc.**

New York, NY

\$174,397

*Assessment of New York City's drug treatment system (for 2 years).* ID#19229

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**Institute for Public Policy Advocacy**

Washington, DC

\$140,926

*Development of an effective dissemination strategy for tobacco policy information (for 16 months).* ID#20454

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<b>University of Massachusetts Medical Center</b> Worcester, MA \$25,000	<i>Study of health effects on children from others' tobacco use (for 1 year). ID#19779</i>
<b>University of Michigan, School of Public Health</b> Ann Arbor, MI \$332,417	<i>Research on implications of workplace smoking cessation programs (for 2 years). ID#19069</i>
<b>National Academy of Sciences — Institute of Medicine</b> Washington, DC \$350,000	<i>Study of nicotine dependence prevention in children and adolescents (for 1.5 years). ID#20520</i>
<b>University of Nebraska, Prevention Center for Alcohol and Drug Abuse</b> Lincoln, NE \$94,879	<i>Evaluation of a university-wide alcohol prevention program (for 1 year). ID#19337</i>
<b>University of Rhode Island</b> Kingston, RI \$47,754	<i>Study of low-cost smoking cessation programs for urban pregnant women (for 9 months). ID#20462</i>
<b>Stanford University, School of Law</b> Stanford, CA \$240,379	<i>Technical assistance and direction for the Tobacco Policy Research and Evaluation Program (for 1 year). ID#19675</i>
<b>Virginia Commonwealth University, Medical College of Virginia</b> Richmond, VA \$145,416	<i>Influence of genetic and environmental factors on substance abuse (for 1 year). ID#20897</i>
<b>University of Wisconsin, Center for Health Policy and Program Evaluation</b> Madison, WI \$72,393	<i>Follow-up study of students in a substance abuse prevention program (for 1 year). ID#20383</i>
<b>EVALUATIONS (AD HOCS)</b>	
<b>University of Colorado</b> Denver, CO \$195,333	<i>Evaluation of a four-community project to reduce adolescent tobacco use (for 3 years). ID#19411</i>
<b>NDRI-USA, Inc. — Narcotic and Drug Research, Inc.</b> Albany, NY \$194,264	<i>Evaluation of a substance abuse program for jail inmates (for 19 months). ID#19458</i>
<b>Research Foundation for Mental Hygiene, Inc.</b> Albany, NY \$798,499	<i>Evaluation of an alcohol intervention program in general hospitals (for 27 months). ID#18999</i>

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**Yale University, School of  
Organization and Management**  
New Haven, CT  
**\$177,923**

*Evaluation of a model needle exchange program (for 3 years). ID#20049*

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COMMUNICATIONS (AD HOCS)

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**ACORD, Inc.**  
Princeton, NJ  
**\$40,000**

*Conference to encourage development of guidelines for responsible drinking (for 1 year).  
ID#20156*

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**American Bar Association Fund  
for Justice and Education**  
Chicago, IL  
**\$197,094**

*Recruitment of ABA members for community anti-drug coalitions (for 1.5 years).  
ID#19838*

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**American Lung Association**  
New York, NY  
**\$145,499**

*Smoking and lung disease prevention curriculum for vocational students (for 1 year).  
ID#18795*

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**Child Welfare League of  
America, Inc.**  
Washington, DC  
**\$10,000**

*Symposium on AIDS risk-reduction strategies among youth (for 4 months). ID#21129*

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**Emory University, The  
Carter Center**  
Atlanta, GA  
**\$78,340**

*Development of a Tobacco Tax Policy Task Force (for 6 months). ID#21309*

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**Foundation of the University of  
Medicine and Dentistry of New  
Jersey**  
Piscataway, NJ  
**\$1,183,986**

*Elementary school program to prevent substance abuse and other problems (for  
57 months). ID#21517*

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**Greater Washington Educational  
Telecommunications Association,  
Inc. — WETA**  
Arlington, VA  
**\$85,500**

*Production of studio discussion to accompany a substance abuse film (for 9 months).  
ID#20147*

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**Margaret Woodbury Strong  
Museum**  
Rochester, NY  
**\$280,000**

*Museum exhibit on the history of United States alcohol and drug use (for 1 year).  
ID#19347*

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**New Hampshire Housing  
Finance Authority**  
Manchester, NH  
**\$500,000**

*Implementing a substance abuse intervention program in senior housing (for 3 years).  
ID#18862*

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**Partnership for a Drug-Free  
America, Inc.**  
New York, NY  
**\$3,000,000**

*Media campaign to reduce demand for illegal drugs (for 2 years). ID#20895*

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<b>Rochester Institute of Technology, National Technical Institute for the Deaf</b> Rochester, NY \$38,000	<i>Substance abuse video for hearing-impaired and deaf youth (for 1 year). ID#19476</i>
<b>The Scott Newman Center</b> Los Angeles, CA \$250,000	<i>Educating youth regarding alcohol and tobacco advertising (for 15 months). ID#18864</i>
<b>University of Medicine and Dentistry of New Jersey, Community Mental Health Center</b> Piscataway, NJ \$24,188	<i>Elementary school programs to prevent substance abuse and other problems (for 3 months). ID#19608</i>
<b>University of Medicine and Dentistry of New Jersey — Robert Wood Johnson Medical School</b> Piscataway, NJ \$69,498	<i>Replication of a substance abuse prevention teaching kit (for 6 months). ID#20292</i>
<b>Work In America Institute, Inc.</b> Scarsdale, NY \$878,816	<i>Workplace program to help parents prevent substance abuse among teens (for 3 years). ID#18789</i>

*OTHER INTERVENTIONS (AD HOCS)*

<b>Boston University, School of Public Health</b> Boston, MA \$8,782,509	<i>National technical assistance project for substance abuse initiatives (for 3.5 years). ID#19307</i>
<b>The Center on Addiction and Substance Abuse</b> New York, NY \$6,000,000	<i>The Center on Addiction and Substance Abuse at Columbia University (for 3 years). ID#19329</i>

