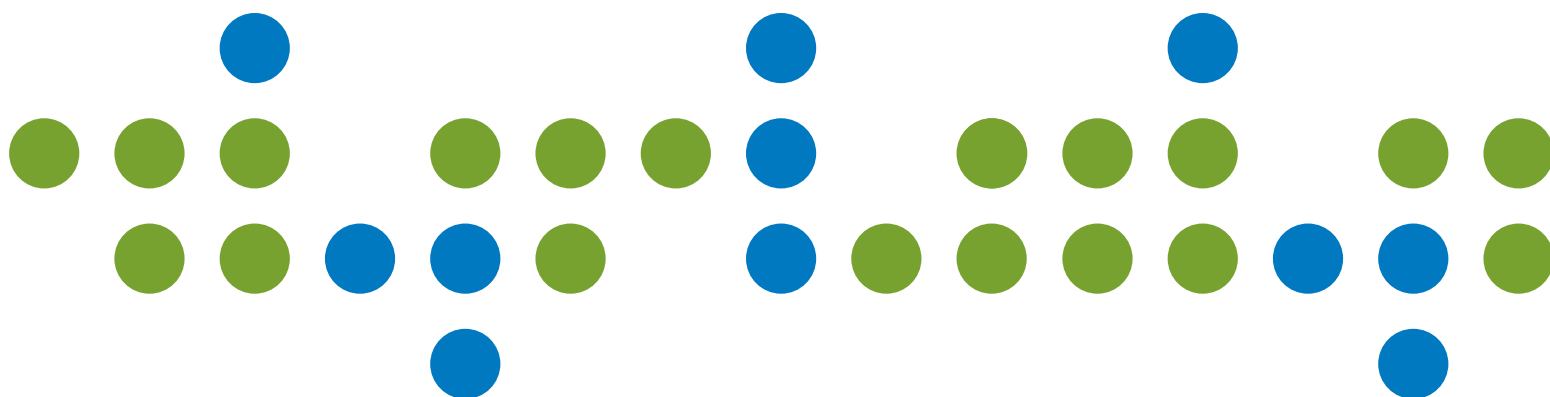




Robert Wood Johnson Foundation

The Road to Reform



[President's Message](#) from the 2008
Robert Wood Johnson Foundation
Annual Report

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America finally belongs to the 21st century. It is a moment of great challenge and opportunity. Our new president and Congress, along with public and private leaders all across the country and around the world, are grappling with economic, health, environmental, energy and security threats more immediate and frightening than most of us have ever known. What our leaders choose to do and what we ask them to do, or not do, will affect every aspect of our lives.



The American people expect improving health and health care to be among the priorities at the top of the national agenda. Polling every year since 2000 consistently registers a strong and unwavering public concern over the adequacy, cost, safety and fairness of health care financing and delivery. Not surprisingly, the people know what they are talking about. They take health care's measure each time they see their doctor, go to the hospital, pick up a prescription at the pharmacy, pay an insurance premium.

Patients and their families, employers, leading thinkers, policy-makers, researchers and health care providers all know that the system is not working. Yet many people still believe that Americans receive the best health care in the world. It is true that American medicine's technology is unsurpassed. But we pay more for the quality care we receive and we experience poorer patient outcomes than most other developed countries.

For longer than most of us have been alive, most serious attempts at systems change and quality improvement have fallen short. Perhaps that's because we have focused too much on isolating symptoms as stand-alone problems to be treated individually and incrementally. We realize that the confounding array of separate symptoms actually are a tightly bound interdependent complex system that resists division. Only recently, aided by sophisticated data collection and analysis, are we able to better understand and describe the interactions.

The most apparent symptoms include:

- Tens of millions are uninsured or underinsured.
- Variations in quality, safety, performance, and treatment are endemic.
- Avoidable medical and hospital errors kill thousands each year.
- Access to care is declining, uneven and unfair.
- Racial and ethnic disparities in health and health care delivery are pervasive.
- Adult and childhood obesity are epidemic.
- Prevention is overlooked and mental health discounted.
- Public health suffers from years of political neglect.
- Spending trends are unsustainable.
- Resources flood specialty care; resources drought afflicts primary chronic care.
- Demands of process and profit marginalize patients.

If any consensus is common among knowledgeable health and public policy experts it is this: Our health is part of a broader, complex and systemic problem. What to do about it is what this report is all about.

Much of the political discussion around health and health system reform is

abstract, focusing on an often fuzzy big picture. Health and health care, however, are more down-to-earth, involving real people living real lives in the real world. I know this because I've seen medicine, health care and health policy through almost every facet of the prism. But there is seeing and there is "seeing."

My early days training in Boston hospitals were typical of medical residents everywhere. We worked 36 hours on, 12 hours off, surviving on vending machine snacks and gallons of coffee. The attending physicians were intimidating, the fatigue excruciating.

The procession of patients was never-ending. At each encounter the person was unique in history, symptoms and treatment. We worked fast: examine, diagnose, treat, next please. Total immersion in the minutia of medicine. That was it. I've never learned so much so fast that's stuck so long. It was one of the great experiences of my life.

Only after treating thousands of patients presenting across the spectrum of human malady and disease did the connections become clear to me: In our human ecology, the health of one person affects the health of all, and *vice versa*.

My awakening began, as it has so often for many health care providers, with a single patient. I'm not sure she even knew her real name. I do know she was

homeless and helpless and even though she was a military veteran we were unable to give her the level of care she needed.

She appeared very late on a winter night at the admitting station on the first floor of the old West Roxbury VA medical center, bringing the cold in with her. My guess is she came to us out of the woods that separates Roxbury from the Charles River and Cow Island Pond.

Her feet were swollen and covered by flimsy house shoes. Painful leg ulcers made it difficult for her to walk. Her medical chart was very thick; she'd been to the VA many times before. We did what they always did for her: A good tidying-up, antibiotics and a place to rest.

The next morning we had to let her go. Though I never saw her again, I've never forgotten my sadness and frustration that, apart from a few hours in a warm bed, some medicine and a decent meal, the system was not equipped to protect our patient from the harshness of her reality outside the hospital.

She limped back into the same problems she had before: no home, far too little nutritious food, inadequate clothing, no one to care for her, no social network to come to her aid. She was a vet with health coverage, but medical care alone was no match against the enormity of the social factors destroying her health and almost certainly shortening her life.

They didn't teach us in med school how to connect the dots between health, health care, community prevention programs, and a continuum of services that allow people to

enjoy healthy lives. Like many of my medical colleagues, we learned it the hard way, by going up against conditions controlling a patient's health and coming away wanting.

Comprehending the linkage between the health of a single individual and the macro factors affecting all of society radically altered my understanding and practice of medicine, shaped my appreciation of health and economic policy as powerful tools for change, and sharpened my vision of this Foundation's role in helping guide the country to better health and meaningful health system reform.

RWJF's efforts to improve health and health care for years ran along parallel tracks. Now we are merging the tracks.

After years of research, trial, error and trying again, we are able to put in the hands of America's decision-makers a detailed picture of:

1 The causes of health care's chronic failure to deliver higher-quality care, better patient outcomes and higher value.

2 The toxic social, economic and cultural factors that can determine the status of our health more than our engagement with the health care system itself.

This is new. The earnest efforts of political, business and health system leaders to improve health and health care have been stymied for decades because the true causes and real cures remained hidden and mysterious. The veil, however, at long last is lifting; the mysteries solved.

We see four fundamental factors at play:

1

ONCE PUZZLING RIDDLES of social and economic determinants of health no longer baffle us thanks to years of research and data gathering. We know the nature of health and health care depend so strongly on education, income level, race, geography and residence that the condition of any one depends upon the condition of all others.

2

NEW KNOWLEDGE IS RE-ENGINEERING health care's systems, driving how we measure the performance of doctors, hospitals, and health plans and reward their results, connect quality to patient outcomes, make performance information available to the public, redirect resources, and overcome regional and racial disparities in treatment and in health.

3

KNOWLEDGE HAS POWER. For political and health care leadership, not knowing is no longer an excuse for inaction. New insight and information are filling in the old blanks. Evidence is replacing guesstimates.

4

IMPROVING HEALTH AND HEALTH CARE without busting the budget or carelessly rekindling ideological fires is doable economically *and* politically. One study, for example, estimates spending could be cut 30 percent if we stopped providing care that is not needed.¹

The question remains: How do America's leaders and policy-makers put the formula to work? The answer is clear: We translate our knowledge into action and we do it on a scale that hasn't been done before. Yes, the barriers are formidable. But our health care system is in critical condition. The time to act is now and the action begins—but should not end—with coverage.

Reformulate the four factors and we have what we did not have before:
A formula for change. It works this way:

Formula for Change

(Knowledge + Understanding) (Motivation + Action) → Systems Change

Health insurance coverage for all² is the gateway reform to improving health and health care in America, especially in this era of extreme economic difficulty. Ten years ago the issue was a political pariah. Today it is among the most urgent national priorities. The reason: the economy.

The numbers help explain what changed. Late last summer, just days before the economic crisis reached critical mass, the Census Bureau released its routine annual report on income, poverty and health insurance coverage. Though the latest data, from 2007, already was a year old, it laid down the metrics of a chronic social and political malfunction that the economic meltdown compounds daily.

- **15.3 percent** of the population—45.7 million people—are uninsured,³ more than the combined population of 24 states and the District of Columbia.⁴
- More than **80 percent** are in working families, and that's before hundreds of thousands began potentially losing coverage as their employers downsized, cut back or shut down.⁵
- Minorities are hardest hit: **19.5 percent** of all African Americans and 32.1 percent of all Hispanics are uninsured.⁶
- At least **8.1 million** children, are without coverage, including nearly **18 percent** of all kids living in poverty.⁷

The human toll is awful. The Institute of Medicine reported in 2004 that someone in America dies every 24 minutes because they are uninsured and cannot get the medical care they need when they need it. They concluded that this leads to 18,000 unnecessary deaths each year.⁸ Subsequent studies point to even higher numbers.

We already know that those living without coverage receive less care than the insured and experience poorer outcomes. For instance:⁹

- When uninsured kids get sick, they tend to stay sick. They are twice as likely as insured kids to miss out on needed care including doctor visits and checkups.
- Adults lacking coverage are less likely to receive recommended preventive and screening services than insured adults.
- Uninsured pregnant women use far fewer prenatal services than publicly or privately insured pregnant women; their rate of unmet needs is more than twice that of insured women.
- Uninsured adults with chronic conditions such as diabetes or cardiovascular disease receive fewer professionally recommended services and experience worse health outcomes than insured patients with the same illnesses.

The IOM explained that the lack of coverage not only harms the uninsured individual, it “has implications for the entire family of the uninsured person and the community in which he or she lives, and economic costs to society nationally.”¹⁰

In a prescient conclusion, the IOM predicted that the situation “is expected to worsen in the foreseeable future because of federal and state budget constraints limiting public coverage programs, increasing costs of health care and insurance premiums, and continuing high rates of unemployment.”¹¹ They were correct; the near-term future is bleak.

The Kaiser Commission on Medicaid and the Uninsured reports that for every 1 percent increase in unemployment, another 1.1 million people join the ranks of the uninsured.¹²

Given that, consider this: In the few months it took the Census Bureau to collect and analyze its most recent data, the national unemployment rate shot up from 3.5 percent to 6.5 percent,¹³ potentially leaving at least 3.3 million more people without coverage.

Kaiser's model suggests a drop this big in the workforce will trigger (a) an estimated loss in tax revenues of between 12 and 16 percent, and (b) a hit on already-strapped state Medicaid programs that probably will exceed \$2 billion this year. The consequences ripple outward and upward through families, hometowns and across the country. Public and private America spent \$2.4 trillion on health care in 2008. On a macro level, that is nearly 17 percent of our entire economy; it's expected to hit 20 percent by the time today's fifth graders graduate from high school. On a more micro level, total yearly health care spending works out to about \$7,900 for each adult or child—about \$32,000 for a family of four.¹⁴

About two-thirds of all Americans are covered by employer provided health care insurance. Premiums for a typical family averaged \$12,680 in 2008, nearly 30 percent more than in 2004 and about 120 percent higher than a decade ago.¹⁵ The cost of similar coverage packages vary wildly, swinging 40 percent or more across employee groups and employers. The one constant is that employers and families cannot keep up with the pace of the perennial rate hikes.

The strain on small businesses is particularly hard. Health insurance costs for small firms have increased 129 percent over the last eight years. As a result, fewer than half of the smallest businesses—those with three to nine workers—no longer offer health benefits. For the employees of those that still do, premiums for family coverage have increased 78 percent, while wages, adjusted for inflation, rose only 2 percent.¹⁶

Consequently, last year nearly 1 of every 5 Americans had trouble paying medical bills.¹⁷ And the Gallup Poll reported that 1 of every 4 of us put off needed medical treatment because it is too expensive.¹⁸ For instance, 25 percent of all cancer patients or their families reportedly use up all or most of their savings to pay for treatment. After diagnosis, 1 in 10 are denied health coverage; 10 percent are not able to pay for food, heat and housing.¹⁹

No wonder the provision of health care in our society is as much an economic as a social issue. They are so inseparable that expenditures, revenues, profits and losses are measured with the same intense anxiety I feel when monitoring a diseased patient's vital signs. The similarities are striking. When one is well, the other is likely to be well, too, and *vice versa*.

A healthy workforce and economy depend so strongly on one another that the economy-health connection is particularly strained when the economy is weak. When the economy stumbles, workers lose jobs and coverage all at once, setting off a high-magnitude vicious cycle. Uninsured or underinsured workers still on the job are sicker, less productive and miss work

more often. The health status of the entire community is imperiled. At the same time, poor quality, uneven and wasteful health care rob the system of dollars and services needed to pay for expanded access and coverage. Without intervention, the cycle is self-perpetuating.

In other words, we cannot fix the economy without also fixing health care and improving health. The interdependence is so strong it resists separation—and it should. The trick is to see the linkage for what it is and to construct strategies and solutions accordingly.

This is perhaps one of the most profound truths to emerge from RWJF's 36 years of asking questions and finding answers about health, health care and the economy. Since we opened our doors in 1972, we have been supporting research and funding demonstration programs to help inform every major effort to secure universal health coverage. Much of the time it was a lonely struggle. When we launched our "Cover the Uninsured" campaign nearly 10 years ago, the issue didn't register as more than a faint blip on Washington's radar screen. By 2004, however, coverage was firmly established as one of the most important national issues. More recently, in polling at the time of the last election, the public ranked the economy and health care *together* as the two most important matters for government to address.

Our experience and the evidence convince us that health care coverage for everyone is an essential step to broader reforms and improvements. To lead the way, we asked a team of our own best experts to develop a concise, clear set of coverage principles policy-makers can follow. This is what they are:

RWJF

Coverage Principles

Our commitment to achieving health insurance coverage for all Americans is based on the following basic concepts:

GOOD HEALTH IS NECESSARY for all Americans to participate fully in society and a healthy population is vital to the productivity and economic and social well-being of our nation.

HEALTH CARE IS CRITICAL to good health and should be available to all regardless of race/ethnicity, age, gender, geography or income.

HEALTH INSURANCE COVERAGE¹ IS ESSENTIAL for access to necessary and appropriate health care and should be available to all Americans.

Therefore, we believe that:

HEALTH INSURANCE COVERAGE SHOULD BE AFFORDABLE. Individuals should contribute to the cost of their care; however, the cost of health insurance and the out-of-pocket costs incurred in accessing care should not force individuals to choose between health care and other basic necessities of life.

HEALTH INSURANCE COVERAGE SHOULD INCLUDE NECESSARY, appropriate and effective health care services.

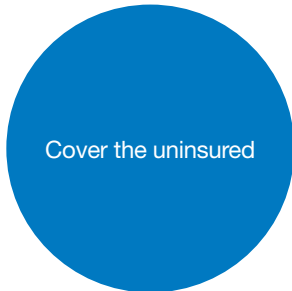
HEALTH INSURANCE COVERAGE SHOULD BE CONTINUOUS and portable, bridging life span, employment and geographic relocation.

HEALTH INSURANCE COVERAGE SHOULD PROMOTE HIGH-QUALITY and cost-effective health care.

HEALTH INSURANCE COVERAGE SHOULD BE BASED ON SHARED RESPONSIBILITIES between the public and private sectors and individuals. These responsibilities include the oversight, management and financing of the health care system.

It is not our role as a philanthropy to suggest precisely how lawmakers act upon these principles. But it is our job to see that critical matters like coverage are on the political agenda and to guide the national discussion toward common ground, common agreement and common action. We believe our “Principles for Health Care Coverage” serve this purpose.

But covering the uninsured alone will not solve what's ailing the health care system. We most strongly urge our leaders to consider coverage as part of a wider prescription package that would, for the first time, address the full continuum of interconnected factors linking both health and health care. This is where our Formula for Change will deliver results, so long as decision-makers take a comprehensive approach that includes the following:



COVER THE UNINSURED. RWJF's principles for coverage are the framework. The price we'll pay for not acting will be extreme. Economic recovery will falter if the health of millions of people and their communities is destabilized further. The damage to individual and population health, the demand on the health care system, and the drain of public and private resources quickly will become unsustainable.



IMPROVE THE QUALITY, VALUE AND EQUALITY OF HEALTH CARE. Americans pay more for health care and receive poorer health outcomes than people living in all of the world's other developed nations. Disparities of race, ethnicity, residence, education and income are as universal as coverage is not. It is bad public, fiscal and medical policy to cover the uninsured without also securing for them better quality care that is reliable, safe and fair and provided by professionals and institutions that are publicly accountable for performance and cost.



BRING DOWN SPENDING (YES, IT CAN BE DONE). First, ask what can we spend, rather than what does it cost. Then ask how to make health care more affordable. The short-term answer is to develop new business models based on value-added improvements to health and not simply "sick" services rendered. The longer-term answer is to reduce the demand for care by helping people lead healthier lives.



PREVENT DISEASE AND PROMOTE HEALTHIER LIFESTYLES. Healthy families and communities are basic to economic recovery. Our aim should be to keep as many people healthy and out of the system as possible. Strategic investment in disease prevention and population health saves lives, strengthens families and the workforce, and reduces health care spending. We know from prior national campaigns to stop smoking and get people to buckle up that society-wide behavior change can work.



STRENGTHEN PUBLIC HEALTH'S CAPACITY TO PROTECT OUR HEALTH. Public health is America's first line of defense against disease and disaster that makes health promotion and disease prevention work. Yet, public health historically is under-resourced, has few champions, an infrastructure that's too fragile, and functions so far out of the public spotlight that no one pays attention until *after* it is needed. No sector so critical to the health and security of our people is so casually neglected so often by policy and lawmakers.



ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. Treating illness one patient at a time does not improve the health of entire populations or communities. Where we live and work, buy groceries, go to school, who we know, what we earn all shape our behavior and health. Improving non-clinical social forces affecting health—housing, education, transportation, the economy—may be our biggest challenge of all. This is heavy lifting for the long haul. It will take a lifetime to make a difference, but it must be done in our lifetime.

