The Robert Wood Johnson Foundation

ANNUAL REPORT 1993

CHRONIC HEALTH CONDITIONS

TO IMPROVE THE WAY SERVICES ARE ORGANIZED AND PROVIDED TO PEOPLE WITH CHRONIC HEALTH CONDITIONS

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Annual Report
for 1993 of
The Robert Wood Johnson Foundation

Chronic Health Conditions

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THE FOUNDER

ROBERT WOOD JOHNSON
1893-1968

Robert Wood Johnson devoted his life to public service and to building the small but innovative family firm of Johnson & Johnson into the world's largest health and medical care products conglomerate.

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.

General Johnson was an ardent egalitarian, an industrialist fiercely committed to free enterprise who championed — and paid — a minimum wage even the unions of his day considered beyond expectation, and a disciplined perfectionist who sometimes had to restrain himself from acts of reckless generosity. Over the course of his 74 years, General Johnson would also be a politician, writer, sailor, pilot, activist and philanthropist.

His interest in hospitals led him to conclude that hospital administrators needed specialized training. So he joined with Dr. Malcolm Thomas MacEachern, then president of the American College of Surgeons, in a movement that led to the founding of the world's first school of hospital administration at Northwestern University.

General Johnson also had an intense concern for the hospital patient whom he saw as being lost in the often bewildering world of medical care. He strongly advocated improved education for both doctors and nurses, and he admired a keen medical mind that also was linked to a caring heart.

His philosophy of corporate responsibility received its most enduring 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.

Despite the intensity and determination he displayed in his role as a business leader, General Johnson had a warmth and compassion for those less privileged than he. He was always keenly aware of the need to help others, and during his lifetime, he helped many quietly and without fanfare.

General Robert Wood Johnson's 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.

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THE CHAIRMAN'S STATEMENT

Sidney F. Wentz, *Chairman, Board of Trustees*

Whatever else may be accomplished in Washington's first round of health care reform, I have serious doubts that it will greatly ease conditions for those with chronic health problems. In fact, there's a precedent that leads me to believe that it could make things worse.

Starting in the mid-1960s, well-intentioned advocates of individual freedom won a series of state and federal court rulings that people with mental illness could not be institutionalized indefinitely against their will, if they posed no threat to themselves or others. That began to empty the mental institutions of tens of thousands of patients who, if they maintained their medication, were able to function in society. Unfortunately, without the close supervision they had received in the hospital, many stopped taking their medication and became nonfunctional again.

That side effect of the rulings was anticipated by mental health professionals, who quickly proposed the creation of outpatient clinics and halfway houses to address the need. But the people who saw the need weren't the people who controlled the allocation of funds for public projects, and the warnings of the mental health community were drowned out by the much louder voices of competing public demands. The upshot was that very few halfway houses and clinics were created and, as a result, thousands of people with mental illness were dumped onto the street.

I see a disturbing potential for something similar happening to those with chronic health conditions under health care reform.

The reform debate has been cast in terms of universal access to care, a costly undertaking. Predictably, most of the attention is on the acute care, high-tech end of medicine, where the big-ticket costs lie. That focus deeply troubles those with chronic health problems and their families and advocates, as they pointed out again and again in the Foundation's "Conversations on Health" — our nationwide series of public hearings held early in the year on health care reform. The essence of their concern was that federal, state and local government and the general public would become so caught up in issues of access to very expensive, high-tech medicine that we would overlook the grave need of those with chronic illnesses for low-tech services like medical transportation, home health assistance and respite for caregivers.

Witness after witness recounted situations in which they or other people with chronic illnesses were obliged to seek the most costly type of care — hospitalization — because inexpensive services which would have let them remain at home were unavailable or not paid for by private insurance or by the government. I may be the Foundation's leading non-expert on the arcana of health care financing and delivery. But I know business. And this is bad business.

It is incumbent on all of us — philanthropies with a health care orientation, political leadership, the medical industry and the public at large — to make sure that we don't leave these problems unaddressed in our rush to reform. But we may.

Chronic Health Conditions

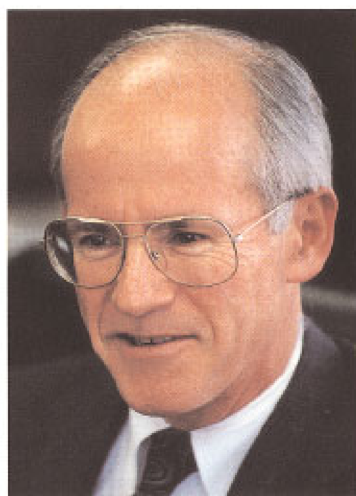
Steven A. Schroeder, MD, *President*

For the second time in as many years, I find myself beginning this report with essentially the same question: How did we get this far into the national debate about health care reform without significantly addressing a particular critical subject? Last year it was substance abuse; this time it's care for people with chronic health conditions.

Chronic illness is all around us. One quarter of all Americans provide some degree of personal care for the 35 million among us who live with a chronic health condition — diabetes, cancer, emphysema, heart disease, muscular dystrophy, spina bifida, AIDS, chronic mental illness, dementia, injuries that cause disability, alcoholism, blindness or disabling arthritis.

The people we help care for are our parents, spouses, children, neighbors and friends. A comparative few are patients in nursing homes and other long-term care institutions. Others are effectively homebound by the limitations of their conditions. A fortunate fraction are able to have independent lives in spite of their disability.

A Gallup poll funded by the Foundation revealed that one American in seven faces major activity limitations because of chronic illness, and more than one-third of these people do not seek routine or



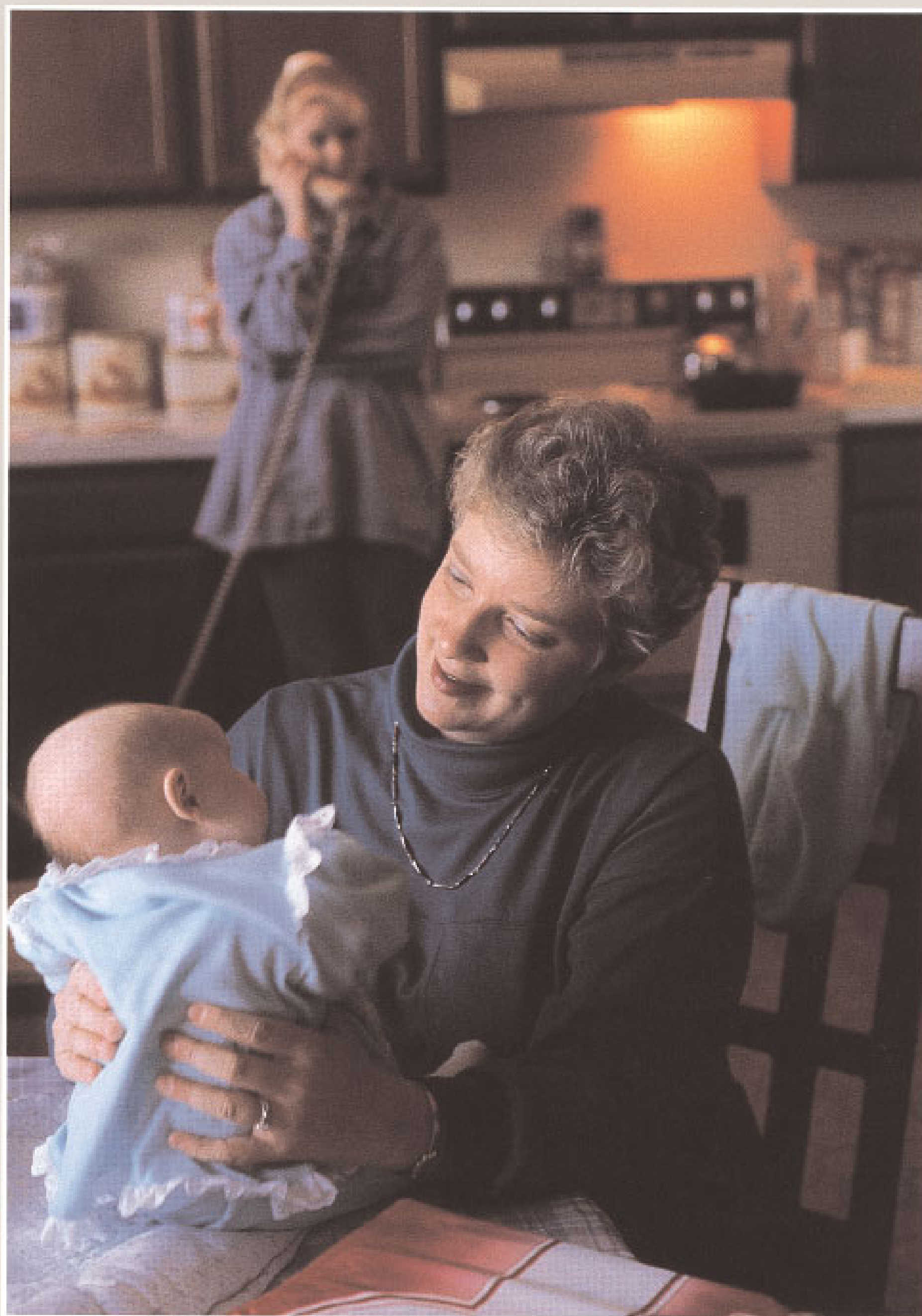
Steven A Schroeder

preventive care from their health care provider — they only see their provider for acute problems. This lack was more often mentioned by younger adults with chronic illnesses, who are also twice as likely to report difficulty in obtaining services.

Though their diseases and levels of function vary greatly, virtually everyone with a chronic illness has the same desire — to live as independently and with as much dignity as possible, with minimum pain, disability and social stigma.

One of the great frustrations for people with chronic health conditions and those who care for them derives from their contacts with a medical care system more geared to cure acute disease. For example, those caring for a parent with Alzheimer's disease living at home find it relatively easy to arrange for removal of a cataract or replacement of an arthritic hip. An abundance of highly skilled surgeons, working in sophisticated medical centers, are eager to perform these procedures and be reimbursed for their services by Medicare. But arranging for help with meals in the home, arranging even a day's respite for the exhausted caregiver, or obtaining a wheelchair can require the negotiating skills of a seasoned diplomat, the patience of Job, and the technical knowledge of an accountant.

Chronic disorders account for a large portion of the nation's expenditures on health care, perhaps as high as 25 percent. Too much of this money is spent on services that are inappropriate,



duplicative or, in some instances, unnecessary. Meanwhile, many service needs go unattended. There are, indeed, tremendous opportunities for cost savings in caring for this population.

This state of affairs is not new. That's why people with chronic illnesses were specifically included in the Foundation's commitment to underserved patient populations in 1988, and why, in 1991, improving the way services are organized and provided to those with chronic health conditions was declared one of our principal programming goals. And, certainly, we weren't the only institution to recognize this flaw in our health care system, which raises the obvious question:

Table Source: Collins JG. Prevalence of Selected Chronic Conditions: United States, 1986-88. National Center for Health Statistics. Vital Health Stat 10(182). 1993.

These conditions limit the activities of at least 30 percent of people who have them.

These figures apply the 1986-88 prevalence rates to the 1990 U.S. population of 248,709,873 residents.

Why is chronic care absent from the health policy debate?

As of early 1994, even after a year of intense debate about health care reform, the disparity between the needs of people with chronic health conditions and the way the medical care system is currently organized is not being addressed in the debate about health care reform.

Two of the goals of The Robert Wood Johnson Foundation — universal access to basic health care services and helping the nation come to grips with rising health care costs — obviously are central to that debate: Thirty-eight million Americans are not covered by health insurance, and many millions more are in danger of losing all or part of their coverage. The United States spent over $900 billion for health care in 1993, amounting to more than 14 percent of our gross domestic product, far in excess of any other country.

Estimated Number of People with Selected Chronic Conditions

Condition	Number
Ischemic heart disease	7,511,000
Diabetes	6,765,000
Intervertebral disc disorders	4,328,000
Other selected diseases of the heart (excluding hypertension)	4,029,000
Stroke	2,786,000
Emphysema	2,064,000
Mental retardation	1,542,000
Bone or cartilage disorders	1,418,000
Epilepsy	1,194,000
Partial paralysis of extremities	920,000
Blindness	572,000
Complete paralysis of extremities	497,000
Stomach, intestinal, colon and rectal cancer	249,000
Prostate cancer	224,000
Lung cancer	199,000
Multiple sclerosis	199,000

Why the Foundation's other goals — reducing the harm from substance abuse and serving those with chronic illnesses — are not being effectively addressed within health care reform can be stated with some assurance. In the case of substance abuse, there are three contributing factors — public denial and ignorance, political considerations and a mistaken sense of futility.

At least five factors account for the invisibility of chronic illness as a policy issue. First, the organization and financing of care for people with chronic health conditions is extremely complex, and the lack of a unifying reform concept obscures the problem's visibility — one can't simply refer to a concept like covering 38 million uninsured, spending 14 percent of the gross domestic product for health care, or attributing over 500,000 deaths per year to substance abuse.

Second, many politicians and members of the public mistakenly assume health care *financing* reform will solve the problems of the delivery system. As I learned this year during the Foundation's four regional "Conversations on Health," the health care reform debate has unleashed a torrent of expectations. The public imagines that reform will

bring about fundamental changes in the access to and coordination of health care, including many new services for those with chronic illnesses. It also believes that by restructuring health care to eliminate waste, fraud and abuse, these improvements can be accomplished without additional public expense. When reform — in whatever shape it takes — falls short of these expectations, as it inevitably must, public disappointment will be profound.

Third, the issue suffers from the fragmentation of its natural constituencies. This fragmentation can be illustrated by the disease-specific organizations that solicit contributions and lobby Congress for research and services funding. In some instances, such as for AIDS and breast cancer, this approach has been remarkably effective at increasing research support. Yet, by emphasizing the singularity of each disease, whether cystic fibrosis, Huntington's disease, Alzheimer's disease or arthritis, these groups miss the opportunity to collaborate on systemic reform of the delivery system, and they forfeit the potential power for influencing public policy inherent in their combined strength.

Fourth, and not unrelated to the fragmentation of the chronic disease constituency, is the difficulty that Americans have in accepting a chronic illness. This phenomenon, which is best appreciated by visiting medical care systems in other developed countries, is a reflection of U.S. values and world-view. Americans tend to believe in technical solutions to problems, tend to have great faith in biomedical science and technology and tend to be unwilling to accept limits imposed by their disease.

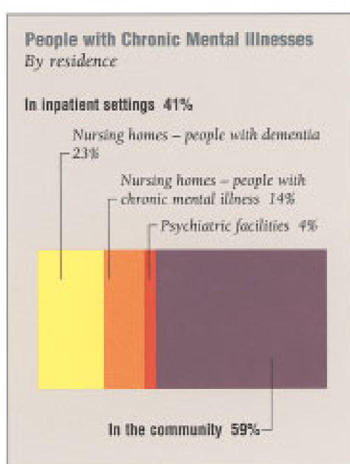


Chart Source: Estimates based on unpublished data from the National Institute of Mental Health, Division of Biometry and Applied Sciences, Survey and Reports Branch, 1985.

The fifth and final reason for the issue's invisibility reflects the values of the medical care system itself. We have organized and paid our physicians and hospitals based on the construct of acute illness, yet over the last several decades the disease burden has shifted from acute to chronic. The emphasis on acute care is most striking in our modern hospitals, with their emphasis on invasive technology and intensive care, but it is also seen in such fundamental processes as how much we pay for certain kinds of services, what types of health professionals we train and the how, what and where of their training.

Given these realities, the bulk of efforts for people with chronic conditions focus, not surprisingly, on high-technology diagnostic and therapeutic interventions that are expensive and produce incomplete results. Even with mounting private and public pressures, driven largely by cost considerations to change the health care industry, we can expect the medical system to cling to its basic values.

Why the care of patients with chronic illnesses is central to health reform

People with chronic health conditions, and the relatives and friends who help care for them, have a great deal to gain and to lose from health care reform. On the positive side, improved financial access would enable many who now avoid or defer needed care to obtain it in a timely fashion. Early detection and continuing management of such conditions as diabetes, asthma or AIDS can prevent serious complications, avoid hospitalization, reduce disability and postpone death.

In addition, if we had universal health insurance and community rating of that insurance, having a family member with a chronic illness would no longer be the barrier that it is now for some people trying to obtain or change jobs. Furthermore, the potential of managed care — with incentives to prevent expensive hospitalization and institutionalization — could greatly improve the relatively inexpensive services needed to help people live independently at home. Even small shifts in type and site of care, such as from high-tech hospital care to lower-tech home care, could save costs and improve comfort.

But the move to managed care, which is so central to both the health care reform already occurring and to most of the pending legislative options for health care reform, also contains dangers for those with chronic illnesses. The greatest danger is that a medical care system based on price competition creates built-in incentives to avoid caring for people with chronic illnesses and the high costs associated with their care. In plain terms, the easiest way to profit from patients with chronic conditions is not to enroll them in managed care programs in the first place.

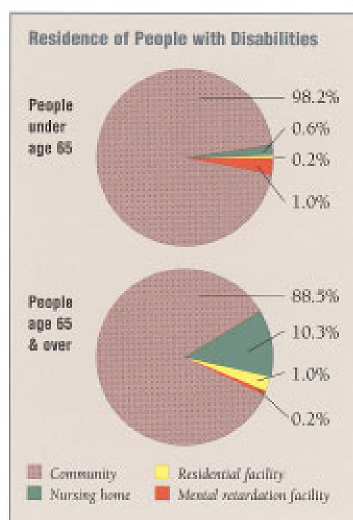


Chart Sources: Current Estimates from the National Health Interview Survey: United States, 1986. National Center for Health Statistics (NCHS). Vital Health Stat 10(164). 1987. Table 68, p. 111.

Nursing Home Characteristics: 1986 Inventory of Long-Term Care Places. NCHS. Vital Health Stat 14(33). 1989. Table A, p. 3, and Table E, p. 7.

Characteristics of Facilities for the Mentally Retarded, 1986. NCHS. Vital Health Stat 14(34). 1989. Table B, p. 4, and Table C, p. 5.

People with disabilities who reside in hospitals are excluded from the chart.

It could be argued, of course, that health plans, in their own best interests, might invest in preventive measures to improve quality and decrease costs. For example, vigilant early treatment of foot calluses in a diabetic patient would prevent, or at least postpone, the development of foot ulcers and subsequent amputation. Unfortunately, the record to date of the managed care industry does not provide evidence that this will happen. HMOs have not had large numbers of enrollees with chronic illnesses. For example, only 7 percent of the elderly — the population group with the highest prevalence of chronic illness — are members of HMOs. Insurance plans typically focus more on avoiding risk and limiting benefits than on prevention and improving care. The rhetoric of managed competition enthusiasts notwithstanding, I find it hard to envision health plans' competing to enroll people of any age with AIDS, drug addiction, chronic mental illness or alcoholism.

