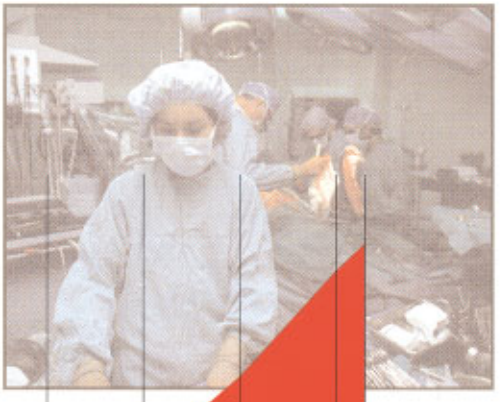
The Robert Wood Johnson Foundation

ANNUAL REPORT 1994

COST CONTAINMENT



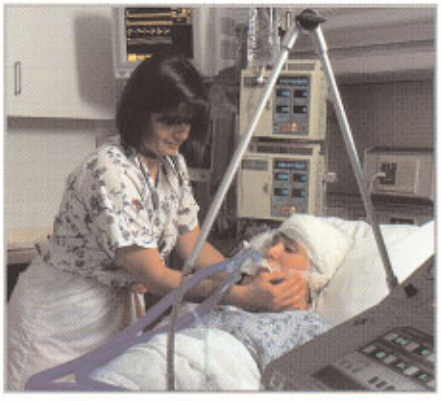
TO HELP THE NATION ADDRESS THE PROBLEM OF ESCALATING HEALTH CARE COSTS

The Robert Wood Johnson Foundation was established as a national philanthropy in 1972 and today is the largest U.S. foundation devoted to health care. The Foundation concentrates its grantmaking in four areas:

- assuring access to basic health services
- improving the way services are organized and provided to people with chronic health conditions
- promoting health and preventing disease by reducing harm from substance abuse
- seeking opportunities to help the nation address the problem of escalating health care costs.

Annual Report
for 1994 of
The Robert Wood Johnson Foundation

Cost Containment



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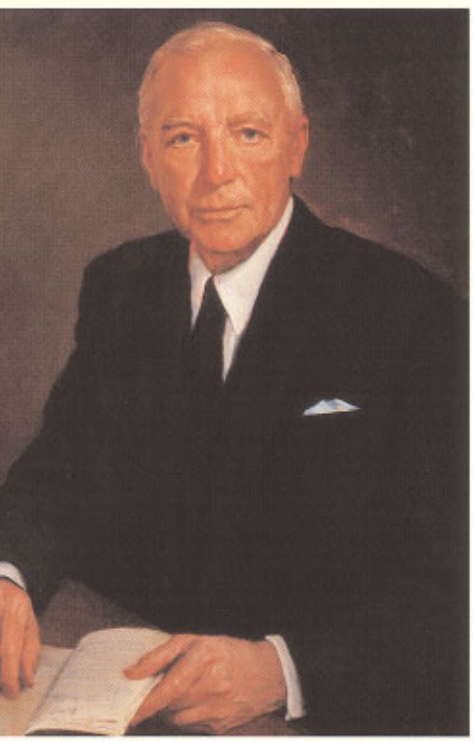
THE FOUNDER

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 at Northwestern University of one of the first schools of hospital administration.

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.

CONTENTS

THE CHAIRMAN'S STATEMENT

After someone of real accomplishment dies, people often speak of their passing as marking "the end of an era."

I hope however, that epitaph will never apply to Dr. David E. Rogers insofar as The Robert Wood Johnson Foundation is concerned.

David died December 5, 1994, and we should always try to hold to the values that were at the root of his presidency of the Foundation — intellectual rigor, compassion, and leadership. But even more importantly, it was David's quest for fairness in society, his powerful social conscience, that transcends.

In 1971, Gustav O. Lienhard, the Foundation's chairman and a former president of Johnson & Johnson, made a gutsy decision in hiring David as the Foundation's first president. The late Gus Lienhard was a consummate businessman, valuing efficiency and effectiveness; David liked to describe himself as "a troublemaker." Together, they set a complementary standard of thorough methodology and calculated risk-taking.

With their leadership and our endowment of over $1 billion, we were poised to place the Foundation on the front lines of improving health care for all Americans. In selecting David, Gus Lienhard also insured that the Foundation would have an independent voice, one that wasn't afraid to challenge the accepted ethos of the medical fraternity.

The first big decision was to focus the Foundation's grant making on the needs of Americans as the people themselves — not the professionals — saw them. In 1971, decrying medicine's increasing specialization, we called for greater emphasis on primary care. And we backed our words with actions.

We established programs to train doctors, physician assistants, and nurse practitioners to work in primary care settings, we funded medical schools' efforts to focus on primary care, and we created demonstration projects to help these new professionals work in underserved communities nationwide. We supported research into how patients fared from what medicine did — and did not do — for them, spurring the adoption of health care delivery studies in medical curricula. And it was done with strong approval from Gus Lienhard and the first Board of Trustees.

But beyond the big picture, Dr. Rogers was mindful of those with special problems in obtaining good health care. His compassion drove us to focus on those most in need, whether they lived in the inner-city or in rural America, whether their problems were physical or mental, acute or chronic.

We battled complacency by the members of the medical profession — perhaps best embodied by our leadership in fighting AIDS. We promoted treatment programs that became models for cities and states and fought to protect the confidentiality of people with AIDS. Thanks to our early efforts, we were the first major source of private funding for the AIDS pandemic.

After leaving the Foundation in 1986, Dr. Rogers continued this commitment. He most recently was co-chair of the National Commission on AIDS.

Dr. Rogers also believed the Foundation should help guide and nurture the next generation of physicians and other health professionals. Initiatives to that end included the Clinical Scholars Program, the Clinical Nurse Scholars Program, the Faculty Fellowships in Health Care Finance Program and the Washington Health Policy Fellowships Program. In recognition of these efforts, the Foundation and the Association of American

Medical Colleges this year created the David E. Rogers Award, to be given annually to a medical school faculty member who has made major contributions to improving the health and health care of the American people. The Rogers Award complements the Gustav O. Lienhard Award, created at his retirement as board chair in 1986. Administered by the Institute of Medicine of the National Academy of Sciences, the Lienhard Award honors people who have made outstanding contributions toward the improvement of health care in the United States.

It is no longer 1971, and as time has advanced, so have we. Where two decades ago, discussions of health care were conducted largely outside the public domain, today they have the highest visibility. The subject is of profound concern to individual Americans and to the politicians who represent them, which has made debate both passionate and divisive.

Driving that debate are the realities of health care today. When we once as a nation tried to determine where best to spend our dollars to do the most good, now we must first find those dollars to spend. Since 1970, health care expenditures have almost quadrupled, reaching nearly $1 trillion last year.

The magnitude of these dollars colors and seems to overwhelm thinking about every aspect of health care.

At the Foundation, assuring access to basic health care, especially among the underserved, remains a core mission. But with an eye on developing problems, we have invested in programming to address the increasing costs of care, the difficulties people with chronic conditions face when seeking care, and the harm wrought by substance abuse on our people, our communities and our society.

Gus Lienhard (left) and David Rogers circa 1974

The Foundation looks a lot different than it did back when Gus Lienhard chose David Rogers to be president. To be true to our mission, our programming has had to change to respond to the need. We will probably look a lot different 20 years hence. But then as now, we shall be working for a fair system that provides affordable and effective health care for all.

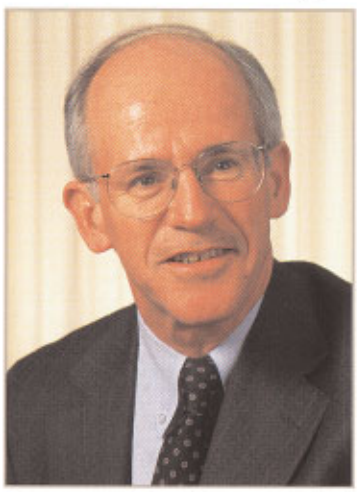
Sidney F. Wentz
Chairman, Board of Trustees

THE PRESIDENT'S MESSAGE
COST CONTAINMENT

One of the best years of my life was spent studying European medical care. In the 1980s, I had the privilege of visiting hospitals and speaking with health professionals in six different countries; subsequently, I have visited institutions in several other nations. A major reason for these visits was to try to understand why the United States spends so much on medical care — now amounting to nearly 14 percent of Gross Domestic Product — far outstripping the proportion spent by any other country.

Everywhere there is tremendous admiration for the science and technology of American medicine, mixed with amazement that we have yet to provide basic health care coverage to all our citizens and with disappointment that our national health indices do not show sufficient value for our investment in health care.

Clearly, no single factor explains why we spend so much. Perhaps the best insights came from my visits to the intensive care units of European teaching hospitals, where the differences between our styles of medical care were most vividly illustrated. A typical intensive care unit in the United States is filled with desperately ill patients, some on their road to recovery following serious surgery and others in the final months of a terminal, chronic illness. By contrast, the European hospitals had fewer intensive care units, fewer intensive care patients, and — most dramatically — significantly fewer dying patients.



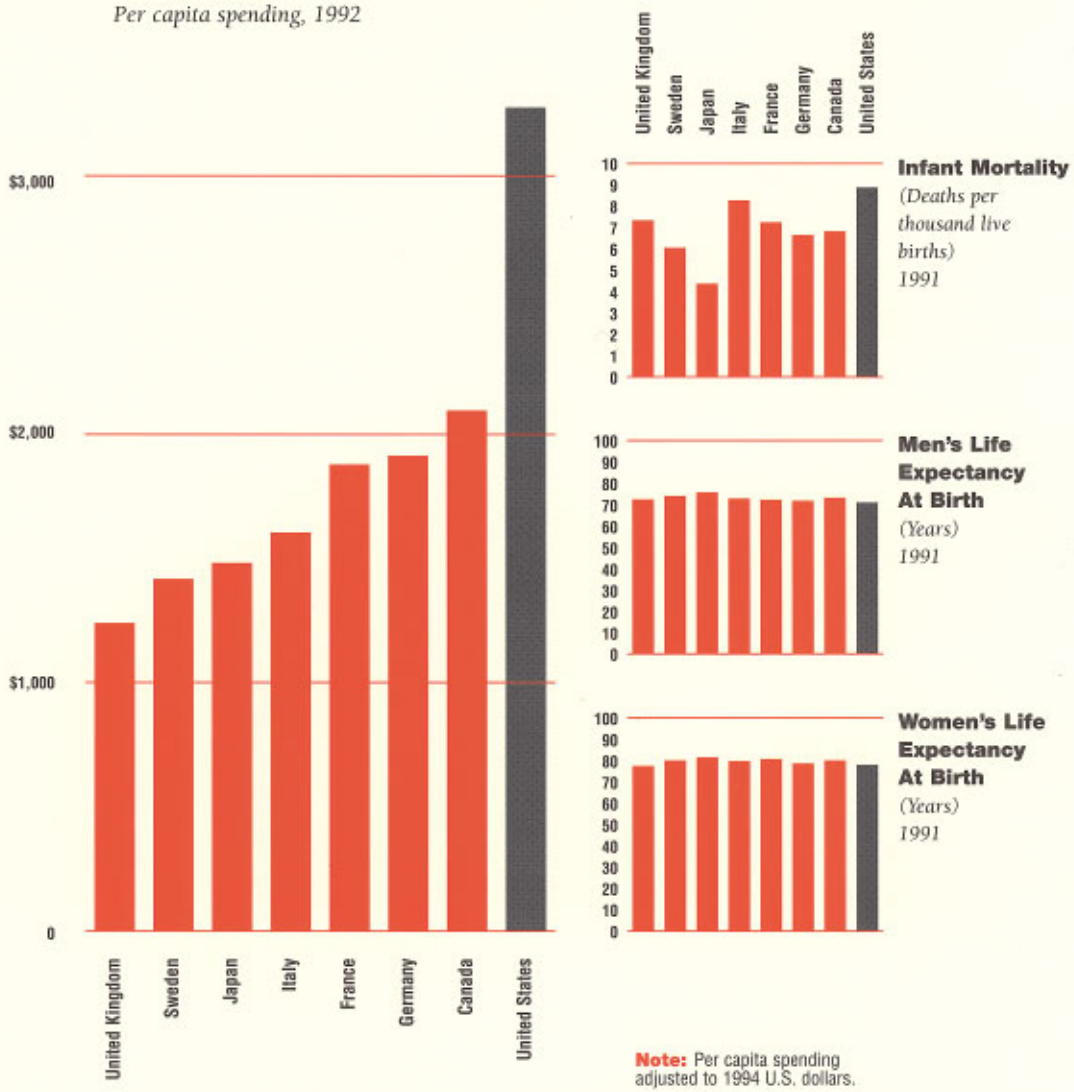
In each of these hospitals, I met clinicians who had some training at a U.S. teaching hospital. In every case, they found this experience professionally gratifying, and they complimented the quality of the teaching here as well as our advanced technology. When I pressed them to explain the relative tranquillity of European intensive care units compared to ours, an embarrassed pause usually ensued. "We really admire the sophistication of American medicine," one clinician responded, "but you don't know when to stop."

We don't know when to stop! The more I reflected on that response, the more it helped to explain why our medical care system is so expensive. All along the line — from the attitudes of patients and their families about the kind of care they want to patients' decisions about which doctors to consult, to the doctors' choices about referrals, treatments, and when and where to hospitalize, to hospitals' decisions to build and fill intensive care units — in the United States the pressure to intervene aggressively is enormous and it comes from multiple directions.

Often we hear claims, as we did in the recent political debate about health care reform, that amelioration of a single factor — administrative costs, or excessive patient demand, or malpractice claims, or outright fraud — is the key to controlling health care costs. The truth, of course, is much more complicated. Just as a complex set of supply and demand factors has caused U.S. intensive care units to flourish, these factors are also responsible for the expansion — and the high cost — of the nation's health care generally.

Higher Spending Doesn't Guarantee Better Health for Americans

Per capita spending, 1992



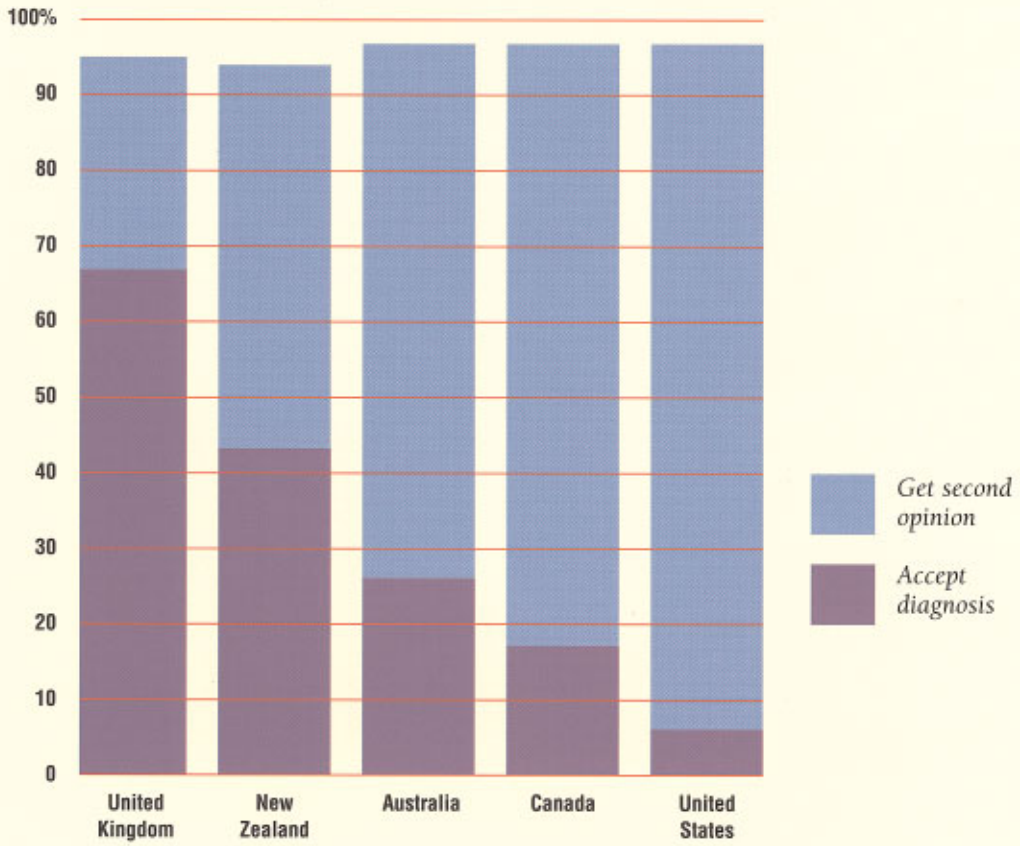
Note: Per capita spending adjusted to 1994 U.S. dollars.

Source: Schieber GJ, Poullier JP, and Greenwald LM. "Health System Performance in OECD Countries, 1980–1992." *Health Affairs* 13(4): 100–112, Fall 1994. Exhibits 2 and 5, pp. 102 and 108.

Americans Use More Health Services by Choice

Responses to question: "If your personal doctor told you that you had an incurable and fatal disease, would you accept that diagnosis or seek a second opinion?"

Responses from citizens aged 65 or older



Source: Schroeder SA. "The Health Care Cost Crisis in America: Too Much of a Good Thing?" *The Pharos of Alpha Omega Alpha* 57(2): 22–27, 1994. Table 1, p. 23.

Demand Factors That Stimulate Medical Expenditures

A distinguishing feature of American culture is our fascination with medicine, health, and vitality. Our avidity for medical information can be seen in the coverage of medical news in the print and visual media, coverage that is much more comprehensive than in other countries. Breakthroughs in medical science are routinely trumpeted in our morning newspapers and touted on the evening news. The cumulative impact of these stories is to leave the impression that a scientific advance that can remedy every ailment either exists or is just around the corner. Unfortunately, the scientific disappointments — the promising cancer drugs that prove ineffective — are less likely to make the news, certainly not the headlines.

A Harris Poll conducted in five English-speaking countries during my year abroad asked people 65 or older the following question: "If your personal doctor told you that you had an incurable and fatal disease, would you accept that diagnosis or seek a second opinion?" The results (shown opposite) reveal striking cross-cultural differences, with the stoical British 10 times as likely to accept their mortality as the more skeptical Americans.

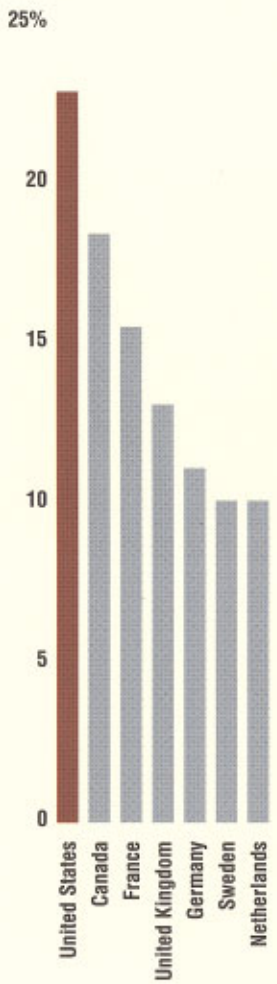
If you asked U.S. physicians why we spend so much for health care, many would point to the costs associated with medical malpractice. It is true that our malpractice insurance premiums for physicians and hospitals are far higher than those in any other country — often by a huge factor. For example, in 1981 the annual malpractice premium for a major teaching hospital in Western Europe was less than $50,000, while in the United States it was close to $2,000,000. Individual physicians now face hefty annual premiums, and in high-risk specialties such as obstetrics, neurosurgery, and anesthesiology premiums easily surpass $100,000.

News reports of large malpractice awards appear frequently. No wonder many people believe malpractice insurance reform is the key to reducing health care costs. Yet, in reality, malpractice — including the insurance premiums and the defensive medicine they inspire — cost less than $35 billion, only 3.5 percent of the projected $1 trillion spent on health care in 1994.

Just as physicians are likely to identify malpractice insurance as the villain in the health care costs drama, economists tend to blame health insurance. Insurance distorts the market by insulating patients from the kinds of price comparisons they can make when purchasing other goods, such as food or transportation. Economists argue that if consumers assumed more of the financial burden directly, they would become more price-sensitive and demand less health care. Empirical data support this theory, and increasingly the United States is moving away from traditional indemnity insurance to arrangements that change the financial incentives for both patients and physicians. However, no evidence indicates that lack of cost-sharing propelled the United States to its current high level of spending. In fact, Americans already pay more out-of-pocket for their health care than do citizens of many other countries, including Germans and Canadians. Universal health insurance systems cover most medical care costs for both these populaces.

Additional demand factors that add to our health care costs are our demographic and social features. The number of Americans surviving into old age is increasing, and it is they who are most at risk for the complications of chronic illnesses. They predominate in our hospitals, intensive care units, and nursing homes. In this regard the United States does not differ much from other Western nations.

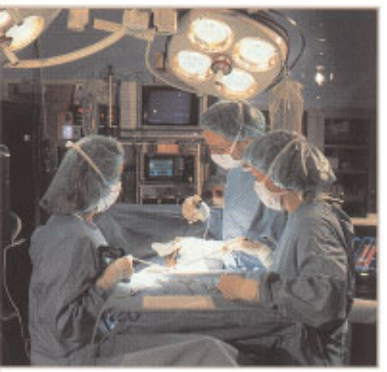
Share of Total Health Spending That Consumers Pay Out-of-Pocket



Note: Data do not include insurance premiums.

Source: Rublee D. *International Health Care Systems: A Chartbook Perspective.* Chicago: American Medical Association, 1992. Chart 16, p. 21.

A "demand factor" in the U.S. medical care system that does stand out, however, is caring for people with conditions traceable to behavior, conditions that are mostly preventable. A prime example is violence. The rate of homicide in the United States is over 11 times greater than in England, for example, and the chances of a young black American man dying of homicide are over 200 times greater than those of a Swedish man the same age. While substance abuse is the number one preventable killer of Americans — with about 520,000 lives lost annually from tobacco, alcohol, and illicit drugs — here we have made remarkable progress. Compared with many other nations, we have greatly reduced our consumption of cigarettes and our death rate from drunken driving. By contrast, rates of another primarily behavior-related disorder, AIDS, are 30 percent higher in the United States than in Europe. But even if a cure for AIDS were found tomorrow, the savings would barely dent the nation's health care bill. While together these behavioral features of modern American life paint a unique national portrait, they do not explain fully our higher health care costs.