This would be my treatment plan were I treating the health and health care systems as a very sick patient. My treatment plan would call for long-lasting, curative care that does not depend on quick-fixes, temporary bandages, blow-out rescues, bailouts or inflective re-dos. Nothing here is temporary, stop-gap or cosmetic.

We can do this now and do it well if we have the political will, the support of an informed and aroused public, the best and healthiest interests of the public as the priority, and we cultivate and sustain a climate for common action that transcends partisan politics.

Some regions exploit high intensity resources to their fullest to treat sick patients—more hospital stays, doctor visits, tests, imaging, the higher the technology the better. Other regions deliver better value and achieve the same or better results by treating similarly ill patients with far fewer resources and a lower volume of services. But it is the high volume providers who receive the highest reimbursements based solely on services rendered. The price tag is huge: Researchers estimate that a whopping 30 percent of health care spending—nearly \$800 billion a year²⁰—pays for inflated services regardless of results.

The one outcome that matters most to the American people is what improves their health and their access to affordable health care when they need it. This isn't post partisan; it is above partisan. Underpinning everything is data that reveals both problems and solutions.

Data is neutral. What it tells us is not.

Once aggregated and analyzed, data converts into a multi-dimensional digital print of health care as it really is. All it takes is a sampling to get the larger picture. It's not pretty. Take the inefficiency that seems hard-wired into the U.S health care system. When we compare what we spend across geographic regions to what we get, it is hard to believe we are all contained within a common border.

The *Dartmouth Atlas of Health Care*, which we have supported for more than 15 years, is the gold standard of applied health care research. The *Atlas* maps health care's evolving terrain in excruciating detail, plotting out revealing details of health care practice and delivery and the quality of care. The *Atlas* dispels old misconceptions and redefines our understanding of what really happens with health care. We now know that:

- More care is not necessarily better care.
- Racial and ethnic differences in care are ubiquitous and dangerous.
- The distribution of health itself varies widely across America.
- Life spans of different groups vary across different regions.²¹

For a stunningly different depiction of America's health, go online to *PLoS Medicine* (<http://medicine.plosjournals.org>) and search "Eight Americas."²² You'll find maps of the United States with all 3,441 counties, each broken into units color-coded in reds, pinks, violets and purples. These are the colors of life and death, each hue representing a variation of health status and longevity. The differences are so varied the colors splash across entire spectrums of the red and violet color wheels. Mix the bubbly colors with neutral data points about mortality rates, longevity, race, residence, income, population density and health insurance, and up pops the dramatic geography of the social and economic determinants of life spans among different groups of Americans.

The maps are the creation of Christopher Murray and his population policy colleagues at the Harvard Initiative for Global Health. They graphically plotted the role played in health inequalities by specific diseases and injuries; by risk factors like tobacco, alcohol, and obesity; and by county-by-county variations in access to effective health care.

Their findings read like clues in a high-stakes board game. Striking examples include:

- **NATIVE AMERICAN MEN** in South Dakota die, on average, at age 58 if they live near the reservation; they generally survive into their 70s when they live elsewhere.
- **YOUNG AND MIDDLE-AGED BLACKS** in dangerous urban areas have mortality risks as poor as in war-torn Chechnya or parts of sub-Saharan Africa. In the worst-off urban areas, it's not guns, drugs or HIV that cause the most early deaths; it's alcohol, tobacco, obesity and diabetes.
- **MORE THAN 200 MILLION SO-CALLED "MIDDLE AMERICANS"** have a per capita income of about \$25,000 and an average life expectancy of 78. But the 17 million Whites in Appalachia and the Mississippi Valley, earn about \$8,000 less and die three years earlier.

While the variations are gripping and clear, their causes are not so obvious. The entanglement of disease, race, geography, economics and behavior is terrifically complex and will not lessen until policy and funding decisions match the realities of daily life of people in communities with poor health.

The answers data provide often lead to new questions. Think of it this way: Do we treat one obese child at a time or do we also eliminate junk foods and sugary drinks from schools, emphasize more and better physical and less screen-time, regulate deceptive marketing of unhealthy foods to kids, build sidewalks for safe walking and playgrounds for safe playing?

Do we react after the fact to medical errors one hospital at a time or do we model, test and widely replicate evidence-based system changes that will save lives in all hospitals?

Do we accept racial and ethnic disparities in health care and health outcomes as inevitable aspects of American society, or do we search out community-deep causes like poor housing with lead paint, lead pipes and mold; densely-populated low-income neighborhoods without public transportation to the nearest hospital four miles away; young, inexperienced mothers with no one they trust to teach them the rudiments of pre- and post-natal care—in their own language, if needed?

Do we wait for chronic medical conditions like diabetes, asthma and high blood pressure to become acute before we treat, or do doctors and hospitals work with patients to proactively manage their diseases and pre-empt crises before they occur?

The U.S. Department of Health and Human Services has had it right for some time. This is what they have to say about social determinants of health and health disparities:

“ . . . communities, states, and national organizations will need to take a multidisciplinary approach to achieving health equity—an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself.”²³

If Hippocrates were alive today, I would want him to be an RWJF partner. His advice was so solid we still rely on it 2,400 years later. He understood that an ounce of prevention really is worth a pound of cure, or, as he put it:

“ The function of protecting and developing health must rank even above that of restoring it when it is impaired.”

What antiquity's fabled family doctor *didn't* tell us was how to convince politicians and policy-makers that it makes good fiscal sense to invest in community prevention and healthy living programs. Instead, we are stuck with a system accustomed to paying a fortune on care once you are ill but only a pittance to keep you healthy in the first place. This clash between the economics of health care and the realities of our people's health is serious.

We spend almost **95-cents** of every health care dollar on “acute care” for people who already are sick; most of them suffer from one or more chronic illnesses. Only half of these patients will receive the recommended care; the other half get care that may not help them at all. Meanwhile, **only about 2-cents** of that same health care dollar goes to prevent illness and keep people away from the health care system altogether.

In fact, the system has been so absorbed for so long with providing profitable “sick care,” it no longer notices the absurd pathology of the 95-to-2 allocation. And with hospitals and providers locked in a highly-competitive medical arms race to sell consumers the most costly, profit-boosting new-tech services, the health care sector has little inducement to change. It gets hard to tell the difference between special interest and self interest. The public interest, however, seems to be taking a beating.

Just as devastating are the paltry economics of the public health sector that Americans assume is fully geared-up to protect our health, prevent disease and help us lead healthier lives. We thought for sure public health would experience a renaissance after Katrina alerted all of America to public health’s essential role in the health security of every community. Inexplicably, though, public health funding at every level has been reduced radically each year since the storm. The annual shortfall is enormous—some \$20 billion a year—according to our partner, Trust for America’s Health (TFAH).²⁴

With TFAH and other RWJF grantees, we are building a national population health evidence base for disease prevention and improvements in public health programs. Our aim is to show national, state and local political leadership that when they make strategic near-term investments in effective, evidence-based disease prevention programs they will spare millions of people from serious illness and save billions of public and private dollars in the long-term. As always, money talks loudest in health care. This time, however, we want it speaking our language of change.

● In a significant yet-to-be-published study which we recently funded, health policy experts Glen Mays and Sharla Smith at the University of Arkansas took the most comprehensive look yet at the effect of local public health spending on population health. They analyzed data from 2,900 local and state public health agencies and matched what communities spend on public health with rates of mortality among infants and deaths due to cardiovascular disease, diabetes and cancer.

Then they asked “Does more money matter?” The evidence conclusively answered, “Yes!” For each 10 percent increase in public health spending, mortality rates fell as much as 6.9 percent.

Mays and Smith also determined that funding public health is a faster and cheaper way to lower mortality rates than beefing up local medical resources. For instance, when an average community increases its public health spending by only 10 percent—roughly \$300,000—the deaths from heart disease decrease 3.2 percent.

● To compute what this means for real people, I randomly Googled “cardiovascular mortality by county” and ended up in Larimer County, Colorado. Here, along the Front Range of the Rocky Mountains, county health officials reported 451 county residents died of cardiovascular disease in 2006. Under the Mays-Smith model, a 10 percent increase in public health funding would have saved 9 of those lives.

To get the same outcome without relying on public health would take 14 new primary care physicians for every 10,000 in population. If you figure that a typical new family doctor makes about \$176,000 a year—that’s \$2.5 million in new spending for enough doctors to achieve the same outcomes the community could realize by spending only \$300,000 on programs to improve the health of the public.

● A separate study by TFAH took an in-depth look at the return on investment (ROI) in disease prevention. They documented that even a small investment in community prevention will produce substantial savings in overall health care costs.²⁵

Analysis by the New York Academy of Medicine and an outside panel of experts found that an investment of \$10 annually per person in local programs to increase physical activity, improve nutrition and prevent smoking could save the country more than \$16 billion within five years.

Drilling deeper into one community’s data, the evidence showed that spending \$10 per person annually on prevention programs in less than five years produced 5 percent reductions in type 2 diabetes, high blood pressure, heart and kidney disease and stroke. According to the experts, the ROI works out to savings of \$5.60 for every \$1 invested. Projected savings include \$5 billion for Medicare; \$1.9 billion for Medicaid; and \$9 billion for private payers. The financial math is compelling, the human math is beyond calculation, and the immediate need overwhelming.

● Late last year TFAH followed up its ROI analysis with a national health and prevention strategy to modernize public health’s capacity to prevent disease, prepare for disasters and reduce health care costs. The top recommendation went straight to that 95-to-2 funding paradox and public health’s current \$20-billion deficit. TFAH called for a stable, reliable funding stream for public health activities across local, state and federal levels. TFAH also proposed strengthening the public health workforce and an emergency health benefit for the uninsured and under-insured during major disasters and disease outbreaks.²⁶

The new research in disease

prevention further exposes an expensive and aimless sub-system of chronic care that's addicted to an uninventive, even obstructive payment system that rewards oversupply of services and volume of care whether they work or not. This creaky carryover from the other side of our epochal divide locks down poor quality, inhibits innovation, and avoids change to a degree we do not see in other major sectors of our social and economic life. According to the Centers for Disease Control and Prevention,²⁷ almost half of all Americans live with at least one chronic condition. The cost of their care consumes 75 percent of everything spent on health care every year. For example, diabetes—\$174 billion; arthritis—\$81 billion; heart disease and stroke—\$448 billion; obesity—as high as \$200 billion annually.

Not all of it is necessary. As many as 4.4 million hospital stays (median cost in 2006—almost \$13,000 a stay) could be avoided by better managing chronic conditions, providing better care *outside* the hospital, improving access to effective treatment, and helping patients adopt healthier behaviors.²⁸

The old way of doing business profited when people were sicker longer, but that model hurts everyone. Here's where a fiscal revolution really is required to reallocate dollars away from business-as-usual poor-quality care. Instead, we should funnel funding to long-term health improving cost reducers like universal coverage, expanded access, higher quality, payment reform and better management by patients of their own chronic conditions.

The old conventional wisdom holds that the problems are too big, too entrenched and too expensive to tackle right now; wait until we first fix the economy. The new conventional wisdom says waiting makes matters worse; the problems are too intricately interwoven to compartmentalize as stand-alone, next-in-line patients waiting to be treated one at a time.

When policy-makers get it right, they will realign private and public payment schemes to benefit quality performance over the volume of services. Finally, providers that successfully provide quality care and reduce excessive care will be rewarded, not penalized. This certainly makes good sense to most people. Mention it to your favorite doctor or hospital executive, though, and you'll discover they may find this notion of "quality improvement" to be revolutionary—and not necessarily welcome.

The “value gap” between what we spend on care and what we get in return is a fundamental cause of America’s joined health care and economic crises. We spend twice as much per person on health care than any other advanced nation in the world but don’t deliver the quality of care, patient outcomes, improvements in public health and longer life spans as do many other countries.

This indisputable and shocking fact is still little known to the American people, under-reported by the media, and generally ignored or discounted by many leaders—as if “this can’t be” is sufficient refutation of a perceived attack on American exceptionalism. But within the serious health policy, legislative, philanthropic, academic, think tank and provider community, reversing the decline in American health status and health care is the all-consuming priority. For insight and answers, we turned to some of the best thinkers in the field and friends of the Foundation.

KAREN DAVIS, my philanthropic colleague at the Commonwealth Fund, puts it this way: “The United States has been slow to learn from countries that have systematically adopted policies that curtail spending and enhance value.” She suggests a series of policy changes with “the potential to substantially bend the curve of projected health care spending” with estimated savings as high as \$1.5 trillion over a 10-year period.²⁹ Typical policy options and projected savings include:

- \$194 billion: Patient-centered medical homes for Medicare’s primary care patients.
- \$43 billion: Negotiated pharmaceutical prices.
- \$229 billion: Hospital/physician services bundled in a single episode-of-care payment.
- \$191 billion: Promoting public health and reducing obesity.

In addition, the Commonwealth Fund analysts predict that insuring all Americans will save another \$1.6 trillion when combined with initiatives to improve quality and performance.³⁰

DAVID EDDY at Archimedes, Inc., a RWJF grantee; Greg Pawlson, executive vice president of the National Committee for Quality Assurance; and a group of associates, reminded us how powerful existing data can be when it’s looked at in new ways with new tools. They demonstrated how the systematic use of national performance measures can improve health if they are used to drive health care delivery. The measures they used—called the Health Care Employer Data and Information Set (HEDIS)—track how performance improvements over time affect the morbidity and mortality of specific diseases. What Eddy’s group found when they analyzed HEDIS results for diabetes and cardiovascular disease from 1995 to 2005, is that the improvements translate into the prevention of nearly 1 million heart attacks, 800,000 strokes and 100,000 cases of end-stage renal disease. The HEDIS data makes the point: If we can measure quality, we can achieve it.³¹

JOHN WENNBERG and his associates at the *Dartmouth Atlas*, meanwhile, estimate that paying only for care that is needed can save Medicare \$30 billion a year without negatively affecting health outcomes. The trick is to bring the high-cost and medium-cost Medicare regions inline with the more efficient, better value spending levels of the low-cost regions. Better yet, do this in the larger health care system and the experts believe the savings will be just as big.³²

PETER ORZAG, the new director of the Office of Management and Budget and former head of the Congressional Budget Office, building on Wennberg's work, takes it even further, concluding that Medicare spends at least \$700 billion a year on health care that does nothing to improve or affect patient status. His solution: Stop funding futile activities and improve health care by following evidence-based standards of best practice.³³

CLAYTON CHRISTENSEN at the Harvard Business School applies his popular concept of "disruptive innovation" to health care and comes up with the first breakthrough business model designed to make health care more affordable. This is exactly what advocates for the bottom line in both the public and private sectors have been waiting for. Christensen and Jason Hwang of the Innosight Institute shift the center of gravity in health care's business model from high-cost "solution shops"—doctors and hospitals—to a technology-based value-added model that achieves attractive operating margins by delivering high-quality services and high-demand products at a lower cost. A nurse practitioner rather than a physician, for example, follows a rules-based diagnostic test to verify common childhood strep throat, then writes a prescription to cure the infection. Christensen estimates that by adopting his "disruptive" value-added business model, hospitals and clinics can deliver care at prices 60 percent lower than the old-guard solution shops.³⁴

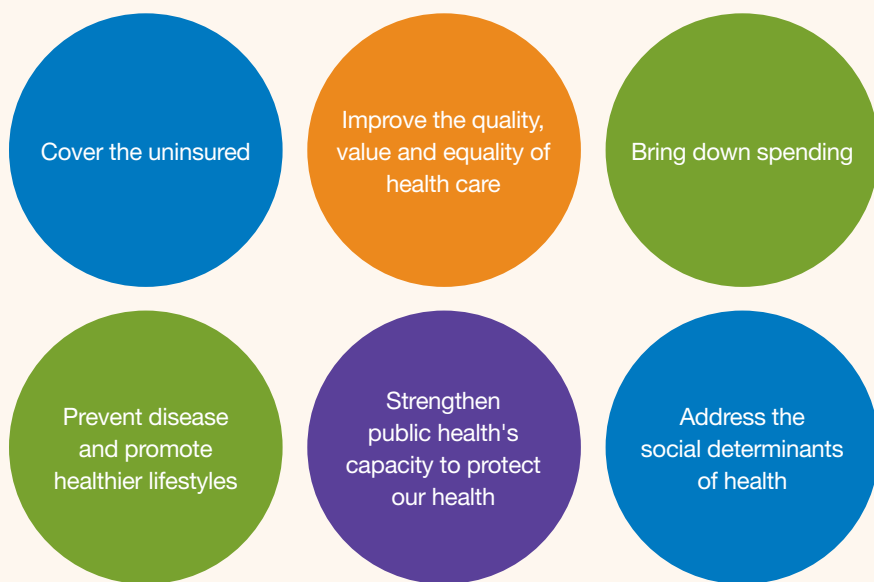
The hardest tests of our national character come when we are called upon every two or three generations to confront truly "tipping point" menaces to the health, security and well-being of our way of life. You can count the Republic's toughest tests on the fingers of one hand. Thankfully, the American people and our leaders have passed each trial by applying the lessons learned the last time around.

Back in the darkest moments of the 20th century, as our nation teetered between Great Depression and World War, American families were driven by fears and anxieties much like what we are living through today. In the first week of January, 1941, Franklin Delano Roosevelt, "thinking of our children and their children," went before Congress.³⁵ With his characteristic optimism and determination he reminded Americans what matters the most—the common good.

"There is nothing mysterious about the foundations of a healthy and strong democracy," he said, ticking off equality of opportunity, jobs, and security for those who need it. "The inner and abiding strength of our economic and political systems is dependent upon the degree to which they fulfill these expectations." It still is.

Amazingly, many of our expectations for health care remain unfulfilled, even after some 70 years of trying. Like then, millions are uninsured and without needed care, hospitals can be just as dangerous, the "haves" always have it and the "have-nots" do not, and what you get for what you're charged still seems out of whack.

RWJF Blueprint for Change



What *has* changed—and it's taken us oh so long—is that, as detailed in this report, now we know what to do and how to do it, so long as we follow the clear-cut, principled, evidence-driven blueprint set forth in this year's president's message:

- Cover the uninsured.
- Improve the quality, value and equality of health care.
- Bring down spending.
- Prevent disease and promote healthier lifestyles.
- Strengthen public health's capacity to protect our health.
- Address the social determinants of health.

In that same speech, FDR told us, “Since the beginning of our American history ... we have been engaged in change—in a perpetual peaceful revolution—a revolution which goes on steadily, quietly adjusting itself to changing conditions.”

Thus, in this new century, history dares us to face up to the changing conditions of our generation's America and fix what is broken, discard what has failed, and accomplish what is needed and new.

I have tremendous hope that we can develop common sense solutions to our nation's crisis of health. I believe that we can continue to make great strides when it comes to disease—that we can catch it earlier, treat it better, and prevent it from starting in the first place. I believe that we

can increase the quality and equality in our health care system. And I believe that we can overcome the obstacles to better health facing our society. The tools are already on the table.