The role of the Medicare population in health reform is sobering in two regards. If the

low enrollment of the elderly in HMOs reflects their reluctance to join managed care plans — a perception that seems most likely to be correct — then it also seems likely that younger patients with chronic health conditions might have similar preferences. In addition, the putative cost savings from managed competition should come disproportionately from those who are costing the most. If those patients are less interested in managed care, and managed care is less interested in them, where will the savings come from to finance the currently uninsured as well as expanded benefits for people currently covered by Medicare and Medicaid?

Chronic care programs of The Robert Wood Johnson Foundation

Foundation activities related to improving the care of people with chronic health conditions generally take a systems approach to improving health care delivery. The underlying strategic assumption is that, by demonstrating better ways to use existing resources, elevating the debate about how to care for those with chronic illnesses, and identifying and rewarding leaders in this currently under-rewarded area, we will begin to catalyze the process of long-term change. Some of our national multisite programs under this goal include:

- *Building Health Systems for People with Chronic Illnesses.* This program provides up to $15 million to fund demonstration, evaluation and research projects intended to improve systems of care for people with chronic conditions. We hope that the Building Health Systems program, which announced its first round of grants in late 1993, will stimulate development of better ways to organize, finance and integrate services. We not only expect that the program will identify and support those already working in this area, but also hope it will encourage others to enter it.
- *Chronic Care Initiatives in HMOs.* As mentioned previously, the trend toward managed care has significant implications for people with chronic illnesses. Over 45 million people are currently enrolled in HMOs, and millions more may join in the next few years because of growing financial incentives from the private and public sectors. While some HMOs have programs for specific chronic conditions, such as HIV/AIDS, this $5.6 million program is designed to stimulate more comprehensive systems for the full range of patients with chronic illnesses — including those needing multiple medical and supportive services, as well as patients who are currently asymptomatic but who need careful monitoring and preventive care.

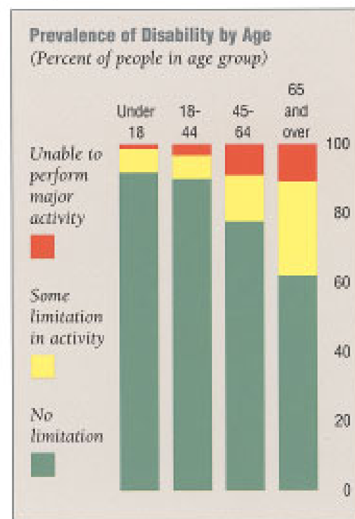


Chart Source: Adams PJ, Benson V. Current Estimates from the National Health Interview Survey: United States, 1991. National Center for Health Statistics. Vital Health Stat 10(184). 1992. Table 67, p. 106.

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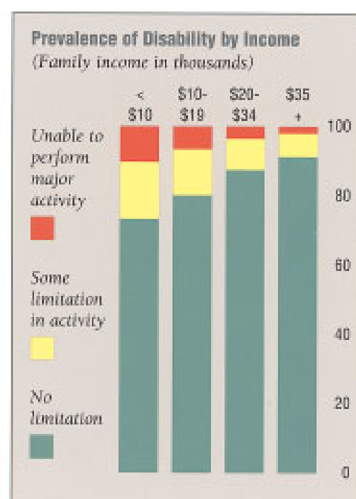
- *Old Disease, New Challenge: Tuberculosis in the 1990s.* The resurgence of what was once called the "white plague," with its disturbing new feature of multiple drug resistance, is challenging clinicians and public health experts. The rise in tuberculosis cases stems from an increase in susceptible populations, including people living with HIV/AIDS, people in prison, the homeless, migrant farm workers, some immigrants and refugees. It also reflects the erosion of the American public health infrastructure in the face of relentless pressures for delivering clinical services. This $6.65 million program will support efforts to improve the public health measures for combating the new challenge of this old disease: prevention, screening, treatment, monitoring and the development of innovative, community-based strategies.
- *Coming Home.* When elderly people living in rural areas develop chronic health conditions, many have to leave home and are unnecessarily institutionalized because their communities lack an infrastructure to provide essential services. Under this $6.5 million program, the National Cooperative Bank Development Corporation will provide technical assistance and access to capital in order to help five rural communities develop community-based systems of chronic care.

Chart Source: Adams PJ, Benson V. Current Estimates from the National Health Interview Survey: United States, 1991. National Center for Health Statistics. Vital Health Stat 10(184). 1992. Table 67, p. 107.



This program also will test the feasibility of a revolving loan fund to attract additional public and private capital for future efforts.

Earlier Robert Wood Johnson Foundation programs in the field of chronic illness provided funds for specific conditions or for certain sites of care. We are currently supporting the replication of a number of these programs, relying on technical assistance from experts and first-generation grantees. One example is Partners in Caregiving: The Dementia Services Program, which will help up to 50 adult day centers develop and strengthen innovative center-based, in-home and other respite programs for people with chronic cognitive disorders, especially dementia.

Other programs support coalitions dedicated to helping people with disabilities; assisting state and local housing finance agencies to finance and deliver supportive services for older people in subsidized housing developments; encouraging state and local mental health agencies to develop integrated systems of care for adults with serious mental illnesses; and assisting states and communities to improve and coordinate services for children and youth with serious mental illnesses.

We also are supporting a new collaboration in New Hampshire that is designed to help local communities meet the needs of children with severe chronic illnesses, such as cystic fibrosis or cerebral palsy, and to assist their families by enabling them to build formal and informal support networks. The

program involves Dartmouth Medical School, the New Hampshire Department of Health and Human Services, local health providers and the families themselves in an attempt to keep children in their own schools and communities and out of hospitals and institutions, while providing some respite for their families.

Another project we support has helped concerned citizens in Seattle to create the Bailey-Boushay House, a 35-bed skilled nursing facility and day health center for people living with HIV/AIDS. Offering a new and humane integration of services, Bailey-Boushay just completed its first 18 months of operation, in which it provided subacute and hospice services to 275 residents and hundreds of day patients. We also funded a project providing technical assistance to other communities across the country trying to develop similar AIDS housing efforts.

The Foundation also has funded research on chronic health conditions. One such program is a major study to understand and improve clinical decisions near the end of life. The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT), being conducted at five university medical centers, is testing whether providing clinicians with more accurate knowledge of a patient's prognosis and care preferences affects the treatments chosen. We live in a time when dissatisfaction with aggressive care near the end of life is highly visible. This dissatisfaction is evidenced in the extreme by the demand for Dr. Jack Kevorkian's services and by more than 45 percent of California and Washington voters supporting measures to let physicians perform euthanasia. We hope that the results of SUPPORT will guide patients and clinicians to more humane and acceptable treatment patterns near the end of life. Results of the study are expected in late 1994 or early 1995.

Percent of People with Selected Chronic Conditions Who Are Hospitalized Annually

Condition	Percent
Ischemic heart disease	73%
Multiple sclerosis	69%
Prostate cancer	69%
Lung cancer	67%
Stroke	65%
Stomach, intestinal, colon and rectal cancer	62%
Complete paralysis of extremities	56%

Table Source: Collins JG. Prevalence of Selected Chronic Conditions: United States, 1986-88. National Center for Health Statistics. Vital Health Stat 10(182). 1993.

These conditions limit the activities of at least 30 percent of people who have them.
Figures are for 1986-88.

Another research project, being conducted by a team at Brown University, is studying the incidence, prevalence and patterns of care of people with chronic illness in a single metropolitan community. The findings should improve our understanding of the impact of medical and social interventions on the function and outcomes of patients. Additionally, partial support for the Disability Supplement of the National Health Interview Survey will enable researchers at the National Center for Health Statistics to interview people with severe physical disabilities or complex chronic health conditions. Analyses and dissemination of the survey results should help the Foundation and the broader policy community assess the adequacy and appropriateness of services for those with the most serious chronic illnesses.

Other programs in the field of chronic health conditions focus on education (for example, helping medical personnel to achieve better pain control for patients with cancer), understanding the impact of proposed health reform measures on the delivery of services to people with chronic illnesses, and, through the Community Health Leadership Program, celebrating local heroes and heroines whose efforts have improved the lives of people who might not otherwise be served.

The future of chronic care

Given the realities of a burgeoning older population in the United States, with its attendant burden of chronic conditions, the challenge of improving the care for people with such illnesses inevitably will become more pressing. As our chairman points out in his letter, health care reform doesn't guarantee improvement in health care and could even make things worse. Clearly, until now, the incentives of the marketplace have been perverse. On the one hand, they reward insurance carriers and health plans that avoid people with chronic illnesses. On the other hand, for those already in the medical care system — such as Medicare patients receiving fee-for-service care — providers are rewarded for providing expensive, high-technology care and penalized for spending resources on integrating care in the community. This, clearly, must change.

But even if health care reform is wisely crafted and wildly successful, it can affect only our formal system of care, and it will still fall short of meeting the needs and expectations of those with chronic conditions. Enlisting the resources of the volunteer community to build a stronger, more vital, informal system of care is also essential.

The Foundation took a step in that direction this year with Faith in Action: Replication of the Interfaith Volunteer Caregivers Program. This $23 million initiative will provide start-up grants of $25,000 each and technical assistance to more than 900 community organizations established by interfaith coalitions of churches, synagogues, mosques and other institutions with religious missions. Each coalition will develop caregiving programs serving people of all ages with chronic health conditions. This expands an earlier national effort launched by the Foundation which has led to the establishment of more than 300 Interfaith Volunteer Caregiver projects since 1984. These projects build on the strong tradition of volunteerism in America and provide home-based volunteer services, care and companionship to people with chronic health conditions living in their communities. Such coalitions have grown and become financially self-sustaining over time with support from a variety of sources, including local funders. We hope that eventually such coalitions will exist in every community in the country, helping to address the unmet needs for informal care among the millions of Americans with chronic health conditions.

Only by simultaneously strengthening both our formal and informal systems can our nation have the comprehensive health care system that Americans want and deserve. What we are striving for is a system that will, in the words of the old French saying, "cure sometimes, relieve often, and comfort always."

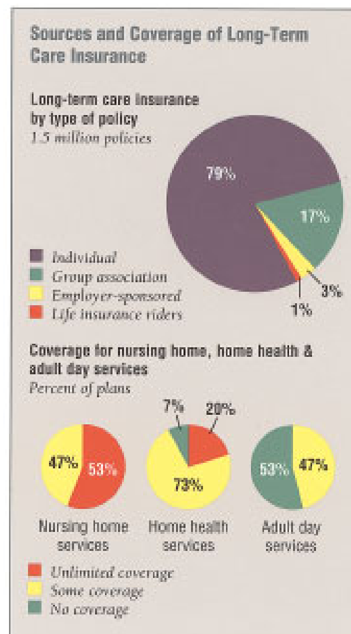
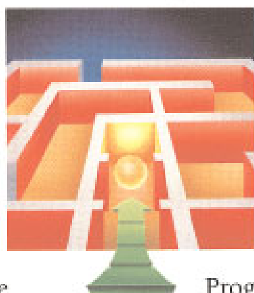


Chart Source: Health Insurance Association of America. Highlights of HIAA Long-Term Care Insurance Survey. Washington, DC. 1990. Table 1 and p. 2.

Coverage data are from a survey of the 15 long-term care insurance plans that provide three-fourths of the policies in the United States.

To assure that Americans of all ages have access to basic health care

Concern over lack of access to basic health care underpins the public's interest in health care reform. Regardless of age, race, employment or economic status, many Americans cannot obtain the health services they need in a timely, affordable manner. Those who have not yet faced these barriers are aware of their own vulnerability and worry about future security. While 38 million Americans are without health insurance, many more are underinsured or may lose coverage if they change jobs or get sick.



Although lack of insurance is a formidable barrier to access, it is by no means the sole impediment. Since 1991, the Foundation has tried to address four kinds of barriers people face in gaining access to basic health services:

- financial barriers
- barriers related to the supply and distribution of health services and providers
- sociocultural barriers, and
- organizational barriers.

Much of the national health care reform debate is geared to resolving financial barriers to access. Where these efforts will lead is still uncertain. What is clear is that some states and providers are already moving ahead. During 1993, the Foundation expanded support for a program of technical assistance to states to provide useful data and information as they proceed.

Supply and distribution barriers persist, as our health care and medical education systems continue to be skewed toward costly medical specialists. The unequal geographical distribution of primary care providers and the greater numbers of medical specialists contribute to the fact that certain underserved populations — in rural areas or inner-city communities — cannot find primary care providers.

In 1993, the Foundation launched the Generalist Provider Research Initiative to stimulate research and evaluation projects that should build further the capacity of the health care system to provide primary care through generalist physicians and alter the current imbalance of specialist to generalist services. This initiative joins a series of Foundation programs designed to reduce the prevalence of specialty medicine over the provision of basic health care in the United States: The Generalist Physician Initiative, the Generalist Physician Faculty Scholars Program, and Practice Sights: State Primary Care Development Strategies.

The Foundation also launched a new effort designed to mobilize physician-initiated partnerships to improve care for underserved Americans in 50 communities nationwide. Under Reach Out: Physicians' Initiative to Expand Care to Underserved Americans, private physician groups will work together with other providers, such as primary care practitioners, community health centers, hospitals, health departments and state agencies.

Evidence suggests that mid-level practitioners, including nurse practitioners and physician assistants, can play an important role in improving access to cost-effective services in underserved areas. In 1993, nine sites were funded under the Ladders in Nursing Careers Program, an initiative that replicates a successful project developed with Foundation funding by the Greater New York Hospital Association. The program establishes career ladders for entry and mid-level health workers — particularly minority and low income individuals.

In the early 1990s, a new epidemic of measles drew attention to the alarmingly low immunization rates for preschool children in this country. Rates had dipped in spite of evidence that immunizations are one of the most effective public health interventions available, and they are a key indicator of the adequacy of child health services in a community. All Kids Count: Establishing Immunization Monitoring and Follow-up Systems was initiated to improve and sustain access to immunizations for preschool children. By developing monitoring and follow-up systems, the program seeks to reduce the rates of illness, disability and death from vaccine-preventable diseases. In 1992, 23 sites were awarded planning grants under the program, and in 1993, 14 of these sites received implementation funding.

A substantial barrier to improving access and to providing more effective medical care is mutual lack of cultural understanding and communication skills between health care professionals and patients. Providers must be attuned to the unique needs of diverse population groups. Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care, a collaborative effort with The Henry J. Kaiser Family Foundation, support projects that improve access to maternal, child and reproductive health services by overcoming or increasing knowledge about sociocultural barriers. For example, of 11 grants awarded under Opening Doors in 1993, one project will develop a pool of interpreters for use by health care providers to reach the Hispanic and Asian residents and immigrants of Oakland, California, and another project will use case studies of African American and Hispanic population groups to teach medical students about sociocultural issues.

Another way to improve access for vulnerable populations is to increase the number of minority medical professionals who will practice in sites where they will serve patients who share their culture. The Minority Medical Education Program, now in its sixth year, continues to assist promising, highly motivated minority students in gaining admission to medical schools. The Minority Medical Faculty Development Program also continued in 1993, with 12 new fellowships awarded to minority physicians who are committed to careers in academic medicine.

In March 1993, the Foundation organized and held a series of national forums to educate the public on the problems facing our health care system. Titled "Conversations on Health," the four meetings — held in Tampa, Florida, Des Moines, Iowa, Dearborn, Michigan, and Washington, D.C. — were structured as conversations with citizens and health care providers about how problems of access, chronic health conditions, substance abuse and health care costs affect their lives. These meetings offered individual Americans a chance to depict and analyze critical health care issues from their own perspectives.

In 1994, the national health care reform effort will continue to wrestle with the issue of access to basic health care for all Americans. The year holds promise. However, many of the proposed solutions focus almost exclusively on financial access to health care. Regardless of the degree of change within the financing system at the state or federal level, substantial barriers will remain for many Americans. Market adjustments may even create some new ones.

The Foundation will continue to use its resources to assure access to basic health care for all Americans and will increase its focus on non-financial barriers to access. New efforts may include identifying opportunities to revitalize the public health system, monitoring changes caused by health care reform on access to care, developing rural health networks, and exploring a possible new role for the Foundation in improving urban health.

To promote health and prevent disease by reducing harm caused by substance abuse

Substance abuse is the primary cause of preventable illness, injury and death in the United States. Efforts to reduce the harm caused by tobacco, alcohol and drugs are, therefore, an integral part of trying to improve health and health care. A continuing backdrop for the Foundation's efforts in the substance abuse area during 1993 was health care reform. It is, of course, the overriding issue that will affect every facet of health care, directly or indirectly, over the next year — and it offers both potential benefits and pitfalls for the handling of substance abuse issues.

Our efforts in 1993 were concentrated in five priority areas:

- communicating substance abuse as the nation's number one health problem
- reducing the harm caused by tobacco
- understanding the causes (etiology) of substance abuse
- prevention and early intervention, and
- reducing demand through community initiatives.

Given the complexity of raising the problem of substance abuse on the public agenda, 1993 was largely dedicated to planning the best methods for communicating substance abuse as the nation's number one health problem. In addition, the Foundation sponsored a successful press and congressional staff briefing — in collaboration with the Center for Addiction and Substance Abuse (CASA) at Columbia University — to announce the availability of *Substance Abuse: The Nation's Number One Health Problem — Key Indicators for Policy*, a trends monitoring chartbook written by an expert group from Brandeis University for the Foundation. A major focus of the chartbook is the enormous toll of substance abuse.

Particularly notable is the large number of deaths each year attributable to it: more than 400,000 due to tobacco, 100,000 as a result of alcohol, and 20,000 due to illicit drug abuse and related AIDS deaths.

Highlights of 1993 activity in the tobacco area include authorization of two new national programs. SmokeLess States: Statewide Tobacco Prevention and Control Initiatives is designed to help statewide coalitions develop comprehensive tobacco reduction strategies, especially to stop use by children and youth. Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy is designed to achieve widespread diffusion of state-of-the-art smoking cessation techniques and to develop new approaches for eliminating smoking in women during their childbearing years. Eleven projects were awarded grants under the Tobacco Policy Research and Evaluation Program, which will identify, analyze and evaluate public- and private-sector policies aimed at reducing tobacco use. Also of note was a grant to the Burley Tobacco Growers Cooperative Association to develop an economic transition plan that should help communities in the South reduce their reliance on producing tobacco products.