**Cost Containment**

*DEMONSTRATION (AD HOCS)*

<b>University of Maryland, Center on Aging</b> College Park, MD \$297,123	<i>Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 11 months). ID#17799</i>
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*DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)*

<b>Changes in Health Care Financing and Organization</b> State of Minnesota, Department of Human Services St. Paul, MN \$235,424	<i>Support for projects to examine and test how changes in the financing and organization of health services affect health care costs, quality, and access (for 19 months). ID#12590</i>
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**Program to Promote Long-Term Care Insurance for the Elderly**      *Public/private partnerships for the development of affordable long-term care insurance plans for the elderly (for the periods indicated). ID#12657*

**State of California, Health and Welfare Agency**  
Sacramento, CA  
(41 months)  
**\$2,041,915**

**University of Connecticut Health Center**  
Farmington, CT  
(17 months)  
**\$131,067**

**State of Connecticut, Office of Policy and Management**  
Hartford, CT  
(2 years)  
**\$351,820**

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*EDUCATION & TRAINING (AD HOCS)*

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**Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare**  
Waltham, MA  
**\$718,809**

*Technical assistance and direction for the Scholars in Health Policy Research Program (for 2 years). ID#19249*

**Brown University**  
Providence, RI  
**\$48,871**

*Conference on the political dynamics of health care reform (for 9 months). ID#19777*

**IHC Hospital, Inc.**  
Salt Lake City, UT  
**\$79,726**

*Technical assistance and direction for the Faculty Fellowships in Health Care Finance Program (for 1.5 years). ID#20666*

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*EDUCATION & TRAINING (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)*

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**Faculty Fellowships in Health Care Finance**

*Program of study and field experience in health care finance for university faculty from related specialties (for 1.5 years). ID#8584*

**Harvard University, School of Public Health**  
Boston, MA  
**\$14,992**

**University of North Carolina at Chapel Hill, School of Public Health**  
Chapel Hill, NC  
**\$14,875**

**University of Maryland, School of Medicine**  
Baltimore, MD  
**\$14,999**

**Widener University, School of Management**  
Chester, PA  
**\$15,000**

**University of Nebraska Medical Center**  
Omaha, NE  
**\$15,000**

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*RESEARCH & POLICY ANALYSIS (AD HOCS)*

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**Alpha Center for Health Planning, Inc.**  
Washington, DC  
**\$683,855**

*Technical assistance and direction for Changes in Health Care Financing and Organization (for 22 months). ID#17789*

**Baystate Medical Center, Inc.**  
Springfield, MA  
**\$49,993**

*Undergraduate medical education costs at non-university hospitals (for 1 year). ID#18562*

**Boston University, College of Liberal Arts**  
Boston, MA  
**\$106,676**

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*Research on business leaders' preferences for health policy reform (for 15 months). ID#19583*

<b>Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare</b> Waltham, MA <b>\$189,666</b>	<i>Analysis of cost containment strategies' impact on medical technology (for 2 years).</i> ID#21335
<b>The Brookings Institution</b> Washington, DC <b>\$50,000</b>	<i>Study of legislation's effects on health care access and costs (for 7 months).</i> ID#16492
<b>Foundation for Health Services Research, Inc.</b> Washington, DC <b>\$221,321</b>	<i>Technical assistance and direction for the Investigator Grants in Health Policy Research Program (for 1 year).</i> ID#19424
<b>George Washington University, Center for Health Policy Research</b> Washington, DC <b>\$49,995</b>	<i>Description of global budgeting as a cost containment strategy (for 6 months).</i> ID#20057
<b>Georgia State University Research Foundation, Inc.</b> Atlanta, GA <b>\$49,970</b>	<i>Analysis of scope and depth of coverage in large group health plans (for 6 months).</i> ID#20251
<b>Harvard Community Health Plan, Inc.</b> Brookline, MA <b>\$129,508</b>	<i>Study of medical necessity determination in the United States and Canada (for 2 years).</i> ID#19450
<b>Harvard University, School of Public Health</b> Boston, MA <b>\$296,960</b>	<i>A new forecasting and simulation model of the United States Health Care Sector (for 1 year).</i> ID#20066
<b>Health Services Foundation</b> Chicago, IL <b>\$39,838</b>	<i>Analysis of the role of capital investment on health care costs (for 4 months).</i> ID#20478
<b>The Institute for the Future</b> Menlo Park, CA <b>\$50,000</b>	<i>Exploration of performance differences between United States and Canadian hospitals (for 6 months).</i> ID#18837
<b>University of Michigan Medical School</b> Ann Arbor, MI <b>\$54,492</b>	<i>Comparing in-hospital ancillary services in the United States and Canada (for 1 year).</i> ID#19588
<b>Public Policy and Education Fund of New York, Inc.</b> Albany, NY <b>\$45,000</b>	<i>Research on the application of global budgeting to New York hospitals (for 14 months).</i> ID#20363
<b>The Urban Institute</b> Washington, DC <b>\$130,822</b>	<i>Dissemination of policy findings from the Medical Malpractice Program (for 1 year).</i> ID#19116
and <b>\$25,000</b>	<i>Study of United States/Canadian differences in use and costs of physician services (for 4 months).</i> ID#20303

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**University of Virginia Law  
School Foundation**  
Charlottesville, VA  
\$170,351

*Feasibility of an organizational liability approach for medical malpractice (for 2 years).*  
ID#19892

and  
\$18,884

*Follow-up and dissemination of the Medical Malpractice Program (for 6 months).*  
ID#20563

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**University of Washington,  
School of Public Health and  
Community Medicine**  
Seattle, WA  
\$219,326

*Effects of utilization review on health care quality and access (for 2 years).* ID#19977