But to do all of that, we must connect what we know with what we do. There is no responsible reason for not acting. Accepting the status quo and doing nothing is not a viable alternative; the consequences of inaction are far too serious.

And above all else, we must remember that what matters most to Americans is knowing that they have the opportunity to lead healthy lives, that health care will be available when they need it, and that they get the best quality and value for what they spend on that care.

We can do this. One child at a time, one family at a time, one community at a time. We can do this, even if it means changing the world around us and changing ourselves in the process. The evidence is in, and the time to act is now.

Respectfully submitted,

Risa Lavizzo-Mourey, M.D., M.B.A.
President and Chief Executive Officer

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2008 Year in Review

For more than 30 years the Robert Wood Johnson Foundation has brought **experience, commitment** and a **rigorous, balanced approach** to the problems that affect the health of those we serve.

As the nation's largest philanthropy devoted exclusively to improving the health and health care of all Americans, we help people lead healthier lives and get the care they need.

Working with diverse partners, we address many of the most difficult health and health care issues facing the United States, attacking problems at their deepest roots. We advance our mission by supporting training, education and research and through groundbreaking demonstrations that promote effective services, particularly for the most vulnerable among us. This Year in Review provides a comprehensive analysis of our work in 2008.



Childhood Obesity

The Robert Wood Johnson Foundation is committed to tackling **the epidemic** of childhood obesity, one of the most **urgent threats** to our nation's health and prosperity.



Our goal is to reverse the epidemic by 2015—to see a sustained decline in childhood obesity rates, as reported by the Centers for Disease Control and Prevention (CDC).

Today more than 23 million children and adolescents are either obese or overweight, putting them at increased risk for heart disease and stroke, type 2 diabetes, asthma and other serious—even life-threatening—illnesses. Some experts warn that, if obesity rates continue to climb, the current generation of children could be the first in U.S. history to live sicker and die younger than their parents' generation.

RWJF's strategy for reversing the epidemic is to support changes to public policies and community environments that promote healthy eating and physical activity. We focus on five approaches that research shows are likely to have the greatest impact: providing healthier foods to students at school; improving the availability of healthy foods in all households; increasing the frequency, intensity and duration of physical activity at school; improving access to safe places where children can play; and limiting television screen time. We place special emphasis on reaching children at greatest risk for obesity: African-American, Latino, Native American, and Asian/Pacific Islander children and children living in low-income communities.

In the spring of 2008 the CDC's National Center for Health Statistics released the first **data** to suggest that the nation may be turning the corner on the obesity epidemic. Findings of the latest National Health and Nutrition Examination Survey indicate that the prevalence of childhood obesity was essentially unchanged from 2003–2004 to 2005–2006. Although it's too soon to know if this marks the beginning of a meaningful downward trend, the apparent stabilization of childhood obesity rates is good news. However, we must recognize that



overall rates of childhood obesity are still far too high and that the crisis continues to worsen among certain racial and ethnic groups.

The stabilization reported by the CDC coincided with a period in which childhood obesity emerged as a major national concern. RWJF has been instrumental in raising this awareness and prompting action. We helped sound the alarm bell in 2004 by hosting a national summit with *TIME* magazine and ABC News, where 400 health experts, food industry executives, government officials, other stakeholders and members of the media reviewed the latest research and agreed on the need to focus efforts on preventing obesity among children.

That same year, the Institute of Medicine (IOM) issued a seminal report, supported in part by RWJF, that emphasized the need to change policies and environments to help children to be physically active and eat a healthy diet. RWJF has since been working with a diverse set of organizations and funding partners to give children these opportunities.

For example, we supported The Food Trust, an organization that successfully brought supermarkets to underserved communities in Pennsylvania, to adapt its approach for use in other states. The Foundation currently is supporting The Food Trust's efforts in Louisiana, Illinois and New Jersey.

We also began working with schools to ensure children had the opportunity to eat healthy foods and be physically active during the school day. In 2006 RWJF provided the initial funding for the Alliance for a Healthier Generation's Healthy Schools Program, which aims to create healthier school environments for students and staff. In 2007 RWJF substantially expanded the program in states where rates of obesity are highest. The program now reaches more than 4,000 schools—and more than 2,000,000 students—through in-person and online support.

In addition to promising on-the-ground programs, RWJF has invested in major research initiatives to help communities identify the most effective obesity-prevention interventions. For example, Arkansas garnered national attention in 2003 after enacting the landmark obesity-prevention law known as Act 1220. The Arkansas program was controversial, especially for its inclusion of BMI screening of students. RWJF funded an independent evaluation of efforts to implement the law, which found no negative side effects such as increases in dieting or weight-based teasing. As a result, states around the nation saw that BMI monitoring could be an effective part of a school-based obesity prevention program.

Because we seek to focus sustained attention on these and other policy approaches to reversing our nation's obesity epidemic, RWJF sponsors the widely disseminated "F as



in Fat” report put out by the Trust for America’s Health. This annual report takes a comprehensive look at the problem, as well as federal, state, local and industry moves to address it.

We are pleased that the latest CDC numbers suggest that this work may be yielding positive results, but we also are cautious not to over-interpret any single study. Moreover, we must continue pushing for a true reversal of rates—not just a stabilization—that benefits all groups of children.

To achieve this ultimate goal, RWJF launched several ambitious programs in 2008:

- The new Robert Wood Johnson Foundation Center to Prevent Childhood Obesity will provide national leadership and coordination for the field.
- *Healthy Kids, Healthy Communities*, one of our largest community-action initiatives ever, announced its nine leading sites and released a call for proposals to fund approximately 60 more. All will focus on policy and environmental changes to transform their communities.
- *Communities Creating Healthy Environments* will work within communities of color to support effective, culturally competent policy initiatives to address childhood obesity at the local level.
- The Rudd Center for Food Policy and Obesity at Yale University will examine child-targeted food marketing, with a goal of shifting industry practices toward supporting healthier diets for youth.
- The IOM Standing Committee on Childhood Obesity Prevention will monitor efforts and make timely recommendations to inform our nation’s progress.

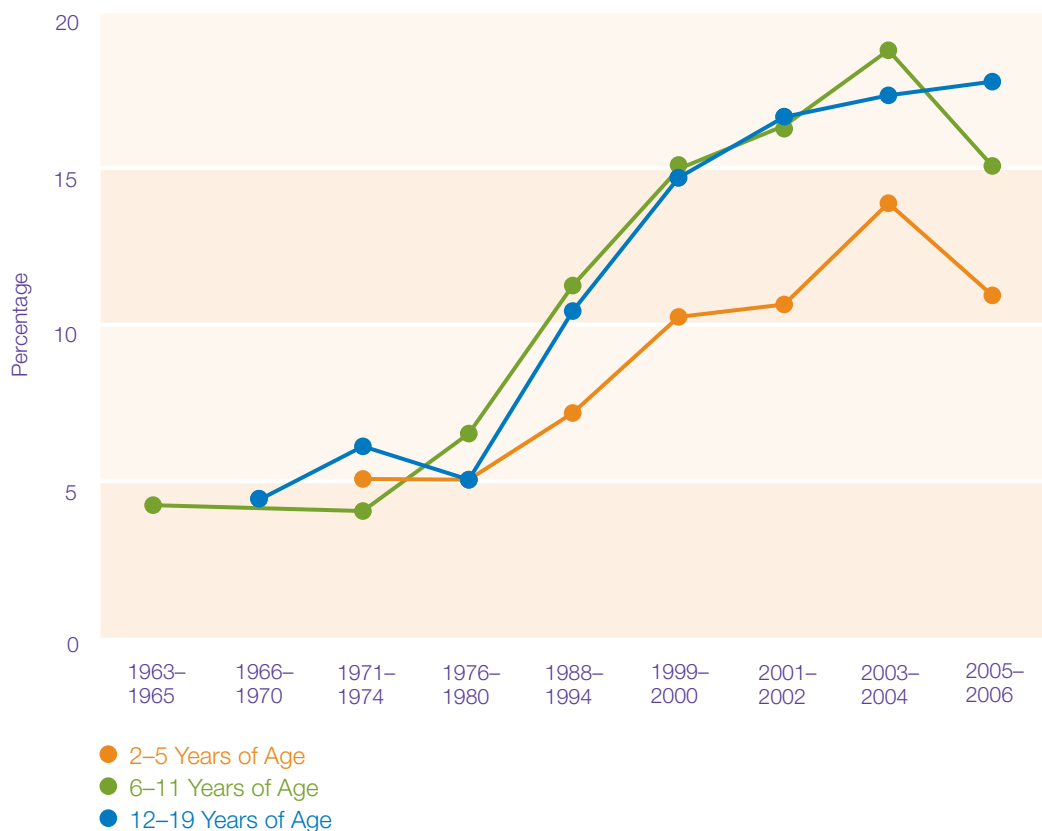
As this new work gains traction, our established programs and alliances will continue to push ahead. Fueled by the urgency of the issue and the conviction of the individuals involved, we expect these efforts to show the way for reversing the childhood obesity epidemic by our 2015 goal.

For additional information about our initiatives and objectives, visit

www.rwjf.org/childhoodobesity.



Trends in Child and Adolescent Overweight*



* Overweight is defined as Body Mass Index \geq gender- and weight-specific 95th percentile from the 2000 Centers for Disease Control and Prevention Growth Charts.

Source: Centers for Disease Control and Prevention. National Center for Health Statistics. *National Health Examination Surveys II (ages 6-11) and III (ages 12-17)*, and *National Health and Nutrition Examination Surveys I, II and III*, and 1999-2006.



Coverage

With the expectations that meaningful health care reform will soon be at the top of the federal agenda, the Robert Wood Johnson Foundation is providing **objective and timely** information on a range of **reform ideas** to policy-makers and stakeholders.



Many of these ideas draw on the Foundation's extensive experience over the past 15 years of supporting efforts to expand and maximize enrollment in public and private coverage programs at the state level.

We believe all Americans should have stable, affordable health insurance coverage. That means coverage that is continuous and portable, and includes all necessary and appropriate health care services. It means coverage that promotes care that is both high-quality and cost-effective. We believe that all Americans having health insurance is vital for a strong economy and healthy populace, and that providing such coverage must be a shared responsibility among the public and private sectors and individuals.

Today, America stands far short of reaching this standard. More than 46 million Americans—including 9 million children—are uninsured. They live sicker and die sooner because they cannot get the care they need when they need it. A new Congress and Administration may well pursue comprehensive and meaningful health care reforms in 2009. After the last serious health care debate ended 15 years ago, RWJF broadened its national focus to include expanding options for public and private insurance programs in states. We help state policy-makers and advocates develop new ideas for significantly expanding health insurance coverage to more of their residents. We then carefully evaluate these expansion programs and share the lessons learned.

These efforts have generated salutary outcomes. Several states have passed comprehensive reforms that demonstrate different models for achieving universal or near-universal coverage for their residents. Maine, Vermont and Massachusetts have provided different, important



lessons for federal action. Other states, including Illinois and Pennsylvania, have enacted programs to cover all or nearly all of their eligible children. Others have tried to achieve major reforms but fell short—yet still offer important considerations for national reform.

In 2008 we provided technical assistance to 44 states to help them identify ways to cover more people. Ranging from small adaptations of existing regulations to overhauls of state health care programs, the technical assistance we provided is a key ingredient of innovations at the state level. Twelve states have taken part in our Coverage Institute, managed by our *State Coverage Initiatives* program, where states develop and implement reform proposals with help from national experts and through coordinated dialogue with officials from other states facing similar challenges. We launched efforts in 18 states to strengthen local consumer advocacy networks through the *Consumer Voices for Coverage* program.

In 2009 we will implement a three-pronged strategy to work further toward achieving our goal. We will:

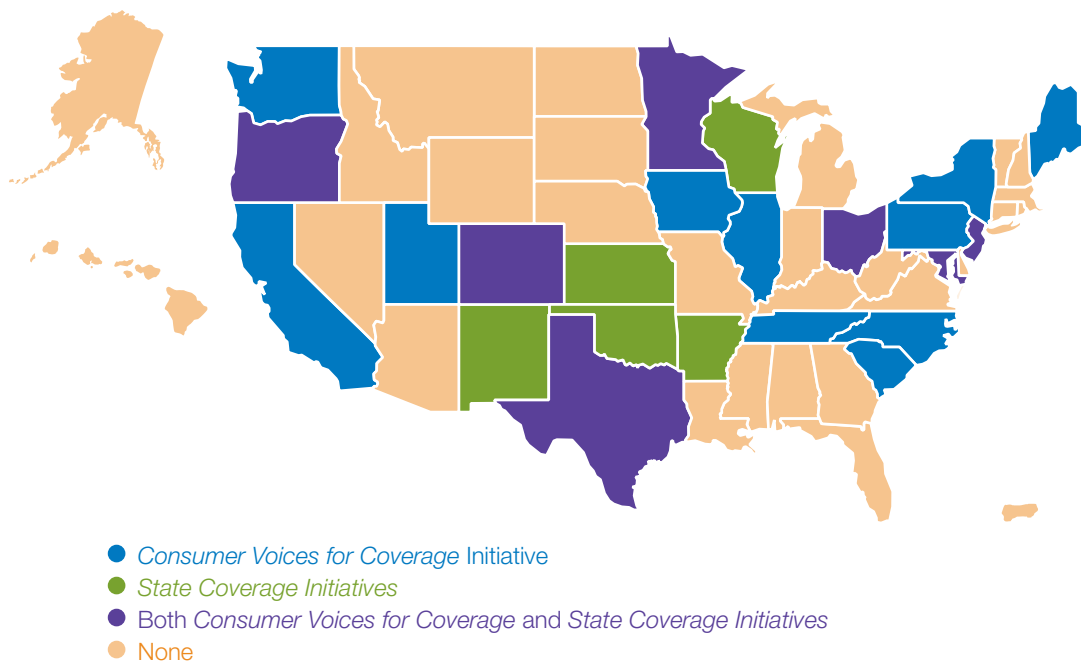
1. Continue work in states to develop, advocate for and implement policies to expand coverage—and we will test and share the lessons learned.
2. Support eight states to enhance Medicaid and State Children’s Health Insurance Programs (SCHIP) so that more eligible kids can be enrolled or retained in these vital programs.
3. Provide timely and objective research on a range of reform topics to support policy development and dialogue about comprehensive reform ideas.

For additional information about our initiatives and objectives, visit

www.rwjf.org/coverage.



Robert Wood Johnson Foundation State-Based Coverage Initiatives: *Consumer Voices for Coverage and State Coverage Initiatives*



Source: Robert Wood Johnson Foundation, 2008.



Public Health

We all have a stake in a strong public health system that supports **programs and policies to prevent disease** and is prepared for any major health emergency.



Through its Public Health team, the Foundation is focusing on three integrated strategies:

1. Improving the performance and impact of public health agencies.
2. Building the evidence for what works to improve the quality and effectiveness of public health practice and policy.
3. Increasing the use of public health laws and policies that improve the public's health.

With our partners including the Centers for Disease Control and Prevention, Association of State and Territorial Health Officials, National Association of County and City Health Officials (NACCHO), National Network of Public Health Institutes (NNPHI), National Association of Local Boards of Health and many state and local health agencies, we seek to establish a culture of continuous quality improvement (QI) in public health backed by national voluntary accreditation for state and local public health agencies scheduled to roll out in 2011.

The Foundation has an ambitious goal—to ensure that at least 60 percent of people in the United States are served by an accredited health agency by 2015. Accreditation will establish standards and benchmarks for essential public health services and engage health departments in ongoing quality improvement. The Public Health Accreditation Board, the national public health accreditation body established and funded in part by RWJF, will begin accepting applications for national accreditation in 2011.

Health departments around the country have begun preparing for national accreditation and this requires a commitment to quality improvement. We are helping health departments prepare by providing them with the knowledge and tools they need to implement continuous quality



improvement. With our partners, we provide technical assistance—training on “why” and “how” to implement a quality improvement project, tools to measure progress, access to QI experts, workshops and collaborative forums that allow health departments to work within and across county and state lines to gain knowledge and experience on how to improve their programs and services. Our goal is to ensure that at least half of local health departments and 80 percent of state health departments in the United States receive technical assistance on QI and performance improvement by 2015. In 2007 when we began tracking this, only 302 local health departments (11 percent) and one state health department (2 percent) were receiving assistance on quality and performance improvement. Today more than 26 percent of state health departments and over 19 percent of local health departments are receiving assistance. The growing emphasis on quality and performance among public health departments around the country is helping build the groundswell for national public health accreditation.

In 2008 we invested in a third round of our *Multistate Collaborative: Lead States in Public Health Quality Improvement Program*. Lead States, managed by the National Network of Public Health Institutes, brings state and local health departments together with other stakeholders—including local public health institutes, public health associations, health care providers and universities—to improve public health services and the health of their communities by implementing quality improvement practices and preparing for national accreditation. Sixteen states from a pool of 25 were selected for this round of the program. Up to 221 local health departments, within these 16 states, will be working collaboratively to implement QI projects that will help address specific health outcomes, such as decreasing the incidence of vaccine-preventable diseases. In addition, a QI project focuses on improving how public health services are delivered, such as helping states collect and use health data or improve customer service.

This year we also awarded a grant to NACCHO to support 56 local health departments as they prepare for accreditation. The award recipients include 30 single local health departments, one tribal health department and 25 local health departments working together in five collaboratives. Each of the 56 sites is assessing its capacity to meet local health department standards and will implement a quality improvement project to address areas of opportunity identified in the self-assessment.

Both of these programs, continued support of Public Health Accreditation Board and new efforts to evaluate the impact of quality improvement in health departments will continue into 2009. As the public health community prepares for the roll out of national accreditation in 2011, we will continue to work with state, local, tribal and territorial health departments and its national partners to help them engage with health departments in preparation for accreditation. By improving the quality of governmental public health and continuing to build

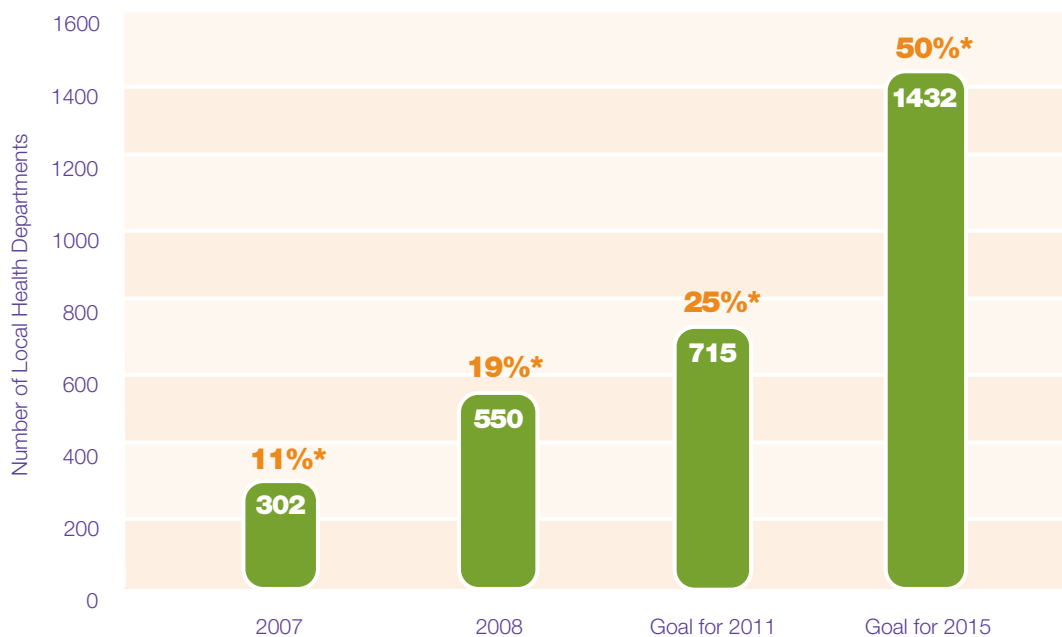


the evidence about what works, we, with the help of our partners, can improve the health of every community across the country.