Efforts in the etiology area were exploratory. For example, one grant tests whether additional analysis of existing data sets could fill some of the gaps in knowledge regarding the etiology of substance abuse; another supported an exploratory analysis for a study of the development of nicotine dependence.

In the prevention and early intervention area, major activities include a program to instruct youth sports coaches about substance abuse issues, a national survey of college students' drinking, and a program to provide training and technical assistance to six juvenile justice systems committed to developing community-based prevention and early intervention services for juvenile offenders.

The focus of our community initiatives work was on the continued implementation of major programs, such as Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol, which supports efforts to create community-wide systems of prevention, early identification, treatment and after-care; Healthy Nations: Reducing Substance Abuse Among Native Americans, another community-focused program aimed at combatting substance abuse among Native Americans; and Join Together, a national technical assistance resource for communities fighting substance abuse. New endeavors in 1993 were aimed at reducing local, state and national policy barriers. One new project provides technical assistance to communities concerning environmental approaches to alcohol and tobacco prevention and another is convening regional meetings with state policymakers to discuss substance abuse coverage issues under state health reform.

Representatives of all current Foundation substance abuse grantees met in December 1993. It was the first time all Foundation grantees in a major goal area were convened. This forum for exchanging ideas resulted in valuable advice and forecasting for the Foundation.

The coming year will be a time for further program development in most of our substance abuse priority areas. A few of the possible activities for 1994 are: development of national communications projects designed to denormalize tobacco use and alcohol abuse; support for a coalition of diverse organizations to provide leadership on these issues both nationally and locally; a program to reduce binge drinking on college campuses; and an alcohol and drug policy research initiative. In addition, the feasibility of developing a large-scale, anti-substance abuse community initiative in a single city may be explored.

To help address the problem of escalating health care expenditures

Ironically, rising health care costs are both the driving force behind health care reform and the major impediment to its adoption. Many people believe that cost control must precede universal coverage or improvements in health services. Others reason that costs cannot be controlled unless we have universal coverage and until the financial incentives within the health care system are rationalized.

In the quest for health care cost containment, Foundation staff developed a four-part strategy to guide our 1993 activities:

- to develop and test new cost control strategies
- to educate the public about trade-offs inherent in different strategies
- to establish a forum to explore the long-term effects of restructuring the health care system, and
- to monitor the impact of cost controls on health care costs, access and quality.

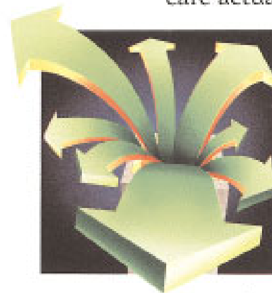
Because controlling costs is central to the health care reform debate, much of the Foundation's work in this area focuses on developing and testing new cost containment strategies. State Initiatives in Health Care Reform, for example, supports 12 states as they test different strategies, demonstrates how reform might be implemented, and helps gauge what the public will support. In response to the increase in state health care reform efforts, the program was expanded in 1993 to include up to 10 additional states and technical assistance was also expanded to make it available to more states. Support also continues for Changes in Health Care Financing and Organization, a national initiative intended to design and analyze major health care financing strategies, conduct demonstrations to test new strategies, and evaluate major strategies already in place.

The way cost controls are applied raises fundamental questions of fairness and equity. Critical to the adoption of effective cost control strategies will be better public understanding of the trade-offs among the many choices to be

made and the consequences of inaction. The Foundation's ongoing public education activities in 1993 included an economic conference on the various health care proposals currently under consideration and a grant to enable students in thousands of high schools across the country to debate the issue of health care reform.

To explore the long-term implications of restructuring the health care system, the Foundation is supporting a project that will conduct analyses and make recommendations to facilitate the health care reform process. The project will study the economic consequences of reform on: firms that pay for the health care of their workers, employment in the health sector, the nation's economic growth (particularly with regard to small business employment and technological innovation), and government spending and the national debt.

The Foundation continues to monitor the impact of health care reform, including reforms that already are under way. For example, research was done on the implications of health care reform for the overall economy and for individual households. The Foundation also is monitoring the impact of state reforms and collecting baseline data for evaluating any national reforms.



Several significant issues will receive attention in 1994:

- developing, testing and monitoring cost controls
- exploring ways to reduce and reallocate excess capacity — too many facilities, too much equipment, and too many physician specialists, and
- improving the way providers and patients use health care resources.

The Foundation will continue current work that develops, tests and monitors cost controls — demonstrations of state health care reform, targeted research and policy analysis on financing and costs, and convening activities. Examples include case studies and cross-state analyses of specific reform approaches and research on key implementation issues.

Excess capacity is a major contributor to rising health care costs. It is the most distinctive difference between the U.S. health care system and those of other industrialized countries, where costs are lower. Historically, market forces have not reduced or reallocated excess capacity and, in many cases, appear to have exacerbated the problem. Yet, regulatory mechanisms to control capacity have been largely absent from the current health care reform debate, with the assumption seeming to be that new market pressures will lead to more efficient use of resources. Projects designed to explore the feasibility, effectiveness and implications of alternative approaches to reducing excess capacity in the system and controlling capacity growth will be pursued: for example, highlighting the need for controlling capacity through convening and research; and determining whether managed care actually leads to greater efficiency, productivity or cost savings.

Improving the way providers and patients use health care resources also will be a priority. In addition to the influence of the larger policy and financing environments, the success of cost control efforts ultimately depends on the way that professionals and consumers use health care resources. Previous research has shown that physicians influence 70 to 80 percent of medical care utilization and that markedly different physician practice patterns do not produce significantly different patient outcomes. Ongoing work in this area includes research on effective mechanisms for influencing physician practice.

By focusing on these issues, Foundation staff hope to facilitate the health care reform debate and move closer to our goal of health care cost containment.

Huntington
H·R

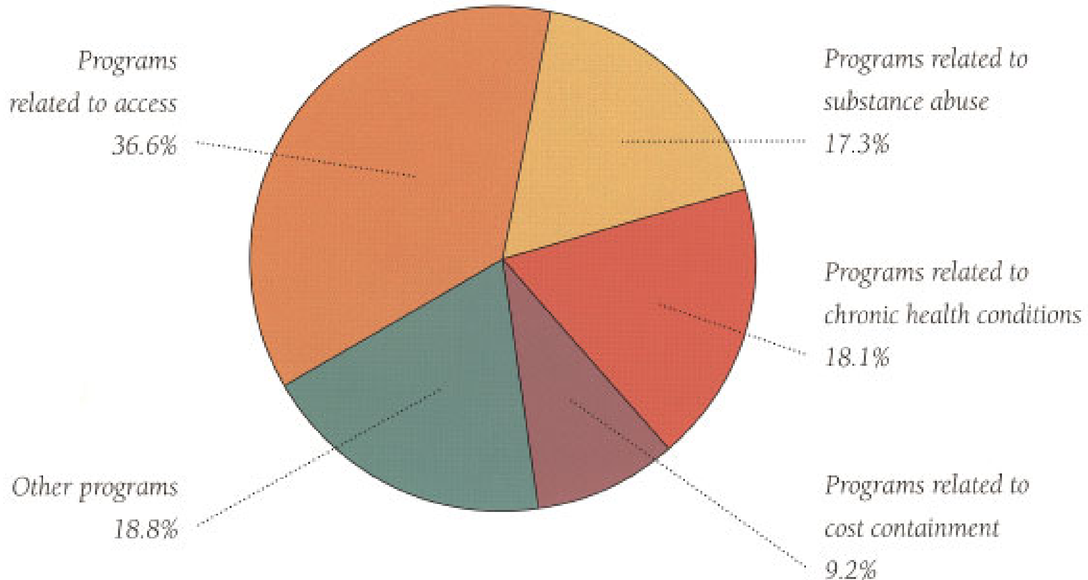
1993 ACTIVITIES
Statistical Analysis

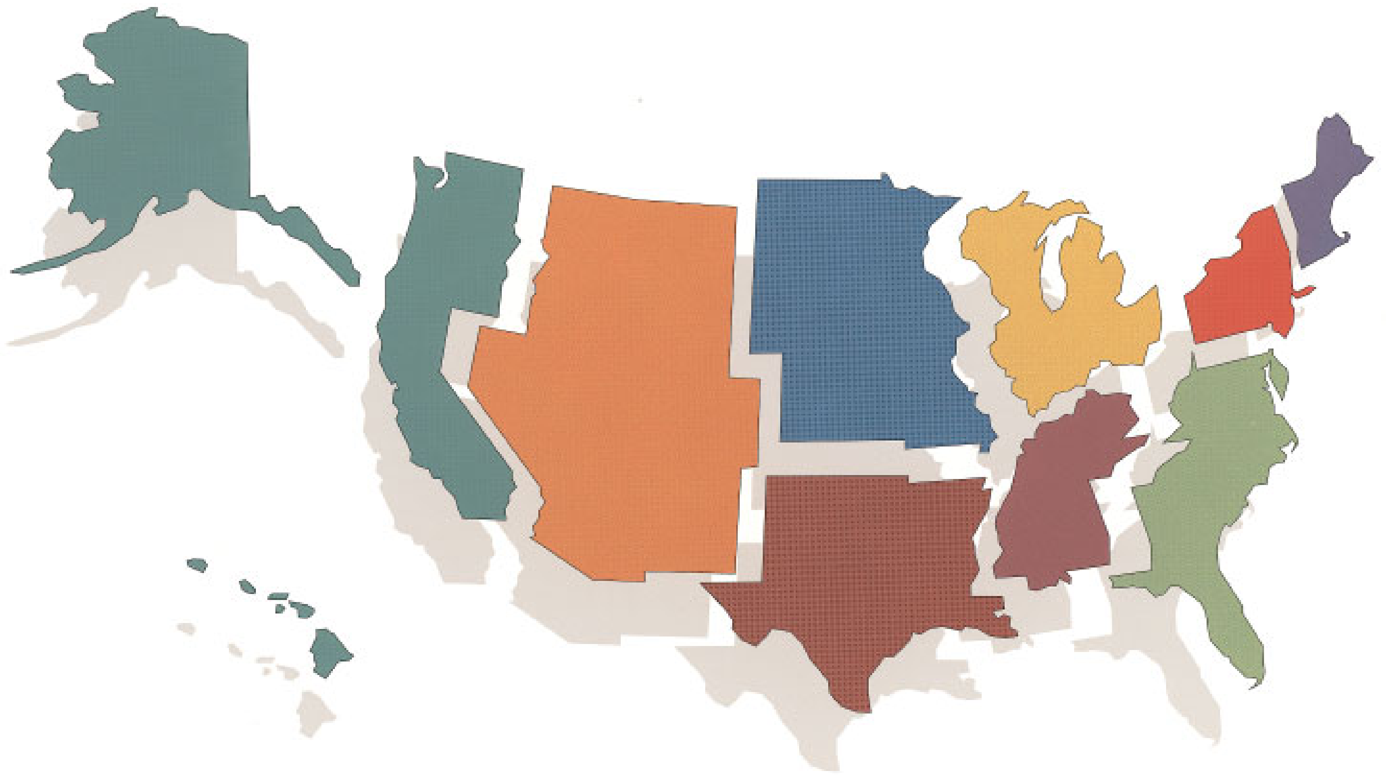
During 1993, the Foundation made 530 grants totalling $137.48 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

- $50.32 million for programs that assure that Americans of all ages have access to basic health care
- $23.76 million for programs that promote health and prevent disease by reducing harm caused by substance abuse
- $24.90 million for programs that improve the way services are organized and provided to people with chronic health conditions
- $12.59 million for programs that help the nation address the problem of escalating medical care expenditures, and
- $25.91 million for a variety of other purposes, principally in the New Brunswick, New Jersey, area where the Foundation originated.

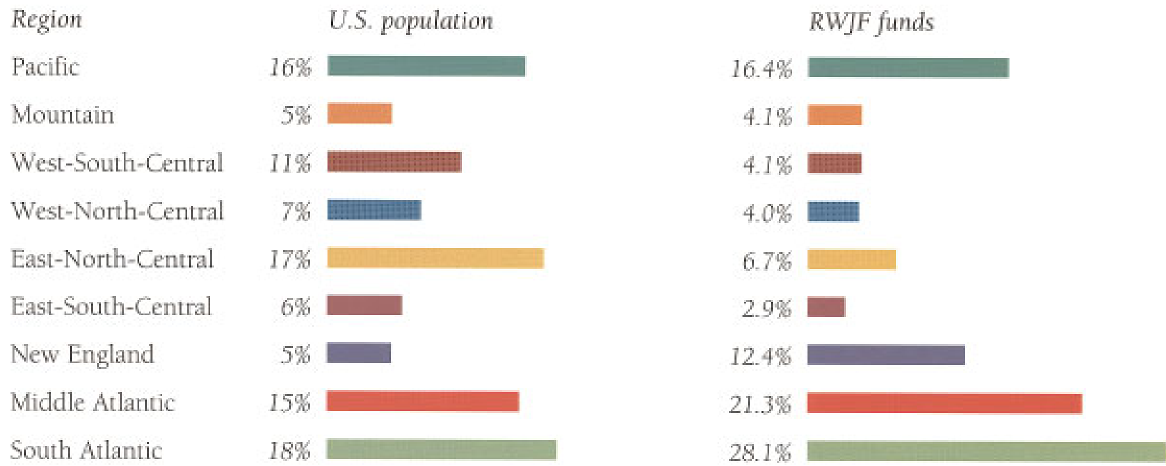
The distribution of funds for 1993 by areas of interest is charted below. The geographic distribution of 1993 funds is diagrammed on the opposite page. Since becoming a national philanthropy in 1972, our appropriations have totaled $1.57 billion.

Distribution of 1993 funds by areas of interest





1993 appropriations by geographical region
($137.48 million)



Region	*U.S. population*	*RWJF funds*
Pacific	*16%*	*16.4%*
Mountain	*5%*	*4.1%*
West-South-Central	*11%*	*4.1%*
West-North-Central	*7%*	*4.0%*
East-North-Central	*17%*	*6.7%*
East-South-Central	*6%*	*2.9%*
New England	*5%*	*12.4%*
Middle Atlantic	*15%*	*21.3%*
South Atlantic	*18%*	*28.1%*

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

1993 Grants

This section is a listing of the 530 grants made in 1993. In addition, the Foundation continued to make payments on and monitor 858 grants awarded in prior years. Together these two groups comprise the Foundation's active grants.

Brief, descriptive program summaries are available for selected grants. Using information from this section, requests for program summaries should include the title of the grant, the institutional recipient, and the grant ID number. Address requests to:

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

A complete list of all active grants also is available on a computer diskette (3½-inch, high-density IBM- or Macintosh-compatible). Direct requests to the above address.

ACCESS

Demonstrations

All Kids Count: Establishing Immunization Monitoring and Follow-up Systems
Support for projects to develop and implement systems that improve and sustain access to immunizations for preschool children (for the periods indicated). ID#19234

Chatham County Health Department
Savannah, GA
$229,866
(2 years)

City of Cleveland, Department of Public Health
Cleveland, OH
$413,967
(2 years)

Medical and Health Research Association of New York City, Inc.
New York, NY
$405,268
(2 years)

Metropolitan Government of Nashville and Davidson County
Nashville, TN
$349,423
(2 years)

City of Milwaukee Health Department
Milwaukee, WI
$300,891
(2 years)

Mississippi State Department of Health
Jackson, MS
$317,751
(2 years)

State of Nevada Department of Human Resources, Health Division
Carson City, NV
$398,501
(2 years)

North Carolina Department of Environment, Health, and Natural Resources
Raleigh, NC
$106,221
(1 year)

County of Orange Health Care Agency
Santa Ana, CA
$52,758
(1 year)

City of Philadelphia Department of Public Health
Philadelphia, PA
$383,100
(2 years)

State of Rhode Island Department of Health
Providence, RI
$306,678
(2 years)

City of Richmond Department of Public Health
Richmond, VA
$353,428
(2 years)

County of San Bernardino Department of Public Health
San Bernardino, CA
$474,061
(2 years)

County of Snohomish Health District
Everett, WA
$417,126
(2 years)

Alpha Center for Health Planning, Inc.
Washington, DC
$199,922
Technical assistance center on alternative rural hospital models (for 1 year). ID#20765

American College of Physicians
Philadelphia, PA
$499,511
Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans (for 1 year). ID#21235

The Austin Project
Austin, TX
$49,930
Countywide effort to improve the health of infants and children (for 1 year). ID#22125

City of Baltimore, Department of Health
Baltimore, MD
$199,171
Design of a health care delivery system for a Baltimore neighborhood (for 1 year). ID#21697

University of Colorado Health Sciences Center
Denver, CO
$491,679
Implementation of a standardized management information system for school-based health centers (for 3 years). ID#21457

The Elementary School-Based Health Initiative
Washington, DC
$34,940
Planning a program to establish health centers in elementary schools (for 4 months). ID#22908

University of Florida, College of Medicine
Gainesville, FL
$312,000
Support for a statewide midwifery resource center (for 2 years). ID#21303

George Washington University
Washington, DC
$399,766
Technical assistance and direction for the Local Initiative Funding Partners Program — Phase II (for 1 year). ID#21070
AND
$540,103
Technical assistance and direction for Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (for 1 year). ID#22137

The Greater Kansas City Community Foundation
Kansas City, MO
$50,000
Strengthening community foundations' role in local immunization projects (for 9 months). ID#22579

Greater Southeast Community Hospital Foundation, Inc.
Washington, DC
$422,486
Technical assistance and direction for Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care (for 1 year). ID#21964

Institute for Urban Family Health, Inc.
New York, NY
$50,000
Capital funding for the Mount Hope Family Practice (for 1 year). ID#23414

Institutes of Religion and Health
New York, NY
$376,271
Expanded first-line mental health services for New York City Latino communities (for 4 years). ID#21800

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

Case Western Reserve University, Frances Payne Bolton School of Nursing
Cleveland, OH
$400,000
(4 years)

New York Downtown Hospital
New York, NY
$420,000
(3 years)

Pinellas County Board of Juvenile Welfare
St. Petersburg, FL
$395,716
(4 years)

Planned Parenthood of Greater Miami, Inc.
Coconut Grove, FL
$300,000
(3 years)

St. Christopher's Hospital for Children
Philadelphia, PA
$389,527
(4 years)

Medical College of Virginia Foundation, Inc.
Richmond, VA
$424,948
(3 years)

West Alabama Health Services, Inc.
Eutaw, AL
$220,857
(3 years)

Wishard Memorial Foundation
Indianapolis, IN
$200,000
(3 years)