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RESEARCH & POLICY ANALYSIS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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**Changes in Health Care  
Financing and Organization**

*Support for projects to examine and test how changes in the financing and organization of health services affect health care costs, quality, and access (for the periods indicated).*  
ID#12590

**University of California, Los Angeles,  
School of Public Health**  
Los Angeles, CA  
(21 months)  
\$296,945

**University of Michigan, School of Public Health**  
Ann Arbor, MI  
(2 years)  
\$200,185

**Harvard Medical School**  
Boston, MA  
(3 years)  
\$482,425

**University Hospitals of Cleveland**  
Cleveland, OH  
(3 years)  
\$509,891

**Harvard University, John F. Kennedy  
School of Government**  
Cambridge, MA  
(2 years)  
\$398,733

**Wayne State University**  
Detroit, MI  
(2 years)  
\$213,720

**Health Research, Inc.**  
Albany, NY  
(2 years)  
\$441,495

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EVALUATIONS (AD HOCS)

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**Boston University**  
Boston, MA  
\$197,221

*Evaluation of New Hampshire's Medicaid payment system for psychiatric services (for 2 years).* ID#20020

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COMMUNICATIONS (AD HOCS)

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**The League of Women Voters  
Education Fund**  
Washington, DC  
\$50,000

*Support for a community education project on health care issues (for 9 months).*  
ID#19478

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**The New York Business Group  
on Health, Inc.**  
New York, NY  
\$15,000

*Proceedings of a conference on health insurance reform (for 7 months).* ID#19607

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**Princeton University**  
Princeton, NJ  
\$50,000

*Conference on managed competition (for 1 year).* ID#20587

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**Other Programs***DEMONSTRATION (AD HOCS)*

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**Camillus Health Concern, Inc.**      *Outreach field medical team for victims of Hurricane Andrew (for 6 months). ID#21253*  
Miami, FL  
**\$100,000**

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**Foundation of the University of Medicine and Dentistry of New Jersey**      *Technical assistance and direction for the Information for State Health Policy Program (for 1 year). ID#19693*  
Newark, NJ  
**\$260,681**

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**George Washington University**      *Technical assistance and direction for the Information for State Health Policy Program (for 1 year). ID#18256*  
Washington, DC  
**\$75,409**

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**The Hospital Chaplaincy, Inc.**      *Planning for the replication of a model hospital chaplaincy program (for 1 year). ID#20725*  
New York, NY  
**\$49,050**

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**MELD**      *Merging school-based support groups and other services for teen parents (for 5 years). ID#18433*  
Minneapolis, MN  
**\$500,000**

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**One to One Partnership, Inc.**      *Enhancing health and life chances for disadvantaged urban youth (for 5 years). ID#21292*  
Washington, DC  
**\$1,000,000**

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*DEMONSTRATION (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)*

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**Improving the Quality of Hospital Care**      *Development of initiatives by hospital consortia to identify and address areas for improvement in patient care quality (for 5 years). ID#13081*  
**The University of Iowa**      **Public Hospital Institute**  
Iowa City, IA      San Mateo, CA  
**\$985,075**      **\$977,728**

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**Information for State Health Policy**      *Support to help states strengthen their health statistics systems needed for policymaking (for the periods indicated). ID#13607*

**State of Arkansas, Department of Health**  
Little Rock, AR  
(1.5 years)  
**\$147,834**

**State of California, Health and Welfare Agency**  
Sacramento, CA  
(1.5 years)  
**\$150,000**

**State of Connecticut, Office of Policy and Management**  
Hartford, CT  
(1.5 years)  
**\$149,988**

**Health Research, Inc.**  
Albany, NY  
(1.5 years)  
**\$149,998**

**State of Mississippi, Office of the Governor, Division of Medicaid**  
Jackson, MS  
(1.5 years)  
**\$150,000**

**State of Montana, Department of Health and Environmental Sciences**  
Helena, MT  
(1.5 years)  
**\$147,113**

**State of North Carolina, Department of Environment and Health**  
Raleigh, NC  
(1.5 years)  
**\$147,725**

State of South Carolina, State Budget and  
Control Board  
Columbia, SC  
(1.5 years)  
\$150,000

State of Wisconsin, Department of Health and  
Social Services  
Madison, WI  
(1.5 years)  
\$149,887

State of West Virginia, Health Care Planning  
Commission  
Charleston, WV  
(16 months)  
\$149,971

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EDUCATION & TRAINING (AD HOCS)

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Charles R. Drew University of  
Medicine and Science  
Los Angeles, CA  
\$50,000

*Strategic planning to chart future development (for 1 year). ID#19925*

Meharry Medical College  
Nashville, TN  
\$50,000

*Enhancement of clinical training sites and strategic planning (for 1 year). ID#20436*

University of Michigan Medical  
School  
Ann Arbor, MI  
\$53,294

*Technical assistance and direction for Preparing Physicians for the Future: A Program  
in Medical Education (for 1 year). ID#19750*

National Academy of Sciences —  
Institute of Medicine  
Washington, DC  
\$345,000

*Technical assistance and direction for the Health Policy Fellowships Program (for  
1 year). ID#18555*

The New York Academy of  
Sciences  
New York, NY  
\$24,725

*Conference on the state of evaluation of medical interventions (for 4 months). ID#20010*

Student Pugwash USA, Inc.  
Washington, DC  
\$25,150

*Student conferences on the implications of advances in medical technology (for 1 year).  
ID#20447*

Woodstock Theological Center  
Washington, DC  
\$150,000

*Workshops on business ethics in physician and hospital care (for 3 years). ID#19035*

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EDUCATION & TRAINING (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)

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Clinical Scholars Program

*Postdoctoral fellowships for young physicians to develop research skills in non-biological  
disciplines relevant to medical care (for 3 years). ID#5109*

University of California, Los Angeles, School  
of Medicine  
Los Angeles, CA  
\$1,541,219