For additional information about our initiatives and objectives, visit

www.rwjf.org/publichealth.

Number and Percentage of Local Health Departments Receiving Technical Assistance for Quality Improvement



* Percentage of total local health departments

Source: National Network of Public Health Institutes, National Association of County and City Health Officials and the Public Health Informatics Institute, 2008.



Quality/Equality

The Robert Wood Johnson Foundation is committed to **ensuring** that all Americans receive **quality health care**.



We are working to help communities across the country set and achieve ambitious goals to improve the quality of health care in ways that matter to patients and their families, including patients from specific racial and ethnic backgrounds that often experience lower-quality care. To achieve these goals, stakeholders must work on fundamental, highly challenging steps—like measuring and reporting on the quality of health care in ways that can ultimately drive real, measurable improvements in care.

Aligning Forces for Quality: The Regional Market Project (Aligning Forces) is the Foundation's core initiative to improve the quality of health care for all Americans. Launched in 2006 the program supports teams—representing those who give care, get care and pay for care—in 14 communities throughout the United States to set and achieve ambitious goals to improve the quality of their health care. Aligning Forces is based on the overwhelming evidence that the current ways we deliver health care are inefficient, costly and sometimes downright dangerous. Aligning Forces requires stakeholders at the table to step beyond their entrenched perspectives and work together to create better health care systems.

Measuring and publicly reporting health care is not a new proposition. Almost all major industries are governed by standards and regulations, to serve broader public interests like safety and accountability. But in health care, this issue has become increasingly complex and challenging. Health care providers, like physicians, are anxious that any measurement efforts be fair, objective, and do not carry any unintended consequences, like creating incentives for physicians to treat only the healthiest patients. Meanwhile, most people understand far more about choosing schools, restaurants and cars than they do about what constitutes good care versus bad care. Finally, we are faced with a proliferation of measures from a variety of



accreditation and health care organizations. The resulting cacophony of measurement efforts is easy to ignore and hampers efforts to drive real, lasting changes in health care.

What role is RWJF playing in the measurement landscape? We need greater collaboration at the federal and local levels to standardize measurement and reporting activities and create measures that are meaningful to patients, providers, businesses, plans, payors and other stakeholders. At the national level, we are investing in efforts by major organizations to set and act upon priorities for measurement and public reporting. And at the local level, under our Aligning Forces initiative, we are requiring that all Aligning Forces communities measure and report on the performance of primary care physicians by February 2010.

We have set an expectation that 11 out of the current 14 Aligning Forces communities will meet this goal by 2010. At the end of 2008 six of the communities issued public reports on physician performance: Cleveland, Kansas City, Maine, Minnesota, Wisconsin and Seattle. The other Aligning Forces communities are on track to meet this goal by the end of 2009.

The challenges to this public reports is formidable. The Aligning Forces teams face technical challenges, like where to obtain the data, how to aggregate it, and whether to focus the reports on particular diseases, like diabetes. They also face political challenges—like how to keep certain stakeholders like physician societies and businesses engaged, as well as communications challenges in how to make the reports user-friendly for patients and consumers, and findable.

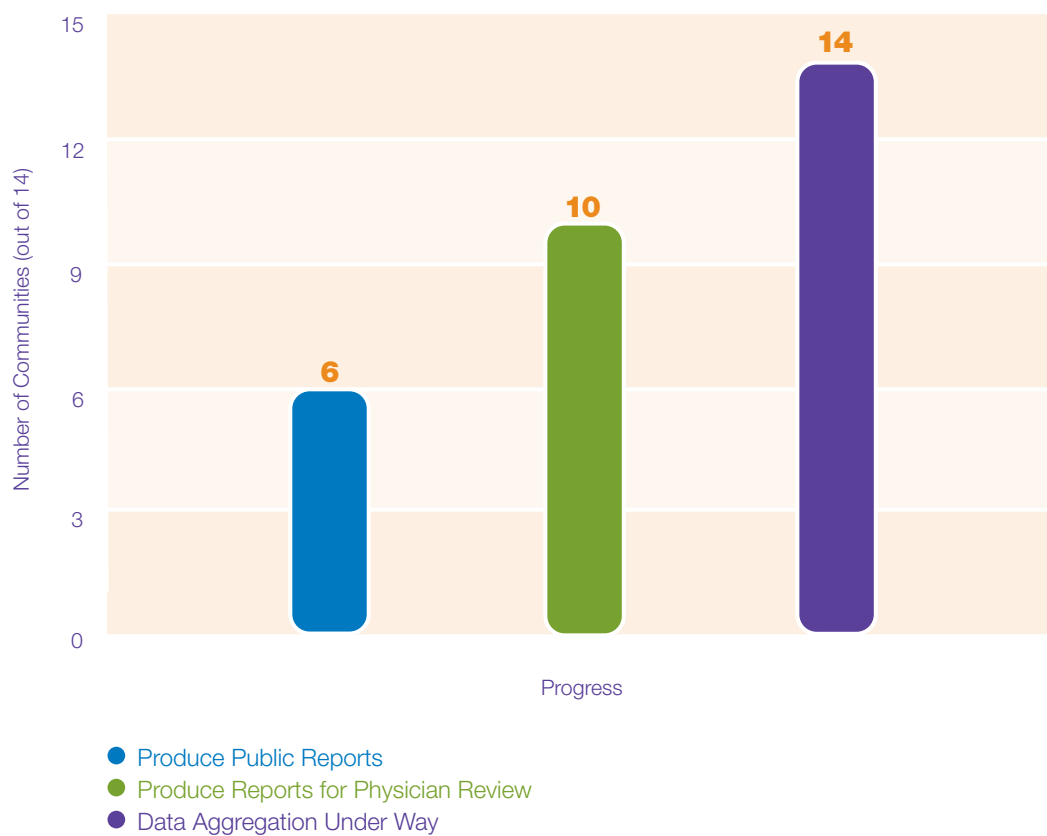
Even for communities that have issued public reports already, some of these challenges remain unsolved. And we know that measurement and reporting alone will not solve our problems with health care quality. We need to develop better measures. For example, many of the quality measures now in use by health insurance plans and government agencies only capture whether single, process-oriented events happen in the course of a patient's treatment, like whether a patient with diabetes gets an eye exam. Developing measures that capture full episodes of care will help us understand where we need to improve care, and how. In addition, measurement needs to be aligned and coordinated with other efforts—like payment reform that rewards physicians for providing good care, or helping physicians and nurses learn how to improve. However, the act of actually hitting the measurement and public reporting milestone—for the six communities that have issued their reports, and the others to follow—has already put our Aligning Forces communities at the cutting edge of a growing number of efforts to deliver high-quality care and better meets the needs of patients and families.

For additional information about our initiatives and objectives, visit

www.rwjf.org/qualityequality.



Progress of *Aligning Forces for Quality* Communities on Public Reporting



Source: *Aligning Forces for Quality* Evaluation Team and Center for Health Improvement, 2008.



Human Capital

People are the heart—and the backbone—of our health system. A **capable** and **diverse workforce is critical** to improving the health of all Americans.



Having the right mix of workers and public health services to deliver care is important given the growing diversity of our population and the greater demands that will place on our health system. The Foundation aims to increase the diversity of people working in health and health care, to promote best practices and teamwork across disciplines and job descriptions, and to serve the health needs of a demographically and culturally changing America.

The United States is undergoing a fundamental shift in the age and composition of its population. Changing racial and ethnic makeup of the population will put more pressures on the health care workforce, requiring greater cultural competency and sensitivity. By 2050 racial and ethnic minorities will be half of the U.S. population.¹ Yet minorities are grossly underrepresented in the physician and nurse workforce.

Today African Americans, Latinos and American Indians represent just 9 percent of nurses; 6 percent of physicians and 5 percent of dentists in the United States. Meanwhile, although the diversity of students in the fields of medicine, nursing and dentistry overall has increased slowly for the last three years, there has been a slight decrease in the number of underrepresented minorities in medical school.

We cannot provide quality care for all Americans until we begin to address the racial and ethnic gaps in health care access, the quality of health care received and in health care outcomes. To do that, we need to promote a health care workforce that is more diverse and can better serve minority populations.

¹ *An Older and More Diverse Nation by Midcentury. United States Census Bureau. Washington D.C., 2008. Available at: www.census.gov/Press-Release/www/releases/archives/population/012496.html.*



Through ongoing programs and new initiatives, we are working to change that trend. The *Summer Medical and Dental Education Program* continues to guide underrepresented students to medical and dental careers. And the *Pipeline, Professional Practice: Community-Based Dental Education* program is helping to increase access to dental care for underserved populations. *New Connections: Increasing Diversity of RWJF Programming*, brings new perspectives to RWJF grantmaking by supporting researchers from historically disadvantaged and underrepresented communities. *New Careers in Nursing* is helping alleviate the nursing shortage and increase the diversity of nursing professionals through scholarships to college graduates without nursing degrees who have been admitted into accelerated baccalaureate and master's nursing programs. And the *Harold Amos Medical Faculty Development Program* takes promising minority physicians and mentors them through the difficult transition from residency graduates to successful academic medical faculty.

In addition to recruitment and training, our diversity-building efforts include creating an outreach and recruitment plan for RWJF scholars and fellows programs. We will:

1. Oversee a scan of the health care field and other sectors to identify successful outreach and recruitment strategies.
2. Develop recommendations for successful recruitment of diverse applicants.
3. Attract more diverse applicants across these programs.

We recognize that investing in the health and health care workforce is a long-term proposition that will help change the face of health in America and dramatically improve its quality. Increasing diversity in the health care workforce is an important part of that change, since it will improve health care access and quality for minority patients. Furthermore, underrepresented providers tend to practice in underserved areas which improve access for vulnerable populations.²

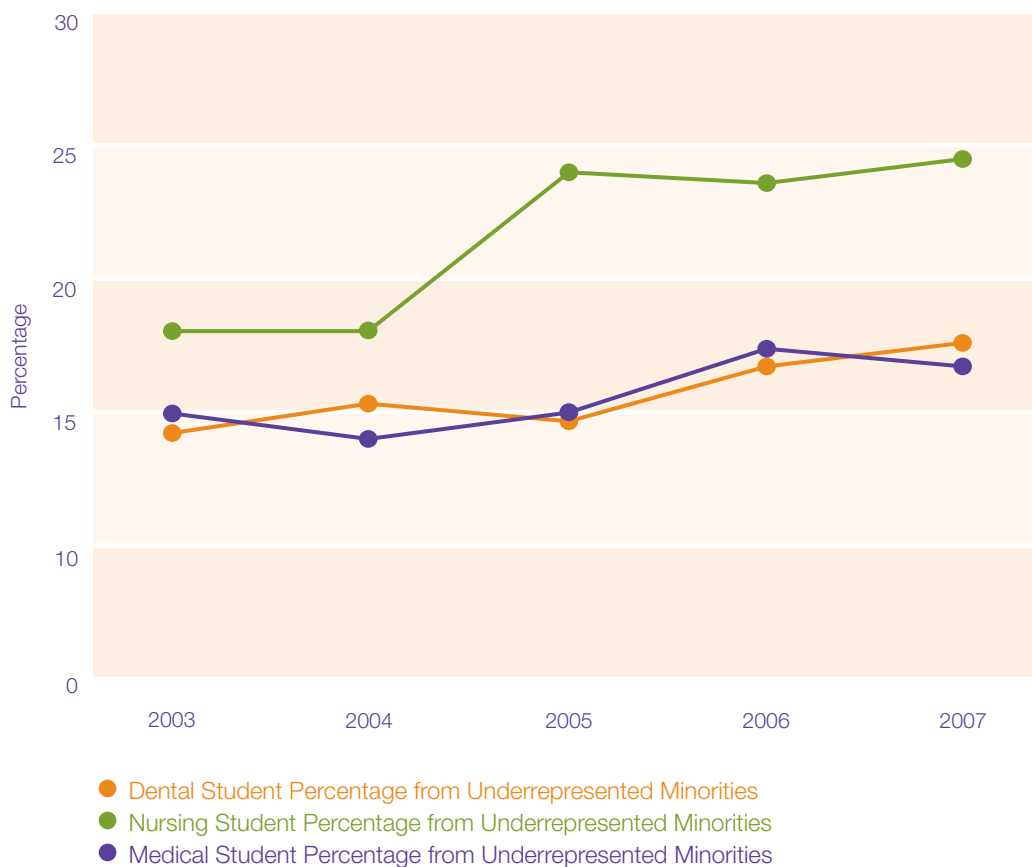
For additional information about our initiatives and objectives, visit

www.rwjf.org/humancapital.

² *Sullivan Commission on Diversity in the Healthcare Workforce. Missing Persons: Minorities in the Health Professions. The Sullivan Commission, 2004.*



Increase in the Number of Nursing, Medical and Dental Students from Underrepresented Groups, 2003–2007



Source: Dental Data: American Dental Education Association. Nursing Data: American Association of Colleges of Nursing. Medical Data: Association of American Medical Colleges.



Vulnerable Populations

Improving health among the most vulnerable requires **acknowledging** that factors such as **poverty, violence, inadequate housing** and **education** contribute to poor health.



If your family is not well off, your community lacks resources, your school is unsafe, chances are you will not be well either. You will simply live a shorter and sicker life than those more fortunate.

This can seem like an overwhelming challenge, but these problems are not insurmountable. The Robert Wood Johnson Foundation's Vulnerable Populations Portfolio identifies new pathways to improved health by recognizing the critical relationship between our health and where and how we live, work, learn and play. Our programs create sensible solutions that allow people to overcome the social barriers that stand in the way to better health.

As policy-makers struggle to make the best use of limited public funds, our programs offer practical opportunities to make better use of those resources. Perhaps more importantly, they offer an opportunity to overcome some of the seemingly intractable problems we face as a society. For these reasons, we place considerable importance on ensuring that thought leaders and policy-makers in particular are familiar with the programs we fund.

A key element of our strategy is to identify successful programs that have potential beyond the communities where they are already working and to support their growth into new communities. We support this strategy in two ways. The first is by initiating and supporting programs that allow community level efforts to develop and take shape, relying on local strengths and resources.

We are using this approach through *Start Strong: Building Healthy Teen Relationships*, a new national effort that is exploring community level approaches in 10 cities that have the potential to prevent relationship violence by ensuring that young people's first relationships



are healthy ones—laying the groundwork for a lifetime of relationships free of violence. We expect that this effort will reveal the ways in which current prevention efforts can work together to reduce violence not only in the funded communities, and will help other communities address this challenge.

But once we discover models that succeed within a single community, we help those models gain traction in other communities, often in partnership with new funders—which is the second piece of our strategy to achieve greater spread for the effective programs.

One of the best examples is THE GREEN HOUSE® Project. This effort is reinventing long-term care by creating a home for 10 to 12 elders who require skilled nursing care and want to live a rich life. Green Houses are a radical departure from traditional skilled nursing homes and assisted living facilities, altering size, design, and organization and staffing to create a warm community. Their innovative architecture and services offer privacy, autonomy, support, enjoyment and a place to call home. Green House homes are developed and operated by long-term-care organizations in partnership with THE GREEN HOUSE Project and NCB Capital Impact.

RWJF provided grant support to NCB Capital Impact with the hope of developing 50 Green Houses by 2010. However, that goal was met in December, when elders moved into the 50th Green House—this one in upstate New York.

As we look ahead, we will continue to identify these kinds of inspired approaches, and in taking models that have been successful in improving health for one group of people and expanding their reach. An example of this the Juvenile Offender Community Health Systems initiative which will replicate, in three California counties, a model that connects Federally Qualified Health Centers (FQHC) with juvenile detention centers, so that released juveniles see the same providers in the community as they see when they are in detention centers. This model achieves better continuity of care and an immediate point of contact that can help to prevent recidivism. The three pilot sites will be an expansion of the Robert Wood Johnson Foundation's Community Oriented Correctional Health Services (COCHS) work, which integrates FQHCs with adult corrections.

We'll explore new opportunities to improve health and create opportunity for young men at risk. Young men today face enormous challenges—gangs, addiction, crime and mental health problems have put a generation of men at risk. To help them overcome these challenges, we joined with Ashoka's Changemakers to host Young Men at Risk: Transforming the Power of a Generation, an online competition to develop the best approaches to help men navigate their way to a successful and healthy adulthood. We'll also be developing additional programs in this area.



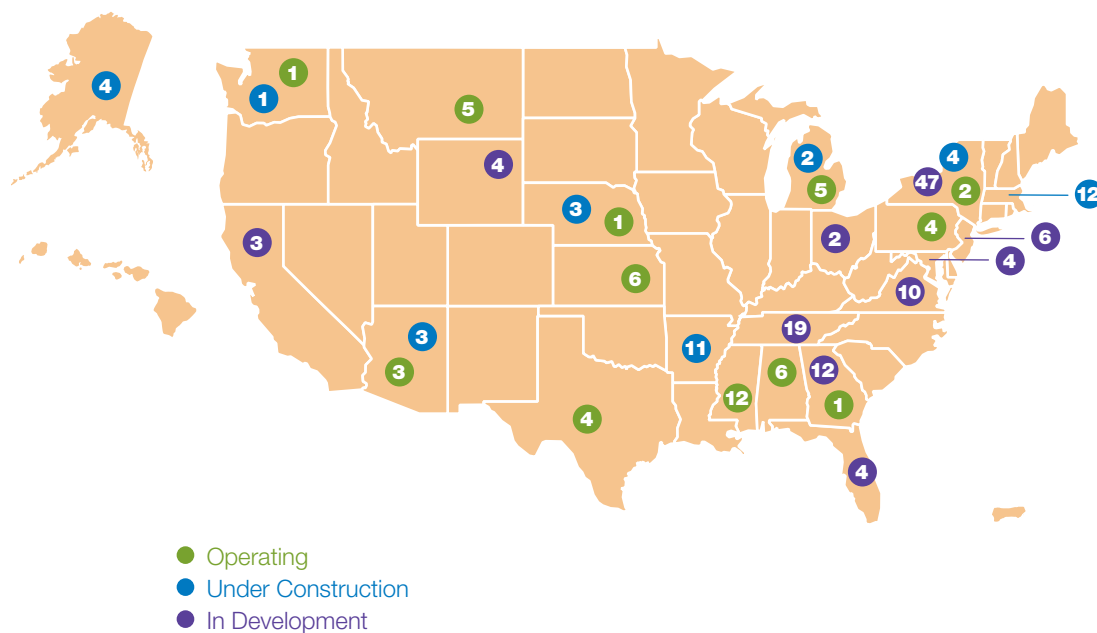
Ralph Waldo Emerson said that success can be defined as “an improved social condition” and “to know that one life has breathed easier because you have lived.” As we contemplate the potential successes of this work, we see a future where vulnerable people have the opportunity to find their path to better health, whether they represent the thousands of elders who need long-term care and who could flourish in a Green House. Or families trying to keep their families safe against shooting and other forms of violence. Because regardless of the circumstances into which we are born, we should all have an opportunity for better health.