Local Initiatives Support Corporation
New York, NY
$1,000,000
Health and social services in community development corporations (for 3 years). ID#21364

Making the Grade: State and Local Partnerships to Establish School-Based Health Centers
Promotes the increased availability of school-based health services for children and youth with unmet health care needs (for the periods indicated). ID#20612

State of Colorado, Department of Health
Denver, CO
$100,000
(15 months)

State of Connecticut, Department of Public Health and Addiction Services
Hartford, CT
$100,000
(15 months)

State of Delaware, Department of Health and Social Services
Dover, DE
$100,000
(15 months)

State of Hawaii, Department of Health
Honolulu, HI
$96,733
(15 months)

Health Research, Inc.
Albany, NY
$100,000
(15 months)

State of Louisiana, Department of Health and Hospitals
New Orleans, LA
$96,635
(15 months)

State of Maryland, Office for Children, Youth, and Families
Baltimore, MD
$100,000
(15 months)

State of North Carolina, Department of Environment, Health, and Natural Resources
Raleigh, NC
$100,000
(15 months)

State of Oregon, Department of Human Resources
Salem, OR
$100,000
(15 months)

State of Rhode Island, Department of Health
Providence, RI
$99,862
(15 months)

State of Tennessee, Department of Health
Nashville, TN
$100,000
(15 months)

State of Vermont, Agency on Human Services
Waterbury, VT
$100,000
(15 months)

Maternity Center Association
New York, NY
$50,000
Interim support for the Childbearing Center of East New York (for 9 months). ID#21247

Medical Care Development
Augusta, ME
$45,000
Development of a health professions regulatory system (for 2 years). ID#22264

The National Association of Community Health Centers, Inc.
Washington, DC
$286,676
Technical assistance and direction for the Program to Strengthen Primary Care Health Centers (for 1 year). ID#20022

National Black Women's Health Project, Inc.
Dorchester, MA
$175,000
Implementation of a health education program for low-income women (for 2 years). ID#19874

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 the periods indicated). ID#18599

Crossroads Programs, Inc.
Mount Holly, NJ
$248,433
(1.5 years)

New Community Corporation
Newark, NJ
$246,676
(2 years)

United Way of Passaic Valley
Paterson, NJ
$245,972
(2 years)

North Carolina Foundation for Alternative Health Programs, Inc.
Raleigh, NC
$448,072
Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (for 1 year). ID#20062

University of Oklahoma, College of Public Health
Oklahoma City, OK
$184,447
Technical assistance and direction for Improving the Health of Native Americans (for 1 year). ID#19317

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care
Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the periods indicated). ID#20796

Asian Health Services, Inc.
Oakland, CA
$237,250
(3 years)

Champaign County Health Care Consumers
Champaign, IL
$255,318
(3 years)

House Next Door
DeLand, FL
$147,364
(22 months)

Northern Arizona Area Health Education Center
Flagstaff, AZ
$149,548
(3 years)

Planned Parenthood of Central and Northern Arizona
Phoenix, AZ
$181,669
(2 years)

Rochester General Hospital
Rochester, NY
$236,983
(2 years)

Shasta Primary Care Clinic, Inc.
Redding, CA
$64,196
(2 years)

University of Washington, School of Medicine
Seattle, WA
$241,075
(2 years)

The Ounce of Prevention Fund
Chicago, IL
$1,000,000
Health component of a support services program for inner-city families (for 5 years). ID#13473

Practice Sights: State Primary Care Development Strategies
Challenges states to improve the distribution of primary care providers in medically underserved areas (for the periods indicated). ID#19241

Arizona Department of Health Services
Phoenix, AZ
$99,638
(15 months)

Arkansas Department of Health
Little Rock, AR
$100,000
(15 months)

Health Research, Inc.
Albany, NY
$99,688
(15 months)

University of Kentucky Research Foundation
Lexington, KY
$100,000
(15 months)

Maine Department of Human Services
Augusta, ME
$99,595
(15 months)

Minnesota Department of Health
Minneapolis, MN
$100,000
(15 months)

Mountain States Group, Inc.
Boise, ID
$100,000
(15 months)

Nebraska Department of Health
Lincoln, NE
$99,580
(15 months)

New Hampshire Department of Health and Human Services
Concord, NH
$100,000
(15 months)

New Mexico Department of Health
Santa Fe, NM
$100,000
(15 months)

Commonwealth of Pennsylvania Department of Health
Harrisburg, PA
$100,000
(15 months)

South Dakota Department of Health
Pierre, SD
$98,158
(15 months)

Texas Department of Health
Austin, TX
$100,000
(15 months)

Commonwealth of Virginia, Joint Commission on Health Care
Richmond, VA
$99,994
(15 months)

Wisconsin Department of Health and Social Services
Madison, WI
$100,000
(15 months)

Primary Care Development Corporation
New York, NY
$1,500,000
New York City-State partnership for primary care facility development (for 35 months). ID#21312

Rebuild LA
Los Angeles, CA
$450,000
Establishment of community health councils (for 2 years). ID#21956

St. Anthony's Health Care Foundation, Inc.
St. Petersburg, FL
$50,000
Establishment of a hospital-based parish nurse program (for 1 year). ID#19781
AND
$256,415
Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#20023

City of San Antonio, San Antonio Metropolitan Health District
San Antonio, TX
$19,500
Countywide immunization monitoring and follow-up system (for 5 months). ID#22310

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

City of Los Angeles Board of Education
(Jordan High School)
Los Angeles, CA
$3,061
(4 months)

The Task Force for Child Survival and Development
Atlanta, GA
$338,122
Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (for 1 year). ID#20029

University of Medicine & Dentistry of New Jersey — Robert Wood Johnson Medical School
Piscataway, NJ
$3,000,000
Statewide immunization registry, tracking, and follow-up program (for 3 years). ID#20035

The Volunteers in Medicine Clinic
Hilton Head Island, SC
$300,000
Program to provide indigent care using retired physicians (for 3 years). ID#21804

State of West Virginia, Department of Health and Human Resources
Charleston, WV
$144,500
Development of rural health care networks in West Virginia (for 1 year). ID#22455

William F. Ryan Community Health Center, Inc.
New York, NY
$49,998
Development of a community health center network (for 1 year). ID#23606

Education & Training

Association of American Medical Colleges
Washington, DC
$10,000
Seminar for academic medical centers to plan enhanced generalist training (for 4 months). ID#22470
AND
$328,635
Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#21095

University of California, Los Angeles, School of Dentistry
Los Angeles, CA
$199,199
Test and dissemination of a multicultural dental education program (for 1.5 years). ID#22052

Generalist Physician Faculty Scholars Program
Offers four-year career development awards to strengthen the research capacity of faculty committed to family practice, general internal medicine, and general pediatrics (for the periods indicated). ID#18635

Boston University, School of Medicine
Boston, MA
$240,000
(4 years)

University of California, Davis, School of Medicine
Davis, CA
$237,302
(4 years)

University of California, San Francisco, School of Medicine
San Francisco, CA
$240,000
(4 years)

Dartmouth Medical School
Hanover, NH
$239,935
(4 years)

George Washington University Medical Center
Washington, DC
$239,807
(4 years)

Medical College of Georgia, School of Medicine
Augusta, GA
$239,770
(4 years)

Indiana University, School of Medicine
Indianapolis, IN
$239,625
(4 years)

New England Medical Center Hospitals, Inc.
Boston, MA
$239,997
(4 years)

University of North Carolina at Chapel Hill, School of Medicine
Chapel Hill, NC
$240,000
(4 years)

New York University, School of Medicine
New York, NY
$239,832
(4 years)

Oregon Health Sciences University Foundation
Portland, OR
$239,593
(4 years)

The University of Pennsylvania, School of Medicine
Philadelphia, PA
$239,879
(4 years)

University of Pittsburgh, School of Medicine
Pittsburgh, PA
$239,998
(4 years)

University of Texas Health Science Center at San Antonio
San Antonio, TX
$239,999
(4 years)

Virginia Commonwealth University, Medical College of Virginia
Richmond, VA
$240,000
(4 years)

George Washington University
Washington, DC
$5,000
Conference on national health reform and the health care safety net (for 2 months). ID#21782

Georgetown University, School of Medicine
Washington, DC
$43,282
Conference on the demand for generalist physicians (for 4 months). ID#21503
AND
$343,757
Technical assistance and direction for the Generalist Physician Faculty Scholars Program (for 1 year). ID#21323

Ladders in Nursing Careers Program
Expands a career advancement program for health care employees to pursue careers in nursing (for the periods indicated). ID#21419

Georgia Hospital Association Research and Education Foundation, Inc.
Marietta, GA
$544,924
(47 months)

Greater Cleveland Hospital Association
Cleveland, OH
$534,745
(47 months)

Hospital Association of Rhode Island
Providence, RI
$545,000
(47 months)

Iowa Hospital Education and Research Foundation
Des Moines, IA
$544,919
(47 months)

Maryland Hospital Education and Research Foundation, Inc.
Lutherville, MD
$542,482
(47 months)

Metropolitan Healthcare Council
St. Paul, MN
$544,510
(47 months)

North Dakota Hospital Association
Bismarck, ND
$44,282
(1 year)

North Dakota Hospital Research & Education Foundation, Inc.
Bismarck, ND
$499,400
(3 years)

South Carolina Hospital Research & Education Foundation, Inc.
West Columbia, SC
$544,644
(47 months)

Texas Hospital Education and Research Foundation
Austin, TX
$545,000
(47 months)

Middlesex County College Foundation
Edison, NJ
$493,315
Program to strengthen health careers education for minorities (for 3 years). ID#21862

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

Baylor College of Medicine
Houston, TX
$224,814
(1 year)

Case Western Reserve University, School of Medicine
Cleveland, OH
$225,000
(1 year)

Illinois Institute of Technology
Chicago, IL
$224,965
(1 year)

United Negro College Fund, Inc.
New York, NY
$225,000
(1 year)

University of Virginia, School of Medicine
Charlottesville, VA
$225,000
(1 year)

University of Washington, School of Medicine
Seattle, WA
$225,000
(1 year)

Minority Medical Faculty Development Program
Four-year program to provide two-year, biomedical, postdoctoral research fellowships (for the periods indicated). ID#7854

University of Alabama, School of Medicine
Birmingham, AL
$152,500
(2 years)

Baylor College of Medicine
Houston, TX
$152,498
(2 years)

Cedars-Sinai Medical Center
Los Angeles, CA
$152,500
(2 years)

Children's Hospital Corporation
Boston, MA
$163,006
(2 years)

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

The Johns Hopkins University, School of Medicine
Baltimore, MD
$163,006
(2 years)

University of Michigan Medical Center
Ann Arbor, MI
$163,006
(2 years)

New York University Medical Center
New York, NY
$152,500
(2 years)

Yale University, School of Medicine
New Haven, CT
$162,852
(2 years)

University of Missouri — Columbia, School of Medicine
Columbia, MO
$493,991
Technical assistance and direction for The Generalist Physician Initiative (for 1 year). ID#21171

Morehouse College
Atlanta, GA
$20,000
Conference on medical school recruitment for minorities (for 8 months). ID#23089

National Medical Association, Inc.
Washington, DC
$117,352
African-American leadership conference on health care reform (for 15 months). ID#22200

University of Oklahoma, College of Public Health
Oklahoma City, OK
$437,596
Technical assistance and direction for the Minority Medical Faculty Development Program (for 1 year). ID#21828

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care
Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the period indicated). ID#20796

Indiana University, School of Medicine
Indianapolis, IN
$54,750
(1 year)

Planned Parenthood Association of the Mercer Area, Inc.
Trenton, NJ
$38,056
Recruitment and training of a nurse practitioner (for 1 year). ID#21628

Society of Teachers of Family Medicine Foundation
Kansas City, MO
$9,520
Conference on educating generalist physicians (for 1 month). ID#23409

Research & Policy Analysis

Alpha Center for Health Planning, Inc.
Washington, DC
$2,796,787
Expanded technical assistance for State Initiatives in Health Care Reform (for 3 years). ID#22234

University of California, San Francisco, Institute for Health Policy Studies
San Francisco, CA
$31,000
Study of barriers to primary care in California (for 5 months). ID#22907

University of California, San Francisco, School of Medicine
San Francisco, CA
$74,120
Study of financial barriers to prenatal care in diverse ethnic groups (for 2 years). ID#21899

Fairleigh Dickinson University
Rutherford, NJ
$152,939
Monitoring impact of the 1992 New Jersey Health Care Reform Act on access (for 1 year). ID#22580

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$78,733
Study to address the fairness of universal health insurance proposals (for 1 year). ID#20578

Generalist Provider Research Initiative
Support for research and evaluation projects to encourage an appropriate generalist/ specialist provider mix (for the period indicated). ID#22238

Oregon Health Sciences University Foundation
Portland, OR
$128,112
(1.5 years)

George Washington University, Center for Health Policy Research
Washington, DC
$113,887
Study of the ways states organize, finance, and monitor immunization delivery (for 1 year). ID#22059

Harvard University, School of Public Health
Boston, MA
$103,034
Research agenda on risk factors for prematurity and low birthweight (for 1 year). ID#20960

Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the periods indicated). ID#19473

Harvard University
Cambridge, MA
$184,022
(3 years)

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$249,989
(3 years)

University of Minnesota
Minneapolis, MN
$250,000
(2 years)

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$367,314
Barriers to childhood immunization in Maryland: policies and practices (for 2 years). ID#22347

University of Massachusetts Medical Center
Worcester, MA
$98,010
Integrating workers' compensation and national and state health reform (for 1 year). ID#21801

National Association of Counties Research Foundation
Washington, DC
$243,298
Analysis of the health care responsibilities of county governments (for 15 months). ID#19861

University of Oklahoma, College of Public Health
Oklahoma City, OK
$95,598
Identification of barriers to the delivery of preventive health services (for 8 months). ID#23434

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care
Supports demonstration and research projects to improve access to maternal, child, and reproductive health services (for the periods indicated). ID#20796

Alan Guttmacher Institute
New York, NY
$292,000
(2 years)

Research Triangle Institute
Research Triangle Park, NC
$210,860
(2 years)

State of Oregon, Department of Insurance and Finance
Salem, OR
$336,658
Pilot projects combining workers' compensation and health insurance (for 1.5 years). ID#20229

The University of Pennsylvania, The Annenberg School for Communication
Philadelphia, PA
$158,671
Media monitoring to improve public understanding of health care reform (for 6 months). ID#22974

Public Health Foundation
Washington, DC
$182,587
Public health's role in preparing for health care reform (for 1.5 years). ID#23110

Rand Corporation
Santa Monica, CA
$1,366,610
Analysis of options and implications of state health care reform (for 2 years). ID#19322 AND
$147,042
Estimates of the cost of insuring the uninsured (for 13 months). ID#20855

Society for Adolescent Medicine, Inc.
Bronx, NY
$38,680
Development of guidelines for conducting adolescent health research (for 15 months). ID#20898

Trust for Public Land
Washington, DC
$85,000
Study of capital financing needs of nonprofit facilities — Phase II (for 10 months). ID#22414

Uniformed Services University of the Health Sciences
Bethesda, MD
$69,340
Feasibility of retraining specialist physicians for generalist care (for 9 months). ID#21751

The Urban Institute
Washington, DC
$492,708
Analysis of insurance coverage trends and simulation of reform options (for 2 years). ID#19324

Washington State University
Pullman, WA
$48,605
Research on cancer screening among Hispanic women (for 1 year). ID#20904

University of Wisconsin Medical School
Madison, WI
$64,963
Technical assistance to the Generalist Provider Research Initiative (for 1 year). ID#22345

Evaluations

National Public Health and Hospital Institute
Washington, DC
$238,966
Case studies describing urban hospitals' cross-cultural issues (for 1.5 years). ID#22201

University of North Carolina at Chapel Hill
Chapel Hill, NC
$520,337
Evaluation of All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (for 5 years). ID#20063

Communications

American Association for World Health, Inc.
Washington, DC
$50,000
National public education campaign to improve oral health in the United States (for 1 year). ID#23288

Educational Broadcasting Corporation
New York, NY
$150,000
Completion of a TV documentary on national health reform (for 6 months). ID#21754

Foundation for New Jersey Public Broadcasting
Trenton, NJ
$50,000
New Jersey television call-in series on health care issues (for 1 year). ID#23099

Institute for Puerto Rican Policy, Inc.
New York, NY
$9,680
Regional conference for the National Latino Health Agenda project (for 2 months). ID#22176

League of Women Voters of New Jersey Education Fund
Trenton, NJ
$50,000
Continuation of health policy forums (for 1 year). ID#23198

University of Michigan, School of Public Health
Ann Arbor, MI
$49,998
Dissemination of findings from the Small Business Benefits Survey (for 4 months). ID#23323

National Academy of Social Insurance
Washington, DC
$17,000
Dissemination of two reports on Medicare (for 6 months). ID#22459

National Medical Association, Inc.
Washington, DC
$240,000
Minority consumer education on health care reform (for 1 year). ID#23103

National Rural Health Association
Kansas City, MO
$50,000
National conference on rural minority health issues (for 5 months). ID#21963

The People-to-People Health Foundation, Inc.
Chevy Chase, MD
$49,704
Special issue of Health Affairs *on health care reform (for 6 months). ID#21541*

The Public Agenda Foundation, Inc.
New York, NY
$200,000
Public opinion research on health care reform (for 6 months). ID#21311

Society of General Internal Medicine
Washington, DC
$50,000
Dissemination of information on developing generalist training programs (for 9 months). ID#22808

State Legislative Leaders Foundation, Inc.
Centerville, MA
$40,000
Conference of state legislative leaders on health care reform (for 5 months). ID#21698

The Task Force for Child Survival and Development
Atlanta, GA
$41,782
Conference on the role of public health in a reformed health system (for 4 months). ID#23661

Western Organization of Resource Councils Education Project
Billings, MT
$60,000
Public radio coverage of rural health care news and issues (for 2 years). ID#20928

Other Interventions

American Academy of Pediatrics
Elk Grove Village, IL
$701,991
Incorporating the Healthy Children Program within the American Academy of Pediatrics (for 2 years). ID#18253

Meharry Medical College
Nashville, TN
$50,000
Preparing for expanded clinical services (for 8 months). ID#21603

Chronic Health Conditions

Demonstrations

The Alzheimer's Center of Upper East Tennessee (Madison House)
Kingsport, TN
$47,411
Start-up of an adult day health center (for 1 year). ID#22419

Building Health Systems for People with Chronic Illnesses
Supports models of caring for people with chronic illnesses aimed at improving the organization, delivery, and financing of services (for the periods indicated). ID#19795