University of North Carolina at Chapel Hill, School  
of Medicine  
Chapel Hill, NC  
\$1,697,698

University of California, San Francisco, School  
of Medicine  
San Francisco, CA  
\$654,266

The University of Pennsylvania, School of Medicine  
Philadelphia, PA  
\$1,175,689



Stanford University, School of Medicine  
Stanford, CA  
\$732,313

Yale University, School of Medicine  
New Haven, CT  
\$1,566,358

University of Washington, School of Medicine  
Seattle, WA  
\$1,353,135

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**Health Policy Fellowships Program**

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

University of California, San Francisco,  
School of Medicine  
San Francisco, CA  
\$55,780

Harvard Medical School  
Boston, MA  
\$51,536

Columbia University, School of Nursing  
New York, NY  
\$60,075

University of Maryland  
Baltimore, MD  
\$54,900

University of Florida, College of Dentistry  
Gainesville, FL  
\$58,011

University of Rochester, School of Medicine  
and Dentistry  
Rochester, NY  
\$56,925

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**Preparing Physicians for the Future: A Program in Medical Education**

*Support for medical schools to improve the basic science education and clinical training of medical students (for the periods indicated). ID#15397*

Columbia University, College of Physicians  
and Surgeons  
New York, NY  
(4.5 years)  
\$2,501,497

Oregon Health Sciences University Foundation  
Portland, OR  
(4 years)  
\$2,132,237

University of Hawaii, John A. Burns School  
of Medicine  
Honolulu, HI  
(4.5 years)  
\$2,000,874

Oregon Health Sciences University, School of Medicine  
Portland, OR  
(6 months)  
\$251,985

The Johns Hopkins University, School of Medicine  
Baltimore, MD  
(52 months)  
\$2,494,358

University of Rochester, School of Medicine and  
Dentistry  
Rochester, NY  
(52 months)  
\$2,499,501

University of Kentucky Research Foundation  
Lexington, KY  
(4.5 years)  
\$2,497,750

Yale University, School of Medicine  
New Haven, CT  
(4.5 years)  
\$2,373,111

The University of New Mexico, School of Medicine  
Albuquerque, NM  
(4.5 years)  
\$2,480,226

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**RESEARCH & POLICY ANALYSIS (AD HOCS)**

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Alan Guttmacher Institute  
New York, NY  
\$49,999

*Assessment of the current public health response to sexually transmitted diseases (for 1 year). ID#20353*

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American Academy of Arts  
and Sciences  
Cambridge, MA  
\$50,000

*Planning for an initiative to seek more prominence for children's issues (for 1 year). ID#19828*

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<b>American Enterprise Institute for Public Policy Research</b> Washington, DC \$101,432	<i>Study of congressional health policy development (for 1 year). ID#19835</i>
<b>Association of Academic Health Centers, Inc.</b> Washington, DC \$46,761	<i>Assessment of Foundation efforts in health professional training (for 6 months). ID#19376</i>
<b>Brigham and Women's Hospital, Inc.</b> Boston, MA \$75,000	<i>Study of the effects of health system reform on medical practice (for 1 year). ID#18858</i>
<b>The General Hospital Corporation — Massachusetts General Hospital</b> Boston, MA \$198,776	<i>Applying continuous quality improvement techniques to clinical decisions (for 1 year). ID#19578</i>
<b>George Washington University</b> Washington, DC \$849,944	<i>Information program on state health policy (for 3 years). ID#19617</i>
<b>Harvard Community Health Plan, Inc.</b> Brookline, MA \$283,070	<i>Surveys of attitudes on medical education and training — Phase I (for 10 months). ID#20091</i>
<b>Harvard Medical School</b> Boston, MA \$32,441	<i>Synthesis and summary of the outcomes research field (for 5 months). ID#20337</i>
<b>Harvard University</b> Cambridge, MA \$82,000	<i>Development of a project to analyze domestic policy gridlock (for 11 months). ID#20355</i>
<b>The Johns Hopkins University, School of Medicine</b> Baltimore, MD \$1,292,007	<i>Longitudinal study of families to determine health outcomes in adulthood (for 3.5 years). ID#19439</i>
<b>KIDSNET, Inc.</b> Washington, DC \$50,000	<i>Development and promotion of nutritional labels for children (for 8 months). ID#19594</i>
<b>University of Maryland, College of Behavioral and Social Sciences</b> College Park, MD \$199,747	<i>Study of the priority of public health issues for county government leaders (for 22 months). ID#20074</i>
<b>University of Michigan</b> Ann Arbor, MI \$219,358	<i>Preparation and archiving of Foundation-supported data collections (for 3 years). ID#19224</i>
<b>Montefiore Medical Center</b> Bronx, NY \$27,250	<i>Economic analysis of resurgent tuberculosis in New York City (for 1 year). ID#20272</i>

<b>National Academy of Sciences — Institute of Medicine</b> Washington, DC \$365,000	<i>Study of the future of dental education in the United States (for 2 years). ID#19634</i>
<b>Premier Hospitals Alliance Foundation</b> Westchester, IL \$399,978	<i>Medication error prevention initiative (for 2 years). ID#18370</i>
<b>State of Texas, Office of the Governor</b> Austin, TX \$50,000	<i>Task force to develop an agenda for health care reform in Texas (for 1 year). ID#19707</i>
<b>University of Washington, School of Medicine</b> Seattle, WA \$20,380	<i>Research on the practice of defensive medicine in obstetrics (for 9 months). ID#20588</i>

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*RESEARCH & POLICY ANALYSIS (NATIONAL PROGRAMS & FOUNDATION INITIATIVES)*