For additional information about our initiatives and objectives, visit

www.rwjf.org/vulnerablepopulations.



Green Houses Growing in Numbers Across the States



Source: NCB Capital Impact, 2008.



Pioneer



Robert Wood Johnson Foundation

Since its inception five years ago, the Pioneer Portfolio has addressed the fact that **progress towards solving** tough health and **health care problems** in America often has been **too slow** or **limited in scope**.



We have sought ideas with potential to spark dramatic change, rather than gradually improve upon the status quo. Several grantees helped shape the trajectories of important trends in the future of health and health care, and Pioneer invested in several others with the potential to follow suit.

In 2008 *Project HealthDesign*, a national program to catalyze innovation in the emerging field of personal health records (PHRs) and personal health technologies, completed its first phase. Project HealthDesign pushed the notion of PHRs beyond that of static data repositories, offering a new vision based on separating the *data* contained in one's health records from the *applications*, or tools such as alerts and reminders, that people use to manage their health conditions. We supported nine grantee teams to design PHR application prototypes that could run on a common technology platform. Since the program's start, Microsoft and Google introduced PHR platform offerings and encouraged third-party development of PHR applications that run on their platforms. While Project HealthDesign's vision of next-generation PHRs appears to be taking hold, we still need to make progress on reimbursement, incentives and financial viability to ensure that consumers will have PHRs that work with smart tools to interpret their data and provide tailored feedback to guide everyday health decisions.

A University of Iowa team also applied technology in novel ways to improve public health. Since 2005 Pioneer has supported the testing of online electronic prediction markets to forecast the spread first of domestic seasonal and, later, global avian influenza. Results from the 2006–2007 domestic flu season demonstrated that the markets accurately predicted outbreaks two to three weeks in advance; in contrast, the Centers for Disease Control and



Prevention (CDC) and public health departments generally employ surveillance systems with retrospective data, confirming outbreaks and detecting patterns after they occur. In 2008 this team began work with the CDC's Division of STD Prevention and other public health partners to hasten progress in eradicating syphilis. The Iowa researchers will carefully track the markets' performance, seeing whether they can serve as a powerful tool to enhance surveillance, prevention and response efforts for a wider range of public health threats.

Since its early days Pioneer has looked to diverse fields—some familiar and others new—to spark health and health care breakthroughs. For example, this year marked the first round of grants from *Health Games Research*, a national program building evidence on how video and computer games can benefit players' health behaviors and outcomes. Roughly \$2 million in grants supported a total of 12 projects, including one looking at how people in substance abuse treatment can practice skills and behaviors in a virtual game world to prevent real-world relapses.

Through a \$750,000 grant to Health Care Without Harm, Pioneer is examining what advances may emerge at the intersection of the green movement with health care. This group leads a network of health care institutions that are studying which changes in design, construction, purchasing and other practices yield a double-win—minimizing hospitals' environmental footprints *and* improving patients' and workers' health and safety. Installing sustainable rubber flooring may lead to fewer slips and falls, using greener cleaners may lower respiratory illness rates and more energy-efficient ventilation systems may help reduce the transmission of hospital-acquired infections. The hope is that environmentally friendly and health-promoting practices spread widely, possibly effecting changes in building code throughout the sector.

We also awarded \$2.7 million to the University of Pennsylvania to lay the groundwork for "positive health," a new approach to improving wellbeing that emphasizes "health strengths" rather than the conventional mix of disease diagnosis, treatment and prevention. Building on progress in the positive psychology field, which applies validated interventions to boost the strengths and virtues that help individuals thrive in daily life, project director Dr. Martin Seligman explores whether positive health may reveal a variety of potent, low-cost approaches that can serve as a buffer against physical and mental illness and, more importantly, enhance people's overall health strengths.

Genomics is another realm that will enable medicine to be more precise and effective in promoting health and preventing and treating illness. To strengthen the research infrastructure needed to achieve this goal, we awarded the Kaiser Foundation Research Institute \$8.6 million to develop one of the world's largest and most diverse repositories of genetic, environmental and health data. Scientists will use the repository, known as a

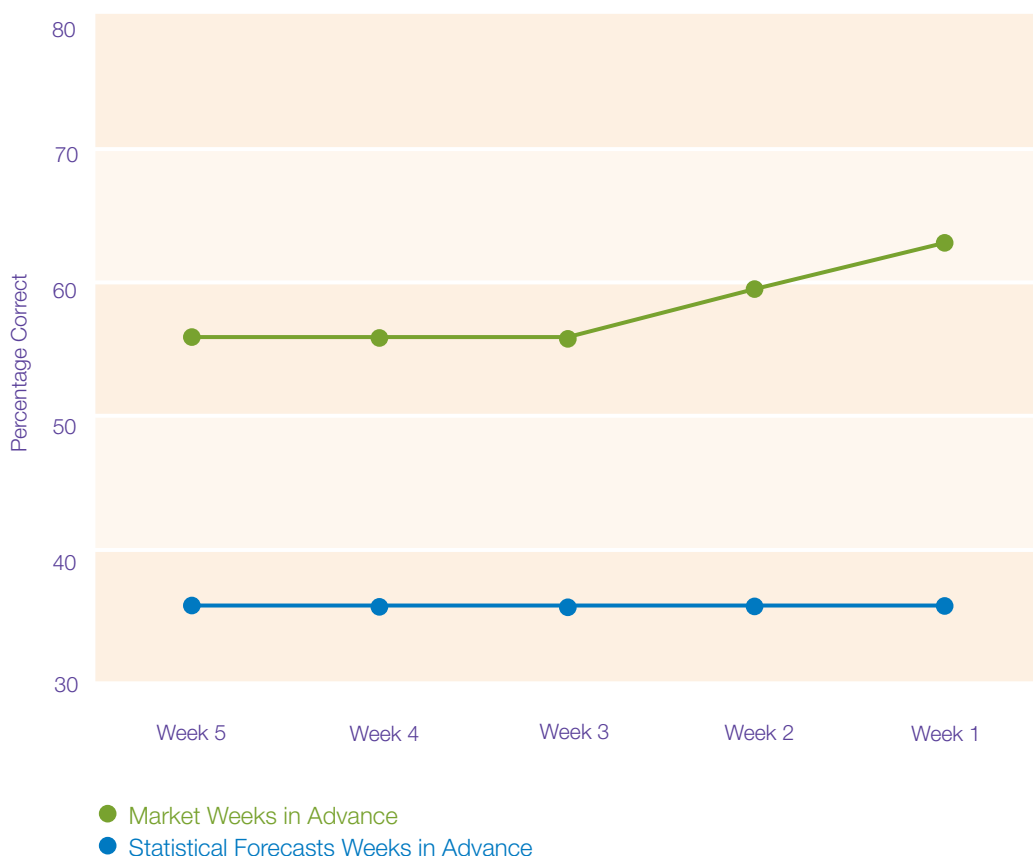


“biobank,” as part of a comprehensive research initiative to conduct groundbreaking work to establish the genetic and environmental factors that influence common diseases such as heart disease, cancer, diabetes, Alzheimer’s and asthma, among others.

Going forward, potential areas of exploration include the growing trend of collecting real-time data from large numbers of people, which may illustrate aggregate patterns of behavior and activity that can be applied to improving personal and public health. The Pioneer Portfolio also continues to follow the impact of disruptive innovation in health and health care, which may spur the development of significantly different business models that make quality care cheaper and more efficient for consumers.

For additional information about our initiatives and objectives, visit www.rwjf.org/pioneer.

The Influenza Prediction Markets: Prediction Markets versus Statistical Forecasts



Source: Nelson FD, Neumann GR and Polgreen PM. *The Influenza Prediction Markets: An Assessment*. The University of Iowa, Tippie College of Business, Department of Economics and the University of Iowa Carver College of Medicine, Department of Internal Medicine, 2009.



New Jersey



Robert Wood Johnson Foundation



Supports programs from New Brunswick and the surrounding Middlesex County communities as well as health initiatives throughout the state.



Other



Supports programs that are consistent with the Foundation's overall mission but are not aligned with a portfolio.



2008 Statistical Highlights

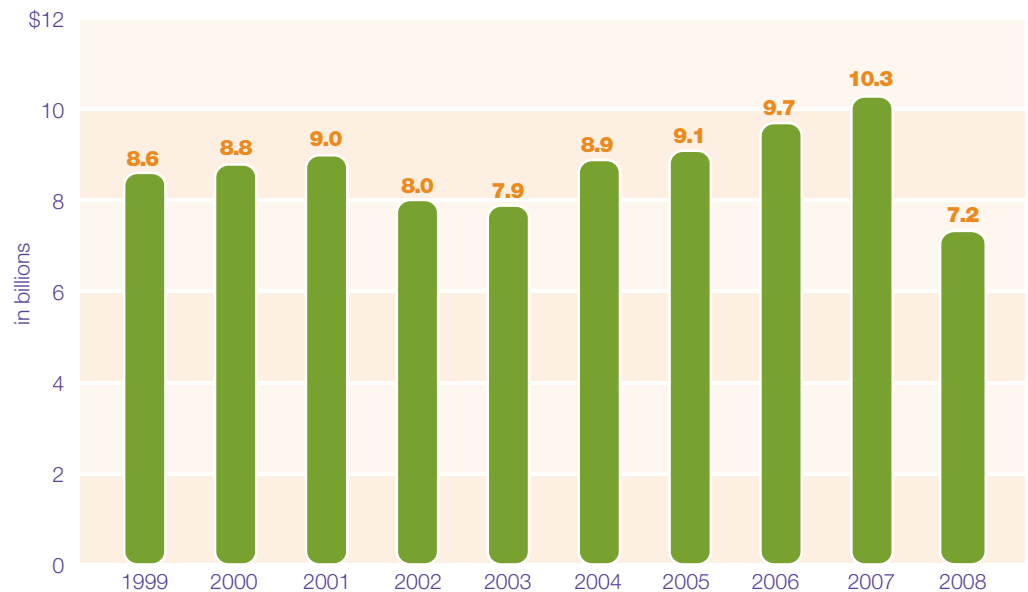
In 2008 we awarded **1,043 grants** and contracts, **providing \$523.26 million** in support of programs and projects to improve health and health care in the United States.

The Year in Review

January 1 — December 31, 2008

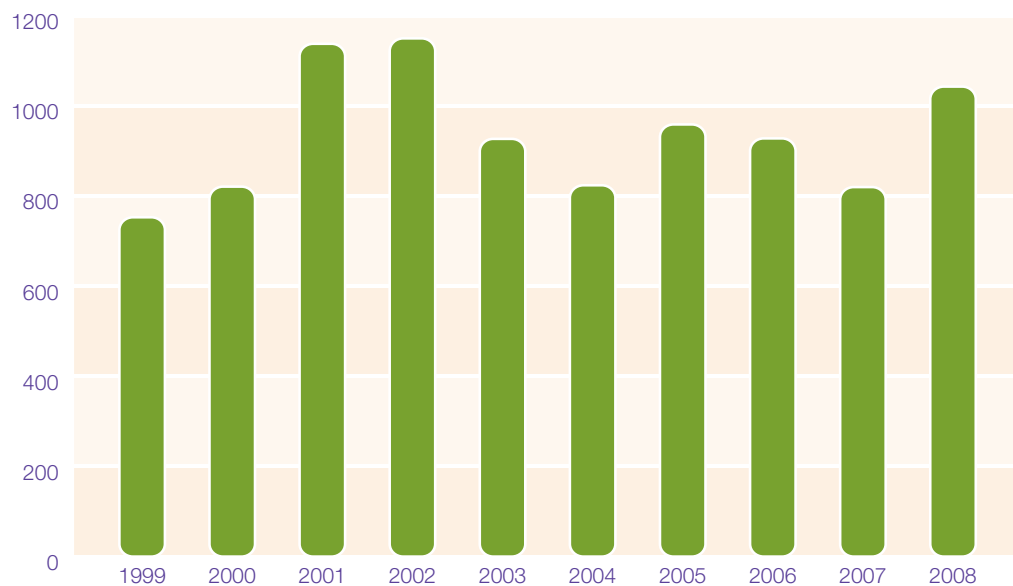
Total Assets	\$7.28 billion
Total Dollar Amount of Grants and Contracts Awarded	\$523.26 million
Total Dollar Amount of Grants and Contracts Paid	\$449.06 million
Total Number of Proposals Received	5,938
Total Number of Grants and Contracts Awarded	1,043
Average Grant size	\$506,225