A final demand factor targeted by policymakers is greed, inefficiency, and outright fraud. In some instances fraud stems from consumers who file false medical disability claims. In other cases, it results from dishonest health care providers. No one knows how much money is spent fraudulently — here or in other countries. Although polls show 60 percent of Americans believe greed, waste, and high profits are a "very important" reason for rising health costs, most health economists doubt this factor is substantial.

In short, none of the demand factors commonly proposed, even in combination, explains more than a small fraction of the higher U.S. medical expenditure rates.

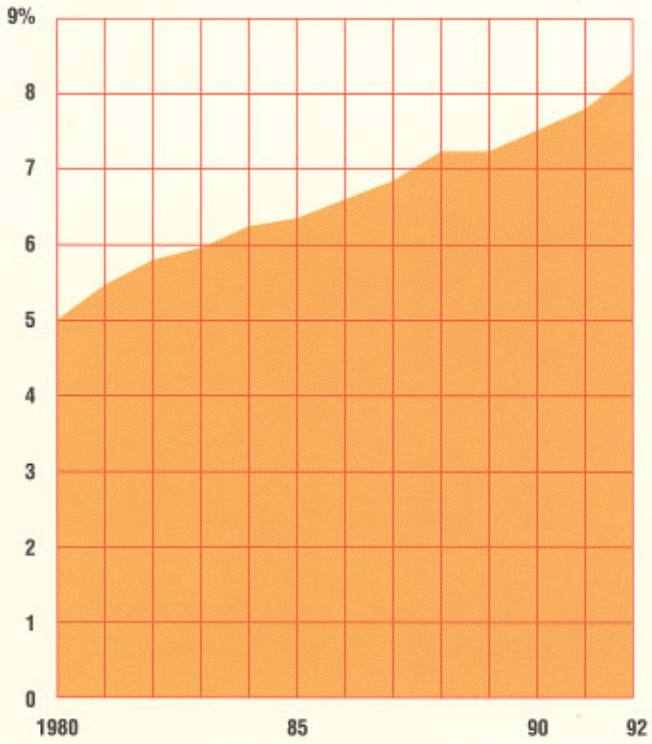
Supply Factors That Affect Medical Expenditures

In my opinion, the greatest factor stimulating high U.S. medical care utilization and expenditures lies in the supply side. We simply have overdeveloped our medical capacity. Compare the lavish lobbies of a typical U.S. hospital with its utilitarian European counterpart and you will appreciate how much we have invested in medical care. U.S. hospitals have achieved some efficiencies. They have the shortest lengths-of-stay in the world — rates that are still declining. Our hospitals also have pioneered in moving surgery and convalescence outside the hospital walls, and home health care is now the fastest-growing component of the health care economy. Meanwhile, we lead the world in performing expensive diagnostic and therapeutic procedures, such as magnetic resonance imaging, coronary artery bypass surgery, hemodialysis, and organ transplants. These supply factors contribute to both medical inflation and intensity of services.

Our high rates of use reflect the extent to which we have invested in the resources — people, facilities, and equipment — to perform these procedures. In the case of magnetic resonance imaging, Orange County, California, has more imaging machines for its 2.4 million people than all of Canada for its 27 million people. Similar comparisons can be made for the distribution of laboratories that perform coronary artery catheterization or operating suites that do coronary artery bypass surgery.

Demand for Intensive Care Is Rising Sharply

ICU beds as a percent of all hospital beds, 1980–1992



1992

Total ICU beds: 96,707

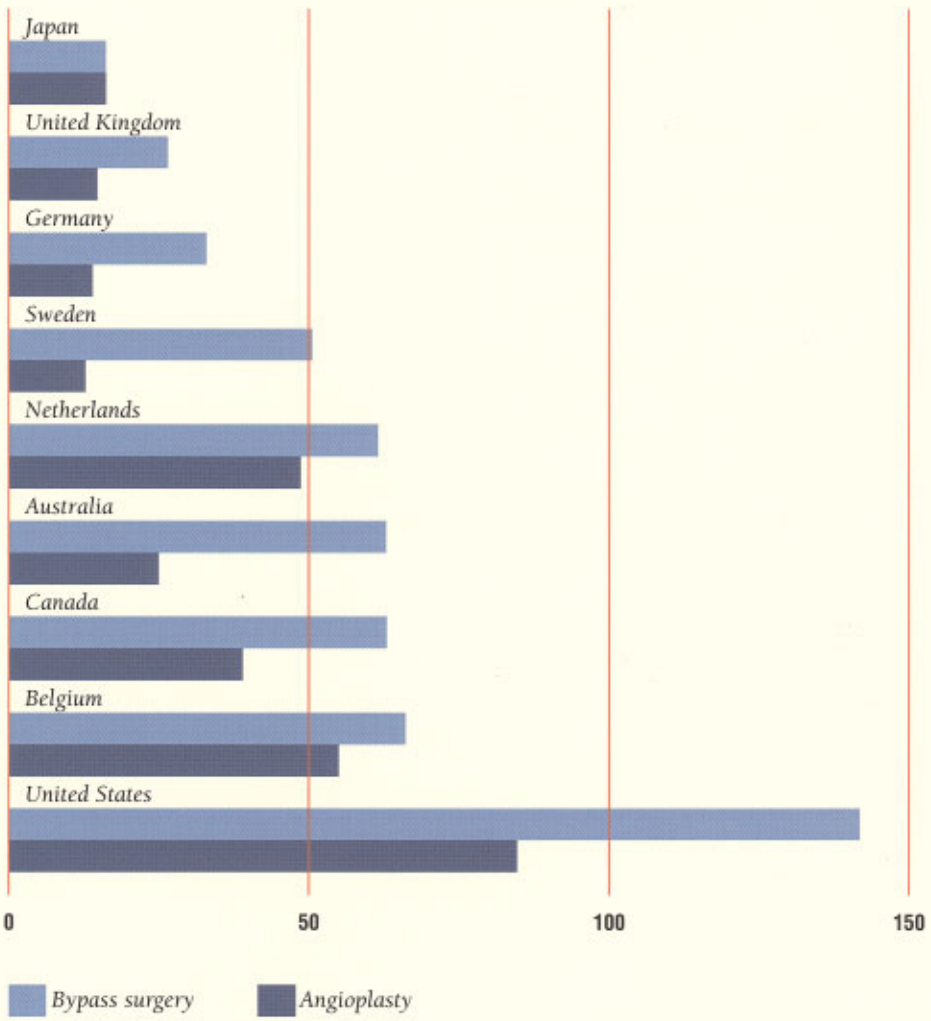
Total costs: $55 billion

Percent of inpatient days in ICUs: 11.3%

Source: American Hospital Association. *AHA Hospital Statistics.* Chicago: American Hospital Association, selected years; and Halpern NA, Bettes L, and Greenstein R. "Federal and Nationwide Intensive Care Units and Healthcare Costs: 1986–1992." *Critical Care Medicine* 22(12): 2001–2007, 1994. Table 5, p. 2005.

Cardiovascular Procedures Much More Frequent in the U.S.

Rates per 100,000 population



Note: All rates are for 1990 except U.S. rates are for 1988 and U.K. bypass surgery rates are for 1989.

Source: Personal communication with Mark Hlatky, MD, Department of Health Research and Policy, Stanford University School of Medicine; and Collins-Nakai RL, Huysmans HA, and Scully HE. "Access to Cardiovascular Care: An International Comparison." *Journal of the American College of Cardiology* 19(7): 1477–1485, 1992. Table 1, p. 1478.

The concept "Build it and they will come" has never been more true than in health care. Our surfeit of medical technology means that insured patients in the United States seldom have to wait for care, urgent or elective. Of course, easy access has a price, and for us it is the cumulative cost of many, many high-priced procedures. For example, Americans had some 708,000 coronary artery surgery and related coronary angioplasty procedures in 1992, 2.8 per 1,000 people, many times more than in other countries. The cost of each one of these procedures is high — approximately $41,000 for bypass surgery and $16,500 for angioplasty — putting the grand total for 1992 alone at some $19 billion. Similar high rates of utilization and expense exist across a wide spectrum of expensive treatments.

In my view, we need look no farther to discover why the U.S. medical bill is so high. If every one of those procedures were medically indicated, then our investment would translate into higher quality care and better health for Americans. But it doesn't. We are not ahead of other Western nations on key health measures.

In fact, many experts believe a substantial minority of these high-cost procedures are not medically indicated or could be replaced by less invasive, less costly treatments that would do as much or more good. What's more, every one of these unnecessary procedures exposes patients to unwarranted danger.

We have accumulated highly trained personnel to perform these procedures, and we pay them well. We train thousands of new physicians annually, and lure many foreign-educated physicians and nurses with our high wages and excellent working conditions. As a result, we find we have too many physicians, especially specialists. A recent estimate projects an excess of 139,000 specialty physicians by the year 2000 — nearly a third of the overall physician supply. This has tremendous cost implications. To the extent that specialists have professional and economic incentives to perform their special procedures unnecessarily, the oversupply contributes to high costs. To the extent that specialists instead perform tasks outside their expertise or function as part-time generalists, the way they practice is simply more expensive than that of people trained as generalists.

The combination of a disproportionate investment in specialty physicians, plus a fee-for-service payment system that offers major financial incentives to provide expensive, high-tech care, is a major explanation for the high cost of the U.S. medical care system. We currently witness a shift from fee-for-service payment for medical services to capitation, which neutralizes some of the pro-technology economic incentives. A major national challenge will be to restructure the medical work force accordingly.

Another supply-side factor that increases U.S. medical expenditures is administration. Compared with providers in other countries, hospitals and physicians in the United States confront a blizzard of forms and procedures from hundreds of health insurance carriers, each requiring a different administrative process. The costs of complying with these requirements are "empty calories." They contribute to medical fat without adding any value to care. Many experts estimate that these administrative costs account for at least 10 percent of the nation's total health bill. Based on the 1994 estimated expenditure of $1 trillion, administrative costs could amount to some $100 billion — enough to provide health insurance coverage for every one of the 40 million Americans who currently are uninsured.

Where Are We Now?

The year 1994 witnessed a tumultuous political debate about the future of health care financing in the United States, fueled to a great extent by concern about uncontrollable rising costs and strong initial public support for fundamental reform. Ultimately there was no consensus on what approach to adopt, and no reform emerged from Congress. Yet, while national attention was riveted on the debate in Washington, great changes in health care delivery were occurring throughout the country.

These changes are market-driven, propelled by the main purchasers of medical care — businesses and state governments — who are desperate to curtail runaway expenditures. By far the most popular market reform has been managed care. Managed care means different things to different people. Large employers often call their efforts to encourage traditional, fee-for-service providers to reduce utilization and prices "managed care." But in its most precise definition, as used in the accompanying charts, the term refers to health maintenance organizations. These may be either the tightly run group practice type, such as Kaiser Permanente, or looser affiliations of physicians and hospitals linked by marketing and payment formulas and typically coordinated by a large, well-capitalized for-profit insurance company. For-profit HMOs are the fastest growing type of managed care.

No matter how it is defined, managed care embraces certain common elements, including controls on utilization and the use of business techniques to improve efficiency. The more tightly administered managed care organizations typically use two important fiscal controls: they pay physicians according to capitation rather than fee-for-service, and they rely on generalist health professionals to provide basic services and restrict the use of specialists and their technologies.

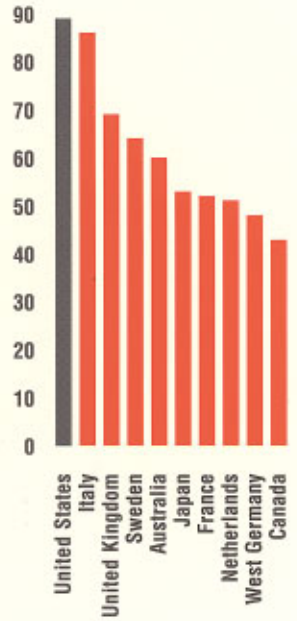
The move toward managed care has become a stampede. HMO enrollment increased from 12.5 million people in 1983 to an estimated 50 million in 1994. Estimates of further growth are as bullish as 100 million by the year 2000. Using a broader definition of managed care, perhaps 51 percent of all full-time workers currently are enrolled in some type of managed care arrangement.

States see managed care as a solution to rising Medicaid expenditures and are rapidly converting their fee-for-service Medicaid plans into managed care, the majority of which are administered as for-profit plans. Currently 45 states and the District of Columbia have Medicaid managed care plans, involving 23 percent of the Medicaid population nationally. That proportion is accelerating by the month. Somewhat surprisingly, given many providers' past reluctance to accept Medicaid reimbursement rates, competition to run the new Medicaid managed care contracts is fierce.

The new aggressive cost-consciousness of employers and states has spotlighted the underlying structure of medical care in this country, exposing the excess capacity that exists in most metropolitan areas. As a result, doctors and hospitals are engaged in a frenzy of planning, network construction, mergers, and consolidations. Physicians are faced with tough choices, such as whether to sell their practices to corporate networks, to accept greatly discounted fees for their usual services, or to join closed-panel HMOs. Increasingly they must choose between two unhappy alternatives — accepting greatly reduced business (and income) or relocating to less desirable communities. Hospitals are downsizing units — or even closing them — and the closure of a whole hospital is no longer extraordinary.

Consumer Satisfaction with Health Care

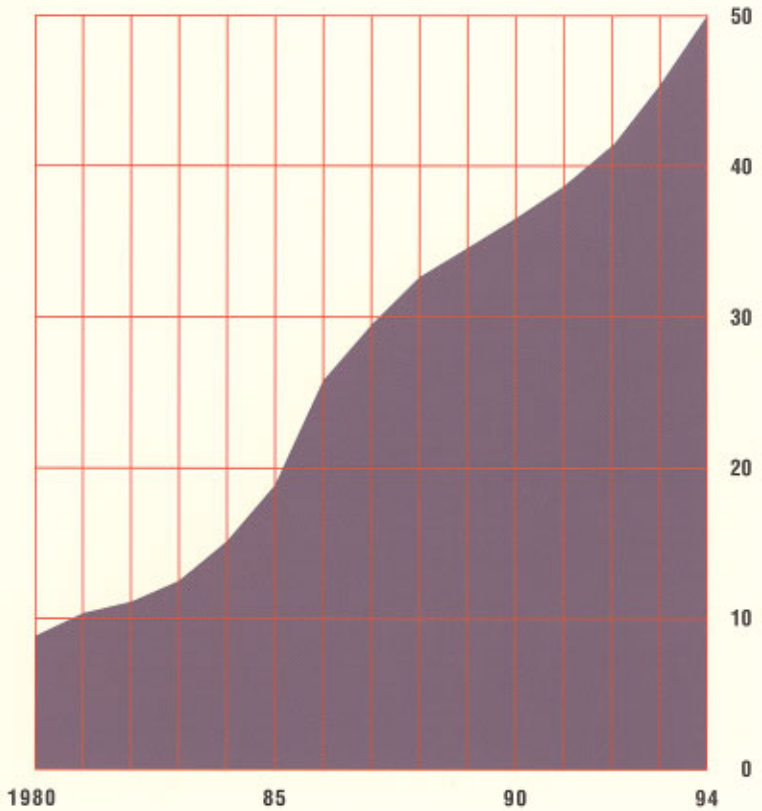
Percent of people who believe that their countries' health care systems need major change



Source: Blendon R, Leitman R, Morrison I, et al. "Satisfaction with Health Systems in Ten Nations." *Health Affairs* 9(2): 185–192, 1990. Exhibit 2, p. 188.

Growth in the Number Of Americans Receiving Their Care in HMOs, 1980-1994

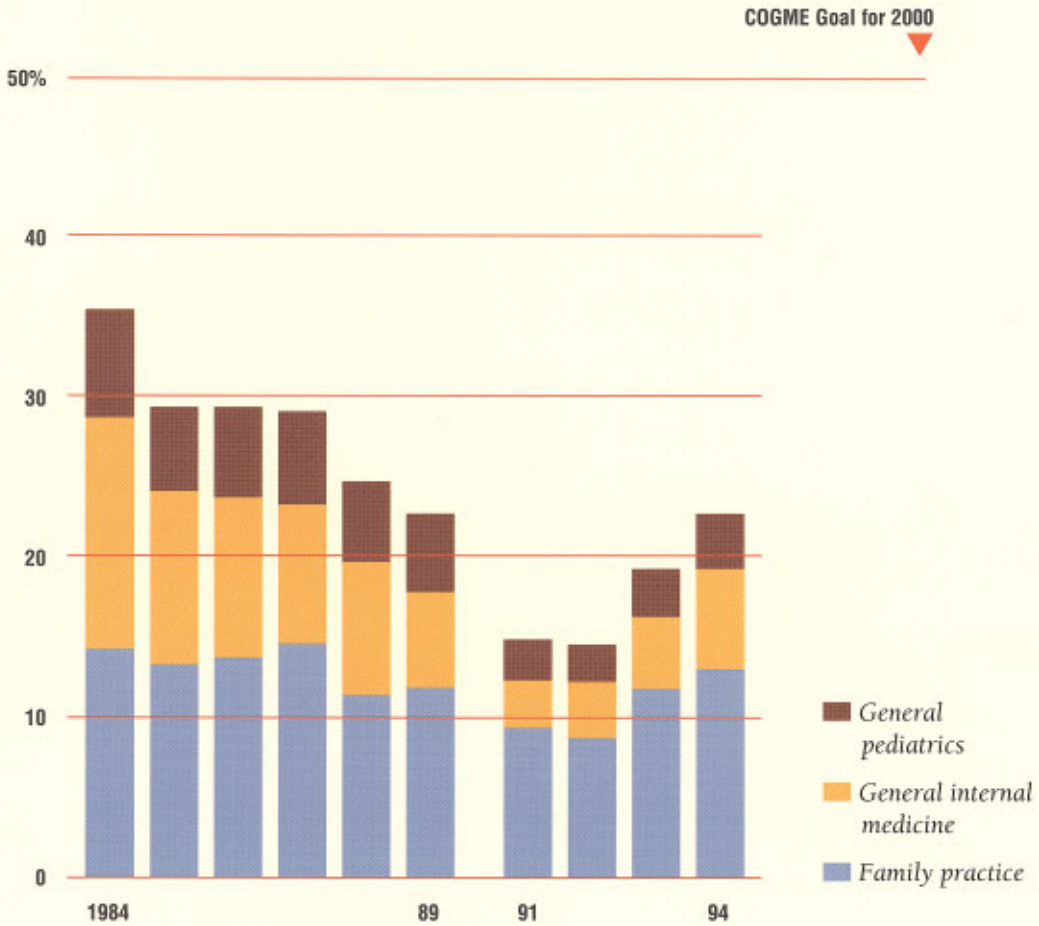
In millions



Note: "Health Maintenance Organizations (HMOs)" include Individual Practice Arrangements (IPAs), networks, group, staff, and mixed-model HMOs.

Source: Group Health Association of America. *Patterns in HMO Enrollment.* Washington, DC: Group Health Association of America, 1994. Table 2, p. 7.

Medical Graduates Choice of Primary Care Specialties, 1984–1994



Note: Survey question regarding specialty choice changed in 1991; 1990 data not available. The Council on Graduate Medical Education (COGME) and many other organizations recommend that, by 2000, at least half of residency graduates should enter practice as generalist physicians.

Source: 1984–1994 Association of American Medical Colleges Medical School Graduation Questionnaire.

Some physicians are counterattacking. In a few areas of the country, notably southern California, physician groups are creating their own managed care networks, in order to gain control of the organization and financing of medical care. This isn't easy. The need for massive amounts of capital to market, acquire, and manage health services favors the capital-laden insurance companies. Many other obstacles also come into play, including antitrust laws, which limit physicians' ability to organize collectively.

In short, the market conditions for physicians are in flux. What will happen to unemployed and underemployed specialists is not clear, nor do we yet know whether graduate medical education will respond to the new market signals by reducing the number of specialty trainees as well as the 6,000 international medical graduates imported annually to fill hospital residency slots.

Clearly many Americans prefer to let market forces — not regulation — control health care costs. In fact, unleashing market forces may be the fastest way to clear some of our excess acute-care capacity.

But even if market forces dominate the health sector, a number of significant challenges will remain. Market forces favor the strong over the weak, the well-capitalized over the underfunded. Particularly vulnerable are the less financially competitive hospitals in the inner cities and in rural areas and our high-cost academic medical centers.

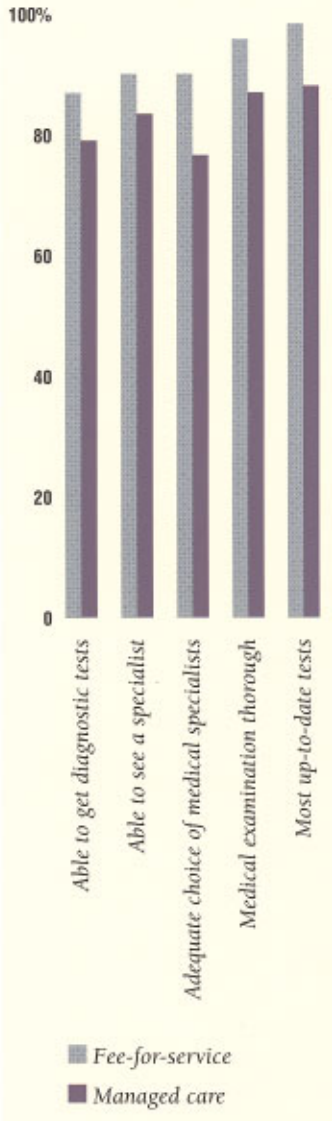
A second challenge concerns the fate of those vital ancillary products, medical education and research. Price competition is unmasking the true costs of these activities. Inevitably they will depend on explicit public subsidies and thus will be exposed to the vagaries of government budgetary processes.

Another characteristic of the market is the unforgiving way it treats people who cannot afford its products. Currently about 40 million Americans do not have health insurance. An additional 33.4 million who cannot afford private coverage are enrolled in Medicaid. In many states, conventional Medicaid plans pay doctors and hospitals so poorly that they do not participate, severely limiting the number of providers an enrollee can choose from. The increasingly popular view that we are overinvested in entitlements may further diminish Medicaid. Finally, some four million illegal entrants to the United States, many of whom perform vital agricultural, manufacturing, service, and domestic functions, are uninsured. In the new competitive world of managed care, no one is stepping forward to pay for the care for all these groups.

A last, very personal concern of mine has to do with the fate of medicine itself. I worry about the relationship between doctors and patients when health care is treated as a market product — an investment commodity — just like any other. I worry when practitioners' success is defined by how well they conform to the profit requirements of their employers and shareholders.