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<b>Research and Demonstrations to Improve Long-Term and Ambulatory Care Quality</b>	<i>Initiative to stimulate the development and testing of new methods for measuring and improving the quality of patient care in long-term and ambulatory care settings (for the periods indicated). ID#13606</i>
<b>Illinois Hospital Research and Educational Foundation</b> Naperville, IL (27 months) \$235,605	<b>Methodist Hospital of Indiana, Inc.</b> Indianapolis, IN (3 years) \$305,774
<b>Indiana University, School of Law</b> Indianapolis, IN (3 years) \$379,597	<b>State of Vermont, Department of Mental Health and Mental Retardation</b> Waterbury, VT (1 year) \$50,000
<b>University of Maryland, School of Medicine</b> Baltimore, MD (2.5 years) \$347,942	

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*EVALUATIONS (AD HOCS)*

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<b>Academy for Educational Development, Inc.</b> New York, NY \$1,955,963	<i>Evaluation of New York City's school HIV/AIDS education program (for 3 years). ID#20451</i>
<b>Harvard Community Health Plan, Inc.</b> Brookline, MA \$1,041,605	<i>Evaluation of the Preparing Physicians for the Future Program — Phase II (for 4 years). ID#18610</i>
<b>University of Minnesota, School of Public Health</b> Minneapolis, MN \$681,280	<i>Evaluation of the Improving the Quality of Hospital Care Program (for 5 years). ID#13644</i>

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COMMUNICATIONS (AD HOCS)

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**The American Political Network, Inc.**  
Falls Church, VA  
\$647,008

*Daily news service on health care issues (for 1 year). ID#19873*

**American Public Health Association, Inc.**  
Washington, DC  
\$50,000

*Public health report card dealing on United States morbidity and mortality rates (for 8 months). ID#19895*

**Carnegie Foundation for the Advancement of Teaching**  
Princeton, NJ  
\$49,980

*Support for the National Ready to Learn Council (for 1 year). ID#20699*

**Child Trends, Inc.**  
Washington, DC  
\$249,999

*Preparation and dissemination of a report on family health (for 3 years). ID#19589*

**Childhelp, Inc.**  
Woodland Hills, CA  
\$48,485

*Short-term staffing of a child abuse phone hotline and a related brochure (for 2 months). ID#20569*

**Church Women United, Inc.**  
Washington, DC  
\$50,000

*Development of materials for values-based discussions of health reform (for 6 months). ID#20389*

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**DePauw University**  
Greencastle, IN  
\$49,910

*Regional conference to increase health coverage in the media (for 1 month). ID#20373*

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**Health Research and Services Foundation**  
Cheswick, PA  
\$17,534

*Support for a model church-based cardiovascular risk reduction program (for 5 months). ID#20606*

**League of Women Voters of New Jersey Education Fund**  
Trenton, NJ  
\$25,000

*Forums on health care issues for New Jersey policymakers (for 1 year). ID#20375*

**Library of Congress, Congressional Research Service**  
Washington, DC  
\$241,468

*Congressional seminar on improving United States health care (for 2 years). ID#20937*

**MEE Productions, Inc.**  
Philadelphia, PA  
\$48,500

*Planning for a conference on reaching urban youth through the media (for 6 months). ID#20804*

**The People-to-People Health Foundation, Inc.**  
Chevy Chase, MD  
\$81,500  
and  
\$329,151

*Continued support for "Grantwatch" section in "Health Affairs" (for 3 years). ID#15944*

*Coverage of intergovernmental health policy issues (for 3 years). ID#19528*

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**Planned Parenthood Association of the Mercer Area, Inc.**      *Expansion of a responsible sexuality program for teenage males (for 1 year). ID#19606*  
Trenton, NJ  
**\$20,000**

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**Recording for the Blind, Inc.**      *Expansion of a recorded textbook collection in the health sciences (for 1 year). ID#19900*  
Princeton, NJ  
**\$60,000**

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**Sun Valley Forum on National Health, Inc.**      *Integration of prevention and public health system reforms (for 5 months). ID#20068*  
Stanford, CA  
**\$79,690**

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**WGBH Educational Foundation**      *Support for PBS's "THE HEALTH QUARTERLY" television series (for 3 years). ID#17489*  
Boston, MA  
**\$10,189,229**

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**University of Wisconsin-Madison**      *Televised town meeting on access to health care (for 2 months). ID#21049*  
Madison, WI  
**\$50,000**

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*OTHER INTERVENTIONS (AD HOCS)*

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**Alpha Center for Health Planning, Inc.**      *Twentieth Anniversary city seminars project (for 6 months). ID#21393*  
Washington, DC  
**\$100,452**

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**American National Red Cross**      *Contribution for disaster relief for victims of Hurricane Andrew (for 1 month). ID#21304*  
Washington, DC  
**\$50,000**

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**Cenacle Retreat House**      *Facility repairs and renovations (for 1 year). ID#20512*  
Highland Park, NJ  
**\$20,000**

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**The Easter Seal Society of New Jersey, Inc., Raritan Valley Workshop**      *Expansion of computer management and training capacity (for 1 year). ID#20309*  
New Brunswick, NJ  
**\$100,000**

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**The Foundation Center**      *Program of data collection and analysis in the foundation field (for 3 years). ID#14956*  
New York, NY  
**\$225,000**

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**Massachusetts Health Research Institute, Inc.**  
Boston, MA  
**\$146,415**  
and  
**\$16,901**      *Advisor to the Foundation on program development (for 1 year). ID#19689*  
*RWJF Staff lecture series on the politics of health (for 5 months). ID#19759*

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**Medical Center at Princeton Foundation, Inc.**      *Support for the capital campaign for Princeton Medical Center (for 3 months). ID#19831*  
Princeton, NJ  
**\$50,000**