Assets of the Foundation 1999–2008

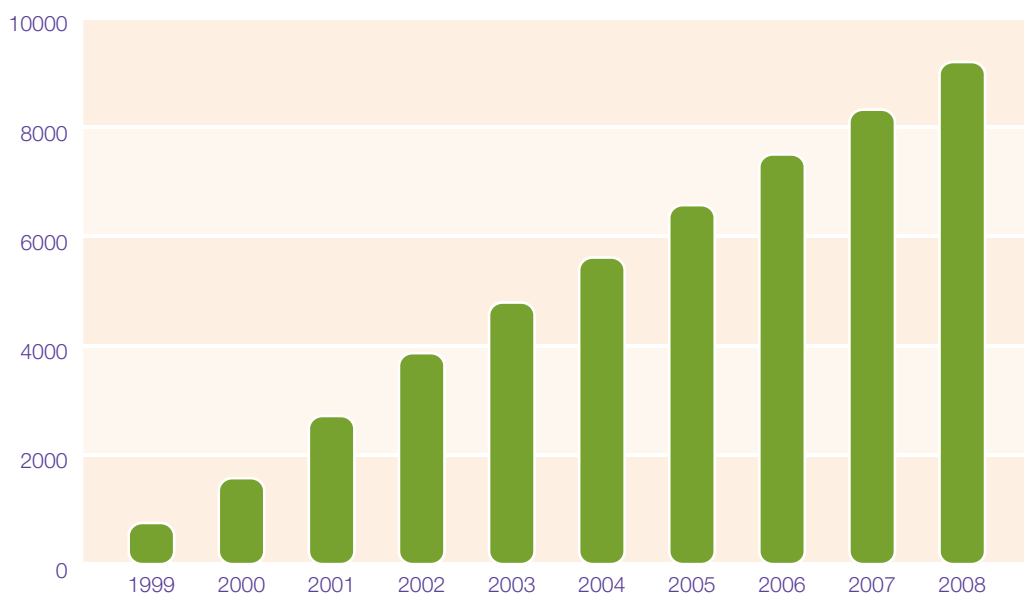




Number of Grants and Contracts Awarded by Individual Years

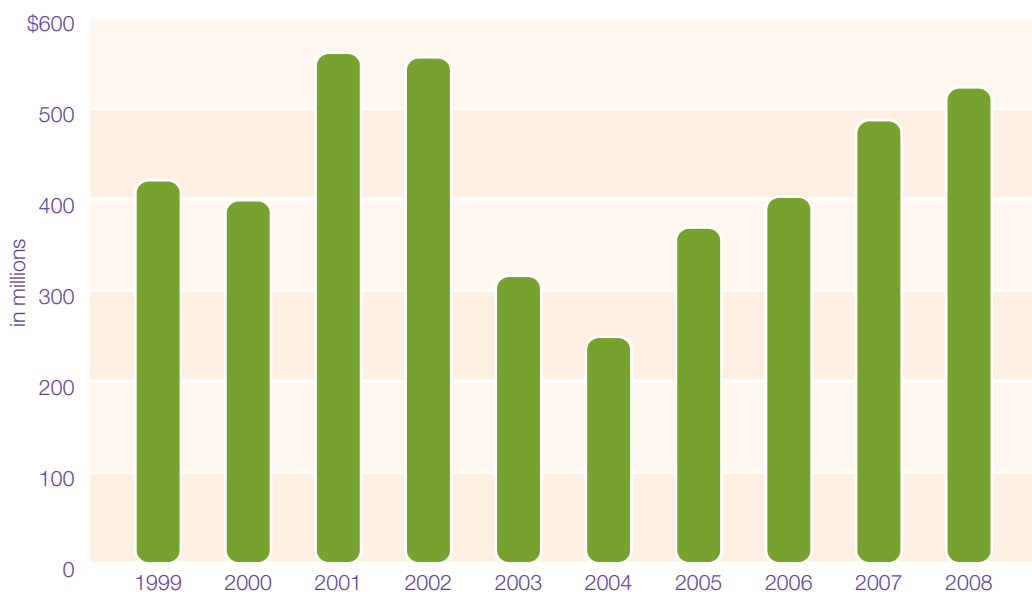


Cumulative Number of Grants and Contracts Awarded

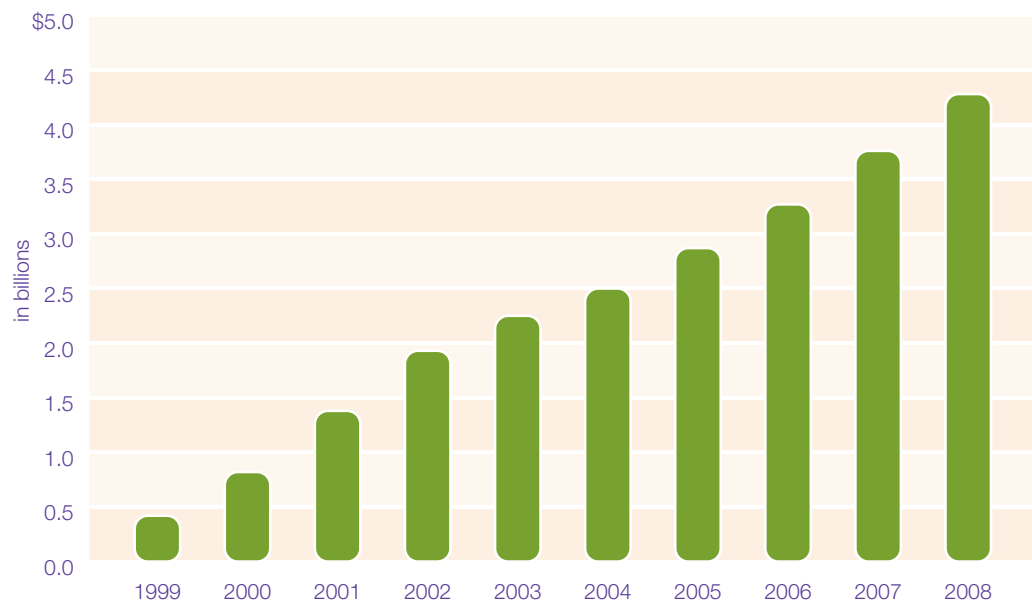




Dollar Amount of Grants and Contracts Awarded* Individual Years



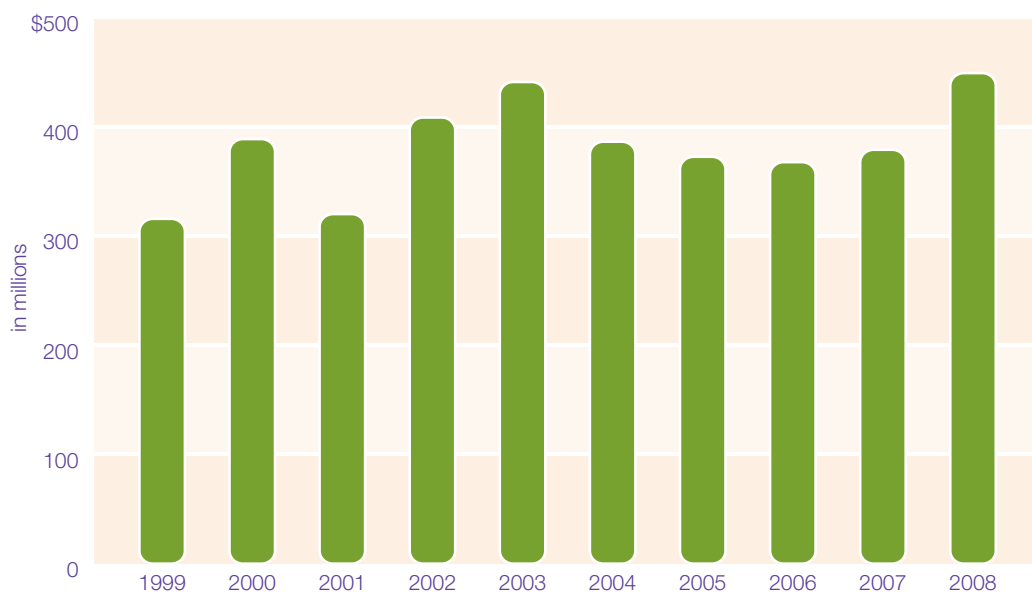
Cumulative Dollar Amount of Grants and Contracts Awarded*



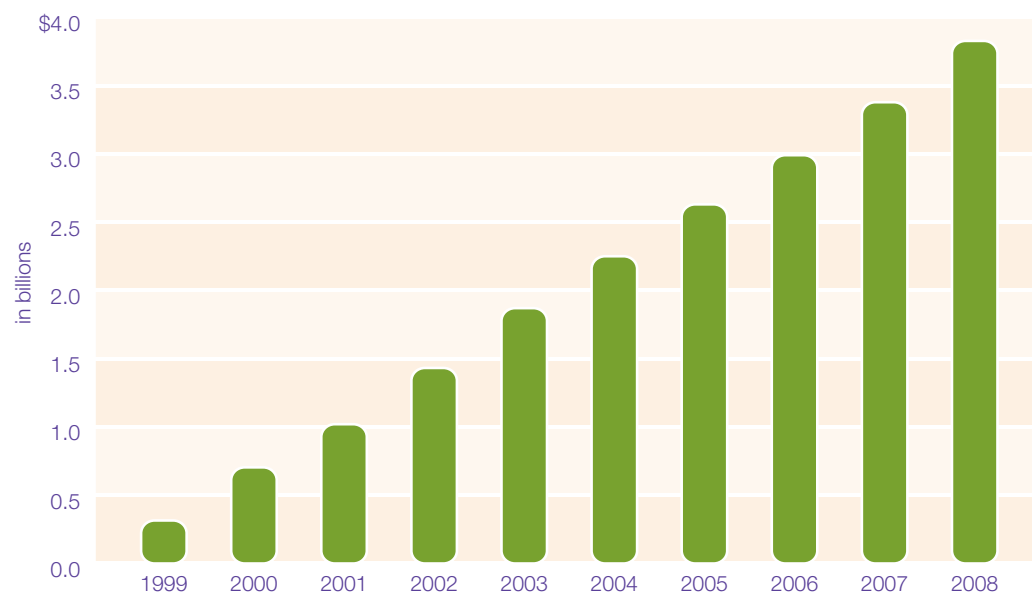
* "Grants and Contracts Awarded" reflects commitments made in the current year (2008) for program activities, for which payments may be made in 2008 or in subsequent years.



Dollar Amount of Grants and Contracts Paid** Individual Years



Cumulative Dollar Amount of Grants and Contracts Paid**



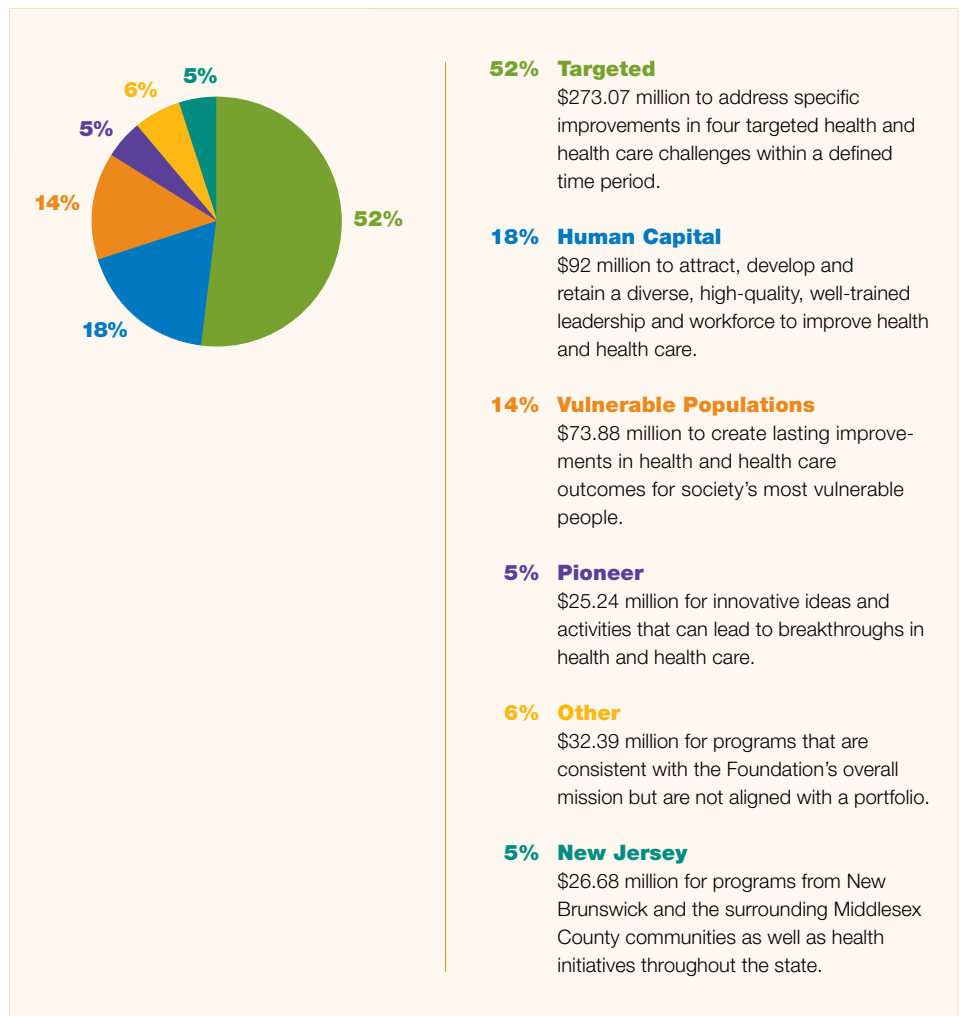
** "Grants and Contracts Paid" reflects program authorizations and awards made in the current year (2008) or in prior years for which payments were made in 2008.



2008 Distribution of Funds

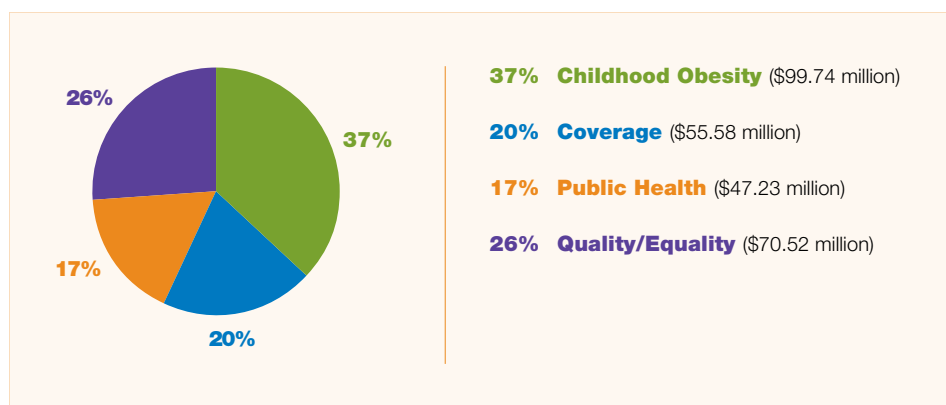
In 2008 we awarded **1,043 grants** and contracts, **providing \$523.26 million** in support of programs and projects to improve health and health care in the United States. The awards were distributed as follows:

Distribution of Awards by Portfolios (\$523.26 Million)



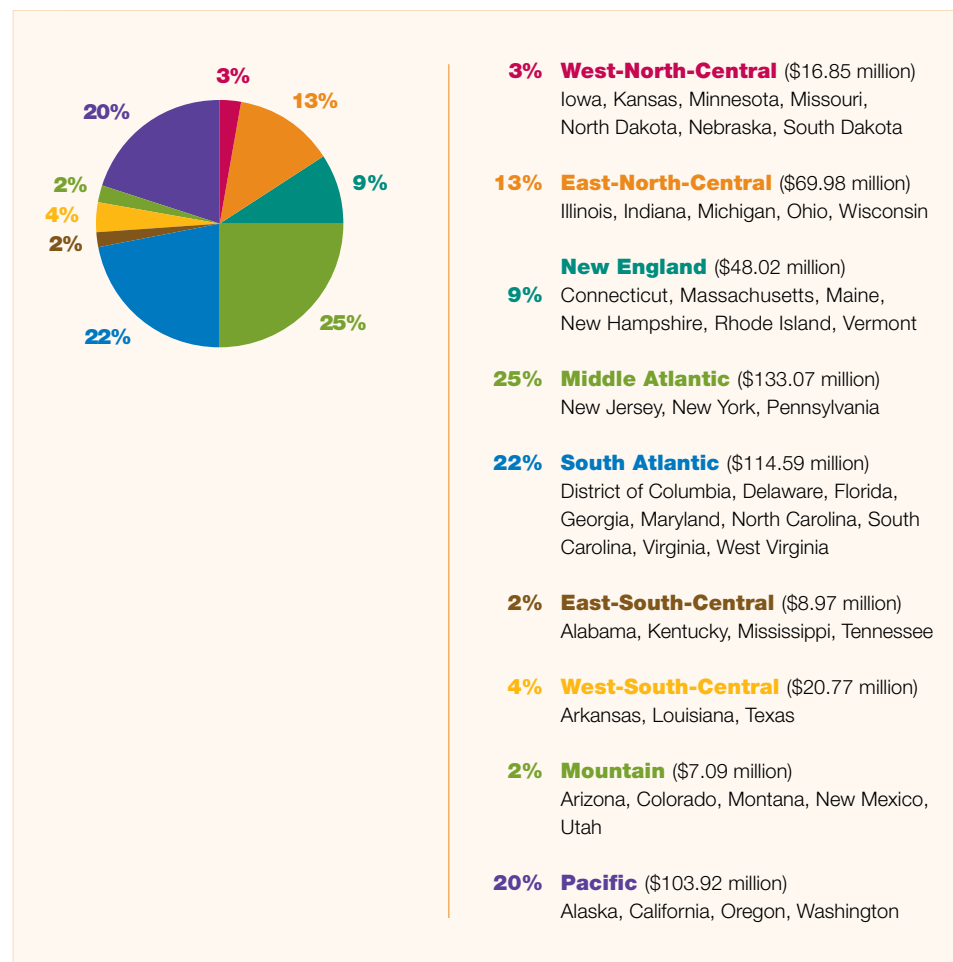


Distribution of Awards in Targeted Portfolio, by Program Area (\$273.07 Million)





Distribution by Geographical Region (\$523.26 Million)





2008 Grants List

To ensure that our programs are effective, we have implemented an **Impact Framework** that reflects our different grantmaking practices and areas of focus. The framework is a way of thinking explicitly about our efforts as a whole. It recognizes that we do **several different** kinds of grantmaking and that improving the ways these grants work together can enhance the **measurable progress** we make toward our overall mission. The framework groups most of our grantmaking into four clusters we call Portfolios—**Targeted, Human Capital, Vulnerable Populations** and **Pioneer**. These portfolios represent our commitment to stick with a set of issues over time.

Targeted:

As we address America's critical health and health care issues, the need for prompt action and impact is also evident. Within the Targeted Portfolio, we have chosen four critical issues to address head-on by setting specific time-limited objectives, benchmarks, a plan of action, and a budget to accomplish each objective. These four issues are:

1. Childhood Obesity
2. Health Insurance Coverage
3. Public Health
4. Quality/Equality

Human Capital:

Since its inception, RWJF has recognized the importance of investing in the backbone of our health and health care delivery system—its people. A diverse, well-trained leadership and workforce is essential to improve the health and health care of all Americans. The Human Capital Portfolio focuses on supporting new methods in leadership development, building diversity in the health professions, increasing the number of health and health care professionals trained in quality improvement methods, addressing the nurse and nurse faculty shortage, and engaging the vast network of RWJF program alumni to create opportunities that help the Foundation and American society benefit more extensively from these leaders' experience and expertise.



Vulnerable Populations:

Improving health requires acknowledging that factors such as poverty, violence, inadequate housing and education contribute to poor health. The Vulnerable Populations Portfolio identifies new pathways for improved health by recognizing the integral relationship between our health and where and how we live, work, learn and play. To overcome these nonmedical factors that lead to poor health, we fund a diverse group of innovative programs that address long-standing health issues within their broader social context through sensible, sustainable solutions that have potential for widespread replication and national impact. Our programs share four unique characteristics:

- The opportunity to make better health possible by addressing the social barriers that stand in the way not only of individuals, but also of entire communities.
- The ability to develop practical solutions to broad social challenges.
- The vision to work in nontraditional environments to solve problems that affect health.
- The capacity to create immediate and lasting change. Our programs create immediate health improvement for the vulnerable people directly touched by their efforts, and reach exponentially outward by seeding change within a field, ultimately offering the potential for long-term, sustainable and broad scale health improvement within entire communities and ideas that can foment change across the nation.

Pioneer:

We seek and support innovative, often unconventional ideas and projects that may lead to breakthrough solutions in health and health care. Projects in the Pioneer Portfolio are typically future-oriented and explore solutions at the cutting edge of health and health care. We seek potentially disruptive ideas not only from the mainstream of health and health care but also from sources beyond these fields. We invest in innovators whose bold ideas and rigorous approaches move us beyond incremental improvements and accelerate the quest for change. In this way, the Pioneer Portfolio provides a distinct alternative to other Foundation programs that focus on targeted problems or populations.

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

Academy for Educational Development Inc.

WASHINGTON, DC

\$316,876 — National Institutes of Health/Centers for Disease Control and Prevention/RWJF research collaborative on childhood obesity (1 year). ID 64539

Active for Life: Increasing Physical Activity Levels in Adults Age 50 and Older

To increase the number of American adults age 50 and older who engage in regular physical activity.

■ Texas A&M University System Health Science Center Research Foundation

COLLEGE STATION, TX

\$417,030 — Technical assistance and direction for Active for Life (1 year). ID 64125

Active Living by Design

To increase physical activity through community design, public policies and communications strategies.

■ University of North Carolina at Chapel Hill School of Public Health

CHAPEL HILL, NC

\$533,965 — Technical assistance and direction for Active Living by Design (1 year). ID 56439

Active Living Research

To stimulate and support research to identify environmental factors and policies that influence physical activity, especially among children and families in low-income communities.