These are some of the challenges that confront my profession and our country, even without health care reform, as market forces are transforming the face of health care in the United States.

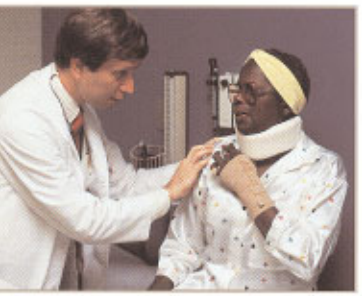
Americans' Experience with Health Care



Source: Unpublished data from Harvard University School of Public Health and Louis Harris Associates survey, 1994, funded by The Robert Wood Johnson Foundation.

The RWJF Response

What will be The Robert Wood Johnson Foundation's response to these fundamental changes? First, we will monitor and assess what is happening in the market and try to understand how those changes will affect the health and health care of the American people. We plan to disseminate this information widely so that the nation as a whole can stay informed about the direction and magnitude of market-driven changes in health care delivery.



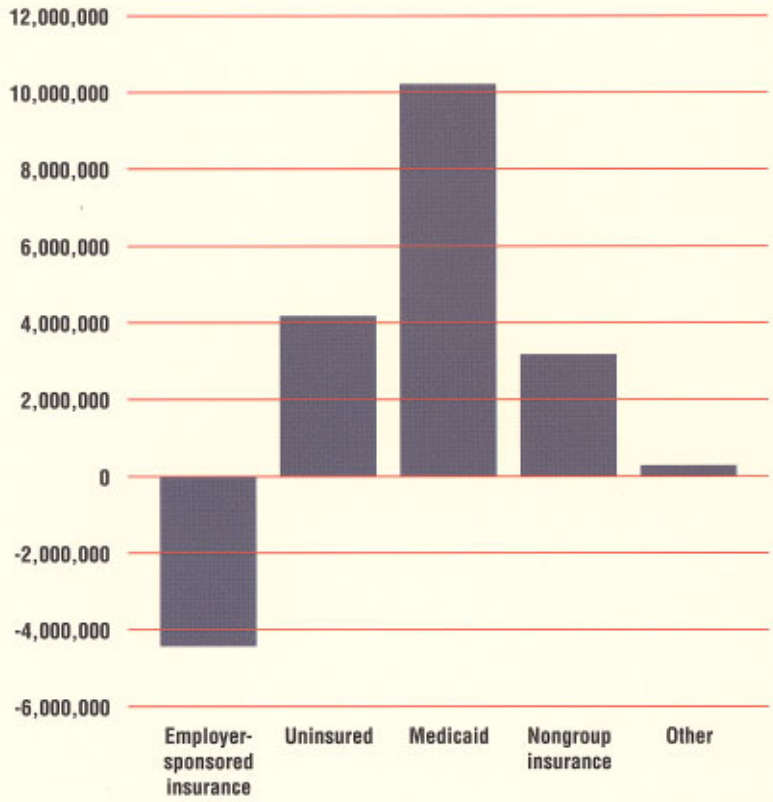
A changing health system will have an impact on each of The Robert Wood Johnson Foundation's four major program areas. For our access goal, we have several programs in the field attempting to reform health services — improve access and reduce costs — at the state level. Projects in these programs are testing a wide variety of approaches. Meanwhile, we also will be watching the effects of growth in managed care: for example, the extent to which Medicaid patients now using public institutions are able to switch to mainstream medical care and whether those who do switch enjoy better access, greater convenience, and better quality care. However, previous experience with enrolling low-income patients in HMOs provides a caution: prepaid plans have incentives to underserve people who are less able to understand and maneuver the health care delivery system. Lower payments to hospitals under managed care eliminate the source of revenue that has allowed private facilities to serve uninsured people and may force more of the uninsured to seek care at public institutions. At the same time, public hospitals and clinics themselves face budgetary constraints; in the current political environment, states can't raise taxes to support them, state and local government budgets are shrinking, and they now are losing paying Medicaid clients to managed care systems. As a result, they may have to institute longer waits for services and offer stripped-down services.

The changing market also is altering employment opportunities for all health professionals. In general, the trend will be to shift care out of expensive hospitals into less costly ambulatory settings, reducing job opportunities for hospital nurses and medical specialists, to cite two examples. In many communities nursing graduates are no longer able to secure hospital nursing jobs, and new physician graduates of residency programs in anesthesiology and pathology face similar difficulties. Again, these are trends worth watching.

Reform's impact on health care costs raises significant questions. Market forces — abetted by the system's excess capacity — undoubtedly will diminish the use of costly hospital services. How much will we save? If, as some analysts believe, providers held back on price increases during the health care reform debate, expect a round of increases that will offset savings. What becomes of the savings? Ideally, perhaps, savings from unnecessary services would stay in the health care sector; while the nation's total health care bill would not decline, we could use these funds to expand services for the uninsured, for example. More likely, at least in for-profit organizations, the savings will be siphoned from health services into shareholder dividends, executive salaries, and other accouterments of multi-billion-dollar businesses. Certainly the profit potential of managed care has attracted Wall Street's eye. One of the fastest-growing East Coast HMOs recently boasted that its "medical-loss" ratio — the amount of premium dollars paid out for medical care — was only 70 percent. Data on private insurers' fiscal operations are proprietary, so the picture is sketchy. Still, the image that is appearing is deeply concerning to those of us who still believe the business of health care is health.

Drop in Health Insurance Through Employers and Increases in Medicaid, Non-group Insurance, and Number of Uninsured Mark 1988–1994

People under age 65

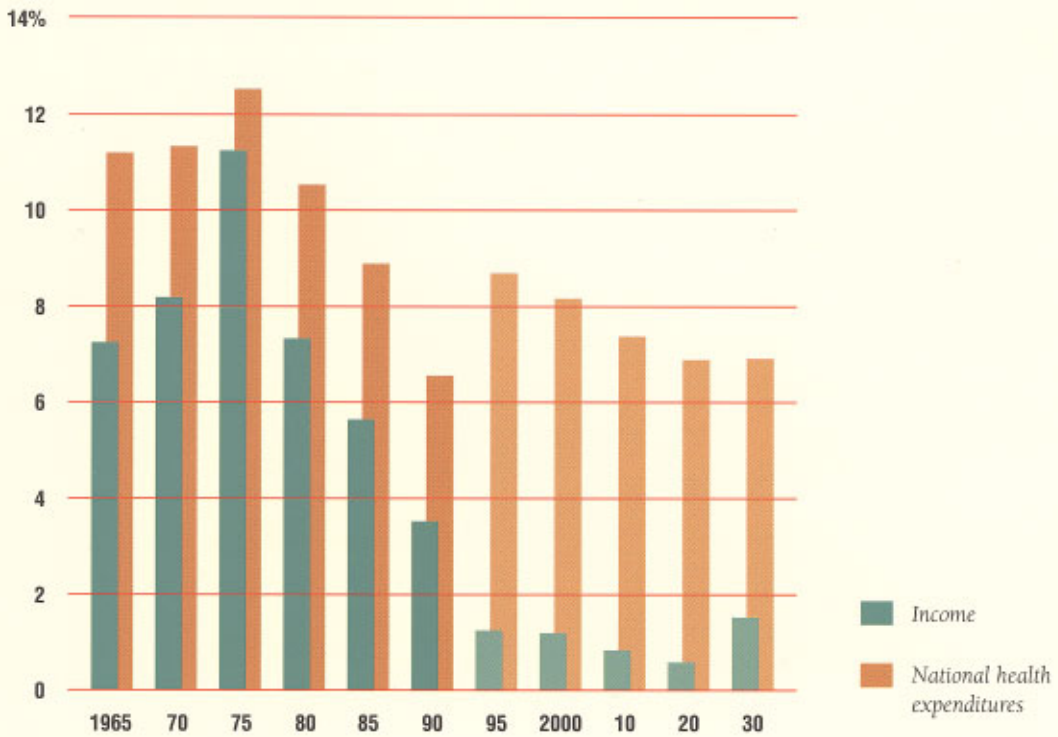


Note: Other includes Medicare coverage for people under 65 and insurance associated with current or past military service. Data for 1994 are estimated based on 1988 and 1992 data.

Source: Holahan J, Winterbottom C, and Rajan S. *The Changing Composition of Health Insurance Coverage in the United States.* Washington, DC: The Urban Institute, January 1995. Table 7. This work was sponsored in part by The Robert Wood Johnson Foundation.

U.S. Health Costs Expected To Rise Faster than Income

Actual and projected annual growth rate, per capita



Source: Income data: US Department of Commerce, Bureau of Economic Analysis. *BEA Regional Projections to 2040, Vol. 1: States.* Washington, DC: US Government Printing Office, 1990. p. 4; and US Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States.* Selected years.
National health expenditures data: Burner ST, Waldo DR, McKusick DR. "National Health Expenditures Projections Through 2030." *Health Care Financing Review* 14(1): 1–30, 1992. Table 7, p. 14; and US Department of Commerce, Bureau of the Census. *Statistical Abstract of the United States.* Selected years.

With respect to the Foundation's chronic care goal, systems of managed care could improve services for people with chronic illnesses. Such plans typically attempt to prevent and postpone complications and costly hospitalizations and to take advantage of their fiscal flexibility to integrate the diversity of services needed. The risk is that subtle rationing could limit access to costly treatment, such as hip replacement surgery, that could improve people's ability to be up and about. The tendency of managed care contracts to handle differently — or "carve out" — care for chronic conditions like mental illness, AIDS, and drug addiction highlights the need for accountability. Of course, the most lucrative way for managed care organizations to control costs among people with chronic illnesses is to avoid enrolling them in the first place. Hence, the technical issues of adverse selection, risk adjustment, and outcomes measurement have increasing importance, and the Foundation is supporting a number of projects to improve our understanding of these issues.

The connection between our substance abuse goal area and health care reform is more subtle, but at least two real links exist. First, to the degree that cost-effective prevention strategies can be identified, they could become a part of a basic benefits package or managed care clinical services. Lack of reimbursement has made these services not feasible in traditional fee-for-service medicine. Second, the extent to which managed care systems integrate, separate, or exempt substance abuse treatment services will dramatically change the shape of the clinical approach to addiction.

Conclusion

There is, of course, no absolutely right amount for any nation to spend on health care. Indeed, many Americans, while not wanting to spend more themselves, paradoxically believe the United States spends not too much but too little. The problem is that the country's current rising expenditures, combined with our aversion to raising taxes or increasing the federal budget deficit, leave no room to solve two major problems: the lack of coverage for a large number of Americans and the fragility of coverage among the majority whose health insurance is linked to employment. Slowing medical inflation could generate new resources to expand and secure health insurance. Alternatively, if funds saved do not stay in the health care sector, the gap between the more and less fortunate could widen, exposing the implicit rationing of medical care that already exists. Because the demand for medical care surely will exceed the national willingness to pay for it, the challenge of health care cost containment is likely to endure for as long as there are patients needing care, institutions in place to offer services, and the trained professionals to provide them.

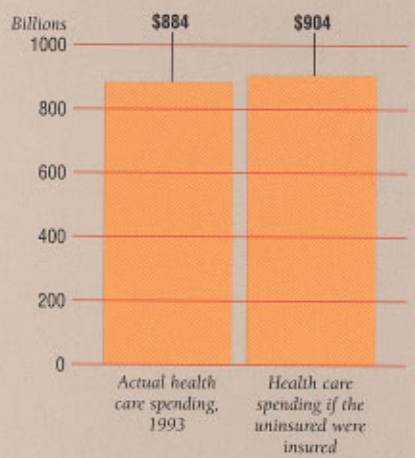
Steven A. Schroeder, MD
President

To Assure That Americans of All Ages Have Access to Basic Health Care

In 1994, we saw a historic national debate over health care reform. The debate was stimulated in large part by the poignant fact that millions of Americans lack access to basic health care. No legislation passed Congress, and millions of people remained without timely, affordable access to care.

Many people think the lack of access to basic health care has only one cause: no health insurance. Indeed, in 1994, the U.S. Census Bureau announced that nearly 40 million Americans — one out of every seven of us — are without health coverage and the financial protection it affords. But there are other, equally formidable barriers to care. The Foundation's work also addresses sociocultural barriers, organizational barriers, and barriers related to the supply and distribution of health services and providers.

What Would It Cost to Cover the Uninsured?



Source: RWJF calculations of: Long SH and Marquis MS. "The Uninsured 'Access Gap' and the Cost of Universal Coverage." *Health Affairs* 13(2): 211–220, 1994; and Levit KR *et al.* "National Health Expenditures, 1993." *Health Care Financing Review* 16(1): 247–294, 1994. Table 11, p. 280.

Sociocultural barriers are some of the most subtle and difficult. Such barriers are essentially misunderstandings, but they go beyond language differences to the fundamental differences between patients and providers with respect to their values, knowledge, expectations, and intentions. Given the growing diversity of our population, the likelihood of deep misunderstandings only increases.

In 1994, 11 implementation grants started under Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care, a program co-funded with the Henry J. Kaiser Family Foundation. These grantees focus on problems in obtaining maternal, child, and reproductive services. Their programs include projects that are developing interpreter services, providing training for health professionals on cultural issues, and helping consumers understand how the health care system works. They were chosen from more than 800 applicants; 700 applications were submitted for a second round of funding.

An activity that addresses both sociocultural barriers and supply and distribution barriers — the Minority Medical Education Program — was reauthorized for four years. Designed to interest talented minority college students in medicine as a career, the program has had measurable success, nearly doubling the odds of medical school acceptance for participants.

However, if we want to increase the pool of promising minority students, we need to start earlier in the educational pipeline. One such effort to be supported by the Foundation is Project 3000 by 2000: Health Professions Partnership Initiative, an activity of the Association of American Medical Colleges. Under this program, health professions schools develop partnerships with local schools and colleges to enhance students' academic preparation for careers in the health sciences.

Numerous Foundation efforts aim to strengthen the primary care workforce. One such program provides support to generalist physicians who devote time to research and special teaching/role modeling opportunities. This program, the Generalist Physician Faculty Scholars Program, was reauthorized for four more years in 1994.

Focusing further on supply and distribution barriers, the Foundation continued its efforts to increase the supply and enhance training for health professionals by launching two new programs. Research has shown that people who live in underserved areas are more likely to establish practices in those same communities. Partnerships for Training: Regional Education

Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants is designed to support the development of innovative distance-learning technologies that allow people from underserved communities to remain in them while receiving the education and clinical skills training needed to practice. Enhancing the Capacity of the Nursing Workforce to Adapt to Changes in the Health Care System will be a three-year program for nursing education programs in a defined region to design a continuum of education opportunities (from associate through graduate degrees) that will prepare nurses to work in a full range of patient care settings and serve in a wider variety of clinical and administrative roles. Both of these programs are expected to help nurses adapt to the rapidly changing health care marketplace and its need for more primary and chronic care workers.

The Foundation also funded a new initiative to aid rural communities whose health care delivery systems are challenged by the aggressive, market-driven changes under way in health care. The effort is a partnership with the federal Health Care Financing Administration (HCFA), which is encouraging the formation of rural health networks in six states. The networks will involve area organizations in offering a continuum of health care to a defined rural population.

The Foundation is also working with practicing physicians. Reach Out: Physicians' Initiative to Expand Care to Underserved Americans awarded 22 implementation grants to physician-led projects across the country. The grantees include a group of physicians in Oakland, California, who volunteer their time to do ambulatory surgery and The Jefferson County Medical Society Outreach Program in Kentucky, which will create "Access for All," a project to increase private physician participation in caring for the homeless, hungry, and addicted. A second round of Reach Out grants will be made in Summer 1995.

Access to basic health care will remain a problem for many Americans in 1995. As the Foundation continues to use its resources to improve access to care for all Americans, new efforts may address issues of urban health and access in the rapidly changing health care marketplace.

To Improve the Way Services are Organized and Provided to People with Chronic Health Conditions

Over 90 million Americans live with chronic illnesses. In 1990, the direct costs of their medical care ran upwards of $425 billion — 61 percent of the nation's health care expenditures for the year. The total cost of chronic illness — which must include the lost productivity resulting from illness, premature death, and disability — reached perhaps $655 billion. The true extent of these costs and questions of who should pay them, are critical issues that will only increase in importance as the average age of the population increases and chronic illness rates expand.

One in four Americans takes care of someone with a chronic illness, and almost everyone knows someone who is living with diabetes, arthritis, emphysema, cancer, heart disease, chronic mental illness, AIDS, or a physical disability. People with chronic illnesses — and the friends and family who care for them — face tremendous challenges. Piecing together and coordinating the various needed services is a daunting task. Though their chronic conditions are diverse, people encounter similar experiences when they try to obtain health services.

The changing health care system offers both tremendous potential and possible risk for people living with chronic conditions. As more integrated systems of care are formed, the infrastructure for delivery of services to the chronically ill may improve, services may be more appropriate, and service delivery may become more coordinated. Or, managed care systems may underserve or even avoid enrolling people with chronic conditions, in order to keep costs down

and remain competitive. These issues led the Foundation, in 1994, to pursue a five-part strategy within its chronic care grantmaking, focusing on research, policy analysis, communications, model development, and training of health professionals.

In the research arena, the Foundation sponsored the collection and analysis of data. Specifically,

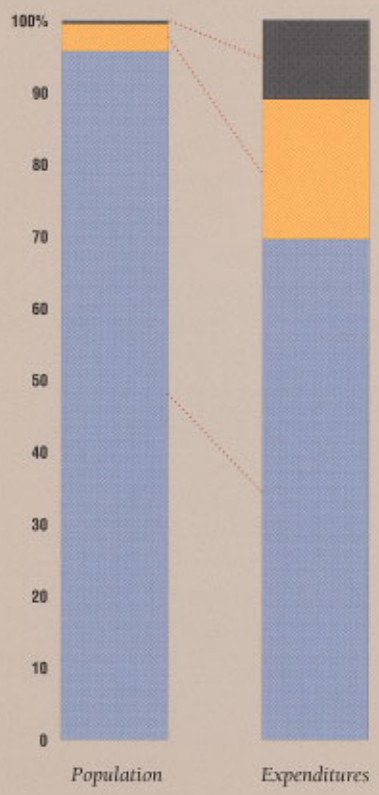
- a national survey is under way examining the characteristics and experiences of Americans with disabilities
- results are coming in from an intensive study of a medium-sized U.S. city that maps the existing chronic care service system, assesses the demand for various services, and describes the actual experience of a group of chronically ill people within the system
- work began on a chartbook on chronic illness (to be published in 1995) that will contain the latest statistics and trends.

A key hurdle facing chronic care reform is the existence of service systems that have been developed one disease, one population group, or one funding stream at a time. As various health care reform proposals were being debated, the Foundation sponsored both policy analysis and convening of interest groups concerned with different chronic illnesses, in order to discuss ways of melding their concerns and incorporating them into reform discussions.

Within the area of communications, the Foundation used data from its research and policy discussions to increase public awareness of challenges faced by chronically ill people and the problems they encounter within the chronic care service system.

The Foundation also sought to replicate successful models for the organization, financing, and delivery of services. Specifically, in 1994, we continued our replication of the Mental Health Services Program for Youth, which attempts to integrate services involving a broad spectrum of social agencies — health, mental health, welfare, education, juvenile justice, and others. The Foundation continued to implement and evaluate its State Initiatives in Long-Term Care programs.

What Do Serious Chronic Conditions Cost?



Note: Estimates of people's level of functioning are based on two sets of activities: activities of daily living (ADLs) are those essential for self-care; instrumental activities of daily living (IADLs) assess the ability to perform household and social tasks. People with ADLs and/or IADLs are a small part of the population with chronic illnesses. Data for 1987.

Source: RWJF calculations of data from the National Medical Expenditure Survey, 1987; and Cohen SB, Carlson BC, and Potter DEB. "Health Care Expenditures in the Last Six Months of Life." Report to the Senate Committee on Labor and Human Resources and to the House of Representatives Committee on Energy and Commerce, 1994.

The Foundation anticipates making grants to six new sites in its second round of funding within the Building Health Systems for People with Chronic Illnesses program, designed to find better ways to organize, finance, and integrate services for people with chronic conditions. Within the Chronic Care Initiatives in HMOs program, the Foundation funded seven projects attempting more comprehensive managed care systems for the full range of patients with chronic illnesses. We also continued efforts to foster systems for chronically ill elderly people living in rural areas, through the Coming Home program.

In the area of training health professionals serving chronically ill people, we are developing plans for a new program to improve clinical practice and have supported pilot work for a new clinical case series to be published in a major clinical journal.

In summary, the Foundation has sought in the past year to expand the successes of previous initiatives and to introduce chronic care issues into the marketplace of reform ideas in both the public and private sectors.

To Promote Health and Prevent Disease by Reducing Harm Caused by Substance Abuse

Substance abuse is responsible for more than half a million deaths each year in the United States. This tremendous loss of life is particularly tragic because it is unnecessary. Deaths caused by tobacco, alcohol, and illicit drugs are preventable. And the harm caused by substance abuse extends beyond lost lives. Substance abuse destroys families, hurts businesses, cripples neighborhoods, and has nearly incapacitated our social service and criminal justice systems.

The Foundation continued its attempts to reduce the harm caused by substance abuse during 1994. As in previous years, our efforts 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
- reducing demand through community initiatives.

The importance of communicating substance abuse as the nation's number one health problem was brought home during 1994. Government data showed that the remarkable decline in illicit drug use by Americans — under way since the mid-1980s — came to a halt in 1993. Worse, illicit drug use has increased among secondary school students. This increase corresponded with a decrease in students' negative attitudes about illicit drugs.

The Foundation renewed its support of the Partnership for a Drug-Free America's media campaign to reduce demand for illegal drugs. The campaign continues to reinforce messages aimed at denormalizing drug use, particularly among adolescents.

In the tobacco area, we made grants under two previously authorized programs. Eight new projects received funding under the Tobacco Policy Research and Evaluation Program, bringing the current number of grantees to 19. The projects identify, analyze, and evaluate

What Does Substance Abuse Cost?

Note: Other/Related conditions: costs of crime, motor vehicle crashes, incarceration, AIDS attributable to drug abuse, Fetal Alcohol Syndrome. Data for 1990.