Beth Abraham Hospital
Bronx, NY
$267,100
(2 years)

Dartmouth Medical School
Hanover, NH
$467,855
(2 years)

East Boston Neighborhood Health Center Corporation
East Boston, MA
$326,856
(3 years)

Monadnock Developmental Services
Keene, NH
$417,465
(3 years)

Monroe County
Rochester, NY
$742,369
(3 years)

Richland Memorial Hospital
Columbia, SC
$100,641
(1 year)

Wake Forest University, The Bowman Gray School of Medicine
Winston-Salem, NC
$726,090
(3 years)

State of Wisconsin, Department of Health and Social Services
Madison, WI
$50,000
(7 months)

Center for Health Policy Development — National Academy of State Health Policy
Portland, ME
$114,550
Developing a strategy for chronic care system reforms (for 1 year). ID#22058

The Center School
Highland Park, NJ
$8,000
Summer program for high-risk learning disabled students (for 3 months). ID#21656

Connecticut Community Care, Inc.
Bristol, CT
$177,772
Encouraging best practices in case management for chronically ill people (for 15 months). ID#20449

Corporation for Supportive Housing
Oakland, CA
$150,000
Integrating financing and services for disabled persons in California (for 1.5 years). ID#21883

Dartmouth-Hitchcock Medical Center
Lebanon, NH
$1,487,768
Development of a community-based chronic care system for children (for 3 years). ID#20693

East Boston Neighborhood Health Center Corporation
East Boston, MA
$300,000
Technical assistance and direction for Statewide System of Care for Chronically Ill Elderly in Massachusetts (for 3 years). ID#22938

Faith in Action: Replication of the Interfaith Volunteer Caregivers Program
Supports the development of interfaith caregiving projects for people of all ages with chronic health conditions (for the period indicated). ID#20636

Verde Valley Caregivers Coalition, Inc.
Sedona, AZ
$25,000
(1.5 years)

The General Hospital Corporation — Massachusetts General Hospital
Boston, MA
$541,428
Technical assistance and direction for the Homeless Families Program (for 1 year). ID#21177

The Genesee Hospital
Rochester, NY
$331,747
Technical assistance and direction for Building Health Systems for People with Chronic Illnesses (for 1 year). ID#21201

Group Health Foundation
Washington, DC
$536,832
Technical assistance and direction for the Chronic Care Initiatives in HMOs (for 2 years). ID#21308

Harvard University, School of Public Health
Boston, MA
$274,031
HIV/AIDS service provider information network (for 2 years). ID#20042

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

The Colorado Coalition for the Homeless
Denver, CO
$168,703
(2 years)

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

Arkansas Department of Health
Little Rock, AR
$498,157
(3 years)

Marion County Health Department
Salem, OR
$500,000
(3 years)

Monroe County Department of Health
Rochester, NY
$498,601
(3 years)

United Way of Greater Portland
Portland, ME
$146,568
(1 year)

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 period indicated). ID#14432

Center for Independence of the Disabled in New York, Inc.
New York, NY
$457,408
(19 months)

The Institute for Rehabilitation and Research
Houston, TX
$460,234
Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#20766

Jewish Family Service of Los Angeles
Los Angeles, CA
$50,000
Emergency funding for Family Friends project (for 1 year). ID#21851

Kingston Hospital
Kingston, NY
$956,712
Technical assistance and direction for Faith in Action: Replication of the Interfaith Volunteer Caregivers Program (for 1 year). ID#21461

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

Open Options, Inc.
Kansas City, MO
$349,992
(4 years)

Providence Health Care Foundation
Anchorage, AK
$469,736
(4 years)

S.E.T. Ministry, Inc.
Milwaukee, WI
$249,876
(3 years)

Santa Fe Community Foundation (Cariño Coalition)
Santa Fe, NM
$266,000
(3 years)

Southwestern Vermont Council on Aging
Rutland, VT
$54,000
(3 years)

United Jewish Appeal — Federation of Jewish Philanthropies of New York, Inc.
New York, NY
$400,000
(3 years)

United Way of New York City
New York, NY
$324,723
(3 years)

University of Miami, School of Medicine
Miami, FL
$199,994
Managed care project for chronically ill people in Dade County (for 1.5 years). ID#21547

Middlesex County Educational Services Commission
Piscataway, NJ
$418,559
Aftercare program for mentally ill chemically dependent youth (for 3 years). ID#21926

University of Minnesota, School of Public Health
Minneapolis, MN
$409,237
Technical assistance and direction for Improving Child Health Services: Removing Categorical Barriers to Care (for 1 year). ID#21203

The National Council on the Aging, Inc.
Washington, DC
$263,722
Continued dissemination of the Family Friends model (for 2 years). ID#21776

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 the periods indicated). ID#18599

Association for Retarded Citizens, Monmouth Unit
Tinton Falls, NJ
$58,986
(1 year)

Cadbury Corporation
Cherry Hill, NJ
$165,930
(2 years)

New Jersey Association on Correction
Trenton, NJ
$229,056
(3 years)

New Jersey Women and AIDS Network
New Brunswick, NJ
$86,224
(2 years)

Our Lady of Lourdes Associates Foundation
Camden, NJ
$244,391
(3 years)

No Place Like Home: Providing Supportive Services in Senior Housing
Innovative approaches to financing and delivering supportive services to older people who live in private, publicly subsidized housing for the elderly (for the periods indicated). ID#12422

State of Alaska Housing Finance Corporation
Anchorage, AK
$30,000
(1 year)

Clackamas County Department of Human Services
Oak Grove, OR
$67,500
(1 year)

City of Fremont
Fremont, CA
$75,000
(1 year)

State of Kansas Department of Commerce and Housing, Division of Housing
Topeka, KS
$67,600
(1 year)

Commonwealth of Kentucky, Kentucky Housing Corporation
Frankfort, KY
$74,612
(1 year)

New York State Office for the Aging
Albany, NY
$67,500
(1 year)

State of Ohio, Ohio Housing Finance Agency
Columbus, OH
$75,000
(1 year)

State of Wisconsin, Wisconsin Housing and Economic Development Authority
Madison, WI
$67,500
(1 year)

Partners in Caregiving: The Dementia Services Program
Promotes the development and growth of adult day centers to address the needs of people with chronic cognitive disorders (for the periods indicated). ID#18819

Adult Care Center of Roanoke Valley, Inc.
Salem, VA
$76,920
(2 years)

Adult Care of Chester County, Inc.
West Chester, PA
$100,000
(2 years)

Adult Care and Share Center, Inc.
Charlotte, NC
$100,000
(2 years)

Alzheimer's Services of the East Bay, Inc.
Berkeley, CA
$100,000
(2 years)

Board of Social Ministry
St. Paul, MN
$69,498
(2 years)

Central Adult Daycare Services, Inc.
Warwick, RI
$100,000
(2 years)

Cochise County Public Fiduciary
Bisbee, AZ
$97,649
(2 years)

Easter Seal Society Goodwill Industries of Montana, Inc.
Great Falls, MT
$82,578
(2 years)

Elderly Services, Inc.
Middlebury, VT
$57,953
(2 years)

The Extended Family, Inc.
Daytona Beach, FL
$76,846
(2 years)

Fresno Pacific College
Fresno, CA
$140,953
(3 years)

Henry C. Nevins Home for the Aged and Incurable, Inc.
Methuen, MA
$93,918
(2 years)

Henry Mayo Newhall Memorial Health Foundation, Inc.
Valencia, CA
$150,000
(3 years)

Kennebec Health System
Gardiner, ME
$35,000
(2 years)

Prescott Senior Day Care Center, Inc.
Prescott, AZ
$138,665
(3 years)

Research Foundation of the State University of New York
Albany, NY
$100,000
(2 years)

Respite and Research for Alzheimer's Disease
Los Altos, CA
$50,000
(1 year)

The Rochelle Center
Nashville, TN
$93,227
(2 years)

Saint Joseph's Mercy Care Services
Atlanta, GA
$100,000
(2 years)

Seattle Day Center for Adults
Seattle, WA
$150,000
(3 years)

Seniors Resource Center, Inc.
Golden, CO
$53,150
(2 years)

Tualatin Valley Mental Health Center
Portland, OR
$99,323
(2 years)

Vigorous Interventions in Ongoing Natural Settings, Inc.
Rocky Mount, NC
$59,335
(2 years)

Washington County Elder Care, Inc.
Bartlesville, OK
$100,000
(2 years)

YWCA of the Calumet Area
Hammond, IN
$100,000
(2 years)

Replication of the Foundation's Programs on Mental Illness
Offers technical assistance about the lessons learned from several Foundation initiatives designed to improve mental health care (for the period indicated). ID#20629

State of Georgia Department of Human Resources
Atlanta, GA
$71,317
(1 year)

St. Mary's Hospital for Children, Inc.
Bayside, NY
$50,000
Home care program for HIV-infected children in high-risk New York City neighborhoods (for 1 year). ID#21775

Tempe Community Council
Tempe, AZ
$42,671
Volunteer assistance for chronically ill wards of the court (for 1 year). ID#20805

Washington Business Group on Health
Washington, DC
$240,052
Dissemination of the Mental Health Services Program for Youth (for 3 years). ID#21947
AND
$499,510
Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#20025

Education & Training

AIDS National Interfaith Network, Inc.
Washington, DC
$25,000
Support for AIDS workers to attend national skills-building conference (for 3 months). ID#22589

Public Hospital Institute
Berkeley, CA
$25,000
Sixth National HIV/AIDS Update Conference (for 5 months). ID#22390

Research & Policy Analysis

Boston University School of Public Health
Boston, MA
$1,000,000
Implement new payment service models for people with chronic conditions (for 3 years). ID#20772

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$75,000
Study of long-term care services in retirement communities (for 1 year). ID#23144

Brown University Center for Gerontology and Health Care Research
Providence, RI
$720,912
Study of chronically impaired populations — primary site implementation (for 2 years). ID#19678

Cambridge Medical Care Foundation
Boston, MA
$22,631
Study of inappropriate prescribing for the elderly (for 2 months). ID#22608

Columbia University, School of Public Health
New York, NY
$50,000
Analysis of cities with differing tuberculosis therapy completion rates (for 1 year). ID#21731

Fund for the City of New York
New York, NY
$100,000
Policy options on caring for orphans of the AIDS epidemic (for 1 year). ID#22263

George Washington University
Washington, DC
$149,600
Enhancing work opportunities for people with severe disabilities (for 1.5 years). ID#22727
AND
$1,099,019
Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 1 year). ID#21971

Georgetown University, School of Medicine
Washington, DC
$295,266
Follow-up survey to the National Health Interview Survey disability supplement — analysis (for 3 years). ID#20753

IHC Hospitals, Inc.
Salt Lake City, UT
$396,561
Research on quality and costs in a regional critical care system (for 2 years). ID#20082

Medicare Advocacy Project, Inc.
Los Angeles, CA
$48,895
Survey of laws on enrollee protection in health maintenance organizations (for 1 year). ID#20179

National Academy of Social Insurance
Washington, DC
$195,260
Study on the role of health care in disability policy (for 3 years). ID#20097

National Public Health and Hospital Institute
Washington, DC
$424,725
Survey on the impact of HIV/AIDS on U.S. hospitals (for 3 years). ID#23145

New York University
New York, NY
$14,000
Review of nursing issues related to chronic care (for 6 months). ID#21365

Setting Priorities for Retirement Years Foundation
Washington, DC
$171,923
Study of consumer decision-making for chronic care services (for 14 months). ID#22308

Communications

AIDS Housing of Washington
Seattle, WA
$200,000
Technical assistance project for communities developing AIDS housing (for 3 years). ID#21022

American Re-Education Association
Kingston Springs, TN
$376,160
Documentary on mental health services for youth (for 16 months). ID#19281

Children's National Medical Center
Washington, DC
$75,000
Dissemination of a children's HIV and AIDS model program (for 1 year). ID#21336

Medical Society of New Jersey
Trenton, NJ
$16,159
New Jersey summit meeting on AIDS (for 6 months). ID#22446

National Chronic Care Consortium
Bloomington, MN
$199,844
Disseminating strategies to improve health care for the chronically ill (for 2 years). ID#23042

National Health Council, Inc.
Washington, DC
$31,536
Symposium on the Americans with Disabilities Act and health care reform (for 5 months). ID#23388

National Leadership Coalition on AIDS
Washington, DC
$49,850
Communications support for the National Leadership Coalition on AIDS (for 1 year). ID#22045

Tides Foundation
San Francisco, CA
$25,000
Helping funders address AIDS issues (for 1 year). ID#23057

Substance Abuse

Demonstrations

Albuquerque Public Schools
Albuquerque, NM
$475,000
Alternative high school for chemically dependent students in recovery (for 1.5 years). ID#20894

American Medical Association
Chicago, IL
$462,432
Technical assistance and direction for SmokeLess States: Statewide Tobacco Prevention and Control Initiatives (for 1 year). ID#22191

Center for Addictive Behaviors, Inc.
Salem, MA
$199,946
Comprehensive service system for chronic substance abusers (for 1 year). ID#19042

University of Colorado Health Sciences Center
Denver, CO
$362,635
Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (for 1 year). ID#21310

Columbia University, School of Public Health
New York, NY
$415,272
Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (for 1 year). ID#20226

Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol
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

East Oakland Youth Development Center
Oakland, CA
$1,161,110
(1.5 years)

Marshall Heights Community Development Organization
Washington, DC
$1,208,573
(1.5 years)

Mecklenburg County Area Mental Health, Mental Retardation, and Substance Abuse Authority
Charlotte, NC
$906,211
(1.5 years)

City of New Haven, Office of the Mayor
New Haven, CT
$1,082,287
(1.5 years)

United Way of San Antonio and Bexar County
San Antonio, TX
$965,930
(1.5 years)

Healthy Nations: Reducing Substance Abuse Among Native Americans
Supports community-wide efforts of Native Americans to combat substance abuse (for the periods indicated). ID#19261

Cherokee Nation of Oklahoma
Tahlequah, OK
$149,707
(2 years)

Cheyenne River Sioux Tribe of the Cheyenne River Reservation
Eagle Butte, SD
$150,000
(2 years)

Confederated Salish & Kootenai Tribes of the Flathead Reservation
Pablo, MT
$150,000
(2 years)

Confederated Tribes of the Colville Reservation
Nespelem, WA
$149,829
(2 years)

Confederated Tribes of the Warm Springs Reservation of Oregon
Warm Springs, OR
$150,000
(2 years)

Eastern Band of Cherokee Indians of North Carolina
Cherokee, NC
$150,000
(2 years)

The Friendship House Association of American Indians, Inc.
San Francisco, CA
$150,000
(2 years)

Keweenaw Bay Indian Community
Baraga, MI
$149,935
(2 years)

Minneapolis American Indian Center
Minneapolis, MN
$150,000
(2 years)

Norton Sound Health Corporation
Nome, AK
$149,593
(2 years)

Seattle Indian Health Board
Seattle, WA
$149,838
(2 years)

Pueblo of Taos
Taos, NM
$150,000
(2 years)

Tlingit & Haida Indians of Alaska
Juneau, AK
$149,991
(2 years)

United Indian Health Services, Inc.
Trinidad, CA
$149,826
(2 years)

White Mountain Apache Tribe of the Fort Apache Indian Reservation
Whiteriver, AZ
$150,000
(2 years)

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 period indicated). ID#18466

City of Escondido
Escondido, CA
$400,000
(3 years)

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 the periods indicated). ID#18599

Freedom Foundation of New Jersey, Inc.
West Orange, NJ
$177,220
(3 years)

Service to Overcome Drug Abuse Among Teenagers
Woodbury, NJ
$247,546
(2 years)

Stageworks Touring Company
Glassboro, NJ
$29,789
(7 months)

University of Medicine & Dentistry of New Jersey, Community Mental Health Center at Piscataway
Piscataway, NJ
$237,881
(2 years)

Research Foundation of the City University of New York—Hunter College
New York, NY
$3,000,000
Reducing substance abuse among jail inmates — Phase II (for 5 years). ID#19681

Robert F. Kennedy Memorial
Washington, DC
$834,015
Development of substance abuse programs in the juvenile justice system (for 3 years). ID#21232

City of Trenton, Department of Health and Human Services
Trenton, NJ
$50,000
Developing a comprehensive addictions treatment strategy (for 1.5 years). ID#21725

The Van Ost Institute for Family Living, Inc.
Englewood, NJ
$25,049
Substance abuse treatment program for the elderly (for 1 year). ID#22493

Vanderbilt University, School of Medicine
Nashville, TN
$797,452
Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year). ID#21213

Education & Training

American Medical Association
Chicago, IL
$19,184
Support for coordinating committee for a world conference on smoking (for 16 months). ID#22121

Boston University School of Public Health
Boston, MA
$102,493
Community substance abuse indicators conference (for 7 months). ID#22578

Harvey J. Weiss and Associates, Inc.
Austin, TX
$20,000
Support for a new national inhalant prevention coalition (for 7 months). ID#22729

National Treatment Consortium for Alcohol and Other Drugs, Inc.
Washington, DC
$10,000
Overview report on the quality of alcohol and other drug treatment (for 1 year). ID#21407

Research & Policy Analysis

University of Alabama at Birmingham School of Public Health
Birmingham, AL
$47,331
Study of the impact of excise taxes on tobacco use (for 9 months). ID#23333

Boston University School of Public Health
Boston, MA
$39,774
The infrastructure for research on substance abuse among Native Americans (for 3 months). ID#22971

Burley Tobacco Growers Cooperative Association
Lexington, KY
$50,000
Development of an economic transition plan for tobacco-growing communities (for 9 months). ID#22386

George Washington University, Center for Health Policy Research
Washington, DC
$50,000
Dissemination of a report on resources for drug-exposed infants (for 5 months). ID#21920

Harvard University, School of Public Health
Boston, MA
$122,287
Enhancement of the substance abuse component of an antisocial behavior study (for 7 months). ID#22508
AND
$108,411
Opportunities for public service campaigns against tobacco and alcohol (for 1 year). ID#20667

Institute for Public Policy Advocacy
Washington, DC
$49,997
Assessing options for learning from tobacco control in other countries (for 6 months). ID#22008

Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the period indicated). ID#19473

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$249,996
(2 years)

Judge Baker Children's Center
Boston, MA
$48,804
Pilot test of "pair intervention" among high-risk children (for 1 year). ID#20361

St. Peter's Medical Center
New Brunswick, NJ
$50,000
Review of government agencies' jurisdiction over tobacco products (for 1 year). ID#21908