Program Sites

■ University of Alabama at Birmingham

BIRMINGHAM, AL

\$233,625 — Studying the interactive effects of social/cultural factors and the built environment on physical activity among African-American youth (2 years). ID 65659

■ Baylor College of Medicine

HOUSTON, TX

\$199,753 — Pilot evaluation of a “walking school bus” program, in which groups of elementary school students walk to school together with one or more adults (2 years). ID 63773

■ University of California, San Francisco, School of Medicine

SAN FRANCISCO, CA

\$168,350 — Determining the impact of parental notification of children’s weight and fitness status on youth obesity and fitness at the population level (1 year). ID 65715

■ Children’s Hospital Oakland Research Institute

OAKLAND, CA

\$148,941 — Evaluating the impact of playlot renovation on child physical activity in two playlots in Richmond, Calif. (1 year). ID 65540

■ University of Colorado at Denver DENVER, CO

\$24,918 — Studying how solutions for increasing pediatric activity vary within and between different safety contexts (1 year). ID 65716

■ Columbia University Mailman School of Public Health

NEW YORK, NY

\$50,000 — Active living in the New York City neighborhood of Washington Heights (1 year). ID 63782

■ University of Florida College of Health and Human Performance

GAINESVILLE, FL

\$49,653 — Assessing the impact of macro-level policy on the community use of schools for recreation and physical activity (1 year). ID 65714

■ Fund for Public Health in New York NEW YORK, NY

\$48,876 — Evaluating the feasibility of implementation and impact of evidence-based New York City active design guidelines (18 months). ID 65660

■ Harvard Pilgrim Health Care Inc. BOSTON, MA

\$132,655 — Assessing the impact of a new physical activity regulation in Massachusetts (1 year). ID 65721

■ Harvard University School of Public Health

BOSTON, MA

\$99,983 — Completing a database tracking federal spending on active living between 1990 and 2008 and expanding and focusing on the Safe Routes to School program (2 years). ID 65699

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

- **University of Houston**
College of Education
HOUSTON, TX
\$150,000 — Studying urban Hispanic perceptions of environment and activity among kids (UHPEAK) (18 months). ID 63755
- **Jackson State University**
College of Public Service
School of Health Sciences
JACKSON, MS
\$50,000 — Evaluating the impact and effectiveness of the Mississippi Healthy Students Act's implementation on physical activity-based education in grades 1–12 (1 year). ID 65298
- **Johns Hopkins University**
Bloomberg School of Public Health
BALTIMORE, MD
\$186,138 — Exploring the impact of the urban environment and collective efficacy on child activity and anthropometry (18 months). ID 65697
- **Kansas City University of Medicine and Biosciences**
KANSAS CITY, MO
\$99,956 — Analyzing small business support of youth physical activity opportunities (1 year). ID 65662
- **University of Maryland at Baltimore**
BALTIMORE, MD
\$50,000 — Evaluating the influence of the internal and external middle school environment on the health of low-income, urban African-American adolescent girls (18 months). ID 65631
- **University of Nevada**
LAS VEGAS, NV
\$49,957 — Discovering perceived obstacles and facilitators to the adoption of evidence-based physical education (18 months). ID 65563
- **New York University,**
Steinhardt School of Culture,
Education, and Human Development
NEW YORK, NY
\$34,967 — Evaluating whether New York City group day cares meet new city-mandated physical activity and nutrition policies and assessing implementation issues (17 months). ID 64142
- **North Carolina State University**
RALEIGH, NC
\$24,659 — Examining how school functions and resources influence opportunities for physical activity in middle schools (8 months). ID 65534
- **University of North Carolina at Chapel Hill College of Arts and Sciences**
CHAPEL HILL, NC
\$49,996 — Identifying institutional models for state Safe Routes to School programs and addressing how these practices have affected the selection of projects (1 year). ID 65701
- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$35,000 — Development of a self-report instrument to assess physical activity environments of child-care settings (17 months). ID 64167
\$18,760 — Examining relationships between built environment characteristics and physical activity among ethnically diverse adolescents and young adults (9 months). ID 65542
- **Ohio State University**
Research Foundation
COLUMBUS, OH
\$149,806 — Environmental perception, evaluation and desirability for physical activity among African-American families of different incomes (2 years). ID 63659
- **Pennsylvania State University**
College of Education
UNIVERSITY PARK, PA
\$25,000 — Linking energizers to academic performance in rural elementary schools (1 year). ID 65533
- **Rand Corporation**
SANTA MONICA, CA
\$149,926 — Assessing the utilization of outdoor gym installations in public parks and their impact on physical activity among park users (1 year). ID 65532
\$399,882 — Evaluating the impact of playground renovations on physical activity behavior among youth (3 years). ID 65562

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

- **Research Foundation of the City University of New York**
NEW YORK, NY
\$49,469 — Gauging low-income, urban African-American mothers' perceptions of neighborhood safety and its relationship to their daughters' physical activity (18 months). ID 65629
 - **Rice University**
HOUSTON, TX
\$91,650 — Investigating the relationships among neighborhood characteristics, maternal perceptions of them and children's outdoor play (2 years). ID 65566
 - **Social and Scientific Systems, Inc.**
SILVER SPRING, MD
\$99,929 — Determining whether easily obtainable registration fee waivers are a viable method for increasing youth participation in organized sports programs (1 year). ID 65686
 - **Temple University**
School of Medicine
PHILADELPHIA, PA
\$35,000 — Survey of physical activity environments and policies in Head Start (1 year). ID 64114
 - **Texas A&M University**
COLLEGE STATION, TX
\$19,764 — Assessing the influences of landscape spatial patterns on physical activity and health-related quality of life among Hispanic children (1 year). ID 65536
 - **Texas A&M University,**
College of Architecture
COLLEGE STATION, TX
\$251,796 — Identifying barriers and motivators and environmental intervention strategies to promote physical activity and reduce obesity among high-risk children (3 years). ID 65539
 - **Tulane University**
School of Public Health and Tropical Medicine
NEW ORLEANS, LA
\$185,451 — Understanding parents' complex decision-making regarding elementary schoolchildren's active school commute and identifying safe travel distances (2 years). ID 65695
 - **Tulane University**
School of Public Health and Tropical Medicine
NEW ORLEANS, LA
\$182,234 — Evaluating the impact of the undeveloped Lafitte Greenway in New Orleans on the physical activity of residents in the surrounding neighborhoods (2 years). ID 65700
 - **University of Washington**
School of Public Health and Community Medicine
SEATTLE, WA
\$34,925 — Measuring, analyzing and examining physical activity in family day care homes (1 year). ID 64112
 - **Yale University**
Rudd Center for Food Policy and Obesity
NEW HAVEN, CT
\$34,899 — Physical activities in preschools in Connecticut (18 months). ID 64093
- Other Program Activities**
- **San Diego State University**
Research Foundation
SAN DIEGO, CA
\$1,381,181 — Technical assistance and direction for Active Living Research (1 year). ID 63133
- Bridging the Gap:
Research Informing Practice and Policy for Healthy Youth Behavior**
- To improve understanding of school, community, state and national policies and environmental factors affecting youth diet, physical activity, obesity, and tobacco, alcohol and drug use, and to evaluate the effectiveness of interventions to prevent youth obesity and tobacco use.
- Program Sites**
- **University of Illinois at Chicago**
Health Research and Policy Centers
CHICAGO, IL
\$15,959,747 — (4 years). ID 64702
 - **University of Michigan**
Institute for Social Research
ANN ARBOR, MI
\$7,676,077 — (4 years). ID 64703
- Other Program Activities**
- **University of Illinois at Chicago**
CHICAGO, IL
\$740,150 — National study of school district policies and elementary school practices addressing childhood obesity (9 months). ID 63689

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

University of California, Davis, College of Agriculture & Environmental Sciences

DAVIS, CA

\$93,702 — Assessing the impact of federal funding for pedestrian and bicycle regional, state, and local policies: Phase 2 (1 year). ID 65386

Camden City Garden Club, Inc.

CAMDEN, NJ

\$224,952 — Expanding a partnership advocating community gardens in Camden, N.J., to prevent childhood obesity (2 years). ID 65330

Capital Area Health Network

RICHMOND, VA

\$225,000 — Empowering African-American children in a Richmond, Va., neighborhood to achieve physical fitness and healthy behaviors (2 years). ID 65338

Center for Closing the Health Gap in Greater Cincinnati

CINCINNATI, OH

\$225,000 — Faith & Food: Avondale churches advocating for healthy food access policies (2 years). ID 65333

Center for MultiCultural Health

SEATTLE, WA

\$198,308 — Engaging Youth in Action! teams in stimulating communities to fight childhood obesity in Seattle/King County (2 years). ID 65318

Children's Memorial Hospital

CHICAGO, IL

\$217,000 — Chicago faith-based advocacy for policy and environmental change to prevent childhood obesity (2 years). ID 65331

Claremont Graduate University

CLAREMONT, CA

\$100,000 — Extending knowledge of trail use among urban planners, parks and recreation officials, and community organizers (18 months). ID 65385

University of Colorado at Denver

DENVER, CO

\$224,997 — Increasing healthy eating and active living for children and youth in the Westwood neighborhood of Denver (2 years). ID 65323

Communications Support for the Childhood Obesity Program Area

To provide strategic communications support for RWJF's efforts to reverse the childhood obesity epidemic by 2015.

■ Advertising Council Inc.

NEW YORK, NY

\$399,720 — Establishing a public/private coalition for healthy children (1 year). ID 64224

■ Communications Projects

MULTIPLE CONTRACTORS

\$310,798 — Childhood Obesity strategic communications interim fund (1 year). ID 63730

\$700,000 — Consultants to inform advocacy and action strategies for childhood obesity prevention (1 year). ID 63774

\$250,000 — Food marketing and industry engagement consultation for RWJF's Childhood Obesity program area (15 months). ID 64380

\$300,000 — Development and promotion of an accessible, national Geographic Information System (GIS) database (7 months). ID 64456

\$3,600,140 — Strategic communications for RWJF's Childhood Obesity program area (9 months). ID 64551

\$80,000 — Administrative support for RWJF's Faith-based Advocacy: Galvanizing Communities to End Childhood Obesity program (3 years). ID 64672

\$350,000 — Consulting to develop a framework to support youth engagement as a strategy for RWJF's Childhood Obesity program area (1 year). ID 65388

■ McKinney & Associates, Inc.

WASHINGTON, DC

\$149,860 — Providing strategic communications and technical assistance to RWJF's Communities Creating Healthy Environments program (2 years). ID 64783

■ Movement Strategy Center

OAKLAND, CA

\$400,000 — Strategic communications planning and support for the national program office of RWJF's Communities Creating Healthy Environments program (2 years). ID 64784

■ Public Health Institute

OAKLAND, CA

\$350,000 — Providing strategic consultation to RWJF's Communities Creating Healthy Environments program (2 years). ID 64781

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

Communities Creating Healthy Environments: Improving Access to Healthy Foods and Safe Places to Play in Communities of Color

To build state and national momentum to reverse the epidemic of childhood obesity through strategic investment in those communities most affected.

■ Alternatives for Community and Environment, Inc.

ROXBURY, MA

\$200,000 — Consulting on grantee selection, policy development and documenting results for Communities Creating Healthy Environments (2 years). ID 65011

■ Highlander Research and Education Center

NEW MARKET, TN

\$199,036 — Recruiting, supporting and connecting grantees in Communities Creating Healthy Environments (2 years). ID 64785

■ Loyola Marymount University Bellarmine College of Liberal Arts

LOS ANGELES, CA

\$895,000 — Providing evaluation technical assistance and consultation to the national program office of Communities Creating Healthy Environments (5 years). ID 64954

■ Movement Strategy Center

OAKLAND, CA

\$200,000 — Providing strategic consultation to Communities Creating Healthy Environments (2 years). ID 64786

■ Northwest Federation of Community Organizations

SEATTLE, WA

\$200,000 — Providing technical assistance to Communities Creating Healthy Environments (2 years). ID 64780

■ Praxis Project, Inc.

WASHINGTON, DC

\$1,097,126 — Technical assistance and direction for the Communities Creating Healthy Environments program (1 year). ID 61478

■ Prevention Institute

OAKLAND, CA

\$350,000 — Building skills and capacity of Communities Creating Healthy Environments grantees (2 years). ID 64782

■ Strategic Concepts in Organizing and Policy Education

LOS ANGELES, CA

\$200,000 — Providing technical assistance, outreach, strategic communications and facilitation for Communities Creating Healthy Environments (2 years). ID 65012

Community Foundation of Northwest Mississippi

HERNANDO, MS

\$218,638 — Advancing healthy environmental changes in the Mississippi Delta through a faith-based coalition of health ministries (2 years). ID 65328

Conference of Churches

HARTFORD, CT

\$225,006 — Leveraging the faith community to ensure sustainable access to fresh produce in Hartford, Conn. (2 years). ID 65324

Convergence Partnership for Healthy Eating and Active Living

To unite funding partners in a collaborative effort to accelerate and support policy and environmental changes that focus on improving the health of people and places.

■ Tides Foundation

SAN FRANCISCO, CA

\$5,000,000 — Building capacity for regional convergence around environmental and policy changes to support healthy eating and active living (5 years). ID 65018

Cooper Institute

DALLAS, TX

\$476,534 — Evaluating the reliability and validity of fitness and academic data in the Texas Youth Fitness Study (1 year). ID 64693

Ecumenical Ministries of Oregon

PORTLAND, OR

\$224,967 — Developing and promoting a model congregational wellness policy to help combat childhood obesity in Oregon (2 years). ID 65322

Elsevier, Inc.

ST. LOUIS, MO

\$192,000 — School Nutrition Dietary Assessment Study-III supplement to the *Journal of the American Dietetic Association* (JADA) (9 months). ID 64284

Fairmount Park Conservancy

PHILADELPHIA, PA

\$75,000 — Master plan for the revitalization of Hunting Park to encourage increased physical activity in Philadelphia (8 months). ID 64582

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

Ferrazzi Greenlight

LOS ANGELES, CA

\$50,000 — Sponsoring a panel on childhood obesity at the 2008 Big Task Weekend on health and wellness (9 months). ID 64900

Food Bank of Western Massachusetts, Inc.

HATFIELD, MA

\$186,574 — Merging faith- and community-based advocacy for urban agriculture and affordable, nutritious food in Springfield, Mass. (2 years). ID 65327

Food Research and Action Center Inc.

WASHINGTON, DC

\$100,000 — Disseminating program models for after-school and summer nutrition programs to increase physical activity, and generating policy change (1 year). ID 65392

Food Trust

PHILADELPHIA, PA

\$476,182 — Promoting the development of supermarkets in underserved communities in New Jersey: a replication of the Pennsylvania supermarket campaign (4 years). ID 64282

Guam SDA Ypao Church of the Guam Micronesia Missions

TAMUNING, GUAM

\$224,903 — Guam Sustainia Project: advocating policy change to improve access to nutritious and affordable food and safe places to walk and play (2 years). ID 65336

Hampton Roads Educational Telecommunications Association, Inc.

NORFOLK, VA

\$222,080 — Addressing childhood obesity via the faith community in the Western Tidewater area of Virginia (2 years). ID 65315

Healthy Communities, Inc.

OAKLAND, CA

\$224,937 — Solidifying a faith-based collaborative for healthy food access in Alameda County, Calif. (2 years). ID 65329

Healthy Eating Research: Building Evidence to Prevent Childhood Obesity

To support investigator-initiated research to identify and assess environmental and policy influences with the greatest potential to improve healthy eating and weight patterns among the nation's children.

Program Sites

■ University of Arizona College of Social and Behavioral Sciences

TUCSON, AZ

\$141,260 — Analyzing the nature and extent of food advertising during children's programming on Spanish language television (16 months). ID 65076

■ Brown University Institute for Community Health Promotion

PROVIDENCE, RI

\$399,910 — Identifying and evaluating food environment changes improving access to affordable healthy foods in low-income communities (2 years). ID 65054

■ Center for Science in the Public Interest

WASHINGTON, DC

\$84,979 — Analyzing food and entertainment companies' policies on food marketing to children (1 year). ID 65058

■ University of Chicago, The Pritzker School of Medicine

CHICAGO, IL

\$100,000 — Researching the food environment of YMCA after-school programs on Chicago's South Side (2 years). ID 65052

■ Farmers' Legal Action Group, Inc.

ST. PAUL, MN

\$200,000 — Assessing how agricultural policy can be changed to help farmers succeed in producing and distributing healthy food to children and their communities (18 months). ID 65057

■ Harvard Pilgrim Health Care Inc.

BOSTON, MA

\$90,919 — Reviewing current state child care regulations related to healthy eating and developing model healthy eating regulations (1 year). ID 65067

■ University of Illinois at Chicago

CHICAGO, IL

\$149,514 — Studying the relationship between perceived and objective food environments, dietary intake and weight status in Latino families (18 months). ID 65089

■ University of Kansas Medical Center Research Institute Inc.

KANSAS CITY, KS

\$149,810 — Examining the financial impact of a la carte foods in Kansas public schools (18 months). ID 65072

■ University of Minnesota

MINNEAPOLIS, MN

\$94,037 — Evaluating nutrition policies and practices in U.S. secondary schools (2 years). ID 65056

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

- **University of Minnesota
School of Public Health**
MINNEAPOLIS, MN
\$149,996 — Evaluating two meal service strategies for moderating energy intake of preschool-aged children (18 months). ID 65070
- **National Bureau of
Economic Research Inc.**
CAMBRIDGE, MA
\$265,342 — Analyzing the effects of food prices and food advertising on body composition of children (2 years). ID 65068
- **New York City Department of
Health and Mental Hygiene**
NEW YORK, NY
\$76,157 — Evaluating the New York City calorie labeling regulation (3 months). ID 65429
- **PolicyLink**
OAKLAND, CA
\$200,000 — Evaluating the impact of opening a full-service grocery store in a low-income, underserved neighborhood (18 months). ID 65064
- **Project for Public Spaces, Inc.**
NEW YORK, NY
\$99,533 — Researching successful strategies and barriers for farmers' markets to serve low-income communities (18 months). ID 65049
- **Public Health Institute**
OAKLAND, CA
\$283,780 — Examining policy and practice in digital marketing of food and beverages to children (2 years). ID 65063
- **Research Triangle Institute**
RESEARCH TRIANGLE PARK, NC
\$299,994 — Examining higher- and lower-income household food purchasing behavior and whether it may be responsible for childhood obesity (3 years). ID 65062
- **San Francisco State University,
College of Health and
Human Services**
SAN FRANCISCO, CA
\$99,813 — Evaluating the impact of competitive food and beverage policies on body and weight patterns among California children and adolescents (2 years). ID 65047
- **University of Southern Maine,
Edmund S. Muskie School of
Public Service**
PORTLAND, ME
\$150,000 — Investigating access to affordable healthy foods among rural low-income children in Maine (18 months). ID 65051
- **Temple University
College of Health Professions**
PHILADELPHIA, PA
\$100,000 — Assessing an obesity audit tool and determining whether school policies and environments predict relative weight outcomes (2 years). ID 65050
- **Tobacco Law Center**
ST. PAUL, MN
\$199,985 — Studying and documenting industry self-regulation strengths and weaknesses in addressing food marketing practices that contribute to childhood obesity (2 years). ID 65069
- **Tulane University
School of Public Health and
Tropical Medicine**
NEW ORLEANS, LA
\$150,000 — Analyzing the financial impact of selling healthy versus unhealthy foods on a small store in a low-income neighborhood (15 months). ID 65048
- **Yale University
School of Public Health**
NEW HAVEN, CT
\$146,237 — Evaluating the effects of state interventions to combat childhood obesity through decreasing soft drink consumption (18 months). ID 65053
\$381,888 — Developing and testing experimental methods for increasing public support for policies regulating food marketing to children (30 months). ID 65055

Other Program Activities

- **University of Minnesota
School of Public Health**
MINNEAPOLIS, MN
\$1,038,565 — Technical assistance and direction for Healthy Eating Research (1 year). ID 61113
- **Multnomah County
Health Department**
PORTLAND, OR
\$149,941 — Evaluating a nutrition information policy in chain restaurants in Multnomah County, Ore. (1 year). ID 65430