Source: Institute for Health Policy, Brandeis University. *Substance Abuse: The Nation's Number One Health Problem — Key Indicators for Policy.* Princeton, NJ: The Robert Wood Johnson Foundation, 1993. Chart 4, p. 16.
Smoking: Unpublished data from Dorothy P. Rice. Institute for Health Policy and Aging, University of California at San Francisco, CA.

public- and private-sector policies aimed at reducing tobacco use. Nineteen states received awards under SmokeLess States: Statewide Tobacco Prevention and Control Initiatives, a program designed to help statewide coalitions develop comprehensive tobacco reduction strategies, especially to stop use by children and youth. To help each of the SmokeLess States grantees develop and implement their strategies, household telephone surveys on a variety of tobacco policy issues will be conducted by Mathematica Policy Research, Inc.

A new program was authorized in the prevention and early intervention area. The Substance Abuse Policy Research Program will enable investigators to conduct policy research in four areas: tobacco, alcohol, illegal drugs, and multiple substances. It is intended to increase understanding of the range, impact, and consequences of public and private policies for reducing the harm caused by substance abuse.

Through a grant to the Family Resource Coalition, a technical assistance center will be established to help up to 10 states form statewide networks of local family support service programs. These programs will help families help their children through training in childrearing, home visiting, infant and toddler day care centers, and other means. Research has shown that family support services result in significant reductions in high-risk behavior in late childhood and early adolescence. Projects under the Foundation's Free to Grow: Head Start Partnerships to Promote Substance-Free Communities program also embody the family support concept. To date, six local Head Start sites have been funded to develop models to strengthen the family and neighborhood environments for high-risk preschool children.

A project also was funded to disseminate findings from a Foundation-supported Harvard University School of Public Health national study of college students' drinking practices. The study documented how widespread college binge drinking is among undergraduates and the variety of problems it causes, not only for binge drinkers but for others as well. The findings are being released through professional journals, visits to colleges and universities, special publications, and other avenues.

The Foundation's work in the community initiatives area continued to focus on implementation of major programs. Second-phase implementation grants were awarded under the Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol program. This effort seeks to demonstrate that, by consolidating resources and creating a single community-wide system of prevention, early identification, treatment, and aftercare, communities can reduce the demand for and use of illegal drugs and alcohol. Fifteen grants began for another community-focused program, Healthy Nations: Reducing Substance Abuse Among Native Americans. This program supports efforts to integrate public awareness campaigns, prevention programs, and services for treatment, aftercare, and support. Projects are encouraged to incorporate traditional cultural values. New community initiatives also began in 1994. The One Church-One Addict program expands the traditional role of the church in providing assistance to people in need by creating volunteer congregation support teams for individuals recovering from substance abuse. The National Drugs Don't Work Partnership will provide technical assistance and seed money for comprehensive substance abuse workplace programs in 10 sites.

Plans for 1995 include continued public education efforts in the tobacco area, a program to reduce college binge drinking, and program development in two areas: environmental approaches to reducing alcohol abuse and substance abuse in the criminal justice system.

Public Education and Health Care Reform

As the 1993–94 health care reform debate began to escalate, the Foundation saw a need to help the public policy community, the media, and the American public better understand the issues surrounding rising health care costs and access to care. During this period, the Foundation built on its long-standing tradition of educational and informational activities by supporting seminars, symposia, informational briefings, and various other educational activities with the single objective: to increase public understanding of the issues and the proposed solutions, in order to lay the basis for sound judgment and responsible action.

Activities for the public policy community included support and contracts to:

- the Columbia Institute for 12 bipartisan town hall meetings for members of Congress and the public on health care reform issues
- the Congressional Research Service for educational seminars for members of Congress on health care reform
- Princeton University for a conference on the social, fiscal, and political implications of using employer mandates to achieve managed care and for a critique of the Clinton Administration's health plan. Papers from both meetings were published as special editions of *Health Affairs*
- the Alpha Center, under the Health Care Financing and Organization Initiative for a meeting discussing the incentives for risk selection by insurance companies under reform and for a meeting discussing integrated service networks in managed care systems.

Activities for the media included support to:

- University of Pennsylvania, The Annenberg School for Communication to monitor the role of media in the national health care reform debate
- the Radio and Television News Directors Foundation for a series of satellite-delivered workshops on how to improve local coverage of health care reform
- the Society for Professional Journalists for a series of workshops to enhance the reporting of health care reform issues
- the American Political Network to conduct a press briefing for Capitol Hill journalists on how health care reform would be handled by Congress.

Public education activities included grants and contracts for:

- "What's Ailing Medicine" — an hour-long television documentary hosted by Walter Cronkite and aired over the Public Broadcasting System that analyzed strengths and weaknesses of the current health care system
- an hour-long PBS television special, "The Great Health Care Debate," hosted by Bill Moyers that analyzed the role of media in the health care reform debate
- "To Your Health," a two-hour NBC News television special that examined then current issues of health care reform
- a campaign by Rock the Vote Education Fund that discussed health reform in terms of the concerns of young people ages 17 to 24, such as substance abuse, pregnancy, and mental illness
- the Committee for a Responsible Federal Budget for citizen-education seminars on the economic and budgetary aspects of health care reform
- "Critical Choice," an augmented reporting and outreach program by National Public Radio to enable local public radio affiliates to conduct special events — town forums, community call-in programs, and so on — around health care reform.

1994 Activities

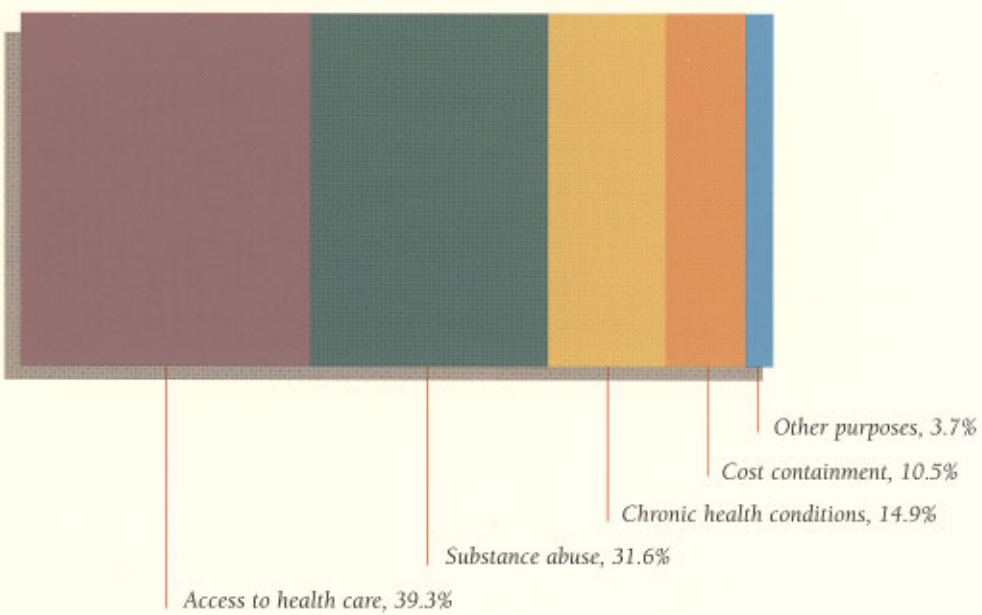
Statistical Analysis

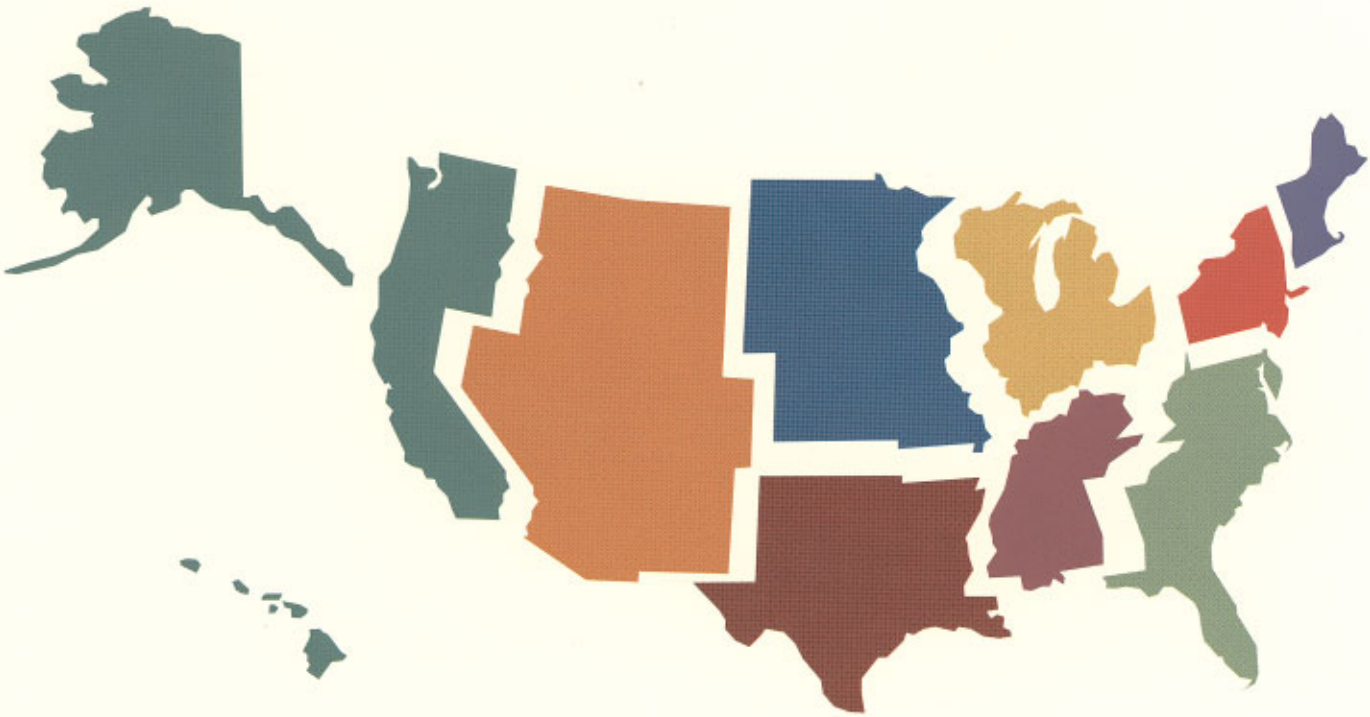
During 1994, the Foundation made 481 grants totaling $180.51 million in support of programs and projects to improve health care in the United States. These grant funds, viewed in terms of the Foundation's principal objectives, were distributed as follows:

- $71.02 million for programs that assure that Americans of all ages have access to basic health care
- $56.96 million for programs that promote health and prevent disease by reducing harm caused by substance abuse
- $26.86 million for programs that improve the way services are organized and provided to people with chronic health conditions
- $18.94 million for programs that help the nation address the problem of escalating medical care expenditures, and
- $ 6.73 million for a variety of other purposes, principally in the New Brunswick, New Jersey area where the Foundation originated.

The distribution of funds for 1994 by areas of interest is charted below. The geographic distribution of 1994 funds is diagrammed on the opposite page. Since becoming a national philanthropy in 1972, our appropriations have totaled $1.74 billion.

Distribution of 1994 funds by areas of interest
($180.51 million)





1994 appropriations by geographical region
($180.51 million)

U.S. population	*Region*	*RWJF funds*
16%	Pacific	*11.8%*
5%	Mountain	*6.8%*
11%	West-South-Central	*4.6%*
7%	West-North-Central	*4.2%*
17%	East-North-Central	*9.1%*
6%	East-South-Central	*3.0%*
5%	New England	*11.1%*
15%	Middle Atlantic	*28.7%*
18%	South Atlantic	*20.7%*

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

1994 Grants

This section is a listing of the 481 grants made in 1994. They are grouped according to the Foundation's goal that they address — access grants, chronic health conditions grants, cost containment grants, and substance abuse grants. Those addressing more than one goal are included under cross-cutting grants (with the goal areas specified within each entry). Projects addressing purposes outside the Foundation's goal areas are included under other grants.

In addition to the 481 grants made in 1994, the Foundation continued to make payments on and monitor 1,099 grants awarded in prior years. Together these two groups comprise the Foundation's active grants. A complete list of these grants is available on a 3.5 inch, high-density, IBM-compatible computer diskette. Address requests to:

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

Electronic mail requests can be sent via the Internet to:

publications@rwjf.org

ACCESS

University of Alaska, Fairbanks
Fairbanks, AK
$399,905
Program to strengthen training of Alaska's rural village health aides (for 3 years). ID#022879

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).

The Task Force for Child Survival and Development
Atlanta, GA
$395,117
Technical assistance and direction for All Kids Count: Establishing Immunization Monitoring and Follow-up Systems (for 1 year). ID#022194

University of North Carolina at Chapel Hill
Chapel Hill, NC
$11,770
Dissemination of the All Kids Count Program Interim Evaluation findings (for 1 year). ID#024521

Alpha Center for Health Planning, Inc.
Washington, DC
$196,033
Technical assistance center for rural hospital models (for 1 year). ID#022539

American Association for the Advancement of Science
Washington, DC
$49,712
Monitoring access to basic health care in the United States (for 1 year). ID#023263

American Association of Colleges of Nursing
Washington, DC
$44,830
Task force on differentiated competencies for nursing practice (for 9 months). ID#023629

American Medical Association
Chicago, IL
$100,000
National survey of resident physician career opportunities (for 6 months). ID#024470

The Aspen Institute, Inc.
Queenstown, MD
$140,000
Roundtable on initiatives for children, families, and communities (for 2 years). ID#023674

Capital Area United Way, Inc.
Lansing, MI
$48,521
Planning a community-wide service program for multi-problem families (for 1 year). ID#023969

The Center for Health Policy Development
Portland, ME
$20,000
Second National Primary Care Conference (for 7 months). ID#023725

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

Dunn Memorial Hospital
Bedford, IN
$100,000
(3 years)

Esperanza Health Center Inc.
Philadelphia, PA
$100,000
(3 years)

Community Information Exchange
Washington, DC
$44,977
Analysis of community development organization efforts to expand health services (for 1 year). ID#024443

Contra Costa County Department of Health Services
Martinez, CA
$218,501
Development of a family health maintenance organization (for 1 year). ID#023705

The Council of State Governments
Washington, DC
$152,589
Education of Southern policymakers about the use of nurse practitioners, certified nurse-midwives, and physician assistants (for 2 years). ID#024365

Emory University, School of Medicine
Atlanta, GA
$129,226
Effects of illiteracy on patient-provider interactions (for 4 months). ID#021118

Freedom From Hunger
Davis, CA
$460,628
Development of a community health advisor program in two Southern states (for 2 years). ID#023760

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).

University of Alabama at Birmingham, School of Medicine
Birmingham, AL
$239,647
(4 years)

Brigham and Women's Hospital, Inc.
Boston, MA
$239,999
(4 years)

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

Case Western Reserve University, School of Medicine
Cleveland, OH
$240,000
(4 years)

University of Connecticut, School of Medicine
Farmington, CT
$239,963
(4 years)

University of Missouri — Columbia, School of Medicine
Columbia, MO
$239,327
(4 years)

New York University Medical Center
New York, NY
$239,976
(4 years)

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

University of Rochester, School of Medicine and Dentistry
Rochester, NY
$240,000
(4 years)

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$240,000
(4 years)

University of Virginia, School of Medicine
Charlottesville, VA
$240,000
(4 years)

Wake Forest University, The Bowman Gray School of Medicine
Winston-Salem, NC
$239,999
(4 years)

University of Washington, School of Medicine
Seattle, WA
$238,505
(4 years)

University of Wisconsin — Madison Medical School
Madison, WI
$239,988
(4 years)

Yale University, School of Medicine
New Haven, CT
$240,000
(4 years)

Georgetown University, School of Medicine
Washington, DC
$356,510
Technical assistance and direction for the Generalist Physician Faculty Scholars Program (for 1 year).
ID#022939

The Generalist Physician Initiative
Program aimed at increasing the supply of generalist physicians (for the periods indicated).

Boston University, School of Medicine
Boston, MA
$1,285,364
(3 years)

Case Western Reserve University, School of Medicine
Cleveland, OH
$1,430,553
(3 years)

Dartmouth Medical School
Hanover, NH
$1,350,042
(3 years)

East Carolina University, School of Medicine
Greenville, NC
$1,349,984
(3 years)

Medical College of Georgia, School of Medicine
Augusta, GA
$1,500,000
(3 years)

Hahnemann University, School of Medicine
Philadelphia, PA
$456,169
(1 year)

University of Massachusetts Medical Center
Worcester, MA
$1,500,000
(3 years)

University of Nevada, School of Medicine
Reno, NV
$749,931
(3 years)

The University of New Mexico, School of Medicine
Albuquerque, NM
$600,000
(3 years)

New York Medical College
Valhalla, NY
$1,553,245
(3 years)

The Pennsylvania State University, College of Medicine
Hershey, PA
$750,000
(3 years)

The University of Texas Medical Branch at Galveston
Galveston, TX
$1,494,850
(3 years)

UB Foundation Services, Inc.
Buffalo, NY
$598,334
(3 years)

University of Virginia, School of Medicine
Charlottesville, VA
$2,394,003
(3 years)

University of Missouri — Columbia, School of Medicine
Columbia, MO
$399,479
Technical assistance and direction for The Generalist Physician Initiative (for 1 year). ID#023437

George Mason University, College of Nursing and Health Science
Fairfax, VA
$49,763
Support for initial programming at the Center for Child and Family Welfare (for 16 months). ID#024190

Group Health Foundation
Washington, DC
$12,561
Proceedings of a symposium on medical school – HMO educational collaboration (for 5 months). ID#024003

Harvard Medical School
Boston, MA
$199,986
Research on U.S. culture, ethnicity, and health care (for 2 years). ID#022031

Healthy Futures
Four-year initiative to support new efforts in southern states to coordinate and improve maternal, perinatal, and infant care services (for the periods indicated).

University of North Carolina at Chapel Hill, School of Public Health
Chapel Hill, NC
$24,658
Dissemination of findings from the evaluation of the Healthy Futures program (for 6 months). ID#024617

Helping Hands Simian Aides for the Disabled, Inc.
Boston, MA
$163,883
Medical interpreting services using video conferencing (for 2 years). ID#024070

Interfaith Conference of Metropolitan Washington, Inc.
Washington, DC
$50,000
Study of community placement of services for people with chronic health conditions (for 1 year). ID#024734

Jersey Battered Women's Service
Morris Plains, NJ
$43,800
Medical care in a battered women's service program (for 1 year). ID#024855

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

Hospital Research and Educational Trust
Chicago, IL
$286,566
Technical assistance and direction for the Ladders In Nursing Careers (LINC) Program (for 1 year). ID#020709

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).

The George Washington University Medical Center
Washington, DC
$495,278
Technical assistance and direction for Making the Grade: State and Local Partnerships to Establish School-Based Health Centers (for 1 year). ID#023540

Massachusetts Health Research Institute, Inc.
Boston, MA
$64,965
Planning for two-way information channels on access to health care (for 6 months). ID#024297

Meharry Medical College
Nashville, TN
$1,000,000
Enhancement of clinical training sites and strategic planning (for 1.5 years). ID#022754

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

Baylor College of Medicine
Houston, TX
$999,712
(4 years)

Case Western Reserve University, School of Medicine
Cleveland, OH
$999,968
(4 years)

University of Virginia, School of Medicine
Charlottesville, VA
$1,000,000
(4 years)

University of Washington, School of Medicine
Seattle, WA
$1,000,000
(4 years)

Association of American Medical Colleges
Washington, DC
$444,638
Technical assistance and direction for the Minority Medical Education Program (for 1 year). ID#022941

Minority Medical Faculty Development Program
Program to provide four-year postdoctoral fellowships for minority physicians interested in academic careers in biomedical research, clinical investigation, and health services research (for the periods indicated).

University of Alabama at Birmingham, School of Medicine
Birmingham, AL
$305,000
(2 years)

Baylor College of Medicine
Houston, TX
$163,006
(2 years)

Beth Israel Hospital Association
Boston, MA
$163,006
(2 years)

BWH Anesthesia Foundation, Inc.
Boston, MA
$163,006
(2 years)

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$1,099,018
(2.5 years)

University of California, San Diego, School of Medicine
La Jolla, CA
$152,500
(2 years)

University of California, San Francisco, School of Medicine
San Francisco, CA
$467,954
(2.5 years)

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

Children's Hospital Medical Center
Cincinnati, OH
$46,233
(6 months)

Children's Hospital of Philadelphia
Philadelphia, PA
$163,006
(2 years)

Emory University, School of Medicine
Atlanta, GA
$152,500
(2 years)

The General Hospital Corporation — Massachusetts General Hospital
Boston, MA
$163,006
(2 years)

Harvard Medical School
Boston, MA
$163,006
(23 months)

Indiana University, School of Medicine
Indianapolis, IN
$163,006
(2 years)

The Johns Hopkins University, School of Medicine
Baltimore, MD
$315,506
(2.5 years)

Louisiana State University Medical Center
New Orleans, LA
$163,006
(2 years)

University of Michigan Medical Center
Ann Arbor, MI
$152,500
(2 years)

Oregon Health Sciences University, School of Medicine
Portland, OR
$152,500
(2 years)

University of Pennsylvania, School of Medicine
Philadelphia, PA
$163,006
(2 years)

Stanford University, School of Medicine
Stanford, CA
$305,000
(2.5 years)

Vanderbilt University, School of Medicine
Nashville, TN
$152,246
(2 years)

University of Virginia, School of Medicine
Charlottesville, VA
$152,500
(2 years)

University of Oklahoma, College of Public Health
Oklahoma City, OK
$442,360
Technical assistance and direction for the Minority Medical Faculty Development Program (for 1 year). ID#022652

National Academy of Sciences — Institute of Medicine
Washington, DC
$350,000
Developing a public health performance monitoring system (for 2 years). ID#024336
AND
$300,000
Planning for an effective primary care system (for 2 years). ID#022795
AND
$39,980
Study of health services research training and workforce issues (for 5 months). ID#024791

National Public Health and Hospital Institute
Washington, DC
$249,246
Analyses of health and sociodemographic factors in urban areas (for 1 year). ID#022724

Nursing Services Manpower Development Program
Initiative to stimulate and test new approaches in attracting individuals into the field of nursing services and fostering growth for those already in the field (for the periods indicated).

University of Illinois, College of Nursing at Chicago
Chicago, IL
$394,598
(4 years)

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).

Greater Southeast Community Hospital Foundation, Inc.
Washington, DC
$656,288
Expanded technical assistance and direction for Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care (for 1 year). ID#022193

University of Maryland at College Park, College of Health and Human Resources
College Park, MD
$276,544
Evaluation of Opening Doors: A Program to Reduce Sociocultural Barriers to Health Care (for 25 months). ID#024111

Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants
Supports innovative regional education models designed to address shortages of primary care practitioners in medically underserved areas (for the periods indicated).