Stanford University, School of Law
Stanford, CA
$246,731
Technical assistance and direction for the Tobacco Policy Research and Evaluation Program (for 1 year). ID#21680

Tobacco Policy Research and Evaluation Program
Supports projects that will produce policy-relevant information about ways to reduce tobacco use in the United States (for the periods indicated). ID#19674

Dana-Farber Cancer Institute, Inc.
Boston, MA
$349,540
(3 years)

The General Hospital Corporation—Massachusetts General Hospital
Boston, MA
$349,512
(2.5 years)

George Washington University
Washington, DC
$285,153
(2.5 years)

Group Health Cooperative of Puget Sound
Seattle, WA
$169,737
(2 years)

Michigan Public Health Institute
Lansing, MI
$323,254
(33 months)

University of Michigan, School of Public Health
Ann Arbor, MI
$339,559
(2 years)

University of Missouri — Columbia, School of Medicine
Columbia, MO
$349,995
(3 years)

National Bureau of Economic Research, Inc.
Cambridge, MA
$75,836
(2 years)

University of North Carolina at Chapel Hill
Chapel Hill, NC
$328,115
(16 months)

Southern Illinois University at Carbondale, School of Law
Carbondale, IL
$53,693
(1 year)

Stanford University, School of Medicine
Stanford, CA
$282,453
(3 years)

Washington University, School of Medicine
Saint Louis, MO
$55,719
Usefulness of existing data sources to study substance abuse etiology (for 8 months). ID#22507

University of Washington, School of Social Work
Seattle, WA
$428,890
Follow-up study of the development of substance abuse in high-risk youth (for 2 years). ID#21548

Evaluations

George Washington University Medical Center
Washington, DC
$268,339
Evaluation of the SmokeLess States Program — Phase I (for 1 year). ID#23589

University of Wisconsin, Center for Health Policy and Program Evaluation
Madison, WI
$88,362
Evaluating a school for teens recovering from substance abuse — Phase II (for 1 year). ID#22794

Communications

American Cancer Society, Inc.
Atlanta, GA
$400,373
Public education campaign on the benefits of taxes on tobacco products (for 16 months). ID#22810

American Lung Association of Sacramento-Emigrant Trails
Sacramento, CA
$60,000
Conference on state tobacco taxes for key health officials (for 16 months). ID#21875

American Youth Work Center
Washington, DC
$199,852
Karate Kids II: Animated video to prevent inhalant abuse (for 1 year). ID#21941

Day One
Pasadena, CA
$48,470
Interfaith program for substance abuse prevention (for 6 months). ID#20570

George Washington University
Washington, DC
$199,897
Regional meetings on substance abuse services under state health reform (for 1 year). ID#22725

Institute of Justice for All
Philadelphia, PA
$35,000
Citizen action program on local drug trafficking (for 6 months). ID#22311

The Marin Institute for the Prevention of Alcohol and Other Drug Problems
San Rafael, CA
$499,503
Environmental approaches to substance abuse prevention (for 3 years). ID#20021

National Youth Sports Coaches Association
West Palm Beach, FL
$598,607
Program to instruct youth sports coaches in substance abuse issues (for 3 years). ID#21206

Omaha Community Partnership
Omaha, NE
$202,220
Project STOPP: Reducing youth access to tobacco, alcohol, and illegal drugs (for 1.5 years). ID#20426

United Nations Association of the United States of America, Inc.
New York, NY
$49,900
International conference on global drug policy (for 10 months). ID#21056

Cost Containment

Demonstrations

University of Maryland, Center on Aging
College Park, MD
$310,996
Technical assistance and direction for the Program to Promote Long-Term Care Insurance for the Elderly (for 1 year). ID#20775

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 period indicated). ID#12657

University of Connecticut Health Center
Farmington, CT
$217,117
(2 years)

Yale University
New Haven, CT
$1,299,617
(3 years)

Education & Training

Scholars in Health Policy Research Program
Offers two-year postdoctoral training to recent graduates in economics, political science, and sociology to advance their involvement in health policy research (for the periods indicated). ID#18557

University of California, Berkeley
Berkeley, CA
$1,299,981
(3 years)

University of Michigan, School of Public Health
Ann Arbor, MI
$1,147,399
(3 years)

Research & Policy Analysis

Alan Guttmacher Institute
New York, NY
$192,319
Study of reproductive health service coverage in private insurance (for 1 year). ID#22145

Boston University School of Management
Boston, MA
$91,148
Physician management issues in organized care settings (for 1 year). ID#20414

Brandeis University, Florence Heller Graduate School for Advanced Studies in Social Welfare
Waltham, MA
$498,822
Research on the economic implications of health care reform (for 2 years). ID#22975

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

Bay Area Business Group on Health
San Francisco, CA
$614,326
(3 years)

University of Minnesota, School of Public Health
Minneapolis, MN
$411,987
(20 months)

Rand Corporation
Santa Monica, CA
$499,896
(3 years)

University of Washington, School of Public Health and Community Medicine
Seattle, WA
$652,536
(21 months)

Columbia University
New York, NY
$234,904
Study of effective health care delivery for low-income people (for 2 years). ID#20845

Economic Policy Institute
Washington, DC
$50,099
Study of the financial impact of health care reform on U.S. households (for 11 months). ID#21261

Economic and Social Research Institute
Reston, VA
$156,193
Economic analysis of the role of employers in health care (for 1 year). ID#22828

Foundation for Health Services Research, Inc.
Washington, DC
$202,437
Technical assistance and direction for the Investigator Awards in Health Policy Research program (for 1 year). ID#20768

Harvard University, School of Public Health
Boston, MA
$122,324
Financial impact of a competitive payment system on New Jersey hospitals (for 3 years). ID#22882

Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the period indicated). ID#19473

Columbia University, School of Public Health
New York, NY
$191,373
(2 years)

State of Maryland, Department of Health and Mental Hygiene
Baltimore, MD
$180,083
Pilot service program for high-risk, high-cost Medicaid patients (for 1 year). ID#22905

Massachusetts Institute of Technology
Cambridge, MA
$176,414
Policy analysis regarding the New Jersey Health Care Reform Act of 1992 (for 1.5 years). ID#21769

University of Michigan Medical School
Ann Arbor, MI
$49,998
Comparing medical care service use in Canada and the United States (for 1 year). ID#21910

Northwestern University
Evanston, IL
$90,097
Study of cost control policies' effects on new medical technologies (for 19 months). ID#20158

Ohio State University Research Foundation
Columbus, OH
$35,013
Analysis of the potential effects of workforce reforms on graduate medical education (for 3 months). ID#23577

Palo Alto Medical Foundation for Health Care, Research and Education
Palo Alto, CA
$48,756
Monograph on high-cost illness at the end of life (for 1 year). ID#21577

Princeton University, Department of Economics
Princeton, NJ
$81,211
Study of health insurance system's impact on entrepreneurism (for 1 year). ID#21826

Research Foundation of the State University of New York
Albany, NY
$60,000
Conference on state capacity to implement health care reform (for 1 year). ID#22410
AND
$66,847
Research on state/local government capacity to finance health programs (for 15 months). ID#20577

Stanford University, School of Medicine
Stanford, CA
$2,258,718
Long-term follow-up of nonmedical outcomes of cardiac treatment — Phase III (for 4.5 years). ID#15151

The Urban Institute
Washington, DC
$426,509
Study of U.S./Canadian differences in use and costs of physician services (for 1.5 years). ID#21243

University of Wisconsin Medical School
Madison, WI
$35,777
Health care reform effects on physician practice plans in academic health centers (for 6 months). ID#23576

Evaluations

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 period indicated). ID#12590

Harvard Medical School
Boston, MA
$219,927
(15 months)

Communications

National Federation of State High School Associations
Kansas City, MO
$179,396
National high school debates on health care reform (for 1 year). ID#22774

The People-to-People Health Foundation, Inc.
Chevy Chase, MD
$144,425
Health Affairs *supplement on the Administration's health care proposal (for 10 months). ID#22542*

Princeton University, Woodrow Wilson School
Princeton, NJ
$82,814
Conference on universal health coverage: How do we pay for it? (for 3 months). ID#23572
AND
$74,812
Economists' conference on the Administration's health care proposal (for 3 months). ID#23158

Rutgers University, Graduate School of Management
Newark, NJ
$41,050
Workshop on regulation of the health care industry (for 1 year). ID#22821

Other Programs

Demonstrations

University of California, San Francisco, School of Medicine
San Francisco, CA
$356,592
Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (for 1 year). ID#21319

Child Welfare League of America, Inc.
Washington, DC
$450,408
Technical support for the Family Unification Program (for 3 years). ID#21822

Cornell University, New York State College of Human Ecology
Ithaca, NY
$343,109
Technical assistance for the Improving the Quality of Hospital Care program (for 2 years). ID#19680

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$469,314
Technical assistance and direction for the Information for State Health Policy program (for 1 year). ID#21848

George Washington University
Washington, DC
$172,599
Technical assistance and direction for the Information for State Health Policy program (for 8 months). ID#20028

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
$650,000
(4 years)

State of California, Health and Welfare Agency
Sacramento, CA
$1,000,000
(4 years)

Health Research, Inc.
Albany, NY
$998,787
(4 years)

State of Mississippi, Office of the Governor, Division of Medicaid
Jackson, MS
$924,187
(4 years)

State of North Carolina, Department of Environment and Health
Raleigh, NC
$750,000
(4 years)

State of South Carolina, State Budget and Control Board
Columbia, SC
$925,000
(4 years)

Old Disease, New Challenge: Tuberculosis in the 1990s
Focusing on public health systems, supports projects that develop and test new approaches to the problem of tuberculosis among people at risk (for the periods indicated). ID#21314

Emory University, School of Medicine
Atlanta, GA
$1,155,000
(3 years)

State of Florida, Department of Health and Rehabilitative Services
Palatka, FL
$1,154,315
(3 years)

The Johns Hopkins University, School of Hygiene and Public Health
Baltimore, MD
$1,153,555
(3 years)

New York City Health and Hospitals Corporation
New York, NY
$1,155,000
(3 years)

County of San Diego, Department of Health Services
San Diego, CA
$1,154,996
(3 years)

Education & Training

American Medical Association
Chicago, IL
$25,000
National invitational conference on family violence (for 9 months). ID#22203

American Psychological Association
Washington, DC
$25,000
Conference on psychosocial and behavioral factors in women's health (for 10 months). ID#22995

Association of Schools of Allied Health Professions
Washington, DC
$3,000
Meeting on allied health accreditation issues (for 3 months). ID#22540

Clinical Scholars Program
Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for the periods indicated). ID#5109

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$561,989
(2 years)

University of California, San Francisco, School of Medicine
San Francisco, CA
$203,723
(2 years)

University of Chicago, The Pritzker School of Medicine
Chicago, IL
$349,982
(20 months)

The Johns Hopkins University, School of Medicine
Baltimore, MD
$348,585
(20 months)

University of Michigan Medical School
Ann Arbor, MI
$332,030
(20 months)

University of North Carolina at Chapel Hill, School of Medicine
Chapel Hill, NC
$229,419
(2 years)

The University of Pennsylvania, School of Medicine
Philadelphia, PA
$384,882
(2 years)

Stanford University, School of Medicine
Stanford, CA
$225,417
(2 years)

University of Washington, School of Medicine
Seattle, WA
$622,951
(2 years)

Yale University, School of Medicine
New Haven, CT
$92,725
(2 years)

Columbia University, School of Public Health
New York, NY
$41,519
Meeting of Foundation program evaluation principal investigators (for 6 months). ID#22666

Dartmouth College, The C. Everett Koop Institute
Hanover, NH
$27,250
Developing a tri-state infrastructure for health care (for 7 months). ID#23426

University of Florida Law Center Association
Gainesville, FL
$12,000
National health forum on family violence (for 1 year). ID#22581

Health Policy Fellowships Program
One-year fellowships with the federal government in Washington, D.C., for faculty from academic health science centers (for the periods indicated). ID#4888

Columbia University, College of Physicians and Surgeons
New York, NY
$66,750
(1 year)

University of Massachusetts Medical Center
Worcester, MA
$63,500
(1 year)

Montefiore Medical Center
Bronx, NY
$62,500
(1 year)

Jefferson Medical College of Thomas Jefferson University
Philadelphia, PA
$63,250
(1 year)

Research Foundation of The City University of New York
New York, NY
$63,500
(13 months)

Yale University, School of Medicine
New Haven, CT
$65,250
(1 year)

University of Illinois
Chicago, IL
$25,000
Conference on health survey methods (for 1.5 years). ID#23280

National Academy of Sciences — Institute of Medicine
Washington, DC
$192,600
Technical assistance and direction for the Health Policy Fellowships Program (for 6 months). ID#20869

The University of Pennsylvania, School of Nursing
Philadelphia, PA
$392,418
Nurse-midwifery and nurse-practitioner faculty development project (for 3 years). ID#20393

Public Health Foundation of Los Angeles County
Los Angeles, CA
$14,923
Support for National Conference on Violence Prevention (for 2 months). ID#22161

Recording for the Blind, Inc.
Princeton, NJ
$60,000
Expansion of recorded textbook collection in the health sciences (for 1 year). ID#21244

Society of General Internal Medicine
Washington, DC
$6,500
Journal issue on Society of General Internal Medicine history (for 3 months). ID#23013

Society of Teachers of Family Medicine Foundation
Kansas City, MO
$10,000
Conference on the future of the health professions (for 3 months). ID#21659

The University of Texas, Southwestern Medical School at Dallas
Dallas, TX
$17,876
Supplemental grant under the Health Policy Fellowships Program (for 1 month). ID#21891

University of Washington, School of Nursing
Seattle, WA
$63,307
Update of nurse training program in parent-child assessment (for 1 year). ID#21546

Western Consortium for Public Health
Berkeley, CA
$11,280
Conference on healthy cities and communities (for 2 months). ID#23159

Research & Policy Analysis

University of Alabama at Birmingham
Birmingham, AL
$125,647
Study of the effect of hospital mortality rates on use (for 1.5 years). ID#21080

University of California, San Francisco, School of Medicine
San Francisco, CA
$111,405
Workshop on mathematical modeling of the spread of tuberculosis (for 3 months). ID#21315

Diebold Institute for Public Policy Studies, Inc.
Bedford Hills, NY
$50,000
Development of a health care infostructure database and policy analysis (for 1 year). ID#21733

Foundation for Informed Medical Decision Making, Inc.
Hanover, NH
$50,000
Research for a book on medical care and health policy (for 1.5 years). ID#22855

Harvard Community Health Plan, Inc.
Brookline, MA
$684,621
Survey on attitudes toward medical education and career choices—Phase II (for 22 months). ID#21608

Harvard University
Cambridge, MA
$127,457
Analysis of domestic policy gridlock (for 1 year). ID#21241

Harvard University, School of Public Health
Boston, MA
$163,837
Baseline poll for the Foundation's Public Education Campaign on Health Care (for 4 months). ID#21324
AND
$99,957
Comprehensive community-based programs to prevent youth violence (for 1 year). ID#21779
AND
$312,983
Synthesis of public opinion research in areas of Foundation interest (for 3 years). ID#22192

Indiana University
Indianapolis, IN
$50,000
Study of community volunteer leadership traits (for 1 year). ID#22571

Investigator Awards in Health Policy Research
Supports individuals working in the field of health policy research to address problems affecting the health and health care of Americans (for the periods indicated). ID#19473

University of California, Berkeley, School of Public Health
Berkeley, CA
$250,000
(3 years)

University of Maryland, Baltimore County
Baltimore, MD
$239,977
(32 months)

Northwestern University
Evanston, IL
$145,456
(1 year)

Stanford University
Stanford, CA
$249,492
(3 years)

Yale University, School of Medicine
New Haven, CT
$248,709
(2 years)

The Johns Hopkins University
Baltimore, MD
$35,596
Assessment of major costs of graduate medical education by geographic region (for 6 months). ID#23578

University of Maryland
Baltimore, MD
$73,742
Study of the relationship between social experiments and public policymaking (for 22 months). ID#22237

National Academy of Sciences — Institute of Medicine
Washington, DC
$199,000
Report on preventing unintended and high-risk pregnancies (for 1.5 years). ID#22124

National Bureau of Economic Research, Inc.
Cambridge, MA
$200,000
Exploration of societal responsibility in four areas of public policy (for 2 years). ID#20412

University of Oklahoma, College of Public Health
Oklahoma City, OK
$136,280
Working with health professions programs on family violence (for 1 year). ID#22360

Public Health Foundation
Washington, DC
$49,927
Bridge funding for the public health impact database (for 6 months). ID#21326

Social Science Research Council
New York, NY
$50,000
Assessment of sexuality research opportunities (for 9 months). ID#22083

University of Southern Maine
Portland, ME
$61,380
Study of the efficacy of state health policy analysis programs (for 7 months). ID#22654

Trustees of Health and Hospitals of the City of Boston
Boston, MA
$24,525
Links between graduate medical education and hospital quality assurance activities (for 6 months). ID#22616

Evaluations

Cornell University, New York State College of Human Ecology
Ithaca, NY
$237,607
Evaluation of The Robert Wood Johnson Foundation's replication programs (for 28 months). ID#21918

Indiana University, Center on Philanthropy
Indianapolis, IN
$38,185
Assessment of co-funder support for the Local Initiative Funding Partners Program (for 4 months). ID#22773

The Johns Hopkins University, School of Medicine
Baltimore, MD
$400,000
Evaluation of Hawaii's Healthy Start Program (for 5 years). ID#18303

Seattle Public School District 1
Seattle, WA
$47,685
Evaluation of a condom availability program in Seattle high schools (for 29 months). ID#22066

Communications

Alliance for Health Reform
Washington, DC
$15,000
Congressional staff retreat on health reform (for 3 months). ID#23642

George Washington University
Washington, DC
$690,500
National forums to educate the public on health care reform (for 9 months). ID#22073

University of Oklahoma, College of Public Health
Oklahoma City, OK
$305,107
Pilot program to promote local action to address health problems (for 1.5 years). ID#22231

The Pennsylvania State University
University Park, PA
$12,200
Special journal issue on medical sociology (for 1 year). ID#21647

Rockefeller University
New York, NY
$82,094
Forums on linking environmental and community health approaches (for 1 year). ID#23035

Washington State Public Health Association
Seattle, WA
$50,000
Public health nursing documentary: A Century of Caring (for 6 months). ID#22204

Western Public Radio, Inc.
San Francisco, CA
$44,361
Distribution of audio tape, Drug-Proofing Your Children (for 6 months). ID#23163

Other Interventions

American National Red Cross
Washington, DC
$500,000
Disaster relief for Midwest flood victims (for 1 month). ID#22920

Cenacle Retreat House
Highland Park, NJ
$18,000
Facility repairs and renovations (for 1 year). ID#20972

Massachusetts Health Research Institute, Inc.
Boston, MA
$148,562
Foundation program development assistance (for 1 year). ID#21679

Middlesex County Recreation Council
Edison, NJ
$194,500
Camping program for children with health problems (for 1 year). ID#20764

National Center for Lead-Safe Housing, Inc.
Columbia, MD
$496,192
New state and city strategies in lead poisoning prevention (for 2 years). ID#22889

New Brunswick Development Corporation
New Brunswick, NJ
$400,000
Redevelopment program for New Brunswick, New Jersey (for 1 year). ID#21521

New Brunswick Tomorrow
New Brunswick, NJ
$300,000
Program to strengthen human resources and services in New Brunswick (for 1 year). ID#21487

University of Oklahoma, College of Public Health
Oklahoma City, OK
$68,295
Washington policy and program information activities (for 13 months). ID#22068

Plainsboro Rescue Squad, Inc.
Plainsboro, NJ
$50,000
Partial support for a new ambulance (for 2 months). ID#22739

Princeton Area Foundation, Inc.
Princeton, NJ
$50,000
Support for a new community foundation for the Mercer County region (for 2 years). ID#21598

St. Vincent de Paul Society
Metuchen, NJ
$60,000
Annual support for program of assistance to the indigent (for 1 year). ID#21488

The Salvation Army
New Brunswick, NJ
$105,000
Support services for the indigent and distressed (for 1 year). ID#21239

United Way of Central Jersey, Inc.
Milltown, NJ
$300,000
Support for the 1993 campaign (for 1 year). ID#21489

United Way—Princeton Area Communities
Princeton, NJ
$78,650
Support for the 1993 campaign (for 1 year). ID#21490

Total 1993 grants	$135,524,432
Refunds of prior years' grants net of transfers	(1,260,449)
Cancellations of prior years' grants net of transfers	(3,294,703)
Transfer of grants	
Balance unspent by original grantees	(1,956,388)
Transferred to new grantees	1,956,388
Grants net for 1993	$130,969,280

Selected Bibliography

Each year the Foundation's grantees report the publications and other information materials that have been produced as a direct or indirect result of their grants. This bibliography is a sample of citations from the books, book chapters, journal articles, reports and audiovisual materials produced and reported to us by Foundation grantees. The publications are available through medical libraries and/or the publishers. We regret that copies are not available from the Foundation.