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<b>Middlesex County Recreation Council</b> Edison, NJ \$139,550	<i>Camping program for children with special needs (for 1 year). ID#18554</i>
<b>New Brunswick Development Corporation</b> New Brunswick, NJ \$500,000	<i>Redevelopment program for New Brunswick (for 1 year). ID#20857</i>
<b>New Brunswick Tomorrow</b> New Brunswick, NJ \$550,000	<i>Program to strengthen human resources in New Brunswick (for 2 years). ID#20024</i>
<b>New York Blood Center, Inc., New Jersey Blood Services</b> New York, NY \$200,000	<i>Renovation and equipment for the New Jersey regional blood bank (for 1 year). ID#20739</i>
<b>St. Vincent de Paul Society</b> Metuchen, NJ \$55,000	<i>Annual support for program of assistance to the indigent (for 1 year). ID#19692</i>
<b>The Salvation Army</b> New Brunswick, NJ \$300,000 and \$95,000	<i>Construction of a new program facility (for 3 years). ID#20391</i>  <i>Program of assistance to the indigent (for 1 year). ID#19323</i>
6 2 <b>Sex Information and Education Council of the United States</b> New York, NY \$49,996	<i>Assisting two communities with guidelines for sexuality education (for 1 year). ID#19560</i>
• • <b>United Way of Central Jersey, Inc.</b> Milltown, NJ \$300,000	<i>Support for the 1992 Campaign (for 1 year). ID#19695</i>
<b>United Way — Princeton Area Communities</b> Princeton, NJ \$71,500	<i>Support for the 1992 Campaign (for 1 year). ID#19696</i>

Total 1992 grants	\$224,700,171
Refunds of prior years' grants net of transfers	(1,408,551)
Cancellations of prior years' grants net of transfers	(2,711,728)
Transfer of grants	
Balance unspent by original grantees	(1,099,178)
Transferred to new grantees	1,099,178
Grants net for 1992	<u><u>\$220,579,892</u></u>

## For Further Information

Brief, descriptive program summaries are available for selected Foundation grants. When possible, requests should include the title of the grant, the institutional recipient and the grant ID number. The information on 1992 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 from the same address are non-periodic publications and/or films that describe the progress and outcomes of some of the programs assisted by the Foundation or explore areas of interest to the Foundation. Titles issued in 1992:

- *Gaining Momentum: A Progress Report* (from Strengthening Hospital Nursing: A Program to Improve Patient Care) 6
- *Improving the Health of Native Americans* (program description) 3
- *Marketing Strategies and Methods to Influence the Sale of Group Health Insurance Products to Uninsured Small Businesses and Meeting the Health Insurance Needs of Uninsured Small Businesses: Market Research and New Products* (two in the Foundation's *Health Care Perspectives* series)
- *Medical Education in Transition* (a report of the Commission on Medical Education: The Sciences of Medical Practice)
- *Program to Strengthen Primary Care Health Centers* (program description)
- *Substance Abuse: Early Intervention for Adolescents*

In addition, the Foundation publishes *ADVANCES*, a quarterly newsletter reporting on the people, programs and priorities of the Foundation. To receive *ADVANCES*, send your name and address to: Editor, *ADVANCES*, at the above address.

The Foundation does not charge for these materials.



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.

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The annual financial statements for the Foundation for 1992 appear on pages 70 through 73. A listing of grants authorized in 1992 begins on page 27.

Net grants and program contracts and related activities totaled \$227,911,000. The Robert Wood Johnson Foundation funds a number of national programs involving multiyear grants to groups of grantees. Thus, the amounts awarded from year to year may differ significantly.

Program development and evaluation, administrative and investment expenses for the year came to \$15,481,000; and federal excise tax on investment income amounted to \$1,266,000, making a grand total of grant authorizations and expenditures of \$244,658,000. This total was \$115,269,000 more than gross investment income of \$129,389,000. In 1991, total grant authorizations and expenditures were \$17,112,000 more than gross revenue.

The Internal Revenue Code requires private foundations to make qualifying distributions of 5 percent of the fair market value of assets not used in carrying out the charitable purpose of the Foundation. The amounts required to be paid out for 1992 and 1991 were approximately \$176,600,000 and \$164,600,000, respectively.

A list of investment securities held at December 31, 1992, is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.



Andrew R. Greene  
Vice President and Treasurer

**Report of Independent 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, 1992 and 1991 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, 1992 and 1991 and the investment income, expenses, grants and changes in foundation principal for the years then ended in conformity with generally accepted accounting principles.



Princeton, New Jersey  
January 29, 1993

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## Statement of Assets, Liabilities and Foundation Principal

at December 31, 1992 and 1991

(Dollars in Thousands)

ASSETS	1992	1991
Cash	\$ 2	\$ 2
Interest and dividends receivable	15,869	15,240
Investments at market value:		
Johnson & Johnson common stock	2,297,316	2,604,383
Other equity investments	171,763	167,934
Fixed income investments	1,212,449	1,267,793
Program related investments	20,306	13,904
Cash surrender value, net	620	—
Land, building, furniture and equipment at cost, net of depreciation	12,080	12,132
	<u>\$3,730,405</u>	<u>\$4,081,388</u>
 <i>LIABILITIES AND FOUNDATION PRINCIPAL</i>		
Liabilities:		
Accounts payable	\$ 166	\$ 162
Payable on pending security transactions	121,313	131,459
Unpaid grants	168,154	92,295
Federal excise tax payable	131	533
Deferred federal excise tax	42,210	49,181
	<u>331,974</u>	<u>273,630</u>
Foundation principal	<u>3,398,431</u>	<u>3,807,758</u>
	<u>\$3,730,405</u>	<u>\$4,081,388</u>

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See notes to financial statements.