Association of Academic Health Centers, Inc.
Washington, DC
$361,172
Technical assistance and direction for Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants (for 1 year). ID#023646

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).

Health Research, Inc.
Albany, NY
$1,097,153
(3 years)

University of Kentucky, Research Foundation
Lexington, KY
$760,000
(3 years)

Minnesota Department of Health
Minneapolis, MN
$777,245
(3 years)

Mountain States Group, Inc.
Boise, ID
$894,977
(3 years)

State of Nebraska, Department of Health
Lincoln, NE
$801,055
(3 years)

State of New Hampshire, Department of Health and Human Services
Concord, NH
$650,000
(3 years)

State of New Mexico, Department of Health
Santa Fe, NM
$810,152
(3 years)

Commonwealth of Pennsylvania, Department of Health
Harrisburg, PA
$874,505
(3 years)

South Dakota Department of Health
Pierre, SD
$484,625
(3 years)

Commonwealth of Virginia, Joint Commission on Health Care
Richmond, VA
$798,000
(3 years)

North Carolina Foundation for Alternative Health Programs, Inc.
Raleigh, NC
$495,752
Technical assistance and direction for Practice Sights: State Primary Care Development Strategies (for 1 year). ID#022412

Puerto Rico Community Foundation, Inc.
Hato Rey, PR
$50,000
Comprehensive service model for high-risk adolescents in Puerto Rico (for 3 months). ID#019321

Reach Out: Physicians' Initiative to Expand Care to Underserved Americans
Supports development and implementation by private physicians of innovative models to expand their role in caring for the medically underserved (for the periods indicated).

The Academy of Medicine of Toledo and Lucas County
Toledo, OH
$99,930
(1 year)

Ambulatory Surgery Access Coalition
Oakland, CA
$81,885
(1 year)

Blue Hill Memorial Hospital, Inc.
Blue Hill, ME
$100,000
(1 year)

Buncombe County Medical Society
Asheville, NC
$99,989
(1 year)

Capital Medical Society Foundation, Inc.
Tallahassee, FL
$74,620
(1 year)

Charles R. Drew University of Medicine and Science
Los Angeles, CA
$98,236
(1 year)

Colorado Chapter of the Academy of Pediatrics
Englewood, CO
$100,000
(1 year)

Gift of Life Foundation
Montgomery, AL
$94,858
(1 year)

Howard University Hospital
Washington, DC
$99,811
(1 year)

Jefferson County Medical Society Outreach Program, Inc.
Louisville, KY
$97,930
(1 year)

Kalamazoo Academy of Medicine
Portage, MI
$61,473
(1 year)

Klamath Comprehensive Care, Inc.
Klamath Falls, OR
$100,000
(1 year)

Lancaster County Medical Society
Lincoln, NE
$99,782
(1 year)

Lane County Medical Society
Eugene, OR
$71,903
(1 year)

Montgomery County Medical Society
Dayton, OH
$100,000
(1 year)

MultiCultural Primary Care Medical Group
San Diego, CA
$100,000
(1 year)

Palmetto Project, Inc.
Charleston, SC
$100,000
(1 year)

C.V. Roman Medical Society
Dallas, TX
$87,798
(1 year)

Sacramento — El Dorado Medical Society
Sacramento, CA
$100,000
(1 year)

St. Vincent de Paul Village, Inc.
San Diego, CA
$99,265
(1 year)

Seacoast HealthNet, Inc.
Portsmouth, NH
$94,481
(1 year)

South Carolina Institute for Medical Education and Research
Columbia, SC
$95,985
(1 year)

American College of Physicians
Philadelphia, PA
$313,159
Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans (for 5 months). ID#022198

Brown University
Providence, RI
$493,567
Technical assistance and direction for Reach Out: Physicians' Initiative to Expand Care to Underserved Americans (for 1 year). ID#024002

Western Consortium for Public Health
Berkeley, CA
$212,118
Evaluation of Reach Out: Physicians' Initiative to Expand Care to Underserved Americans (for 2 years). ID#023910

Rutgers, The State University, Institute for Health, Health Care Policy, and Aging Research
New Brunswick, NJ
$49,907
Expansion of an internship in health policy for minority students (for 1 year). ID#023728

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

Alpha Center for Health Planning, Inc.
Washington, DC
$119,144
(7 months)

Strengthening Hospital Nursing: A Program to Improve Patient Care
Support of efforts to improve patient care by institution-wide restructuring of hospital nursing services (for the periods indicated).

St. Anthony's Health Care Foundation, Inc.
Saint Petersburg, FL
$326,862
Technical assistance and direction for Strengthening Hospital Nursing: A Program to Improve Patient Care (for 1 year). ID#022195

Western Consortium for Public Health
Berkeley, CA
$225,769
Evaluation of the Strengthening Hospital Nursing program (for 3 years). ID#024329

UMDNJ — Robert Wood Johnson Medical School
Piscataway, NJ
$24,987
Improving cultural competence of health care providers via video (for 1 year). ID#023886

Volusia County Cooperative Health Group, Inc.
Daytona Beach, FL
$168,153
Public–private partnership to expand care to the underserved (for 3 years). ID#021391

University of Wisconsin — Madison Medical School
Madison, WI
$120,954
Analysis of Canadian approaches to physician supply (for 15 months). ID#022768
AND
$373,584
Policy studies on health workforce issues (for 2 years). ID#024109

Women Aware
New Brunswick, NJ
$9,000
On-site nursing service in battered women's shelter (for 1 year). ID#022839

Chronic Health Conditions

AIDS National Interfaith Network, Inc.
Washington, DC
$25,000
Support for AIDS workers to attend a national skills-building conference (for 3 months). ID#024071

The American Association of Physicians for Human Rights, Inc.
San Francisco, CA
$15,000
Strategy meeting on preventing HIV infection among gay and bisexual men (for 6 months). ID#023481

Beth Israel Hospital Association
Boston, MA
$99,235
Case studies on clinical practice: A new JAMA series (for 9 months). ID#024032

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).

Children's Hospital Corporation
Boston, MA
$153,550
(1 year)

Fairview Foundation
Minneapolis, MN
$644,212
(3 years)

Metropolitan Jewish Geriatric Center
Brooklyn, NY
$474,038
(3 years)

State of Wisconsin, Department of Health and Social Services
Madison, WI
$1,109,951
(3 years)

The Genesee Hospital
Rochester, NY
$416,841
Technical assistance and direction for Building Health Systems for People with Chronic Illnesses (for 1 year). ID#022832

University of Minnesota, School of Public Health
Minneapolis, MN
$521,697
Evaluation of Oregon's assisted living program (for 2.5 years). ID#024811

CAHSAH (California Association for Health Services at Home) Foundation
Sacramento, CA
$140,650
Uniform home health database and patient classification (for 1 year). ID#021997

Program on the Care of Critically Ill Hospitalized Adults
National collaborative effort to enable physicians and their critically ill adult patients to determine appropriate clinical management strategies (for the periods indicated).

The George Washington University Medical Center
Washington, DC
$872,709
Technical assistance and direction for the Program on the Care of Critically Ill Hospitalized Adults (for 1.5 years). ID#023715

Center for Health and Long Term Care Research, Inc.
Waltham, MA
$49,326
Understanding geographic variation in use of Medicaid and Medicare home care services (for 7 months). ID#023682

The Center for Mental Health, Inc.
Washington, DC
$495,206
A managed care model for high-risk families (for 2 years). ID#023757

The Center School
Highland Park, NJ
$13,000
Summer therapy program for children with learning disabilities (for 2 months). ID#022424

Chronic Care Initiatives in HMOs
Supports projects to identify, nurture, and evaluate innovations in the delivery of services to chronically ill patients in prepaid managed care organizations (for the periods indicated).

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$515,470
(20 months)

Group Health Cooperative of Puget Sound
Seattle, WA
$609,131
(3 years)

Henry Ford Health System
Detroit, MI
$513,508
(3 years)

Kaiser Foundation Health Plan of Colorado
Denver, CO
$471,940
(2.5 years)

National Committee for Quality Assurance
Washington, DC
$86,099
(9 months)

St. Mary Medical Center
Long Beach, CA
$64,988
(6 months)

Sierra Health Services, Inc.
Las Vegas, NV
$68,920
(1 year)

Group Health Foundation
Washington, DC
$312,251
Technical assistance and direction for Chronic Care Initiatives in HMOs (for 1 year). ID#021989

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

University of Massachusetts, Social and Demographic Research Institute
Amherst, MA
$30,000
(1 year)

COMCARE, Inc.
Phoenix, AZ
$13,069
Oral health survey of people with serious mental illnesses (for 6 months). ID#024181

Community Health Law Project
East Orange, NJ
$5,000
Program to assist people to prepare advance directives (for 1 year). ID#023929

Consumers Union of United States, Inc.
Yonkers, NY
$13,000
Updating of AIDS prevention book for young adults (for 1 month). ID#023679

Corporation for Supportive Housing
New York, NY
$4,000,000
Meeting health and shelter needs of homeless chronically ill people (for 5 years). ID#019309

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 periods indicated).

AIDS Family Services, Inc.
Buffalo, NY
$25,000
(1.5 years)

Allegheny Valley Association of Churches
Natrona Heights, PA
$25,000
(1.5 years)

Allied Silver Spring Interfaith Services for Seniors Today
Silver Spring, MD
$25,000
(1.5 years)

The Ark of Refuge, Inc.
San Francisco, CA
$25,000
(1.5 years)

Catholic Social Services
Owosso, MI
$25,000
(1.5 years)

East Hill Foursquare Church
Gresham, OR
$25,000
(1.5 years)

Ecumenical Outreach Project, Inc.
Clarksville, PA
$25,000
(1.5 years)

First Baptist Church
Hornell, NY
$25,000
(1.5 years)

First Congregational Church
Memphis, TN
$25,000
(1.5 years)

First Presbyterian Church of Miami
Miami, FL
$25,000
(1.5 years)

Friedens Evangelical Church
Port Washington, WI
$25,000
(1.5 years)

Grace Episcopal Church
Middletown, NY
$25,000
(1.5 years)

Guilford Regional AIDS Interfaith Network
Greensboro, NC
$25,000
(1.5 years)

Highlands Community Services Board
Bristol, VA
$25,000
(1.5 years)

Church of the Holy Comforter
Burlington, NC
$25,000
(1.5 years)

Hope House of St. Croix Valley
Stillwater, MN
$25,000
(1.5 years)

Inter-Faith Ministries — Wichita, Inc.
Wichita, KS
$25,000
(1.5 years)

Interfaith Caregiving Network, Inc.
Waukesha, WI
$25,000
(1.5 years)

Lakeland Hospice, Inc.
Fergus Falls, MN
$25,000
(1.5 years)

Lamoille Elders Networking Services
Johnson, VT
$25,000
(1.5 years)

Macomb Baptist Association
Mt. Clemens, MI
$25,000
(1.5 years)

Mid-Valley Alliance for the Mentally Ill
Albany, OR
$25,000
(1.5 years)

Middletown Interfaith Housing, Inc.
Middletown, PA
$25,000
(1.5 years)

Monadnock Family Services
Keene, NH
$25,000
(1.5 years)

Outreach House Inc.
Hanover, NH
$25,000
(1.5 years)

Pacific Home and Community Care
Honolulu, HI
$25,000
(1.5 years)

Project WORD, Inc.
Fairfax, VA
$25,000
(1.5 years)

RAIN (The Regional AIDS Interfaith Network) of the Southern Piedmont
Charlotte, NC
$25,000
(1.5 years)

Round Rock Caregivers
Round Rock, TX
$25,000
(1.5 years)

S.C. Christian Action Council, Inc.
Columbia, SC
$25,000
(1.5 years)

St. Mary's Family Respite Center
Philadelphia, PA
$25,000
(1.5 years)

San Carlos — Estero Interfaith Caregivers, Inc.
Estero, FL
$25,000
(1.5 years)

The Shepherd Center
Alexandria, LA
$25,000
(1.5 years)

Sierra Vista Community United Church of Christ
Sierra Vista, AZ
$25,000
(1.5 years)

Trenton Ecumenical Area Ministry
Trenton, NJ
$25,000
(1.5 years)

Trinity United Presbyterian Church
Uniontown, PA
$25,000
(1.5 years)

The United Protestant Appeal, Inc.
Miami, FL
$25,000
(1.5 years)

Upper Pinellas Interfaith Volunteer Caregivers, Inc.
Dunedin, FL
$25,000
(1.5 years)

Volunteer Interfaith Caregivers — Southwest
Houston, TX
$25,000
(1.5 years)

Wake Interfaith Volunteer Caregivers
Raleigh, NC
$25,000
(1.5 years)

Wicomico County Interfaith Volunteer Caregiver Coalition, Inc.
Salisbury, MD
$25,000
(1.5 years)

Kingston Hospital
Kingston, NY
$1,048,996
Technical assistance and direction for Faith in Action: Replication of the Interfaith Volunteer Caregivers Program (for 1 year). ID#021987

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

Vermont Center for Independent Living
Montpelier, VT
$48,092
(1 year)

Harvard Medical School
Boston, MA
$25,797
AIDS curriculum for people with chronic mental illness (for 8 months). ID#022886

Harvard University, School of Public Health
Boston, MA
$248,344
Evaluation of the New Hampshire Partners in Health project (for 3 years). ID#023569

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

City of Baltimore, Office of the Mayor
Baltimore, MD
$200,000
(1.5 years)

The General Hospital Corporation — Massachusetts General Hospital
Boston, MA
$474,728
Technical assistance and direction for the Homeless Families Program (for 1 year). ID#022453

University of Illinois at Chicago
Chicago, Il
$30,007
Assessment of the impact of media coverage on survey response rates (for 3 months). ID#023803

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

United Way, Inc. — Portland, Maine
Portland, ME
$351,637
(2 years)

University of Washington, Graduate School of Public Affairs
Seattle, WA
$381,789
Technical assistance and direction for Improving Child Health Services: Removing Categorical Barriers to Care (for 1 year). ID#023455

Improving Service Systems for People with Disabilities
Initiative to improve service delivery systems through community-based agencies run by and for people with physical disabilities (for the periods indicated).

SUMMIT Independent Living Center
Missoula, MT
$50,000
(10 months)

The Institute for Rehabilitation and Research
Houston, TX
$453,942
Technical assistance and direction for Improving Service Systems for People with Disabilities (for 1 year). ID#022630

Long Distance Love
New Brunswick, NJ
$15,000
Telephone support service for New Jersey hospital patients (for 1 year). ID#024686

Medical College of Virginia Foundation
Richmond, VA
$100,271
Evaluation of the Medicaid working group initiative (for 3 years). ID#023389

Mental Health Services Program for Youth
Development of model financing and service delivery systems for children and youth with serious mental disorders (for the periods indicated).

Washington Business Group on Health
Washington, DC
$482,481
Technical assistance and direction for the Mental Health Services Program for Youth (for 1 year). ID#021988

Mental Health Services Program for Youth Dissemination
Offers technical assistance, training, and small start-up grants to help states and communities improve services for children with serious mental disorders (for the periods indicated).

State of Michigan, Department of Mental Health
Lansing, MI
$75,000
(15 months)

State of Minnesota, Department of Human Services
St. Paul, MN
$75,000
(1 year)

State of Mississippi, Office of the Governor
Jackson, MS
$100,000
(1 year)

State of Ohio, Office of the Governor
Columbus, OH
$74,000
(1 year)

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).

American Lung Association
New York, NY
$55,653
(6 months)

University of California, San Francisco, School of Medicine
San Francisco, CA
$467,964
Technical assistance and direction for Old Disease, New Challenge: Tuberculosis in the 1990s (for 1 year). ID#022372

Parents Reaching Out to Help, Inc.
Algodones, NM
$149,921
Advocacy network for families with children having chronic conditions (for 2 years). ID#023615

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).

Wake Forest University, The Bowman Gray School of Medicine
Winston-Salem, NC
$2,163,743
Technical assistance and direction for Partners in Caregiving: The Dementia Services Program (for 2 years). ID#018556

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 periods indicated).

State of Maine, Department of Mental Health and Mental Retardation
Augusta, ME
$119,680
(17 months)

Stanford University, School of Medicine
Stanford, CA
$135,000
Development of a case management system for people with serious disorders (for 11 months). ID#024204

United Seniors Health Cooperative
Washington, DC
$189,831
Analysis of cash disability allowances for long-term care (for 1.5 years). ID#023584

Washington Business Group on Health
Washington, DC
$99,591
Project to improve chronic care service delivery under health reform (for 4 months). ID#023639

Substance Abuse

Abt Associates Inc.
Cambridge, MA
$49,984
Planning for evaluation of health link (for 7 months). ID#024852

Albuquerque Public Schools
Albuquerque, NM
$100,000
Alternative high school for chemically dependent students in recovery (for 6 months). ID#023843

American Alliance for Rights and Responsibilities
Washington, DC
$290,483
One Church – One Addict (for 2 years). ID#023965

American Bar Association Fund for Justice and Education
Chicago, IL
$500,000
Recruitment of ABA members for community anti-drug coalitions (for 2 years). ID#023195

City of Baltimore, Department of Health
Baltimore, MD
$50,000
Implementation of a pilot needle-exchange program (for 1 year). ID#023978

Best Friends Foundation
Washington, DC
$296,812
Replicating a health program for young teen girls stressing abstinence (for 2 years). ID#022002

Black Clergy, Inc.
Philadelphia, PA
$15,000
Anti-smoking radio campaign aimed at African-American smokers (for 3 months). ID#023947

Boston University, School of Public Health
Boston, MA
$39,246
Review and analysis of programs to reduce college drinking (for 4 months). ID#026365

Brown University
Providence, RI
$25,976
Analysis of how racial biases affect drug policies (for 1 year). ID#024698

University of California, San Diego
La Jolla, CA
$40,000
37th International Congress on Alcoholism and Drug Dependence (for 15 months). ID#023890

The Carter Center, Inc.
Atlanta, GA
$91,000
Consensus conference on policy options to prevent tobacco use among children and youth (for 4 months). ID#026464

The Center on Addiction and Substance Abuse at Columbia University
New York, NY
$3,044,067
Demonstration of an aftercare program for substance abusing ex-offenders (for 3 years). ID#019859

Center for Science in the Public Interest
Washington, DC
$50,312
Produce and disseminate citizens' action guide to alcohol taxes and health (for 1 year). ID#024758

Center for Sustainable Systems, Inc.
Berea, KY
$98,422
Survey of tobacco farmers' attitudes toward policy and economic trends affecting the tobacco industry (for 1 year). ID#026374

Child Welfare League of America, Inc.
Washington, DC
$20,320
Training child welfare workers in substance abuse issues (for 6 months). ID#024641

Clean & Sober Streets, Inc.
Washington, DC
$50,000
Counselor training for homeless people with substance abuse histories (for 1 year). ID#024675

University of Connecticut Health Center
Farmington, CT
$174,509
Encouraging early screening and brief interventions for alcohol abuse (for 1 year). ID#023464

Daytop International, Inc.
New York, NY
$7,500
Conference report on community responses to the drug problem (for 2 months). ID#024154

Drug Strategies
Washington, DC
$200,238
Pilot development of state statistical profiles on substance abuse (for 1.5 years). ID#024010

Family Support Services Program
Technical assistance and training initiative to establish statewide networks of community-based family support service centers (for the periods indicated).

Family Resource Coalition
Chicago, IL
$2,700,098
(3 years)

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).

Council on Alcoholism and Drug Abuse
Santa Barbara, CA
$1,285,238
(2.5 years)

The Greater Kansas City Community Foundation
Kansas City, MO
$1,564,555
(2.5 years)

Lexington/Richland Alcohol and Drug Abuse Council, Inc.
Columbia, SC
$1,438,511
(2.5 years)

City of Little Rock
Little Rock, AR
$1,194,725
(2.5 years)

Marshall Heights Community Development Organization
Washington, DC
$1,429,749
(2.5 years)

Mecklenburg County Area Mental Health/Mental Retardation Authority
Charlotte, NC
$1,144,767
(1 year)

Milwaukee County
Milwaukee, WI
$1,323,094
(2.5 years)

City of New Haven, Office of the Mayor
New Haven, CT
$1,590,013
(2.5 years)

Northwest New Mexico Fighting Back, Inc.
Gallup, NM
$1,493,322
(2.5 years)

United Way of San Antonio and Bexar County
San Antonio, TX
$1,722,068
(2.5 years)

City of Vallejo
Vallejo, CA
$1,580,711
(2.5 years)

Worcester Fights Back, Inc.
Worcester, MA
$1,181,698
(2.5 years)

Vanderbilt University, School of Medicine
Nashville, TN
$778,892
Technical assistance and direction for Fighting Back: Community Initiatives to Reduce Demand for Illegal Drugs and Alcohol (for 1 year). ID#022919

Research Foundation of the City University of New York
New York, NY
$916,643
Evaluation of the Fighting Back program - Phase IV (for 1 year). ID#024727

Free to Grow: Head Start Partnerships to Promote Substance-Free Communities
Model development and implementation for the Head Start Program to work with families of preschool children and neighborhoods to prevent substance abuse (for the periods indicated).