Books

Fuchs, Victor R. *The Future of Health Policy.* Cambridge, Massachusetts: Harvard University Press, 1993.

Joseph, Stephen C. *Dragon Within the Gates: The Once and Future AIDS Epidemic.* New York: Carroll & Graf Publishers, 1992.

Lieberman, Betsy and Donald P. Chamberlain. *Breaking New Ground: Developing Innovative AIDS Care Residences.* Seattle, Washington: AIDS Housing of Washington, 1993.

Sloan, Frank A., *et al. Suing for Medical Malpractice.* Chicago: University of Chicago Press, 1993.

Weiler, Paul C., *et al. A Measure of Malpractice: Medical Inquiry, Malpractice Litigation, and Patient Compensation.* Cambridge, Massachusetts: Harvard University Press, 1993.

Book Chapters

Brown, L.D. "Getting There: The Political Context for Implementing Health Care Reform." *Implementation Issues and National Health Care Reform.* Edited by Charles Brecher. New York: Josiah Macy, Jr. Foundation, 1992.

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Enhancing Access to Obstetrical Care: An Evaluation of a Change in Medicaid Payment Policy (40-minute slide presentation). Columbus, Ohio: National Association of Welfare Research and Statistics, August, 1992.

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Healthy Children: A National Priority (30-minute videotape). New York: CBS, Cultural and Religious Program Broadcast, 1993.

Integrating Services for Elementary School Children: The Options for Pre-Teens Experience (20-minute videotape, filmed at the AASA Convention, February, 1993, in Orlando, Florida). Arlington, Virginia: American Association of School Administrators, 1993.

Moving Beyond the Rhetoric: Putting Health Purchasing Alliances into Action (five 120-minute videotapes) by Tragert Enterprises. Washington, D.C.: Institute for Health Policy Solutions, 1993.

A Supportive Setting: The Corinne Dolan Alzheimer Center at Heather Hill (26-minute videotape) by Palletta Gwinnup and Ellen Baumgardner. Chardon, Ohio: The Research Center of the Corinne Dolan Alzheimer Center at Heather Hill, 1993.

Training in the Use of the Behavioral Discontrol Scale (BDS) (47-minute videotape) by Jim Grigsby. Denver: Center for Health Services Research, 1993.

FINANCIAL STATEMENTS

The annual financial statements for the Foundation for 1993 appear on pages 62 through 64. A listing of grants authorized in 1993 begins on page 31.

Net grants and program contracts and related activities totaled $141,570,000. 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 $16,510,000; and federal excise tax on investment income amounted to $1,244,000, making a grand total of grant authorizations and expenditures of $159,324,000. This total was $36,664,000 more than gross investment income of $122,660,000. In 1992, total grant authorizations and expenditures were $115,269,000 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 1993 and 1992 were approximately $161,100,000 and $176,600,000, respectively.

A list of investment securities held at December 31, 1993, 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, 1993 and 1992 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, 1993 and 1992 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 28, 1994

Statement of Assets, Liabilities and Foundation Principal

at December 31, 1993 and 1992
(Dollars in Thousands)

ASSETS	1993	1992
Cash	$ 3	$ 2
Interest and dividends receivable	11,919	15,869
Investments at market value:		
Johnson & Johnson common stock	2,041,427	2,297,316
Other equity investments	186,289	171,763
Fixed income investments	1,182,826	1,212,449
Program related investments	20,688	20,306
Cash surrender value, net	1,407	620
Land, building, furniture and equipment at cost, net of depreciation	12,285	12,080
	$3,456,844	$3,730,405

LIABILITIES AND FOUNDATION PRINCIPAL	1993	1992
Liabilities:		
Accounts payable	$ 299	$ 166
Payable on pending security transactions	84,566	121,313
Unpaid grants	169,090	168,154
Federal excise tax payable	58	131
Deferred federal excise tax	36,992	42,210
Total liabilities	291,005	331,974
Foundation principal	3,165,839	3,398,431
	$3,456,844	$3,730,405

See notes to financial statements.

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

for the years ended December 31, 1993 and 1992
(Dollars in Thousands)

	1993	1992
Investment income:		
Dividends	$ 49,256	$ 43,032
Interest	73,404	86,357
	122,660	129,389
Less: Federal excise tax	1,244	1,266
Investment expense	2,197	2,181
	119,219	125,942
Expenses:		
Program development and evaluation	8,857	8,188
General administration	5,456	5,112
	14,313	13,300
Income available for grants	104,906	112,642
Less: Grants, net of refunds and cancellations	130,969	220,580
Program contracts and related activities	10,601	7,331
Excess of grants and expenses over income	(36,664)	(115,269)
Adjustments to Foundation principal net of related federal excise tax:		
Realized gains on sale of securities	59,725	47,537
Unrealized depreciation on investments	(255,653)	(341,595)
	(195,928)	(294,058)
Net decrease in Foundation principal	(232,592)	(409,327)
Foundation principal, beginning of year	3,398,431	3,807,758
Foundation principal, end of year	$3,165,839	$3,398,431

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 $920,837 in 1993 and $805,520 in 1992 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):

	1993		*1992*	
	Cost	*Market Value*	*Cost*	*Market Value*
Johnson & Johnson Common Stock 45,491,400 shares in 1993 and 1992	$ 108,674	$2,041,427	$ 108,674	$2,297,316
Other equity investments:				
Internally managed including temporary cash of $19,598 and $28,260 in 1993 and 1992, respectively	110,394	126,527	103,045	115,934
Externally managed	52,156	59,762	46,871	55,829
Fixed income investments	1,171,393	1,182,826	1,194,142	1,212,449
	$1,442,617	$3,410,542	$1,452,732	$3,681,528

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 $974,800 and $877,475 in 1993 and 1992, respectively.

THE SECRETARY'S REPORT

At the January 1994 meeting of the Board, Robert E. Campbell and Edward E. Matthews were elected trustees of the Foundation. Mr. Campbell is a vice chairman of the board of directors of Johnson & Johnson, and chairman of its professional sector. He is a graduate of Fordham University and earned a master's degree in business administration at Rutgers University. Mr. Matthews is vice chairman — finance and chief financial officer of American International Group, Inc., one of the world's largest insurance groups. He received a bachelor of arts degree in applied mathematics and statistics from Princeton University and a master's degree in business administration from Harvard University.

Also at the January 1994 meeting, Richard B. Sellars was elected to the office of trustee emeritus of the Foundation, having served as a trustee for 25 years. Upon his election as trustee emeritus, Mr. Sellars was cited by the Board for his many years of loyal and distinguished service to the Foundation.

Staff changes

In October 1993, Frank Karel was reappointed vice president for communications. He had served as the Foundation's first vice president for communications from 1974 to 1987. From 1987 to 1993, Mr. Karel was vice president for communications at the Rockefeller Foundation in New York City. Mr. Karel received his undergraduate degree in journalism from the University of Florida and his master of public administration degree from New York University.

In June 1993, Rosemary Gibson joined the staff as program officer. Prior to joining the Foundation, Ms. Gibson served as a vice president at the Economic and Social Research Institute, Reston, Virginia, and has been a consultant to the Catholic Health Association. Ms. Gibson received her undergraduate degree in business and public policy from Georgetown University and her master of science degree in public policy/public finance from the London School of Economics.

In September 1993, Gail R. Wilensky, PhD, was appointed special advisor to the president on health care issues. Dr. Wilensky is senior fellow at Project HOPE, Bethesda, Maryland.

In January 1994, Andrea S. Gerstenberger, ScD, joined the Foundation as program officer. Dr. Gerstenberger received her doctor of science degree from The Johns Hopkins University School of Hygiene and Public Health, where she worked as a research coordinator in the Health Services Research and Development Center from 1990 to 1993.

Effective January 1, 1994, the following promotions were made: Marguerite Johnson Rountree, program officer, was promoted to senior program officer; and Karen J. Candelori, manager of investment department operations, was promoted to fixed income portfolio manager.

In June 1993, Thomas P. Gore II, vice president for communications, left the Foundation to pursue a consulting opportunity. Mr. Gore joined the Foundation in 1987.

In November 1993, Amy L. Heaps, associate communications officer, left the Foundation to become communications manager of the cancer center at the University of Maryland. Ms. Heaps joined the Foundation in 1987.

In January 1994, Olga Ferretti, assistant secretary of the Foundation, retired after over 25 years of service. Prior

to joining the Foundation, Ms. Ferretti served as personal assistant and nurse to General Robert Wood Johnson until his death in 1968. Since that time, she has held administrative offices in the Foundation and has been a particularly valuable resource to the trustees and staff of the Foundation.

Also in January 1994, Randolph A. Desonia, program officer, left the Foundation to accept a position as director for the Center on Health Policy Studies at the National Governors' Association in Washington, D.C. Mr. Desonia joined the Foundation in 1989.

Program directors

Thomas W. Chapman was appointed program director to the program, Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care. Mr. Chapman is chief executive officer of the George Washington University Hospital, Washington, D.C.

Catherine M. Dunham, EdD, was appointed program director to the Community Health Leadership Program. Dr. Dunham serves as special advisor to The Robert Wood Johnson Foundation.

Peter D. Fox, PhD, was appointed program director to the program, Chronic Care Initiatives in HMOs. Dr. Fox is head of PDF Incorporated, a consulting firm based in Washington, D.C.

James R. Gavin III, MD, PhD, was appointed program director to the Minority Medical Faculty Development Program, after completing his assignment directing the Minority Medical Education Program. Dr. Gavin is senior scientific officer at the Howard Hughes Medical Institute, Chevy Chase, Maryland.

Philip C. Hopewell, MD, was appointed program director to the program, Old Disease, New Challenge: Tuberculosis in the 1990s. Dr. Hopewell is professor of medicine at the University of California, San Francisco, and chief, Division of Pulmonary and Critical Care Medicine at San Francisco General Hospital.

Thomas P. Houston, MD, was appointed program director to the program, SmokeLess States: Statewide Tobacco Prevention and Control Initiatives. Dr. Houston is director of the Department of Preventive Medicine and Public Health at the American Medical Association, Chicago, Illinois.

Thomas S. Inui, MD, was appointed program director to the program, Health of the Public: An Academic Challenge. Dr. Inui is professor and chairman of the Department of Ambulatory Care and Prevention, Harvard Medical School and Harvard Community Health Plan.

Kenneth G. Johnson, MD, was appointed program director to the program, Faith in Action: Replication of the Interfaith Volunteer Caregivers Program, after completing his assignment directing the Program to Improve Maternal and Infant Health in New Jersey. Dr. Johnson is director of the Health Services Research Center, Kingston Hospital, Kingston, New York.

Judith E. Jones was appointed program director to the program, Free to Grow: Head Start Partnerships to Promote Substance-Free Communities. Ms. Jones is director and associate clinical professor of public health at the National Center for Children in Poverty, Columbia University.

Andrea I. Kabcenell was appointed program director to the program, Improving the Quality of Hospital Care. Ms. Kabcenell is senior research associate at the College of Human Ecology, Cornell University, Ithaca, New York.

Julia Graham Lear, PhD, was appointed program director to the program, Making the Grade: State and Local Partnerships to Establish School-Based Health Centers, after completing her assignment co-directing the School-Based Adolescent Health Care Program. Dr. Lear is associate research professor in the Department of Health Services, Management and Policy at George Washington University.

Sandra L. Meicher, PhD, was appointed program director to the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Meicher is coordinator, Division of Health Management and Policy at the University of Minnesota School of Public Health.

Herbert W. Nickens, MD, was appointed program director to the Minority Medical Education Program. Dr. Nickens is vice president for minority health, education and prevention, Association of American Medical Colleges, Washington, D.C.

Linda J. Rosen, PhD, was appointed acting program director to the New Jersey Health Services Development Program, having previously served as deputy director. Dr. Rosen is a consultant for Cathedral Healthcare System, Inc., in Newark, New Jersey.

H. Denman Scott, MD, was appointed program director to the program, Reach Out: Physicians' Initiative to Expand Care to Underserved Americans. Dr. Scott is senior vice president of health and public policy, American College of Physicians, Philadelphia, Pennsylvania.

Jonathan Showstack was appointed co-program director to the program, Health of the Public: An Academic Challenge. Mr. Showstack is associate professor of medicine and health policy, University of California, San Francisco.

Harold Amos, PhD, completed his assignment directing the Minority Medical Faculty Development Program. Dr. Amos was appointed to this position in 1989.

Edward N. Brandt, Jr., MD, PhD, completed his assignment directing the AIDS Prevention and Service Projects. Dr. Brandt was appointed to this position in 1988.

Stephen C. Crane, PhD, completed his assignment directing the program, Investigator Awards in Health Policy Research. Dr. Crane was appointed to this position in 1992.

Ruth S. Hanft, PhD, completed her assignment co-directing the program, Information for State Health Policy. Dr. Hanft was appointed to this position in 1991.

Stephen C. Joseph, MD, completed his assignment directing the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Joseph was appointed to this position in 1991.

Charles S. Mahan, MD, completed his assignment directing the program, Healthy Futures: A Program to Improve Maternal and Infant Care in the South. Dr. Mahan was appointed to this position in 1987.

Mary Plaska completed her assignment directing the Program to Strengthen Primary Care Health Centers. Ms. Plaska was appointed to this position in 1988.

Philip J. Porter, MD, completed his assignment co-directing the School-Based Adolescent Health Care Program. Dr. Porter was appointed to this position in 1985.

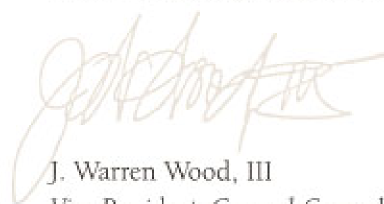
Robert C. Rock, MD, completed his assignment directing the program, Improving the Quality of Hospital Care. Dr. Rock was appointed to this position in 1991.

Timothy L. Taylor, PhD, completed his assignment directing the program, Improving the Health of Native Americans. Dr. Taylor was appointed to this position in 1988.

Jeffrey A. Warren completed his assignment directing the New Jersey Health Services Development Program. Mr. Warren was appointed to this position in 1987.

Board activities

The Board of Trustees met five times in 1993 to conduct business, review proposals and appropriate funds. In addition, the Nominating, Human Resources, Finance and Audit Committees met as required to consider and prepare recommendations to the Board.



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

Officers and Staff

Sidney F. Wentz
Chairman, Board of Trustees

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Awilda Marquez
Technical Support Services Operator

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Clerical Assistant

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Heidi N. Tucci
Office Services Coordinator

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Receptionist/Operator

M. M. Thornes
Receptionist/Operator

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Mail Services Coordinator

Sandra A. Georgeanni
Records Supervisor

Vicky J. Coveleski
Records Assistant

Barbara J. Tretola
Manager, Travel/Conference Services

James Rohmann
Chauffeur

Bernadine Rein
Travel Assistant

National Program Offices and Directors

The Robert Wood Johnson Foundation funds a number of multiyear, multisite national programs whose grantees are distributed throughout the country. Most of these programs are managed by institutions outside the Foundation.

Below is a listing of all current national programs, including the names and addresses of the directors or co-directors.