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

for the years ended December 31, 1992 and 1991

(Dollars in Thousands)

	<u>1992</u>	<u>1991*</u>
Investment income:		
Dividends	\$ 43,032	\$ 38,280
Interest	86,357	91,334
	<u>129,389</u>	<u>129,614</u>
Less: Federal excise tax	1,266	1,279
Investment expense	2,181	2,060
	<u>125,942</u>	<u>126,275</u>
Expenses:		
Program development and evaluation	8,188	7,417
General administration	5,112	4,801
	<u>13,300</u>	<u>12,218</u>
Income available for grants	112,642	114,057
Less: Grants, net of refunds and cancellations	220,580	123,268
Program contracts and related activities	7,331	4,668
Contributions to State of New Jersey	—	3,233
	<u>( 115,269)</u>	<u>( 17,112)</u>
Excess of grants and expenses over income		
Adjustments to Foundation principal net of related federal excise tax:		
Realized gains on sale of securities (Note 2)	47,537	142,058
Unrealized (depreciation) appreciation on investments	( 341,595)	930,521
	<u>( 294,058)</u>	<u>1,072,579</u>
Net (decrease) increase in Foundation principal	( 409,327)	1,055,467
Foundation principal, beginning of year	<u>3,807,758</u>	<u>2,752,291</u>
Foundation principal, end of year	<u>\$3,398,431</u>	<u>\$3,807,758</u>

\*Reclassified to conform to 1992 presentation.

See notes to financial statements.



## Notes to Financial Statements

### 1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

The Foundation is a private foundation as described in Section 501(c)(3) of the Internal Revenue Code.

Investments represent securities traded on a national securities exchange which by their nature are subject to market fluctuations. Investments 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 they are awarded and are usually paid within a five-year period.

Depreciation of \$805,520 in 1992 and \$669,492 in 1991 is calculated using the straight-line method over the estimated useful lives of the depreciable assets.

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

### 2. INVESTMENTS:

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

	1992		1991	
	Cost	Market Value	Cost	Market Value
Johnson & Johnson Common Stock 45,491,400 shares in 1992 and 1991	\$ 108,674	\$2,297,316	\$ 108,674	\$2,604,383
Other equity investments:				
Internally managed including temporary cash and U.S. Government instruments of \$28,260 and \$61,938 in 1992 and 1991, respectively	103,045	115,934	121,421	132,449
Externally managed	46,871	55,829	26,231	35,485
Fixed income investments	1,194,142	1,212,449	1,206,422	1,267,793
	<u>\$1,452,732</u>	<u>\$3,681,528</u>	<u>\$1,462,748</u>	<u>\$4,040,110</u>

The net realized gains on sales of securities for the years ended December 31, 1992 and 1991 were as follows (dollars in thousands):

	1992	1991
Johnson & Johnson common stock	\$ —	\$101,883
Other securities, net	47,537	40,175
	<u>\$ 47,537</u>	<u>\$142,058</u>

3. *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 \$877,475 and \$790,036 in 1992 and 1991, respectively.

4. *JOHNSON & JOHNSON STOCK SPLIT:*

Johnson & Johnson common stock held at December 31, 1991 has been adjusted to reflect the two for one split on May 19, 1992.



At the July 1992 meeting of the Board, Franklin D. Raines was elected to the Board of Trustees. Mr. Raines is vice chairman of the Federal National Mortgage Association (Fannie Mae), Washington, DC. He is a former general partner of the investment banking firm of Lazard Freres & Co. and served as assistant director of the White House Domestic Policy Staff. Mr. Raines is a graduate of Harvard University and earned his law degree from Harvard Law School. He attended Magdalen College, Oxford University, as a Rhodes Scholar.

Effective January 1993, David E. Rogers, MD, was elected to the office of trustee emeritus. Dr. Rogers had served as the Foundation's president from January 1972 through November 1986. Dr. Rogers is the Walsh McDermott University Professor of Medicine at the Cornell University Medical College in New York City. Dr. Rogers also serves as vice chairman of the National Commission on AIDS.

On December 31, 1992, Robert H. Myers completed his tenure as trustee emeritus after having served in this position for one year. Mr. Myers served as the Foundation's chairman from February 1986 through May 1989 and as a trustee from December 1983 through January 1992.

### Staff changes

In October 1992, James R. Knickman, PhD, was appointed vice president. Prior to joining the Foundation, Dr. Knickman was director of the Health Research Program at New York University, which coordinates funded research projects in the areas of health policy, finance and management. He also was professor of health administration at New York University's Robert F. Wagner Graduate School of Public Service. Dr. Knickman received his bachelor's degree in sociology and psychology from Fordham University and his doctorate in public policy analysis from the University of Pennsylvania School of Public and Urban Policy.

In June 1992, Donald F. Dickey joined the staff as program officer. Prior to joining the Foundation, Mr. Dickey served as lead counsel on Medicare

hospital payment issues at the U.S. Department of Health and Human Services, Health Care Financing Division. He received his law degree from Boston College Law School and his bachelor's degree from Yale University.

Eric P. (Tito) Coleman joined the staff as program officer in October 1992. Before joining the Foundation, Mr. Coleman managed the AIDS Prevention and Family Planning Program for the U.S. Agency for International Development in Brazil and the Dominican Republic. His academic background includes undergraduate work at St. John's College, Annapolis, Maryland, and a master's degree in urban planning from Virginia Tech, Blacksburg, Virginia.

In December 1992, Janet Heroux joined the Foundation as program officer. A former management consultant for health care clients for Peat, Marwick, Main & Company, Ms. Heroux most recently maintained a private consultant practice in Baltimore, Maryland. She has a bachelor's degree from Harvard College, a master's degree in international health from Johns Hopkins University School of Hygiene and Public Health, and a master's degree in business administration from the Wharton School, University of Pennsylvania.

Also in December 1992, Rush L. Russell joined the staff as program officer. Prior to joining the Foundation, Mr. Russell served as executive director of the Joseph P. Kennedy, Jr., Foundation, and most recently was a Kennedy Fellow, serving as legislative assistant to Senator Bill Bradley. He received his master's degree from the LBJ School of Public Affairs at the University of Texas at Austin.