Aspira Inc. of Puerto Rico
Rio Piedras, PR
$300,000
(2 years)

Audubon Area Community Services, Inc.
Owensboro, KY
$311,535
(2 years)

Charles R. Drew University of Medicine and Science
Los Angeles, CA
$316,326
(2 years)

Community Partnership for Child Development
Colorado Springs, CO
$303,689
(2 years)

Concerned Parents for Head Start
Paterson, NJ
$305,396
(2 years)

Fort George Community Enrichment Center, Inc.
New York, NY
$200,000
(1 year)

Columbia University School of Public Health
New York, NY
$439,116
Technical assistance and direction for Free to Grow: Head Start Partnerships to Promote Substance-Free Communities (for 1 year). ID#021986

The George Washington University, Center for Health Policy Research
Washington, DC
$13,351
Preparation of a textbook on needs and resources for drug-exposed infants (for 11 months). ID#023901

Harvard Medical School
Boston, MA
$49,998
Statewide dissemination of an anti-alcohol abuse theatre project (for 6 months). ID#022541

Harvard University, School of Public Health
Boston, MA
$195,888
Dissemination of findings on drinking patterns of college-age youth (for 8 months). ID#024464

University of Hawaii at Manoa, Social Science Research Institute
Honolulu, HI
$129,924
Integrated approach to drug policies in Hawaii (for 1.5 years). ID#024720

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

University of Colorado Health Sciences Center
Denver, CO
$427,097
Technical assistance and direction for Healthy Nations: Reducing Substance Abuse Among Native Americans (for 1 year). ID#022921

University of Illinois at Chicago
Chicago, IL
$288,982
Study of whether plain cigarette packaging affects purchases by youth (for 1 year). ID#023552

University of Miami, School of Medicine
Miami, FL
$50,000
Early intervention project for cocaine-exposed infants (for 1 year). ID#023423

Michigan Public Health Institute
Okemos, MI
$140,349
Support of tobacco policy research dissemination (for 3 years). ID#024647

National Drugs Don't Work Partnership
New York, NY
$800,000
National Drugs Don't Work Partnership (for 2 years). ID#023616

University of New Mexico
Albuquerque, NM
$18,957
Study of effectiveness of victim impact panels (for 1 year). ID#023927

North Bay Health Resources Center, Inc.
Petaluma, CA
$98,921
Community mobilization to combat substance abuse and tobacco use (for 1 year). ID#021635

Partnership for a Drug-Free America, Inc.
New York, NY
$7,500,000
Continuation of a media campaign to reduce demand for illegal drugs (for 3 years). ID#022753

University of Rhode Island
Kingston, RI
$49,786
Feasibility of a computer-delivered smoking cessation program (for 14 months). ID#020713

Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy
Challenges researchers to develop innovative smoking cessation interventions to increase the number of childbearing women who quit smoking and stay smoke-free (for the periods indicated).

University of Alabama at Birmingham, School of Medicine
Birmingham, AL
$429,873
Technical assistance and direction for Smoke-Free Families: Innovations to Stop Smoking During and Beyond Pregnancy (for 1 year). ID#022250

SmokeLess States: Statewide Tobacco Prevention and Control Initiatives
Supports development and implementation of comprehensive statewide strategies to reduce tobacco use through education, treatment, and policy initiatives (for the periods indicated).

Alaska Native Health Board
Anchorage, AK
$968,895
(4 years)

American Cancer Society, Inc., Alabama Division, Inc.
Birmingham, AL
$200,000
(2 years)

American Cancer Society, Inc., Arizona Division, Inc.
Phoenix, AZ
$1,029,898
(3 years)

American Cancer Society, Inc., Florida Division, Inc.
Tampa, FL
$900,000
(4 years)

American Cancer Society, Inc., Nevada Division, Inc.
Las Vegas, NV
$199,220
(2 years)

American Heart Association Inc. of Metropolitan Chicago, Inc.
Chicago, IL
$1,000,000
(4 years)

American Heart Association Inc., Oregon Affiliate, Inc.
Portland, OR
$200,000
(2 years)

American Lung Association of Kansas
Topeka, KS
$873,265
(4 years)

American Lung Association of Kentucky, Inc.
Louisville, KY
$200,000
(2 years)

The Coalition for a Tobacco-Free Colorado
Denver, CO
$1,000,000
(2 years)

State of Georgia, Department of Human Resources
Atlanta, GA
$199,613
(2 years)

Health Education, Inc.
Lincoln, NE
$199,200
(2 years)

Institute for Public Policy Advocacy
Washington, DC
$175,000
(1 year)

Medical and Chirurgical Faculty of Maryland
Baltimore, MD
$199,981
(2 years)

Medical Society of New Jersey
Lawrenceville, NJ
$899,600
(4 years)

Minnesota Coalition for a Smoke-Free Society 2000
Minneapolis, MN
$199,971
(2 years)

State of Vermont, Department of Health
Burlington, VT
$400,000
(4 years)

University of Virginia, School of Medicine
Charlottesville, VA
$149,063
(2 years)

Washington D.O.C.
Seattle, WA
$199,910
(2 years)

West Virginia Hospital Research and Education Foundation, Inc.
South Charleston, WV
$981,384
(4 years)

American Medical Association
Chicago, IL
$462,277
Technical assistance and direction for SmokeLess States: Statewide Tobacco Prevention and Control Initiatives (for 1 year). ID#022830

Substance Abuse Policy Research Program
Supports projects that will produce policy-relevant information regarding abuse of tobacco, alcohol, illegal drugs, and multiple substances (for the periods indicated).

Wake Forest University, The Bowman Gray School of Medicine
Winston-Salem, NC
$189,424
Technical assistance and direction for the Substance Abuse Policy Research Program (for 1 year). ID#026488

University of Texas Health Science Center at Houston School of Public Health
Houston, TX
$325,137
Test of markers for smoking cessation efforts (for 2 years). ID#024584

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).

University of California, Berkeley, School of Social Welfare
Berkeley, CA
$83,122
(11 months)

University of California, San Diego
La Jolla, CA
$94,144
(1 year)

Health Research, Inc.
Buffalo, NY
$126,593
(2 years)

RAND Corporation
Santa Monica, CA
$199,020
(1.5 years)

Tobacco Control Resource Center, Inc.
Boston, MA
$113,804
(1.5 years)

University of Wisconsin — Madison Law School
Madison, WI
$288,967
(2 years)

Stanford University, School of Law
Stanford, CA
$62,974
Technical assistance and direction for the Tobacco Policy Research and Evaluation Program (for 1 year). ID#023517

University of California, San Francisco, School of Medicine
San Francisco, CA
$280,517
Quality of research on environmental tobacco smoke by different sponsors (for 2.5 years). ID#024783

North Bay Health Resources Center, Inc.
Petaluma, CA
$255,940
Study of ways to reduce tobacco sales to minors (for 2 years). ID#024784

The Van Ost Institute for Family Living, Inc.
Englewood, NJ
$46,775
Research on alcoholism among seniors (for 1 year). ID#024201

Video Action, Inc.
Washington, DC
$90,000
Distribution and outreach for a video on substance abuse and pregnancy (for 6 months). ID#024059

Western Public Radio, Inc.
San Francisco, CA
$50,000
Further dissemination of audio program, Drug-Proofing Your Children (for 3 months). ID#024194

University of Wisconsin — Madison
Madison, WI
$182,941
Development and pilot test of computer-based intervention system for families of alcoholics (for 21 months). ID#020466

Cost Containment

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$197,157
Utilization management effects on physician/patient satisfaction (for 1 year). ID#023332

Center for Research in Ambulatory Health Care Administration, Inc.
Englewood, CO
$1,302,746
National physician profiling system (for 3.5 years). ID#020268

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).

State of California Managed Risk Medical Insurance Board
Sacramento, CA
$487,582
(19 months)

The General Hospital Corporation — Massachusetts General Hospital
Boston, MA
$490,559
(2 years)

Georgetown University, School of Medicine
Washington, DC
$554,006
(2.5 years)

Harvard University, School of Public Health
Boston, MA
$29,818
(9 months)

Health Research, Inc.
Albany, NY
$1,243,824
(27 months)

Massachusetts Health Research Institute, Inc.
Boston, MA
$176,280
(1.5 years)

State of Minnesota, Department of Human Services
St. Paul, MN
$70,100
(9 months)

University of Pennsylvania, School of Medicine
Philadelphia, PA
$368,381
(1.5 years)

Western Consortium for Public Health
Berkeley, CA
$34,944
(1 year)

Alpha Center for Health Planning, Inc.
Washington, DC
$495,857
Technical assistance and direction for Changes in Health Care Financing and Organization (for 13 months). ID#023900

IHC Hospitals, Inc.
Salt Lake City, UT
$131,659
Assessment of medical practice guidelines and improving their development (for 1 year). ID#022913

IMPACS: Improving Malpractice Prevention and Compensation Systems
Supports development, demonstration, and evaluation of innovative mechanisms for compensating people injured by medical care (for the periods indicated).

Copic Medical Foundation
Englewood, CO
$823,169
(1.5 years)

Utah Alliance for Healthcare, Inc.
Salt Lake City, UT
$729,520
(2 years)

Georgetown University, School of Medicine
Washington, DC
$236,306
Technical assistance and direction for IMPACS: Improving Malpractice Prevention and Compensation Systems (for 1 year). ID#023810

The Long-Term Care Data Institute, Inc.
Cambridge, MA
$45,295
Development of prevalence-based long-term care financing models (for 1 year). ID#023795

National Perinatal Information Center, Inc.
Providence, RI
$45,195
Study of outcomes of very short post-partum hospital stays (for 6 months). ID#023834

New York University, Robert F. Wagner Graduate School of Public Service
New York, NY
$32,378
Assessing the impact of Medicaid managed care in New York City (for 1 year). ID#024742

Rutgers, The State University, Graduate School of Management
Newark, NJ
$49,994
Workshops on health care policy and regulation (for 2 years). ID#024590

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).

Boston University, School of Management
Boston, MA
$400,805
Technical assistance and direction for the Scholars in Health Policy Research Program (for 11 months). ID#021242

United Mine Workers of America Combined Benefit Fund
Washington, DC
$200,000
Impact of curtailing payment for imaging in referring doctor's facility (for 1 year). ID#022799

Western Consortium for Public Health
Berkeley, CA
$130,675
Impact of potential Medicare and Medicaid cuts on the uninsured (for 8 months). ID#023433

CROSS-CUTTING

Alpha Center for Health Planning, Inc.
Washington, DC
$50,000
Conference on issues not addressed under health care reform (for 5 months). ID#024290
Access, Cost Containment

American Cancer Society, New Jersey Division, Inc.
Fords, NJ
$17,795
Vehicle to transport children to outpatient oncology therapy (for 3 months). ID#023876
Access, Chronic Health Conditions

American Library Association
Chicago, IL
$50,000
Planning for a public library health care information project (for 1 year). ID#024102
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Association of State and Territorial Health Officials
Washington, DC
$50,000
Public education campaign on the role of public health in health reform (for 6 months). ID#024108
Access, Cost Containment

Boston University, School of Medicine
Boston, MA
$47,775
Health services research in national health care delivery systems (for 9 months). ID#024666
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other
AND
$328,250
Research on factors influencing women's participation in academic medicine (for 2 years). ID#019600
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Charles R. Drew University of Medicine and Science
Los Angeles, CA
$47,749
Faculty retreat on implementing the university's strategic plan (for 9 months). ID#024715
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Church Women United, Inc.
Washington, DC
$192,108
Values-based discussions of health care reform (for 1 year). ID#022649
Access, Cost Containment

Clinical Scholars Program
Postdoctoral fellowships for young physicians to develop research skills in non-biological disciplines relevant to medical care (for the periods indicated).
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$361,157
(2 years)

University of California, San Francisco, School of Medicine
San Francisco, CA
$231,600
(2 years)

University of North Carolina at Chapel Hill, School of Medicine
Chapel Hill, NC
$351,527
(2 years)

University of Pennsylvania, School of Medicine
Philadelphia, PA
$392,031
(2 years)

Stanford University, School of Medicine
Stanford, CA
$228,734
(2 years)

University of Washington, School of Medicine
Seattle, WA
$655,496
(2 years)

Yale University, School of Medicine
New Haven, CT
$233,175
(2 years)

Committee for Responsible Federal Budget
Washington, DC
$260,650
Public education on the budgetary aspects of health reform (for 1 year). ID#023361
Access, Cost Containment

Community Health Leadership Program
Recognizes individuals for contributions to the RWJF mission and seeks to enhance their capacity for more permanent and widespread impact on our nation's health care problems (for the periods indicated).
Access, Chronic Health Conditions, Substance Abuse, Other

Massachusetts Health Research Institute, Inc.
Boston, MA
$366,051
Technical assistance and direction for the Community Health Leadership Program (for 1 year). ID#021683

Dartmouth–Hitchcock Medical Center
Hanover, NH
$2,296,187
Using small area analysis techniques to assess health reforms (for 35 months). ID#022477
Access, Cost Containment

Educational Broadcasting Corporation/WNET/Thirteen
New York, NY
$400,000
Partial support for a television program on the health care reform debate (for 1 year). ID#024213
Access, Cost Containment

The George Washington University, Center for Health Policy Research
Washington, DC
$9,591
Report on mainstreaming the homeless under health care reform (for 2 months). ID#023846
Access, Cost Containment

The George Washington University Medical Center
Washington, DC
$296,182
Program of short-term policy analysis of health care reform issues (for 1 year). ID#023619
Access, Cost Containment

Georgetown University, School of Medicine
Washington, DC
$17,974
Conference on health care reform's effects on the workforce (for 4 months). ID#023456
Access, Cost Containment

Group Health Foundation
Washington, DC
$7,000
Conference on the collaboration between managed care and public health organizations (for 3 months). ID#026453
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Harvard University, School of Public Health
Boston, MA
$299,996
Consumers' views of health plans in three nations (for 10 months). ID#021474
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

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).
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

University of Alabama at Birmingham, School of Health Related Professions
Birmingham, AL
$63,000
(1 year)

Baylor College of Medicine
Houston, TX
$63,279
(1 year)

University of California, Los Angeles, School of Medicine
Los Angeles, CA
$59,250
(1 year)

Research Foundation of the City University of New York
New York, NY
$10,920
(2 months)

Columbia University, College of Physicians and Surgeons
New York, NY
$11,214
(2 months)

IHC Hospitals, Inc.
Salt Lake City, UT
$60,000
(1 year)

University of Maryland, School of Medicine
Baltimore, MD
$59,000
(1 year)

Montefiore Medical Center
Bronx, NY
$5,284
(2 months)

National Rehabilitation Hospital, Inc.
Washington, DC
$62,500
(1 year)

Thomas Jefferson University, Jefferson Medical College
Philadelphia, PA
$10,039
(2 months)

Yale University, School of Medicine
New Haven, CT
$10,200
(2 months)

National Academy of Sciences — Institute of Medicine
Washington, DC
$400,000
Technical assistance to the Health Policy Fellowships Program (for 1 year). ID#023799

Health Systems Research, Inc.
Washington, DC
$117,175
Identifying consumer priorities for information about health plan performance (for 9 months). ID#024337
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Information for State Health Policy
Support to help states strengthen their health statistics systems needed for policymaking (for the periods indicated).
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

State of Wisconsin, Department of Health and Social Services
Madison, WI
$749,996
(44 months)

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$341,519
Technical assistance and direction for the Information for State Health Policy program (for 1 year). ID#023724

Injury Prevention Program
Dissemination of a pilot project at Columbia University, Harlem Hospital Center, that significantly reduced children's hospital admissions for trauma (for the periods indicated).
Access, Cost Containment

Columbia University, Harlem Hospital Center
New York, NY
$1,143,657
(3 years)

International Women's Media Foundation
Arlington, VA
$50,000
Journalists' conference on health issues affecting women (for 8 months). ID#024195
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

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).

Brown University
Providence, RI
$249,916
(3 years)
Other

Indiana University, School of Public and Environmental Affairs
Bloomington, IN
$249,972
(3 years)
Other

University of Michigan, School of Public Health
Ann Arbor, MI
$242,587
(2 years)
Access

Northwestern University
Evanston, IL
$81,528
(8 months)
Other

Foundation for Health Services Research, Inc.
Washington, DC
$324,480
Technical assistance and direction for the Investigator Awards in Health Policy Research program (for 1 year). ID#022569
Access, Other

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).

Beatitudes Center D.O.A.R., Inc.
Phoenix, AZ
$202,784
(3 years)
Chronic Health Conditions

Brownsville Community Health Clinic Corporation
Brownsville, TX
$329,241
(4 years)
Access

Clinica Adelante, Inc.
Surprise, AZ
$112,285
(2 years)
Access

Collier AIDS Resources and Education Service, Inc.
Naples, FL
$400,000
(3 years)
Chronic Health Conditions

Council on Aging in the Midlands, Inc.
Columbia, SC
$199,762
(4 years)
Chronic Health Conditions

El Dorado County Public Health Department
South Lake Tahoe, CA
$129,130
(3 years)
Access

City of Estelline, Estelline Medical Rural Health Clinic
Estelline, SD
$18,733
(1 year)
Chronic Health Conditions

The George Washington University Medical Center
Washington, DC
$75,711
(3 months)
Access, Chronic Health Conditions, Substance Abuse

Health Care Center for the Homeless Inc.
Orlando, FL
$425,000
(4 years)
Access

Interfaith Council for the Homeless
Chicago, IL
$450,000
(3 years)
Access

Judge Baker Children's Center
Boston, MA
$399,999
(3 years)
Substance Abuse

Justice Resource Institute, Inc.
Boston, MA
$400,000
(3 years)
Access

Latino Center for Prevention and Action in Health and Welfare
Santa Ana, CA
$156,000
(3 years)
Chronic Health Conditions

MOMS Health Consortium
Rockford, IL
$350,000
(3 years)
Access

The University of Texas, Medical Branch at Galveston
Galveston, TX
$394,972
(3 years)
Access

United Way of Central Indiana, Inc.
Indianapolis, IN
$439,293
(3 years)
Access

Women's Street Support Center of Phoenix
Phoenix, AZ
$165,063
(3 years)
Access

Zacchaeus Medical Clinic, Inc.
Washington, DC
$252,803
(4 years)
Access

The George Washington University Medical Center
Washington, DC
$513,949
Technical assistance and direction for the Local Initiative Funding Partners Program — Phase II (for 1 year). ID#022940
Access, Chronic Health Conditions, Substance Abuse

Massachusetts Health Research Institute, Inc.
Boston, MA
$130,029
Advisor to the Foundation on program development (for 1 year). ID#023405
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)
Edison, NJ
$227,150
Camping program for children with health problems (for 1 year). ID#022598
Access, Chronic Health Conditions

The National Leadership Coalition for Health Care Reform
Washington, DC
$195,330
Educating business leaders about their stake in health care reform (for 1 year). ID#024398
Access, Cost Containment

National Public Health and Hospital Institute
Washington, DC
$34,542
Plan to monitor health reform by using emergency rooms (for 4 months). ID#024366
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

National Public Radio, Inc.
Washington, DC
$236,396
Public education on health care reform (for 7 months). ID#024065
Access, Cost Containment

State of New Jersey, Department of Health
Trenton, NJ
$49,800
Coordination of New Jersey's response to health care reform (for 6 months). ID#024741
Access, Cost Containment

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).

Hispanic Family Center of Southern New Jersey, Inc.
Camden, NJ
$238,939
(3 years)
Access, Chronic Health Conditions

Jersey City Medical Center
Jersey City, NJ
$250,000
(2 years)
Other

Kresfield Adult Social Daycare Center, Inc.
Washington, NJ
$188,335
(2 years)
Chronic Health Conditions

Metropolitan Ecumenical Ministry
Newark, NJ
$249,940
(2 years)
Substance Abuse

State of New Jersey, Department of Health
Trenton, NJ
$238,251
(3 years)
Access, Chronic Health Conditions

Northern New Jersey Maternal Child Health Consortium, Inc.
Paramus, NJ
$238,939
(1.5 years)
Substance Abuse

Princeton Center for Leadership Training, Inc.
Lawrenceville, NJ
$248,919
(2 years)
Other

UMDNJ Community Mental Health Center at Piscataway
Piscataway, NJ
$232,619
(2 years)
Access, Chronic Health Conditions

Health Research and Educational Trust of New Jersey
Princeton, NJ
$206,015
Technical assistance and direction for the New Jersey Health Services Development Program (for 1 year). ID#019308
Access, Chronic Health Conditions, Substance Abuse, Other

The New York Academy of Medicine
New York, NY
$250,000
Establishment of the Center for Urban Epidemiologic Studies (for 1 year). ID#024169
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

New York University, Robert F. Wagner Graduate School of Public Service
New York, NY
$45,409
Planning meetings on key evaluation issues for RWJF (for 9 months). ID#026154
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

University of North Carolina at Chapel Hill, School of Nursing
Chapel Hill, NC
$13,999
Conference on nursing education and practice strategies for North Carolina (for 1 year). ID#024471
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

University of Oklahoma, College of Public Health
Oklahoma City, OK
$83,236
Washington policy and program information activities (for 1 year). ID#024158
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

University of Pennsylvania, The Annenberg School for Communication
Philadelphia, PA
$42,565
Evaluation of NBC Special (for 4 months). ID#024437
Access, Cost Containment
AND
$624,743
Media monitoring to improve public understanding of health care reform (for 19 months). ID#023678
Access, Cost Containment

The People-to-People Health Foundation, Inc.
Millwood, VA
$169,238
Health Affairs issue *analyzing the Clinton Administration health reform plan (for 9 months). ID#023771*
Access, Cost Containment

Replication and Program Services, Inc.
Philadelphia, PA
$200,000
Knowledge diffusion via a generic replication organization (for 33 months). ID#022656
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Research and Demonstrations to Improve Long-Term and Ambulatory Care Quality
Initiative to stimulate the development and testing of new methods for measuring and improving the quality of patient care in long-term and ambulatory care settings (for the periods indicated).