Program to Address Sociocultural Barriers to Health Care in Hispanic Communities

Concepcion Orozco
Director
Program to Address Sociocultural Barriers to Health Care in Hispanic Communities
National Coalition of Hispanic Health and Human Services Organizations (COSSMHO)
1501 16th Street, NW
Washington, DC 20036-1401

All Kids Count: Establishing Immunization Monitoring and Follow-up Systems

William H. Foege, MD
Executive Director
The Task Force for Child Survival and Development
The Carter Center
One Copenhill
Atlanta, GA 30307

Building Health Systems for People with Chronic Illnesses

F. Marc LaForce, MD
Physician-in-Chief
The Genesee Hospital
224 Alexander Street
Rochester, NY 14607

Program on the Care of Critically Ill Hospitalized Adults

William A. Knaus, MD
Director
ICU Research
George Washington University Medical Center
2300 K Street, NW
Washington, DC 20037

Changes in Health Care Financing and Organization

Anne K. Gauthier
Associate Director
The Alpha Center
Suite 1100
1350 Connecticut Avenue, NW
Washington, DC 20036

Chronic Care Initiatives in HMOs

Peter D. Fox, PhD
Director
Chronic Care Initiatives in HMOs
Group Health Foundation
Suite 600
1129 20th Street, NW
Washington, DC 20036-3403

Coming Home

David Nolan
Director
Coming Home
The National Cooperative Bank Development Corporation
44 Montgomery Street, Suite 610
San Francisco, CA 94104

Community Health Leadership Program

Catherine M. Dunham, EdD
Director
Community Health Leadership Program
30 Winter Street, Suite 1005
Boston, MA 02108

Developing Local Infant Mortality Review Committees

Louise M. Wulff, ScD
Director
National Fetal-Infant Mortality Review Program
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188

Program for Faculty Fellowships in Health Care Finance

Susan D. Horn, PhD
Senior Scientist
Institute for Health Care Delivery Research
Intermountain Health Care
36 South State Street, Suite 2200
Salt Lake City, UT 84111

Faith in Action: Replication of the Interfaith Volunteer Caregivers Program

Kenneth G. Johnson, MD
Director
Health Services Research Center
Kingston Hospital
368 Broadway, Suite 105
PO Box 2290
Kingston, NY 12401-0227

Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol

Anderson Spickard, Jr., MD
Professor of Medicine
Vanderbilt Clinic
Room 2553
23rd Avenue and Pierce Street
Nashville, TN 37232-5305

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities

Judith E. Jones
Director and Associate Clinical Professor of Public Health
National Center for Children in Poverty
Columbia University
154 Haven Avenue, Third Floor
New York, NY 10032

Generalist Physician Faculty Scholars Program

John M. Eisenberg, MD
Professor and Chairman
Department of Medicine
Georgetown University Medical Center
3800 Reservoir Road, NW, PHC-5
Washington, DC 20007

Generalist Physician Initiative

Jack M. Colwill, MD
Professor and Chairman
Department of Family and Community Medicine
University of Missouri-Columbia
M228 Medical Science Building
Columbia, MO 65212

Health Policy Fellowships Program

Marion Ein Lewin
Director
Robert Wood Johnson Health Policy Fellowships Program
Institute of Medicine
National Academy of Sciences
2101 Constitution Avenue, NW
Washington, DC 20418

Health of the Public: An Academic Challenge

Thomas S. Inui, MD
Professor and Chairman
Department of Ambulatory Care and Prevention
Harvard Medical School and Harvard Community Health Plan
126 Brookline Avenue, Suite 200
Boston, MA 02215

Jonathan Showstack
Associate Professor of Medicine and Health Policy
University of California, San Francisco
735 Parnassus Avenue
San Francisco, CA 94143-0994

Healthy Nations: Reducing Substance Abuse Among Native Americans

Candace M. Fleming, PhD
Minority Alcohol Research Scholar
National Center for American Indian and Alaska Native Mental Health Research
University of Colorado Health Sciences Center
University North Pavillion
4455 East 12th Avenue
Denver, CO 80220

Spero M. Manson, PhD
Director
National Center for American Indian and Alaska Native Mental Health Research
University of Colorado Health Sciences Center
University North Pavillion
4455 East 12th Avenue
Denver, CO 80220

Homeless Families Program

James J. O'Connell III, MD
Director
Homeless Families Program
Massachusetts General Hospital
67 1/2 Chestnut Street
Boston, MA 02108

Program to Improve Medical Malpractice Compensation Systems

Robert A. Berenson, MD
Assistant Clinical Professor of Family and Community Medicine
Department of Medicine
Georgetown University Medical Center
Suite 525
2233 Wisconsin Avenue, NW
Washington, DC 20007

Improving Child Health Services: Removing Categorical Barriers to Care

Sandra L. Meicher, PhD
Coordinator
Division of Health Management and Policy
School of Public Health
University of Minnesota
Box 197
Mayo Memorial Building
420 Delaware Street, SE
Minneapolis, MN 55455

Improving the Quality of Hospital Care

Andrea I. Kabcenell
Senior Research Associate
College of Human Ecology
Cornell University
Martha van Renssalaer Hall 250
Ithaca, NY 14853-4401

Improving Service Systems for People with Disabilities

Lex Frieden
Senior Vice President
The Institute for Rehabilitation and Research
Texas Medical Center
1333 Moursund Avenue
Houston, TX 77030

Infant Health and Development Program Replication

Godfrey P. Oakley, Jr., MD
Director
Division of Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention
1600 Clifton Road, NE, F-34
Atlanta, GA 30333

Information for State Health Policy

Ira Kaufman
Clinical Associate Professor
Department of Environmental and Community Medicine
University of Medicine and Dentistry of New Jersey
675 Hoes Lane, Room N118
Piscataway, NJ 08854-5635

Investigator Awards in Health Policy Research

(Director to be appointed)
Investigator Awards in Health Policy Research
Foundation for Health Services Research
Suite 1100
1350 Connecticut Avenue, NW
Washington, DC 20036

Ladders in Nursing Careers Program

Margaret T. McNally
Vice President for Health Professions
Greater New York Hospital Foundation
555 West 57th Street
New York, NY 10019

Local Initiative Funding Partners Program

Ruth S. Hanft, PhD
Professor
Department of Health Services Management and Policy and Department of Health Sciences
George Washington University
600 21st Street, NW
Washington, DC 20052

Making the Grade: State and Local Partnerships to Establish School-Based Health Centers

Julia Graham Lear, PhD
Director
Making the Grade
George Washington University
Suite 505
1350 Connecticut Avenue, NW
Washington, DC 20036

Mental Health Services Program for Youth

Mary Jane England, MD
President
Washington Business Group on Health
Suite 800
777 North Capitol Street, NE
Washington, DC 20002

Minority Medical Education Program

Herbert W. Nickens, MD
Vice President
Minority Health, Education and Prevention
Association of American Medical Colleges
2450 N Street, NW
Washington, DC 20037-1126

Minority Medical Faculty Development Program

James R. Gavin III, MD, PhD
Director
Minority Medical Faculty Development Program
4733 Bethesda Avenue, Suite 350
Bethesda, MD 20814

New Jersey Health Services Development Program

Linda J. Rosen, PhD
Acting Director
New Jersey Health Services Development Program
Cathedral Healthcare System, Inc.
221 Chestnut Street
Newark, NJ 07105

No Place Like Home: Providing Supportive Services in Senior Housing

James J. Callahan, Jr., PhD
Director
Policy Center on Aging
Florence Heller Graduate School
Brandeis University
PO Box 9110
Waltham, MA 02254-9110

Old Disease, New Challenge: Tuberculosis in the 1990s

Philip C. Hopewell, MD
Director
Old Disease, New Challenge: Tuberculosis in the 1990s
University of California, San Francisco
PO Box 1348
San Francisco, CA 94143-1348

On Lok Approach to Care for the Elderly

John K. Shen, PhD
Director
Program of All-inclusive Care for the Elderly (PACE)
On Lok, Inc.
1455 Bush Street
San Francisco, CA 94109-5520

Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care

Thomas W. Chapman
CEO
George Washington University Hospital
901 23rd Street, NW
Washington, DC 20037

Partners in Caregiving: The Dementia Services Program

Burton V. Reifler, MD
Chairman
Department of Psychiatry and Behavioral Medicine
Bowman Gray School of Medicine
Medical Center Boulevard
Winston-Salem, NC 27157-1087

Practice Sights: State Primary Care Development Strategies

James D. Bernstein
President
North Carolina Foundation for Alternative Health Programs, Inc.
PO Box 10245
Raleigh, NC 27605-0245

Program to Promote Long-Term Care Insurance for the Elderly

Mark R. Meiners, PhD
Associate Director
Center on Aging
University of Maryland
1240 HHP Building
College Park, MD 20742-2611

Reach Out: Physicians' Initiative to Expand Care to Underserved Americans

H. Denman Scott, MD
Senior Vice President of Health and Public Policy
American College of Physicians
6th and Race Streets
Philadelphia, PA 19106-1572

Replication of the Foundation's Programs on Mental Illness

Martin D. Cohen
Executive Director
The Technical Assistance Collaborative, Inc.
3 Center Plaza, Suite 840
Government Center
Boston, MA 02108

Scholars in Health Policy Research Program

Alan B. Cohen, ScD
Research Professor
Florence Heller Graduate School
Brandeis University
PO Box 9110
Waltham, MA 02254-9110

Service Credit Banking Program Replication

Mark R. Meiners, PhD
Associate Director
Center on Aging
University of Maryland
1240 HHP Building
College Park, MD 20742-2611

Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy

Robert L. Goldenberg, MD
Professor of Obstetrics and Gynecology
Director
Center for Obstetric Research
University of Alabama at Birmingham
620 South 20th Street, Room 452
Birmingham, AL 35233-7333

SmokeLess States: Statewide Tobacco Prevention and Control Initiatives

Thomas P. Houston, MD
Director
Department of Preventive Medicine and Public Health
American Medical Association
515 North State Street
Chicago, IL 60610

State Initiatives in Health Care Reform

W. David Helms, PhD
President
The Alpha Center
Suite 1100
1350 Connecticut Avenue, NW
Washington, DC 20036

State Initiatives in Long-Term Care

Mark R. Meiners, PhD
Associate Director
Center on Aging
University of Maryland
1240 HHP Building
College Park, MD 20742-2611

Statewide System of Care for Chronically Ill Elderly in Massachusetts

James Hooley
Director
Statewide System of Care for Chronically Ill Elderly in Massachusetts
East Boston Neighborhood Health Center
10 Gove Street
East Boston, MA 02128

Program to Strengthen Primary Care Health Centers

Elizabeth A. Vieth
Acting Director
Program to Strengthen Primary Care Health Centers
National Association of Community Health Centers
Suite 122
1330 New Hampshire Avenue, NW
Washington, DC 20036-6350

Strengthening Hospital Nursing: A Program to Improve Patient Care

Barbara A. Donaho
President and CEO
St. Anthony's Hospital
PO Box 12588
St. Petersburg, FL 33733

Supportive Services Program in Senior Housing

James J. Callahan, Jr., PhD
Director
Policy Center on Aging
Florence Heller Graduate School
Brandeis University
PO Box 9110
Waltham, MA 02254-9110

Tobacco Policy Research and Evaluation Program

Robert L. Rabin, JD, PhD
A. Calder Mackay Professor of Law
Stanford Law School
Crown Quadrangle
Stanford, CA 94305

The programs listed below are administered internally by Foundation staff (responsible officer in parentheses).

Clinical Scholars Program
(Annie Lea Shuster)

Generalist Provider Research Initiative
(Beth A. Stevens, PhD)

Improving the Quality of Long-Term and Ambulatory Care
(Beth A. Stevens, PhD)

Nursing Services Manpower Development Program
(Pauline M. Seitz)

Preparing Physicians for the Future: A Program in Medical Education
(Annie Lea Shuster)

Grant Application Guidelines

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

MATERIALS AVAILABLE

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 address below.

The Foundation also makes available 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 1993:

Access to Health Care: Key Indicators for Policy (chartbook)

An Analysis of Resources to Aid Drug-Exposed Infants and Their Families (printed report from the Foundation's *Health Care Perspectives* series)

Conversations on Health (video compilation of statements and comments from four public forums on health care in the United States)

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (descriptive booklet)

The Homeless Families Program (descriptive booklet)

Rural Health Challenges in the 1990s: Strategies from the Hospital-Based Rural Health Care Program (printed report with audio tapes)

Substance Abuse: The Nation's Number One Health Problem — Key Indicators for Policy (chartbook).

Address requests to:

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

The Foundation does not charge for these materials.

About the Photographs

The photographs in this annual report depict only a few of the 100,000 volunteers and the 200,000 individuals they have helped through the Interfaith Volunteer Caregivers (IVC) program that began in 1983 with the Foundation's support. These networks of trained volunteers help people with chronic health conditions remain in their homes by providing a broad range of assistance, such as friendly visiting, transportation, household chore services, referral to other community services, and respite for family caregivers. So far, more than 300 communities have established IVC projects through local interfaith coalitions. Overall, these coalitions involve all major faiths, including Protestant, Catholic, Jewish, Buddhist, Hindu, Islamic and Native American faiths.

This success story has prompted the Foundation to launch Faith in Action, a new program that seeks to expand the national network of Interfaith Volunteer Caregiver coalitions to 900 additional communities. For more information about these programs, write: Faith in Action, Post Office Box 2290, Kingston, New York 12401-0227.

COVER AND PAGE 27 — *Alberta (left) is an older woman who is diabetic and partially blind. She is trying to stay independent in her own home, but has no means of transportation. Kathy, an interfaith caregiving volunteer, is Alberta's lifeline. Kathy and her son, Jacob, take Alberta for the dialysis treatment she needs three times a week.*

Alberta minces no words about the importance of Kathy's help: "If it wasn't for this, I wouldn't be alive. I mean this from my heart. Kathy has really been wonderful to me."

Kathy has her own reasons for giving of herself: "I love Alberta. She's a good person who is warm and friendly, and she's gone through a lot. I understand, because I've been down, too. People helped me, and I just want to give something back."

PAGE 1 — *Rossa (left) values her independence, using her wheelchair or walker — on good days — to get things done. Sometimes she needs a hand with grocery shopping and house cleaning. Jean, an interfaith caregiving volunteer, helps Rossa with these chores and keeps her informed about community happenings.*

Jean says, "Just to know that Rossa is happy and grateful for my help gives me a lot of satisfaction."

PAGE 7 — *April (on phone) is a 15-year-old mother who looks after her father, who has a serious disability. She's really stuck because she's too young to drive, and there isn't public transportation for her to take her child to the doctor. Thanks to Debbie, an interfaith caregiving volunteer, April and her baby get the medical attention they need while April's father also receives appropriate care.*

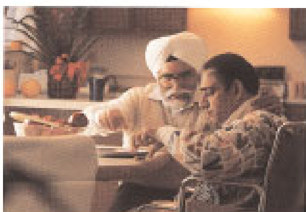
April says, "Before she showed up to help me, I figured if your family and friends wouldn't help you, you were on your own. Debbie's help has made all the difference in the world. It's good to have a friend."

Debbie agrees: "I believe that love is an action word."

PAGE 8 — *Kitty (center), who claims to have had life's advantages, finds that graduating at the top of her college class isn't enough for a full life. Nor is the doctoral program in chemistry in which she excels. She needs contact with people away from her studies, people who need her. An interfaith caregiving project has linked her with sisters Freda (left) and Florence (right), who can really use a gentle word and a caring touch.*

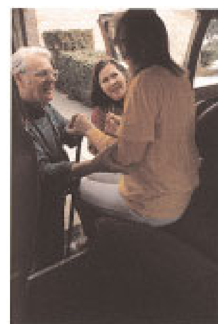
Florence, who is partially blind, adores Kitty, who stops by to help with the mail and keep an eye on things. They chat and laugh and exchange holiday presents. Florence, with a chuckle and a hug for her surrogate granddaughter, says, "It's so good that Kitty comes to us and gives me someone to speak to instead of always hibernating."

"Helping Florence and Freda gives me a sense of purpose," Kitty says. "It gets me out of the lab at the university. And they're fun."



PAGE 11 — *Channi (right), a 45-year-old man with cerebral palsy, and Dr. Singh, a retired physician and interfaith caregiving volunteer, have developed a strong bond over the years. Focusing on their abilities rather than their disabilities, they use hand signs and eye contact to communicate. Dr. Singh's visits give Channi's parents a chance to go out together.*

"I'm now about 80 years old," says Dr. Singh, "and I feel I can still do some good in this world. The greatest reward is that people know they are not alone — that someone does care."



PAGE 12 — *Ruth (seated) knows the pain of being alone and homeless, as well as the frustration of having no transportation to medical appointments. Now she lives in a shelter and helps direct its program. Interfaith caregiving volunteers Emanuele (left) and Fern (center) drive Ruth to the health clinic regularly.*

Emanuele encourages others to volunteer: "I think if each person does a little bit, a lot will be accomplished. You know the old adage that 'it's better to give than to receive'? It's true. The caregivers program gives special meaning to the lives of people like me."

PAGE 15 — *Helen (in the doorway) has lived alone since her husband died, and as her medical problems have increased, she's been unable to go out on her own or handle chores around the house. Her local interfaith caregiving project has made a big difference. She signed up as a "mystery grandparent" who writes to young children — as a pen pal and surrogate grandmother — to encourage them.*

Just as Helen helps others, Rhom, Sal and Joe (left to right) come by to help her with yard work, year 'round. Helen says, "I so appreciate that these young men are willing to help me. It goes beyond shoveling the snow. It's the caring that's important."

Her helpers agree. Sal says, "Sometimes we're the only ones who come into an older person's home. So we try to let them know there are people who have their best interests in mind. And, hey, sometimes they give us cookies."

PAGE 16 — *In Colombia, where she lived most of her life, Esther (left) spent much of her time as a physician teaching people about good health and a proper diet. Esther now lives in the United States and uses her teaching skills to help others in the Hispanic community. As an interfaith volunteer, she gives practical advice about nutrition to people with chronic health conditions and family members who look after them.*

"The people I care for have many problems, especially in knowing the right things about health and appropriate meals," she says with conviction. "I try to help them live their lives in the best way."

PAGE 19 — *Debbie (right) was someone people always turned to when they needed help. Her own serious illness changed that. Juggling her own care and the needs of her critically ill father was too difficult. So the local interfaith caregiving project arranged for a volunteer to telephone her each day. "I started by calling Debbie each morning just to see if she was OK," says Betty. "These brief phone calls have brought us to a point where both of us are richer."*

Debbie appreciates her trusted friend: "When you are sick, you always feel like you are imposing, but Betty never makes me feel like that."

PAGE 20 — *Eleanora volunteers to help a mother of eight wonderful children, two of whom are living with HIV/AIDS. There's always a virus or an infected ear to care for, and many visits to the doctor must be made. Thanks to Eleanora's assistance, all of the children get to the doctor as needed, and their mother has some time simply to catch her breath.*

Eleanora doesn't think what she does is all that special: "I volunteer simply because I love children — all kids, not just my own family. They're all my family."

PAGE 30 — *Mattie, who receives volunteer transportation assistance, has become a "mystery grandparent" to a classroom of elementary school children through her local interfaith caregiving project. She writes to them and sends them cookies, and she's made caps for all the children. On birthdays, girls get dolls with clothes Mattie knits, and boys get toys.*

"I want to show these kids the right way to grow up and be somebody," Mattie says. "I'm going to keep in touch with this class all through school, because if I show them that one person really cares, maybe some of them will find a better road to travel."

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