Effective January 1, 1993, the following promotions were made: Marjorie A. Gutman, PhD, program officer, was promoted to senior program officer; Beth A. Stevens, PhD, program officer, was promoted to senior program officer; and Floyd K. Morris, Jr., financial officer, was promoted to senior financial officer.

In January 1992, Shirley A. Girouard, PhD, program officer, left the Foundation to become executive director of the North Carolina Center for Nursing, Raleigh, North Carolina. Dr. Girouard joined the Foundation in 1987.

In August 1992, Alan B. Cohen, ScD, vice president, left the Foundation to accept a research



professorship at the Bigel Institute for Health Policy, Florence Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University, Waltham, Massachusetts. Dr. Cohen joined the Foundation in 1984.

### **Program directors**

James D. Bernstein was appointed program director to the program, Practice Sights: State Primary Care Development Strategies. Mr. Bernstein is director of the Office of Rural Health and Resource Development in the North Carolina Department of Human Resources and president of the North Carolina Foundation for Alternative Health Programs.

Alan B. Cohen, ScD, was appointed program director to the Scholars in Health Policy Research Program. Dr. Cohen is research professor at the Bigel Institute for Health Policy, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University.

Martin D. Cohen was appointed program director to the program, Replication of the Foundation's Programs on Mental Illness. Mr. Cohen is president of The Technical Assistance Collaborative, Inc., Boston, Massachusetts.

Stephen C. Crane, PhD, was appointed program director to the Investigator Grants in Health Policy Research Program. Dr. Crane is vice president of the Association for Health Services Research and the Foundation for Health Services Research, Washington, DC.

John M. Eisenberg, MD, was appointed program director to the Generalist Physician Faculty Scholars Program. Dr. Eisenberg is professor and chairman of the Department of Medicine at Georgetown University Medical Center.

Candace M. Fleming, PhD, and Spero M. Manson, PhD, were appointed co-program directors to the program, Healthy Nations: Reducing Substance Abuse Among Native Americans. Dr. Fleming is assistant professor of psychiatry and minority alcohol research scholar at the National Center for American Indian and Alaska Native Mental Health Research at the University of Colorado Health Sciences Center. Dr. Manson is professor of psychiatry and director of the National Center for American Indian and Alaska

Native Mental Health Research at the University of Colorado Health Sciences Center.

Anne K. Gauthier was appointed program director to the program, Changes in Health Care Financing and Organization. Ms. Gauthier is associate director of the Alpha Center, Washington, DC.

F. Marc LaForce, MD, was appointed program director to the program, Building Health Systems for People with Chronic Illnesses. Dr. LaForce is physician-in-chief in the Department of Medicine at The Genesee Hospital, Rochester, New York.

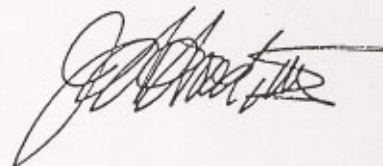
Margaret T. McNally was appointed program director to the Ladders in Nursing Careers Program. Ms. McNally is vice president for health professions at the Greater New York Hospital Foundation, Inc., New York, NY.

Robert L. Rabin, PhD, was appointed program director to the Tobacco Policy Research and Evaluation Program. Dr. Rabin is the A. Calder Mackay Professor of Law at Stanford University School of Law.

Miles F. Shore, MD, completed his assignment directing the Program on Chronic Mental Illness. Dr. Shore was appointed to this position in 1985.

### **Board activities**

The Board of Trustees met four times in 1992 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*





The Robert Wood Johnson Foundation—a private, independent philanthropy not connected with any corporation—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 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.

Calls for Proposals are distributed widely to eligible organizations.

Institutions wishing to apply for funds *not* in response to a Foundation 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 goals and interests. 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, an outline or estimate of the project's budget, other planned sources of support and the amount requested from the Foundation
- any plans for evaluation of the project's results
- any plans for communicating with the general public or targeted audiences about the project or for disseminating its results

- 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  
 U.S. Route 1 & College Road East  
 Post Office Box 2316  
 Princeton, New Jersey 08543-2316  
 609/452-8701.





# ILLUSTRATOR'S NOTES

**Cover**



The emergence and existence of the Plague disturbs the basic elements of life: order, peace, security and substance. It makes its meal of all parts of humanity. It doesn't discriminate and it takes no prisoners.

**Page 9**



Surviving peer pressure is one of the most difficult parts of growing up, because the desire to belong is great, the pressure to conform is relentless. Here the group is resisting, but in the enclosed environment, it's hard to tell if they will escape or become attracted, as a moth is to a flame.

**Page 10**



This portrait could be of the drunk driver or that driver's victim. Either way, it is a great loss of life.

**Page 13**



The alcohol abuser and his or her effect on the family is seen from a child's point of view. The shell of the home is a disguise that protects the abuser and isolates those who suffer as a result of that abuse. The behavior, represented by the abuser's physical mass, fills the entire home with a sense of containment and hostility.

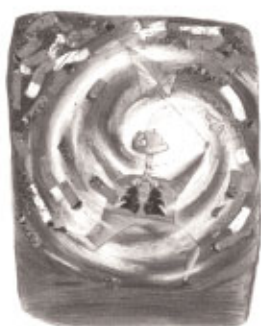


Page 14



For some children, school is more than reading and writing, and the tests they have to take aren't graded.

Page 17



Since we can't immediately see how secondhand smoke affects young children, these effects are shown through an aspect of smoking that every nonsmoker can relate to — the look and smell of an ashtray.

Page 18



This is the bottom of the barrel, the place where the most desperate decisions are made. Where love and power come in bags and vials. Where judgments on when, where and how much do not exist. And where the casualties are uncountable and constantly mounting. The joint, matchbook roach clip, needle and homemade coke spoon are real, as are the complexities of why bad can feel so good.

*Illustrations by Whitney Sherman*





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