Indiana University, School of Law
Indianapolis, IN
$47,492
(2 years)
Access, Chronic Health Conditions, Substance Abuse, Cost Containment

Rock the Vote Education Fund
Los Angeles, CA
$2,893,600
Health care reform project (for 1 year). ID#023792
Access, Cost Containment

Rutgers, The State University, Institute for Health, Health Care Policy, and Aging Research
New Brunswick, NJ
$50,000
Television series on health care issues in New Jersey (for 1 year). ID#019974
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

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

State of Alaska, Department of Health and Social Services
Juneau, AK
$110,250
(1.5 years)
Access, Cost Containment

State of Florida, Agency for Health Care Administration
Tallahassee, FL
$1,491,850
(2 years)
Access

Health Research, Inc.
Albany, NY
$852,736
(1.5 years)
Access

Commonwealth of Kentucky, Office of the Governor
Frankfort, KY
$299,500
(1.5 years)
Access, Cost Containment

State of Maine, Department of Human Services
Augusta, ME
$100,029
(1.5 years)
Access, Cost Containment

State of Maryland, Health Care Access and Cost Commission
Baltimore, MD
$292,575
(15 months)
Cost Containment

Missouri Department of Health
Jefferson City, MO
$296,715
(1.5 years)
Access, Cost Containment

National Governors' Association, Center for Policy Research
Washington, DC
$309,026
(2 years)
Access

State of Nebraska, Department of Health
Lincoln, NE
$100,001
(1.5 years)
Access, Cost Containment

State of North Carolina, North Carolina Health Planning Commission
Raleigh, NC
$95,045
(17 months)
Access, Cost Containment

Commonwealth of Puerto Rico, Puerto Rico Health Insurance Administration
San Juan, PR
$287,642
(1.5 years)
Access, Cost Containment

State of Vermont, Health Care Authority
Montpelier, VT
$342,993
(1 year)
Access

State of Washington, Office of Financial Management
Olympia, WA
$1,459,632
(2 years)
Access

Columbia University, School of Public Health
New York, NY
$359,404
Evaluation of the State Initiatives in Health Care Reform program (for 2.5 years). ID#024466
Access, Cost Containment

State Initiatives in Long-Term Care
Supports state reform of long-term care financing and service delivery systems and development of comprehensive strategies to broaden access to long-term care coverage (for the periods indicated).
Chronic Health Conditions, Cost Containment

State of Colorado, Department of Health Care Policy and Financing
Denver, CO
$199,376
(1.5 years)

State of Florida, Department of Elderly Affairs
Tallahassee, FL
$217,249
(1.5 years)

State of New Hampshire, Department of Health and Human Services
Concord, NH
$198,808
(1.5 years)

State of Oklahoma, Department of Human Services
Oklahoma City, OK
$183,509
(1.5 years)

State of Vermont, Health Care Authority
Montpelier, VT
$65,219
(1 year)

University of Maryland, Center on Aging
College Park, MD
$399,172
Technical assistance and direction for the State Initiatives in Long-Term Care program (for 1 year). ID#022831

Tides Foundation
San Francisco, CA
$15,000
Seminar on health issues for Sustainable Cities Conference (for 6 months). ID#024214
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

University of Medicine and Dentistry of New Jersey
Newark, NJ
$49,660
Statistical analysis of graduate medical education trends in New Jersey (for 1 year). ID#023369
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Foundation of the University of Medicine and Dentistry of New Jersey
Newark, NJ
$14,000,000
Endowment to strengthen the University's academic and service capacities (for 5 years). ID#023301
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Vanderbilt University, School of Law
Nashville, TN
$184,916
Study of laws affecting the organization and management of health services (for 21 months). ID#021719
Access, Chronic Health Conditions, Substance Abuse, Cost Containment, Other

Yale University, School of Organization and Management
New Haven, CT
$32,468
Documentation of the policy process for health care reform (for 10 months). ID#023786
Access, Cost Containment

OTHER

American National Red Cross
Washington, DC
$50,000
Disaster relief for Southern California earthquake (for 1 month). ID#023865

University of Arkansas for Medical Sciences
Little Rock, AR
$15,028
Development of a training program for infant/toddler caregivers (for 1 year). ID#024681

Benton Foundation
Washington, DC
$20,000
Meeting on new information technology and the public interest (for 2 months). ID#023949

Cenacle Retreat House
Highland Park, NJ
$20,000
Facility repairs and renovations (for 1 year). ID#022923

Cold Spring Harbor Laboratory
Cold Spring Harbor, NY
$145,616
Meetings on the health care implications of the human genome project (for 1 year). ID#022602

Elijah's Promise, Inc.
New Brunswick, NJ
$100,000
Renovation of a facility to provide meals for the poor (for 1 year). ID#023934

The Foundation Center
New York, NY
$250,000
Development of a computerized information network on foundations (for 1 year). ID#024693

Harvard University
Cambridge, MA
$188,990
Analysis of domestic policy gridlock (for 1 year). ID#022847

The Middlesex–Somerset–Mercer Regional Study Council
Princeton, NJ
$50,000
Support for regional planning (for 1 year). ID#026458

New Brunswick Development Corporation
New Brunswick, NJ
$295,586
Redevelopment program for New Brunswick, New Jersey (for 1 year). ID#023279

University of Rhode Island
Kingston, RI
$44,767
Development of survey on effects of domestic violence (for 1 year). ID#023802

Saint Louis University School of Public Health
St. Louis, MO
$49,188
Improving training for Missouri officials who set natural disaster policy (for 1 year). ID#023975

St. Vincent de Paul Societies
Metuchen, NJ
$66,000
Program to assist the indigent (for 1 year). ID#023467

The Salvation Army
New Brunswick, NJ
$110,000
Support services for the indigent and distressed (for 1 year). ID#023078

Social Science Research Council
New York, NY
$15,000
Dissemination of report on sexuality research opportunities (for 4 months). ID#024373

The United Way of Central Jersey, Inc.
Milltown, NJ
$300,000
Support for the 1994 campaign (for 1 year). ID#023438

Total 1994 Grants	180,510,763
Refunds of Prior Years' Grants, Net of Transfers	(2,175,829)
Cancellations of Prior Years' Grants, Net of Transfers	(7,945,920)
Transfer Grants:	
Balance Unspent By Original Grantees and Cancelled or Refunded in 1994	(410,780)
Transferred to New Grantees	506,831
Grants Net for 1994	170,485,065

Selected Bibliography

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

This bibliography presents a sampling of citations from the books, book chapters, journal articles, reports, and audiovisual materials that have been 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

Child Development Project. *At Home in Our Schools: A Guide to Schoolwide Activities That Build Community.* Oakland, California: Developmental Studies Center, 1994.

Dane, Barbara O., and Carol Levine (editors). *AIDS and the New Orphans: Coping with Death.* Westport, Connecticut: Auburn House, 1994.

DeLulio, John J., Jr., and Richard R. Nathan. *Making Health Reform Work: The View from the States.* Washington DC: The Brookings Institution, 1994.

Institute of Medicine. *Balancing the Scales of Opportunity: Ensuring Racial and Ethnic Diversity in the Health Professions.* Edited by Marion Ein Lewin and Barbara Rice. Washington DC: National Academy Press, 1994.

Laumann, Edward O., et al. *The Social Organization of Sexuality: Sexual Practices in the United States.* Chicago: University of Chicago Press, 1994.

McLaughlin, Catherine G., and Wendy K. Zellers. *Small Business and Health Care Reform: Understanding the Barriers to Employee Coverage and Implications for Workable Solutions.* Ann Arbor, Michigan: University of Michigan, School of Public Health, 1994.

Michael, Robert T., et al. *Sex in America: A Definitive Survey.* New York: Little, Brown and Company, 1994.

Morone, James A., and Gary S. Belkin (editors). *The Politics of Health Care Reform: Lessons from the Past, Prospects for the Future.* Durham, North Carolina: Duke University Press, 1994.

Book Chapters

Fitzsimons, Virginia. "Literacy: The Primary Need of Inner City Women for Successful Attainment of Health and Education Goals." In *Issues in Women's Health and Education Internationally*, edited by Sarah Roshan. New York: New York University Press, 1995.

Levine, Carol. "Ethical Issues in Modern Medicine." In *Health & Medical Annual*, edited by Karen Rosenburg. Chicago: World Book Publishing, 1994.

Pacquiao, Dula. "Motherhood and Women's Development." In *In Women's Experience*, edited by Patricia Munhall. New York: National League for Nursing Press, 1994.

Journal Articles

Anderson, Edwin, Dale Bergeron, and Byron J. Crouse. "Recruitment of Family Physicians in Rural Practice." *Minnesota Medicine*, 77(7): 29–32, July 1994.

Baker, David W., Carl D. Stevens, and Robert H. Brook. "Regular Source of Ambulatory Care and Medical Care Utilization by Patients Presenting to a Public Hospital Emergency Department." *Journal of the American Medical Association*, 271(24): 1909–1912, June 22/29, 1994.

Barer, Morris L., et al. "It Ain't Necessarily So: The Cost Implications of Health Care Reform." *Health Affairs*, 13(4): 88–99, Fall 1994.

Battista, Carolyn. "Mortal Lessons: How Yale Medical Students Learn to Deal with Death." *Yale Medicine* (Alumni Bulletin of the School of Medicine), 28(3): 38–41, Summer 1994.

Blendon, Robert J., et al. "The Beliefs and Values Shaping Today's Health Reform Debate." *Health Affairs*, 13(1): 274–284, Spring (I) 1994.

Breitbart, Vicki, Wendy Chavkin, and Paul H. Wise. "The Accessibility of Drug Treatment for Pregnant Women: A Survey of Programs in Five Cities." *American Journal of Public Health,* 84(10): 1658–1661, October 1994.

Brooks-Gunn, Jeanne, et al. "The Effects of Early Education Intervention on Maternal Employment, Public Assistance, and Health Insurance: The Infant Health and Development Program." *American Journal of Public Health,* 84(6): 924–931, June 1994.

Buerhaus, Peter I. "Economics of Managed Competition and Consequences to Nurses: Part I." *Nursing Economics,* 12(1): 10–17, January/February 1994.

Carson, Catherine A., et al. "Quality of Published Reports of the Prognosis of Community-Acquired Pneumonia." *Journal of General Internal Medicine,* 9(1): 13–19, January 1994.

Cheadle, Allen, et al. "Relationship Between Socioeconomic Status, Health Status, and Lifestyle Practices of American Indians: Evidence from a Plains Reservation Population." *Public Health Reports,* 109(3): 405–413, May/June 1994.

Christakis, Nicholas A. "Timing of Referral of Terminally Ill Patients to an Outpatient Hospice." *Journal of General Internal Medicine,* 9(6): 314–320, June 1994.

Cohen, Marc A., Nanda Kumar, and Stanley S. Wallack. "Long-Term Care Insurance and Medicaid." *Health Affairs,* 13(4): 127–139, Fall 1994.

Davidson, Leslie L., et al. "The Impact of the Safe Kids/Healthy Neighborhoods Injury Prevention Program in Harlem, 1988 through 1991." *American Journal of Public Health,* 84(4): 580–586, April 1994.

DeBusk, Robert F., et al. "A Case-Management System for Coronary Risk Factor Modification after Acute Myocardial Infarction." *Annals of Internal Medicine,* 120(9): 721–729, May 1, 1994.

Ehreth, Jenifer L. "The Development and Evaluation of Hospital Performance Measures for Policy Analysis." *Medical Care,* 32(6): 568–587, June 1994.

Elmore, Joann G., and Alvan R. Feinstein. "Joseph Goldberger: An Unsung Hero of American Clinical Epidemiology." *Annals of Internal Medicine,* 121(5): 372–375, September 1, 1994.

Estes, Carroll L., and James H. Swan. "Privatization, System Membership, and Access to Home Health Care for the Elderly." *Milbank Quarterly,* 72(2): 277–298, 1994.

Fendrick, A. Mark, et al. "Hospital Adoption of Laparoscopic Cholecystectomy." *Medical Care,* 32(10): 1058–1063, October 1994.

Fields, Scott A., and William L. Toffler. "Principles of Clinical Medicine: A Multidisciplinary, Integrated, Two-year Longitudinal Curriculum." *Academic Medicine,* 69(5): 418, May 1994.

Frank, Richard G., and Martin Gaynor. "Fiscal Decentralization of Public Mental Health Care and The Robert Wood Johnson Foundation Program on Chronic Mental Illness." *Milbank Quarterly,* 72(1): 81–104, 1994.

Gibbons, Gary H., and Victor J. Dzau. "The Emerging Concept of Vascular Remodeling." *New England Journal of Medicine,* 330(20): 1431–1438, May 19, 1994.

Gifford, Allen L., Stephen J. McPhee, and Don Fordham. "Preventive Care Among HIV-Positive Patients in a General Medicine Practice." *American Journal of Preventive Medicine,* 10(1): 5–9, 1994.

Gill, Thomas M., and Alvan R. Feinstein. "A Critical Appraisal of the Quality of Quality-of-Life Measurements." *Journal of the American Medical Association,* 272(8): 619–626, August 24/31, 1994.

Ginzberg, Eli. "Improving Health Care for the Poor: Lessons from the 1980s." *Journal of the American Medical Association,* 271(6): 464–467, February 9, 1994.

Grey, Michael R. "The Medical Care Programs of the Farm Security Administration, 1932 through 1947: A Rehearsal for National Health Insurance?" *American Journal of Public Health,* 84(10): 1678–1687, October 1994.

Haas, Jennifer S., et al. "Creating a Comprehensive Database to Evaluate Health Coverage for Pregnant Women: The Completeness and Validity of a Computerized Linkage Algorithm." *Medical Care,* 32(10): 1053–1057, October 1994.

Health Workforce Policy. "Papers from the Symposium, Workforce Policy: Physicians and Nurses in Health Care Reform, Washington DC, April 25–26, 1994." *Inquiry* (Special Issue), 31(3): Fall 1994.

Holahan, John, Linda J. Blumberg, and Stephen Zuckerman. "Strategies for Implementing Global Budgets." *Milbank Quarterly,* 72(3): 399–429, 1994.

Hox, Joop J., and Ita G. Kreft. "Multilevel Analysis Methods." *Sociological Methods and Research,* 22(3): 283–299, February 1994.

Jones, Stanley, Donald M. Cohodes, and Barbara Scheil. "The Risks of Ignoring Insurance Risk Management." *Health Affairs,* 13(2): 108–122, Spring (II) 1994.

Katz, Steven J., and Timothy P. Hofer. "Socioeconomic Disparities in Preventive Care Persist Despite Universal Coverage: Breast and Cervical Cancer Screening in Ontario and the United States." *Journal of the American Medical Association,* 272(7): 530–534, August 17, 1994.

Kindig, David A. "Counting Generalist Physicians." *Journal of the American Medical Association,* 271(19): 1505–1507, May 18, 1994.

Kindig, David A., and Donald Libby. "How Will Graduate Medical Education Reform Affect Specialties and Geographic Areas?" *Journal of the American Medical Association,* 272(1): 37–42, July 6, 1994.

Kleinman, Lawrence C., et al. "The Medical Appropriateness of Tympanostomy Tubes Proposed for Children Younger than 16 Years in the United States." *Journal of the American Medical Association,* 271(16): 1250–1255, April 27, 1994.

Kramer, Andrew, John Steiner, and Jacqueline Kowalsky. "Rehabilitation and Subacute Care: A National Study Involving Six HMOs." *HMO Magazine,* 35(1): 1, 5–19, January/February 1994.

Lieu, Tracy A., et al. "Risk Factors for Delayed Immunization Among Children in an HMO." *American Journal of Public Health,* 84(10): 1621–1625, October 1994.

Linzer, Mark, et al. "Admission, Recruitment and Retention: Finding and Keeping the Generalist-oriented Student." *Journal of General Internal Medicine,* 9(Supplement 1): S14–S23, April 1994.

Lozano, Paula, et al. "Advocacy Training During Pediatric Residency." *Pediatrics,* 94(4): 532–536, October 1994.

Marcus, Elaine, Robert White, and Richard H. Rubin. "Early Clinical Skills Training." *Academic Medicine,* 69(5): 415, May 1994.

Mauldon, Jane, et al. "Rationing or Rationalizing Children's Medical Care: Comparison of a Medicaid HMO with Fee-for-Service Care." *American Journal of Public Health,* 84(6): 899–904, June 1994.

Medicaid Access Study Group. "Access of Medicaid Recipients to Outpatient Care." *New England Journal of Medicine,* 330(20): 1426–1430, May 19, 1994.

Meyer, Gregg S., Jennifer N. Edwards, and David Blumenthal. "Experience of The Robert Wood Johnson Health Policy Fellowship." *Health Affairs,* 13(2): 264–270, Spring (II) 1994.

Mitchell, Wendy G., Lawrence M. Scheier, and Sherry A. Baker. "Psychosocial, Behavioral and Medical Outcomes in Children with Epilepsy: A Developmental Risk Factor Model Using Longitudinal Data." *Pediatrics,* 94(4): 471–477, October 1994.

O'Connor, Patrick G., Jeffrey H. Samet, and Michael D. Stein. "Management of Hospitalized Intravenous Drug Users: Role of the Internist." *American Journal of Medicine,* 96(6): 551–558, 1994.

Olds, David L., Charles R. Henderson, Jr., and Robert Tatelbaum. "Prevention of Intellectual Impairment in Children of Women Who Smoke Cigarettes During Pregnancy." *Pediatrics,* 93(2): 228–233, February 1994.

Packman, C. Henry, et al. "The Rochester Practice-Based Experience: An Experiment in Medical Education." *Archives of Internal Medicine,* 154(11): 1253–1260, 1994.

Rodriguez, Michael A. "Domestic Violence." *Western Journal of Medicine,* 161(1): 60–61, July 1994.

Rosenthal, Michael P., et al. "Influence of Income, Hours Worked, and Loan Repayment on Medical Students' Decision to Pursue a Primary Care Career." *Journal of the American Medical Association,* 271(12): 914–917, March 23/30, 1994.

Safran, Dana Gelb, Alvin R. Tarlov, and William H. Rogers. "Primary Care Performance in Fee-for-Service and Prepaid Health Care Systems: Results from the Medical Outcomes Study." *Journal of the American Medical Association,* 271(20): 1579–1586, May 25, 1994.

Schwartz, Richard W., et al. "Knowledge Gain in a Problem-Based Surgery Clerkship." *Academic Medicine,* 69(2): 148–151, 1994.

Schwarz, Donald F., et al. "A Longitudinal Study of Injury Morbidity in an African-American Population." *Journal of the American Medical Association,* 271(10): 755–760, March 9, 1994.

Sege, Robert, and William Dietz. "Television Viewing and Violence in Children: The Pediatrician as Agent for Change." *Pediatrics,* 94(4): 600–607, October, 1994.

Shapiro, David W., Neil S. Wenger, and Martin F. Shapiro. "The Contributions of Authors to Multi-authored Biomedical Research Papers." *Journal of the American Medical Association,* 271(6): 438–442, February 9, 1994.

Soumerai, Stephen B., et al. "Effects of Limiting Medicaid Drug-Reimbursement Benefits on the Use of Psychotropic Agents and Acute Mental Health Services by Patients with Schizophrenia." *New England Journal of Medicine,* 331(10): 650–655, September 8, 1994.

Urbina, Christopher, et al. "Innovative Generalist Programs: Academic Health Care Centers Respond to the Shortage of Generalist Physicians." *Journal of General Internal Medicine,* 9(Supplement 1): S81–S89, April 1994.

Warner, Kenneth E., and George A. Fulton. "The Economic Implications of Tobacco Product Sales in a Nontobacco State." *Journal of the American Medical Association,* 271(10): 771–776, March 9, 1994.

Weinberg, Ethel, et al. "The Cost of Third-Year Clerkships at Large Nonuniversity Teaching Hospitals." *Journal of the American Medical Association,* 272(9): 669–673, September 7, 1994.

Zima, Bonnie T., Kenneth B. Wells, and Howard E. Freeman. "Emotional and Behavioral Problems and Severe Academic Delays Among Sheltered Homeless Children in Los Angeles County." *American Journal of Public Health*, 84(2): 260–264, February 1994.

Zolopa, Andrew R., et al. "HIV and Tuberculosis Infection in San Francisco's Homeless Adults: Prevalence and Risk Factors in a Representative Sample." *Journal of the American Medical Association*, 272(6): 455–461, August 10, 1994.

Reports

Alpha Center for Health Planning. *Networking for Rural Health* (second report in a series). Washington DC: Alpha Center for Health Planning, Spring 1994.

Black, Michele, and Karen Matherlee. *Diversity in Health Systems Reform: The Implications of U.S. - Mexico Border Issues* (Briefing book: El Paso, Texas; Doña Ana County, New Mexico; Juárez, Mexico). Washington DC: National Health Policy Forum, April 1994.

Cannon, Nancy L. *The Health Care Delivery System*. Waltham, Massachusetts: Council on the Economic Impact of Health Care Reform, Brandeis University, April 1994.

Center for Vital Statistics and Health Policy. *Health Needs Assessment for the State of Idaho*. Boise, Idaho: Division of Health, Idaho Department of Health and Welfare, February 1994.

Cohen, Harlod A. *Experiences in States Which Have Had Limited Hospital Cost Growth*. Waltham, Massachusetts: Council on the Economic Impact of Health Care Reform, Brandeis University, April 1994.

Copple, Barbara, et al. *Funding for the 21st Century: Building Funding Capacity in Center for Substance Abuse Partnerships and Other Coalitions*. Alexandria, Virginia: Walcoff & Associates, funded by the Center for Substance Abuse Prevention, 1994.

Haack, Mary R., and Janet Deatrick. *Treating Service-Intensive Populations: Pregnant Addicted Women and HIV-Positive Children* (Intergovernmental Health Policy Project). Legislative Leaders' Conference on Substance Abuse and Health Care Reform. Washington DC: George Washington University, Center for Health Policy Research, 1994.

Himmelstein, Jay, Kathleen Rest, and Karl Polzer. *Workers' Compensation and Health Care Reform: Is There a Need for Federal Action?* (Issue Brief 650). Washington DC: National Health Policy Forum, June 6, 1994.

How Americans Lose Health Insurance. Washington DC: Families USA Foundation, April 1994.

Lesparre, Michael, and Karen R. Matherlee. *Chronic Mental Illness in Light of Systems Reform: Results of The Robert Wood Johnson Foundation Program on Chronic Mental Illness* (Issue Brief 647). Washington DC: National Health Policy Forum, April 22, 1994.

Long, Stephen H., and M. Susan Marquis. *Toward a Global Budget for the U.S. Health System: Implementation Issues and Information Needs*. Santa Monica, California: Rand Corporation, July 1994.

Mann, Thomas, and Norman Ornstein. *Renewing Congress: A Progress Report*. Washington DC: American Enterprise Institute and The Brookings Institution, March 1994.

National Coalition of Hispanic Health and Human Services Organizations. *Community Profile Reports: Summary Findings from the Hispanic Health Needs Assessment*. Washington DC: Coalition of Hispanic Health and Human Services Organizations, 1994.

Parkinson, Michael D., et al. *Treating Tobacco Addiction* (Intergovernmental Health Policy Project). Washington DC: George Washington University, Center for Health Policy Research, 1994.

Ramirez, Maria, and Bernadette VanDeusen. *Developing a Mentoring Program for Ethnic Nursing Students: A Systematic Approach* (Strategy Handbook). Fremont, California: Ohlone College, 1994.

Rice, Barbara. *Need for More Minority Health Professionals Goes Beyond Past Calls for Social Equality, Justice*. Washington DC: Office of News and Public Information, Institute of Medicine, April 14, 1994.

Riportella-Muller, Roberta, David A. Kindig, and Donald Libby. *The National Experience with the Substitution of Physician Assistants and Nurse Practitioners for Medical Residents in Council of Teaching Hospitals' Member Hospitals*. Final report submitted to The Robert Wood Johnson Foundation, April, 1994.

Silow-Carroll, Sharon, et al. *In Sickness and in Health? The Marriage Between Employers and Health Care*. Washington DC: Economic and Social Research Institute, October 1994.

Sparkman, Thad. *Minnesota Community Health Center Program: Report to the Legislature*. Minneapolis: Office of Rural Health and Primary Care, February 1994.

Zedlewski, Sheila, John Holahan, and Colin Winterbottom. *The Clinton Health Care Plan: Who Would Pay?* Washington DC: The Urban Institute, 1994.

Zimmerman, Donald L. *The Price of No Data: Setting Private Insurance Premiums for the Uninsured* (Issue Brief 644). Washington DC: National Health Policy Forum, March 28, 1994.

Audiovisual Materials

Children in Paradise (30-minute videotape of ABC television special). Santa Barbara, California: KEYT Television, 1994.

Community Health Advisors in Mississippi (5½-minute videotape). Jackson, Mississippi: Mississippi State Department of Health, 1994.

Reel Talk (14-minute videotape produced for Teen Pregnancy Alliance). Jackson, Mississippi: Communication Arts Company, 1994.

Teachers' Classroom Practice (series of videotapes showing changes in teachers' classroom practice during the Child Development Project). Oakland, California: Developmental Studies Center, 1994.

Financial Statements

The annual financial statements for the Foundation for 1994 appear on pages 65 through 67. A listing of grants authorized in 1994 begins on page 31.

Net grants and program contracts and related activities totaled $183,985,000. 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 $17,775,000; and federal excise tax on investment income amounted to $1,247,000, making a grand total of grant authorizations and expenditures of $203,007,000. This total was $73,226,000 more than gross investment income of $129,781,000. In 1993, total grant authorizations and expenditures were $36,664,000 more than gross revenue.

The Internal Revenue Code requires private foundations to make qualifying distributions of five 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 1994 and 1993 were approximately $170,500,000 and $161,100,000, respectively.

A list of investment securities held at December 31, 1994, is available upon request to the Treasurer, The Robert Wood Johnson Foundation, Post Office Box 2316, Princeton, New Jersey 08543-2316.

Andrew Greene

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, 1994 and 1993 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, 1994 and 1993 and the investment income, expenses, grants, and changes in foundation principal for the years then ended in conformity with generally accepted accounting principles.

Coopers & Lybrand L.L.P.

Princeton, New Jersey
January 27, 1995

Statement of Assets, Liabilities and Foundation Principal

at December 31, 1994 and 1993

(Dollars in thousands)

ASSETS	*1994*	*1993*
Cash	$ 3	$ 3
Interest and dividends receivable	14,037	11,919
Investments at market value:		
Johnson & Johnson common stock	2,287,011	2,041,427
Other equity investments	58,801	186,289
Fixed income investments	1,352,791	1,182,826
Program related investments	19,444	20,688
Cash surrender value, net	2,321	1,407
Land, building, furniture and equipment at cost, net of depreciation	14,611	12,285
	$3,749,019	$3,456,844
LIABILITIES AND FOUNDATION PRINCIPAL		
Liabilities:		
Accounts payable	$ 514	$ 299
Payable on pending security transactions	90,427	84,566
Unpaid grants	184,448	169,090
Federal excise tax payable	1,967	58
Deferred federal excise tax	40,884	36,992
Total liabilities	318,240	291,005
Foundation principal	3,430,779	3,165,839
	$3,749,019	$3,456,844

See notes to financial statements.

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

for the years ended December 31, 1994 and 1993

(Dollars in thousands)

	1994	1993
Investment income:		
Dividends	$ 54,551	$ 49,256
Interest	75,230	73,404
	129,781	122,660
Less: Federal excise tax	1,247	1,244
Investment expense	2,495	2,197
	126,039	119,219
Expenses:		
Program development and evaluation	9,813	8,857
General administration	5,467	5,456
	15,280	14,313
Income available for grants	110,759	104,906
Less: Grants, net of refunds and cancellations	170,485	130,969
Program contracts and related activities	13,500	10,601
Excess of grants and expenses over income	(73,226)	(36,664)
Adjustments to Foundation principal net of related federal excise tax:		
Realized gains on sale of securities	157,136	59,725
Unrealized appreciation (depreciation) on investments	181,030	(255,653)
	338,166	(195,928)
Net increase (decrease) in Foundation principal	264,940	(232,592)
Foundation principal, beginning of year	3,165,839	3,398,431
Foundation principal, end of year	$3,430,779	$3,165,839

See 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 $1,332,511 in 1994 and $920,837 in 1993 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):

	1994		1993	
	Cost	*Market Value*	*Cost*	*Market Value*
Johnson & Johnson Common Stock 41,771,897 and 45,491,400 shares in 1994 and 1993, respectively	$ 99,788	$2,287,011	$ 108,674	$2,041,427
Other equity investments:				
Internally managed including temporary cash of $19,598	–	–	110,394	126,527
Externally managed	56,013	58,801	52,156	59,762
Fixed income investments	1,389,955	1,352,791	1,171,393	1,182,826
	$1,545,756	$3,698,603	$1,442,617	$3,410,542

The net realized gains (losses) on sales of securities for the years ended December 31, 1994 and 1993 were as follows (dollars in thousands):

	1994	*1993*
Johnson & Johnson common stock	$189,141	$ –
Other securities, net	(32,005)	59,725
	$157,136	$59,725

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 $1,035,906 and $974,800 in 1994 and 1993, respectively.

The Secretary's Report

At the January 1995 meeting of the Board, Linda Griego was elected trustee of the Foundation. Ms. Griego is chief executive officer of Rebuild LA, a nonprofit public benefit corporation that focuses on economic revitalization of communities of greater Los Angeles.

Also at the January 1995 meeting, Leonard F. Hill and Frank J. Hoenemeyer, trustees of the Foundation, were each elected to the office of trustee emeritus. Mr. Hill's quarter century of service as trustee began in 1971 when the Foundation became a major philanthropy and included participation in all facets of the Foundation's growth and development. Mr. Hoenemeyer served as a trustee and as a member and then the chairman of the Finance Committee of the Board over the past nine years. At their election as trustees emeriti, Mr. Hill and Mr. Hoenemeyer were cited by the Board for their faithful, distinguished, and valuable service to the Foundation.

David E. Rogers, MD, died on December 5, 1994. He served as president of the Foundation from January 1972 through November 1986 and was trustee emeritus. The Foundation is indebted to Dr. Rogers for his vision and leadership during its formative years. Dr. Rogers was the Walsh McDermott University Professor of Medicine at the Cornell University Medical College in New York City and had served as the co-chair of the National Commission on AIDS. The Foundation has established the David E. Rogers Award to recognize a member of a medical school faculty who during his/her career made major contributions to improving the health and health care of the American people. This award will be made annually at the fall meeting of the Association of American Medical Colleges.

Staff changes

In July 1994, Marilyn Aguirre-Molina, EdD, joined the Foundation as senior program officer. Prior to joining the Foundation, Dr. Aguirre-Molina was an assistant professor in the Department of Environmental and Community Medicine and co-director of the Health Education and Behavioral Science Track at the University of Medicine and Dentistry of New Jersey. Dr. Aguirre-Molina received her EdD in health education from Columbia University.

In July 1994, Paul Tarini joined the Foundation as communications officer. Prior to joining the Foundation, Mr. Tarini worked as senior public information officer in the American Medical Association's Department of Science News. Mr. Tarini received his MA in public affairs journalism from Columbia College Chicago, Chicago, Illinois. Also in July 1994, Joan Hollendonner, associate communications officer, was promoted to communications officer.

In October 1994, F. Marc LaForce, MD, joined the staff as special advisor to the Foundation for a six-month period during a sabbatical leave from The Genesee Hospital in Rochester, New York, where he is the physician-in-chief. He also directs the Foundation's Building Health Systems for People with Chronic Illnesses program.

In January 1995, Rona K. Smyth Henry joined the Foundation as financial officer, from The Bowman Gray School of Medicine of Wake Forest University. Ms. Henry received her MBA and MPH in health services management from the University of California, Berkeley.

This report covers the period through February 10, 1995.

In December 1994, Pauline M. Seitz, senior program officer, left the Foundation to become program director of the Foundation's New Jersey Health Initiatives Program at the Health Research Educational Trust of the New Jersey Hospital Association. Ms. Seitz joined the Foundation in October 1987.

In December 1994, Vivian E. Fransen, communications officer, left the Foundation to become director of development for the Bonnie Brae School for troubled boys in Millington, New Jersey. Ms. Fransen joined the Foundation in September 1989.

In January 1995, Philip J. Gallagher, librarian, retired from the Foundation after more than 21 years of service.

In February 1995, Floyd K. Morris, senior financial officer, left the Foundation to assume the position of assistant administrator at the Kenmore Health Center, Harvard Community Health Plan, Boston. Mr. Morris joined the Foundation in June 1989.

Program directors

Maxine Hayes, MD, MPH, was appointed program director to the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Hayes is assistant secretary, Washington State Department of Health, Child Health Services.

Jean Johnson-Pawlson, PhD, was appointed program director to the program, Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants. Dr. Johnson-Pawlson is associate dean of health sciences at George Washington University School of Medicine.

Sol Levine, PhD, was appointed program director to the program, Investigator Awards in Health Policy Research. Dr. Levine is professor and acting chair at the Harvard School of Public Health Department of Health and Social Behavior; and senior scientist, and director of the Joint Program in Society and Health, The Health Institute, New England Medical Center.

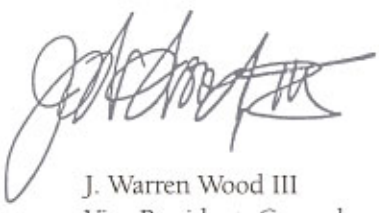
Susan D. Horn, PhD, completed her assignment directing the Program for Faculty Fellowships in Health Care Finance. Dr. Horn was appointed to this position in 1987.

Sandra L. Meicher, PhD, completed her assignment directing the program, Improving Child Health Services: Removing Categorical Barriers to Care. Dr. Meicher was appointed to this position in 1993.

Linda J. Rosen, PhD, completed her assignment as acting director of the New Jersey Health Services Development Program. Dr. Rosen was appointed to this position in 1993.

Board activities

The Board of Trustees met five times in 1994 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.



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Vice President, General
Counsel and Secretary

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Chairman, Board of Trustees

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Marjorie A. Gutman, PhD
Senior Program Officer

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Director of Program Research and Senior Program Officer

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Public Service Fellow

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F. Marc LaForce, MD
Special Advisor to the Foundation

Gail R. Wilensky, PhD
Special Advisor to the President

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Richard J. Toth
Assistant Director, Office of Proposal Management

Katherine J. Parker
Proposal Manager

Julia E. Painter
Program Assistant

Linda J. Gabryszewski
Data Coordinator

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Victoria D. Weisfeld
Senior Communications Officer

Joan K. Hollendonner
Communications Officer

Paul A. Tarini
Communications Officer

Gautam Kar
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Fran Sucharow
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Xiaolan Su
Assistant Librarian

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Peter Goodwin
Vice President for Financial Monitoring

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Financial Officer

Gail I. Benish
Financial Analyst

Milton R. Ellis, Jr.
Financial Analyst

Spencer L. Lester
Financial Analyst

Lynne Long-Higham
Financial Analyst

Janice A. Opalski
Financial Analyst

Sheila Weeks-Brown
Financial Analyst

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Secretary

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Assistant Controller

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Portfolio/Accounting Assistant

Ellen E. Wawczak
Accounting Assistant

Carol A. Owle
Accounting Clerk

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Charles H. Kruger
Manager of Information Systems

Tami S. Mansur
Help Desk Specialist

Kristine Matuskiewicz
Help Desk Specialist

Renee M. Dorrian
Applications Programmer

Debra A. Heyn-Sheil
Systems Analyst

Paul D. Frame
Data Administrator

Awilda Marquez
Secretary

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Supervisor of Office Systems

Francine A. Belardo
Technical Support Services Operator

JoAnn E. O'Dwyer
Technical Support Services Operator

Karen J. Candelori
Fixed Income Portfolio Manager

Denise M. Inverso
Fixed Income Portfolio Manager

Rosemary McGreevy
Investment Analyst/Generalist

Jill U. Posluszny
Supervisor of Operations

Heather C. Kilgariff
Operations Assistant

Corinne T. Kelley
Secretary

Linda T. Curran
Director of Personnel and Administrative Services

M. Patricia Jones
Personnel Assistant

Nancy A. Paulick
Benefits Specialist

Anthony D. Freda
Office Services Manager

Heidi N. Tucci
Office Services Coordinator

Kathryn W. Flatley
Receptionist/Operator

M. M. Thornes
Receptionist/Operator

Amy K. Brand
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

Staff as of February 10, 1995.

National Program Offices and Directors

The Robert Wood Johnson Foundation funds a number of multiyear, multisite national programs whose grantees are located 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.

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, Emory University
One Copenhill
Atlanta, GA 30307-1406

Building Health Systems for People with Chronic Illnesses

F. Marc LaForce, MD
Physician-in-Chief
Department of Medicine
The Genesee Hospital
224 Alexander Street
Rochester, NY 14607-4055

Changes in Health Care Financing and Organization

Anne K. Gauthier
Associate Director
The Alpha Center
Suite 1100
1350 Connecticut Avenue, NW
Washington, DC 20036-1701

Chronic Care Initiatives in HMOs

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

Coming Home

David C. Nolan
Director
Coming Home
Suite 610
44 Montgomery Street
San Francisco, CA 94104

Community Health Leadership Program

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

Developing Local Infant Mortality Review Committees

Kathleen A. Buckley, MSN, CNM
Director
National Fetal-Infant Mortality Review Program
American College of Obstetricians and Gynecologists
409 12th Street, SW
Washington, DC 20024-2188

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

Family Support Services Program

Judy L. Carter
Executive Director
Family Resource Coalition
200 South Michigan Avenue, #1520
Chicago, IL 60604-2404

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

W. Anderson Spickard, Jr., MD
Professor of Medicine
Vanderbilt University School of Medicine
2553 The Vanderbilt Clinic
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, 3rd Floor
New York, NY 10032

Generalist Physician Faculty Scholars Program

John M. Eisenberg, MD
Chairman and Physician-in-Chief
Department of Medicine, 5005 PHC
Georgetown University Medical Center
3800 Reservoir Road, NW
Washington, DC 20007-2197

The Generalist Physician Initiative

Jack M. Colwill, MD
Professor and Chairman
Department of Family and Community Medicine
University of Missouri-Columbia
M228 Medical Science Building
1 Hospital Drive
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, ScM
Director
Health of the Public
Harvard Community Health Plan, Inc.
126 Brookline Avenue, Suite 200
Boston, MA 02215

Jonathan Showstack
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
Co-director
Healthy Nations: Reducing Substance Abuse Among Native Americans
Department of Psychiatry
University of Colorado Health Sciences Center
University North Pavilion A011-13
4455 East 12th Avenue
Denver, CO 80220

Spero M. Manson, PhD
Co-director
Healthy Nations: Reducing Substance Abuse Among Native Americans
Department of Psychiatry
University of Colorado Health Sciences Center
University North Pavilion A011-13
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

IMPACS: Improving Malpractice Prevention and Compensation Systems

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

Improving Child Health Services: Removing Categorical Barriers to Care

Maxine Hayes, MD, MPH
Assistant Secretary
Community Health Division
Washington State Department of Health
PO Box 47880
Olympia, WA 98504-7880

Improving the Quality of Hospital Care

Andrea I. Kabcenell, RN, MPH
Senior Research Associate
College of Human Ecology
Cornell University
Martha van Rensselaer Hall, Room N132
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

Injury Prevention Program

Barbara Barlow, MD
Chief of Pediatric Surgery
Columbia University
Harlem Hospital Center, MLK 17103
506 Lenox Avenue
New York, NY 10037

Investigator Awards in Health Policy Research

Sol Levine, PhD
Senior Scientist and Director
Joint Program in Society and Health
New England Medical Center Hospitals, Inc.
750 Washington Street
NEMC 345
Boston, MA 02111

Ladders in Nursing Careers Program

Margaret T. McNally
Vice President for Health Professions
New York Health Careers Center, Inc.
Greater New York Hospital Foundation
555 West 57th Street, 15th Floor
New York, NY 10019-2974

Local Initiative Funding Partners Program

Ruth S. Hanft, PhD
Professor
Department of Health Services Management and Policy
George Washington University
Suite 700
1001 22nd Street, NW
Washington, DC 20037

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
Division of 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 Initiatives *(New Jersey Health Services Development Program)*

Pauline M. Seitz
Director
New Jersey Health Initiatives
Health Research and Educational Trust of New Jersey
760 Alexander Road, CN1
Princeton, NJ 08543-0001

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
Division of Pulmonary and Critical Care Medicine
University of California, San Francisco
Campus Box 0841
San Francisco, CA 94143-0841

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

Thomas W. Chapman
Director
The George Washington University Medical Center
Suite 810
1001 22nd Street, NW
Washington, DC 20037

Partners in Caregiving: The Dementia Services Program

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

Partnerships for Training: Regional Education Systems for Nurse Practitioners, Certified Nurse-Midwives, and Physician Assistants

Jean Johnson-Pawlson
Association for Academic Health Centers
1616 P Street, NW, Suite 400
Washington, DC 20036

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 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

Program on the Care of Critically Ill Hospitalized Adults

William A. Knaus, MD
Director, ICU Research Unit
George Washington University Medical Center
2300 K Street, NW, Room 313
Washington, DC 20037

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

Project 3000 by 2000 – Health Professions Partnerships Initiative

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

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

H. Denman Scott, MD, MPH
Reach Out National Program Office
Brown University Division of Biology and Medicine
167 Angell Street
Providence, RI 02912

Replication of the Foundation's Programs on Mental Illness

Martin D. Cohen
Executive Director
The Technical Assistance Collaborative, Inc.
1 Center Plaza, 3rd Floor
Government Center
Boston, MA 02108

Scholars in Health Policy Research Program

Alan B. Cohen, ScD
Director
Health Care Management Program
Boston University School of Management
685 Commonwealth Avenue, Room 334
Boston, MA 02215

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
Old Hillman Building, Room 452
UAB Station
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

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State Initiatives in Long-Term Care

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Statewide System of Care for Chronically Ill Elderly in Massachusetts

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Strengthening Hospital Nursing: A Program to Improve Patient Care

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Substance Abuse Policy Research Program

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Supportive Services Program in Senior Housing

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Tobacco Policy Research and Evaluation Program

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

Clinical Scholars Program
(Annie Lea Shuster)

Community Care Funding Partners Program
(Terrance Keenan)

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

Nursing Services Manpower Development Program
(Rosemary Gibson)

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

Grant Application Guidelines

The Robert Wood Johnson Foundation is a private, independent philanthropy not connected with any corporation. Seeking to improve the health and health care of all Americans, it concentrates its grantmaking in four areas:

- assuring access to basic health services
- improving the way services are organized and provided to people with chronic health conditions
- promoting health and preventing disease by reducing harm from substance abuse
- seeking opportunities to help the nation address the problem of escalating health care costs.

The Foundation funds several kinds of projects:

- those initiated by applicants in response to Foundation calls for proposals or other invitational announcements. The call for proposals describes the program area, sets forth eligibility criteria, and details the specific application procedures and deadlines.
- those initiated by applicants and reflecting their own interests. Grants for such projects are made throughout the year. There are no specific application forms or deadlines.

The Foundation publishes and widely distributes its calls for proposals and national program announcements that provide eligibility criteria and application guidelines for these programs.

To apply for funding for a project reflecting your own interests, please submit a preliminary letter of inquiry, not a fully developed proposal. Ideally, this letter of inquiry will spare your time yet provide our staff with enough information to determine whether to request a full proposal from you. The letter of inquiry should be written on your institution's letterhead, should not exceed four typewritten pages, and should contain the following information:

- a brief description of the problem to be addressed
- a statement of the project's principal objectives
- a description of the proposed intervention, or, for research projects, the methodology
- a brief statement about the rationale for the project and how it fits with what others are doing
- the expected outcome
- the qualifications of the institution and the project's principal personnel
- a timetable for the project
- the total estimated project budget, including the amount requested from the Foundation and any other anticipated sources of support
- any plans for evaluating the project's results and disseminating its findings
- a plan for sustaining the project after grant funding expires
- a statement concerning the extent to which the project's success will depend upon reaching appropriate audiences through the news media or promotional materials (newsletters, brochures, advertising, or opinion research)
- the name of the primary contact person for follow-up.

You may attach to the letter the curricula vitae of key staff, more detailed budget breakdowns, and background information concerning your institution, though this is not required.

The Review Process

Based on a review of your letter of inquiry by our program staff, a full proposal may be requested. If so, we will provide specific instructions about what information to include and how best to present it.

Each proposal is first examined to determine whether it involves one of the activities we are precluded from funding (see "Limitations") and, if not, whether it clearly addresses one of our program goals. You

will be notified promptly if the proposal does not meet either of these initial criteria. If it does, it is assigned to a program officer for further review.

First-stage review

The program officer conducts a thorough study of the proposal, often in conjunction with other members of the program staff, sometimes with the assistance of outside consultants. This process generally lasts from two to three months, but requests for additional information sometimes prolong this stage of the review.

For any proposal that has a substantial health services or health policy research component, the program officer usually will have an outside reviewer assess the project's technical aspects.

If, during this process, it appears that the Foundation will be unable to provide support for the project, you will be notified promptly.

Second-stage review

Once the program officer believes he or she understands the project thoroughly, it will be reviewed and commented on by various Foundation work groups of program staff and administrative committees whose questions must be addressed. This phase of the approval process may take several weeks. Large or controversial projects must be reviewed by the Foundation's board of trustees at their quarterly meetings. If your grant is approved at any point, you will receive formal written communication from the Foundation's president.

Limitations

In general, the Foundation gives preference to applicants that are public agencies or are tax-exempt under Section 501(c)(3) of the Internal Revenue Code, and are not private foundations as defined under Section 509(a). The policies of the Foundation generally preclude support for:

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

Preliminary letters of inquiry should be addressed to:

Edward H. Robbins
Director, Office of Proposal Management
The Robert Wood Johnson Foundation
Route 1 and College Road East
Post Office Box 2316
Princeton, New Jersey 08543-2316

Internet address:
mail@rwjf.org

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 — free-of-charge — publications and/or videos that describe the progress and outcomes of some of the programs assisted by the Foundation or explore areas of interest to the Foundation. A list of these titles is available by writing to:

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

Requests can be sent by electronic mail via the Internet to:
publications@rwjf.org

Institution Index to the 1994 Grants

(Pages 31-57)

Trends in National Health Expenditures

(inside back cover)

U.S. Health Costs Continue Rising Over Three Decades of Change

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Cover Chart

Note: Health spending after inflating to 1994 dollars using the Consumer Price Index.

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