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

- **New York University School of Medicine**
NEW YORK, NY
\$50,000 — Studying the influence of calorie labeling on the food choices of families and adolescents (1 year). ID 65634
 - **Seattle-King County Department of Public Health**
SEATTLE, WA
\$400,000 — Evaluating the impact of point-of-purchase nutrition information at chain restaurants (2 years). ID 65233
- Healthy Kids, Healthy Communities: Supporting Community Action to Prevent Childhood Obesity**
- To catalyze and support policy and environmental change projects to promote children's physical activity and healthy eating, especially in lower-income and racial/ethnic communities at greatest risk.
- Program Sites**
- **Albuquerque City Council**
ALBUQUERQUE, NM
\$45,000 — Developing and integrating policy outcomes to establish environmental interventions (16 months). ID 65527
 - **Berkeley Charleston Dorchester Council of Governments**
NORTH CHARLESTON, SC
\$45,000 — Developing a regional bicycle/pedestrian network to promote physical activity (17 months). ID 65297
 - **Buffalo Niagara Medical Campus Inc.**
BUFFALO, NY
\$45,000 — Developing an addendum to the policy document guiding the City of Buffalo's decisions relative to land use and the built environment (18 months). ID 65284
 - **California Center for Public Health Advocacy**
DAVIS, CA
\$400,000 — Implementing People on the Move 2009 in Baldwin Park, Calif. (4 years). ID 65614
 - **California State University, Fresno Foundation**
FRESNO, CA
\$400,000 — Developing community leaders to lead advocacy and change initiatives affecting access to healthy foods and opportunities for physical activity (4 years). ID 65615
 - **Town of Chapel Hill**
CHAPEL HILL, NC
\$45,000 — Increasing active living through physical environment improvements (18 months). ID 65274
 - **Community Health Partnership**
PORTLAND, OR
\$45,000 — Increasing physical activity in three Oregon communities through effective communications (18 months). ID 65271
 - **East Bay Asian Youth Center**
OAKLAND, CA
\$45,000 — Developing a public/private partnership to expand efforts integrating physical activity into daily routines (14 months). ID 65282
\$400,000 — Transforming elementary schools into neighborhood hubs where children and families regularly acquire fresh food and engage in physical activity (4 years). ID 65621
 - **Feet First**
SEATTLE, WA
\$45,000 — Using the activity-design-health connection to promote walking and improve the pedestrian environment (18 months). ID 65272
 - **Fitness Council of Jackson**
JACKSON, MI
\$45,000 — Institutionalizing active transportation policy in Jackson, Mich. (18 months). ID 65244
 - **University of Illinois at Chicago College of Nursing**
CHICAGO, IL
\$45,000 — Improving physical activity in low-income communities (18 months). ID 65281
 - **Isanti County**
CAMBRIDGE, MN
\$45,000 — Creating safe biking and walking routes throughout three cities (16 months). ID 65230
 - **King County Housing Authority**
SEATTLE, WA
\$400,000 — Improving policies and systems that support healthy eating and active living in the Seattle/King County area (4 years). ID 65620
 - **Kokua Kalihi Valley Comprehensive Family Services**
HONOLULU, HI
\$39,173 — Integrating physical activity into daily living (1 year). ID 64849
 - **Latino Center for Prevention & Action in Health & Welfare**
SANTA ANA, CA
\$44,995 — Developing partnerships to increase physical activity (14 months). ID 65287

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

- **Logan Square Neighborhood Association**
CHICAGO, IL
\$400,000 — Creating interrelated food access and healthy living policy initiatives for underserved populations in the Chicago area (4 years). ID 65613
 - **Louisville Metro Government—Department of Public Health & Wellness**
LOUISVILLE, KY
\$44,669 — Increasing physical activity in low-income neighborhoods (18 months). ID 65286
\$398,618 — Reversing childhood obesity trends through systemwide policy and environmental changes in Louisville, Ky. (4 years). ID 65617
 - **Maternal and Family Health Services, Inc.**
WILKES-BARRE, PA
\$18,340 — Creating and implementing a business plan to sustain the development, maintenance and promotion of trails in Luzerne County, Pa. (18 months). ID 65227
 - **City of Orlando**
ORLANDO, FL
\$45,000 — Social marketing campaign to brand downtown Orlando as an active living area of the city (18 months). ID 65342
 - **Our Healthy Community Partnership**
OMAHA, NE
\$45,000 — Implementing a management plan and communications strategy for a bicycle loop and establishing a bicycle and pedestrian advisory committee (18 months). ID 65273
 - **PedNet Coalition Inc.**
COLUMBIA, MO
\$45,000 — Increasing physical activity through a network of pedestrian and bicycle paths (18 months). ID 65269
\$400,000 — Identifying specific policy changes that provide low-income families with access to nutritious foods and routine physical activity (4 years). ID 65622
 - **Slavic Village Development**
CLEVELAND, OH
\$45,000 — Neighborhood design project to increase physical activity and encourage healthy lifestyles (1 year). ID 65280
 - **City of Somerville Health Department**
SOMERVILLE, MA
\$45,000 — Improving communication strategies to increase physical activity (1 year). ID 65357
\$400,000 — Implementing a multidisciplinary approach to increasing healthy eating and physical activity in and around Somerville, Mass. (4 years). ID 65623
 - **Stapleton Foundation for Sustainable Urban Communities**
DENVER, CO
\$44,918 — Developing programs and policies to increase physical activity (18 months). ID 65275
 - **Summit Health Institute for Research and Education, Inc.**
WASHINGTON, DC
\$400,000 — Promoting healthy living among children and their families in the Washington, D.C., area (4 years). ID 65612
 - **Upper Valley Trails Alliance Inc.**
NORWICH, VT
\$45,000 — Using trails to actively promote, increase opportunities for and remove barriers to physical activity (18 months). ID 65228
 - **Walk/Bike Nashville**
NASHVILLE, TN
\$25,306 — Creating a safer and more conducive environment for children and residents of East Nashville to walk and bike (1 year). ID 65343
 - **WalkSacramento**
SACRAMENTO, CA
\$45,000 — Developing a sustainable partnership for walking and biking in Sacramento (1 year). ID 65356
- Other Program Activities*
- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$1,130,337 — Technical assistance and direction for Healthy Kids, Healthy Communities (1 year). ID 63644
- Institute for the Advancement of Multicultural and Minority Medicine**
WASHINGTON, DC
\$333,805 — Developing and implementing a childhood obesity toolkit that provides educational and resource materials for use by national membership organizations (1 year). ID 65145

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

Leadership for Healthy Communities: Advancing Policies to Support Healthy Eating and Active Living

To work with elected and appointed officials to create and promote healthier communities.

Program Sites

■ Council of State Governments

LEXINGTON, KY

\$300,000 — Investigating opportunities to foster and support state leadership on youth obesity issues (2 years). ID 63714

■ National Organization of Black County Officials, Inc.

WASHINGTON, DC

\$66,400 — Education, communication and advocacy for healthy eating, living and policy aimed at African-American teenagers (1 year). ID 63715

Other Program Activities

■ Global Policy Solutions, L.L.C.

WASHINGTON, DC

\$826,430 — Technical assistance and direction for Leadership for Healthy Communities (1 year). ID 63647

McGill University

MONTREAL, QUEBEC

\$35,000 — McGill Health Challenge 2008 Think Tank on childhood obesity and a workshop to develop a research protocol on healthy eating and active living (1 year). ID 65211

Morehouse School of Medicine

ATLANTA, GA

\$75,979 — Surgeons general panel discussion on childhood obesity at the 2008 National Summit of Clinicians for Healthcare Justice (6 months). ID 64804

National Foundation for the Centers for Disease Control & Prevention Inc.

ATLANTA, GA

\$50,000 — Support for the Centers for Disease Control and Prevention (CDC) national summit on legal preparedness for obesity prevention and control (6 months). ID 64550

National Governors Association Center for Best Practices

WASHINGTON, DC

\$179,926 — Publishing Healthy Kids, Healthy America grantee profiles of progress (1 year). ID 65383

National Initiative for Children's Healthcare Quality Inc.

CAMBRIDGE, MA

\$74,706 — Engaging health care professionals as community advocates for childhood obesity prevention (6 months). ID 65313

National Policy and Legal Analysis Network for Childhood Obesity Prevention

To support policy innovation and implementation aimed at preventing childhood obesity by empowering advocates, decision-makers and communities with technical assistance and resources.

■ Public Health Institute

OAKLAND, CA

\$3,545,876 — (1 year). ID 62083

National Urban League Inc.

NEW YORK, NY

\$51,219 — Disseminating and leveraging the findings of the RWJF-funded study of policy and environmental influences on childhood obesity in Washington's Ward 8 (6 months). ID 64795

New Jersey Addresses Childhood Obesity

To support a four-year major initiative to seed community and state partnerships to prevent childhood obesity in New Jersey.

■ Communications Project

MULTIPLE CONTRACTORS

\$225,000 — Providing strategic consultation to New Jersey Addresses Childhood Obesity (1 year). ID 65099

■ Rutgers, The State University of New Jersey–New Brunswick

NEW BRUNSWICK, NJ

\$1,683,000 — New Jersey childhood obesity study (30 months). ID 64253

New York City Coalition Against Hunger

NEW YORK, NY

\$224,629 — Interfaith Voices Against Hunger program advocating to end childhood obesity (2 years). ID 65325

OMG Center for Collaborative Learning

PHILADELPHIA, PA

\$374,883 — Providing consulting services to RWJF to plan and host Thought Leaders Forums on childhood obesity (2 years). ID 65526

100 Black Men of America, Inc.

ATLANTA, GA

\$100,000 — Planning for 100 Black Men of America's childhood obesity policy/advocacy intervention (3 months). ID 63916

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

Philadelphia Flying Phoenix Association

WYNNWOOD, PA

\$49,450 — Expanding the Healthy Dragons boat racing program to educate Philadelphia middle school students about the value of healthy eating and active living (3 years). ID 64562

PolicyLink

OAKLAND, CA

\$50,000 — Workshops on preventing childhood obesity at PolicyLink's Regional Equity '08 Summit (4 months). ID 63953

Praxis Project, Inc.

WASHINGTON, DC

\$249,659 — Planning for a community-based advocacy program to prevent childhood obesity in high-risk communities (3 months). ID 64022

Public Health Institute

OAKLAND, CA

\$50,000 — Support for the 2009 California Childhood Obesity Conference (18 months). ID 64563

Raben Group, LLC

WASHINGTON, DC

\$20,800 — Consulting services for a meeting on issues and implications of screening, surveillance and reporting of children's body mass index (BMI): supplement (3 months). ID 63775

Robert Wood Johnson Foundation Center to Prevent Childhood Obesity

To develop the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity as the nation's leading resource for best policies and practices to reverse the epidemic. This authorization will support the center's efforts to: synthesize the evidence; provide expertise and resources to organizations, policy-makers and communities working to prevent childhood obesity; and provide leadership and coordination to fuel a national movement to reverse the epidemic by 2015.

■ University of Arkansas for Medical Sciences, Arkansas Center for Health Improvement

LITTLE ROCK, AR

\$6,449,111 — Technical assistance and direction for the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (1 year). ID 64565

\$75,000 — Planning for the Robert Wood Johnson Foundation Center to Prevent Childhood Obesity (3 months). ID 64588

Rosedale Development Association, Inc.

KANSAS CITY, KS

\$225,000 — Promoting environmental and policy changes to provide access to physical activity and healthy food for children in Rosedale, Kan. (2 years). ID 65321

St. Galilee Outreach Ministry, Inc.

SPARTA, GA

\$225,000 — Improving the availability of affordable healthy food and access to safe places to play for children in Georgia (2 years). ID 65320

Saint Vincent College

LATROBE, PA

\$50,000 — Fred Rogers Fellows program: providing young people with the opportunity to create high-quality screen media with a child-health focus (1 year). ID 65646

Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children

To stimulate and support investigator-initiated research and build a field of researchers focused on preventing obesity among Latino children.

■ Systems Research and Applications Corporation

FAIRFAX, VA

\$199,664 — Administrative support services for Salud America! (10 months). ID 64755

■ University of Texas Health Science Center at San Antonio

SAN ANTONIO, TX

\$567,245 — Technical assistance and direction for Salud America! (1 year). ID 64756

San Diego State University

SAN DIEGO, CA

\$100,000 — Support for the U.S.-based International Conference on Diet and Activity Methods organized by the National Cancer Institute and Active Living Research (14 months). ID 64367

San Diego State University Research Foundation

SAN DIEGO, CA

\$221,528 — Training faith and community leaders to assess the built environment and advocate activity-friendly improvements (2 years). ID 65337

2008 Grants List

Childhood Obesity



Robert Wood Johnson Foundation

Save the Children Federation, Inc.

WASHINGTON, DC

\$96,386 — Planning the framework for an advocacy campaign to prevent childhood obesity in rural communities (3 months). ID 64057

Schenectady Inner City Ministry

SCHENECTADY, NY

\$222,000 — Safe Parks & Edible Playgrounds: a faith-based effort to advance community policies and environmental changes (2 years). ID 65316

Smith & Associates

MADISON, MS

\$153,272 — Providing strategic consultation to RWJF's Faith-based Advocacy: Galvanizing Communities to End Childhood Obesity grantees (2 years). ID 65182

Statewide Evaluations of Childhood Obesity Prevention Policies

To build the evidence base to prevent childhood obesity by evaluating state-level policies that might affect children's access to healthy foods and opportunities for physical activity.

■ Center for Mississippi Health Policy

JACKSON, MS

\$1,999,995 — Evaluating the impact of the Mississippi Healthy Students Act on childhood obesity (5 years). ID 64636

■ Columbia University

Mailman School of Public Health

NEW YORK, NY

\$2,050,314 — Evaluating New York state early childhood obesity prevention programs (5 years). ID 64633

■ Texas A&M University System Health Science Center Research Foundation

COLLEGE STATION, TX

\$1,001,956 — Collaborative evaluation of Texas Safe Routes to School and increased healthy food access for WIC clients (5 years). ID 64634

■ University of Texas

Health Science Center at Houston

HOUSTON, TX

\$997,984 — Collaborative evaluation of Texas Safe Routes to School and increased healthy food access for WIC clients (5 years). ID 64635

Texas Health Institute

AUSTIN, TX

\$149,847 — Support for the second annual Southern Obesity Summit (9 months). ID 64476

Texas Impact Education Fund

AUSTIN, TX

\$225,000 — Advocacy by the Interfaith Obesity Prevention Effort of Texas for a statewide agenda for children (2 years). ID 65317

United Way of Greater St. Louis

ST. LOUIS, MO

\$50,000 — Supporting Healthy Youth Partnership's expansion of integrated programs for healthier children in St. Louis and the Metro East region (1 year). ID 63742

Vanderbilt University

NASHVILLE, TN

\$224,994 — Creating a faith-based campaign in Middle Tennessee to increase low-income residents' access to full-service grocery stores (2 years). ID 65332

Virtual Media Resources, Inc.

NATICK, MA

\$396,250 — Developing a monitoring, research and communication effort to address the role of food and beverage marketing in childhood and youth obesity (7 months). ID 64153

Yale University

Rudd Center for Food Policy
and Obesity

NEW HAVEN, CT

\$389,795 — Planning for assessing the full impact of food marketing on children, especially those in vulnerable populations (7 months). ID 61216

\$6,412,740 — Strategic research and communications on food-marketing policies and practices directed at youth (3 years). ID 65013

YMCA of the USA

CHICAGO, IL

\$6,821,364 — Support for the YMCA's Pioneering Healthier Communities local and state policy-change initiative around childhood obesity (5 years). ID 64981

Youth Empowered Solutions (YES!)

RALEIGH, NC

\$223,752 — Involving faith-based youth groups in policies to create environmental changes to improve nutrition and fitness in North Carolina (2 years). ID 65319

2008 Grants List

Coverage



Robert Wood Johnson Foundation

Alliance for Health Reform

WASHINGTON, DC

\$582,881 — Providing expert, bipartisan education on health care reform to key congressional committee staff, August 2008 through February 2009 (7 months). ID 64726

Avalere Health, LLC

WASHINGTON, DC

\$84,940 — Analyzing stakeholders' perspectives on health reform (7 months). ID 65654

Bipartisan Policy Center, Inc.

WASHINGTON, DC

\$2,686,879 — Building bipartisan support for high-quality and affordable coverage for all Americans (18 months). ID 63713

\$192,928 — Forums and outreach to business leaders, providers, policy-makers and stakeholders on the state of American health care (3 months). ID 65618

Blue Cross Blue Shield of Massachusetts Foundation

BOSTON, MA

\$125,000 — Monitoring the impact of health care reform in Massachusetts on residents' insurance status, access to and use of care, and out-of-pocket spending (1 year). ID 64646

University of California, Los Angeles, David Geffen School of Medicine

LOS ANGELES, CA

\$194,821 — Researching the spillover effects of high uninsurance on the community (1 year). ID 65198

Center for Healthcare Strategies Supporting Organization Inc.

HAMILTON, NJ

\$244,091 — Planning the design of a proposed new national program for RWJF, the Medicaid Leadership Institute (10 months). ID 64385

Changes in Health Care Financing and Organization

To support policy analysis, research, evaluation and demonstration projects that will provide public and private decision leaders with useful and timely information on health care policy and financing issues.

Program Sites

■ American College of Radiology

RESTON, VA

\$254,109 — Determining whether small area variation in health care utilization is explained by physician financial self-interest (18 months). ID 64295

■ Brown University Warren Alpert Medical School

PROVIDENCE, RI

\$307,261 — Studying the impact of state Medicaid policy changes on the hospitalization of nursing home residents (2 years). ID 64435

■ University of California, San Diego, School of Medicine

LA JOLLA, CA

\$336,513 — Small area variation in Medicaid utilization and expenditures: implications for cost containment and quality of care (18 months). ID 63995

■ Center for Studying Health System Change

WASHINGTON, DC

\$338,826 — Cost and efficiency in treating high-cost Medicare beneficiaries: the role of physician practice and health system factors (18 months). ID 64006

■ Harvard Medical School

BOSTON, MA

\$298,040 — Investigating factors related to geographic variations in cost growth in the Medicare and private sectors (1 year). ID 64040

■ Harvard University School of Public Health

BOSTON, MA

\$297,461 — Examining how fragmentation of care is related to the costs of care (18 months). ID 63998

■ State of Maryland Department of Health and Mental Hygiene

BALTIMORE, MD

\$160,086 — Simulating rate setting and cross-payer effects of Medicaid long-term-care programs (2 years). ID 63756

■ University of Maryland, Peter Lamy Center for Drug Therapy and Aging

BALTIMORE, MD

\$264,047 — Medicare spending, disparities and return to healthy behaviors (18 months). ID 64004

■ Mathematica Policy Research, Inc.

PRINCETON, NJ

\$346,228 — Can disease management control costs? (18 months). ID 63996

2008 Grants List

Coverage



Robert Wood Johnson Foundation

■ University of Michigan

ANN ARBOR, MI

\$124,694 — Evaluating the impact of State Children's Health Insurance Program (SCHIP) expansions on household spending and consumption using consumer expenditure survey data (1 year). ID 65093

■ University of Minnesota

MINNEAPOLIS, MN

\$399,978 — Comparing cost-effectiveness of traditional fee-for-service Medicare and Medicare Advantage chronic illness care using National Committee for Quality Assurance (NCQA) relative resource measures (30 months). ID 64570

\$103,063 — Identifying accountable care teams for disabled Medicaid beneficiaries (9 months). ID 65339

■ University of Minnesota Medical School

MINNEAPOLIS, MN

\$289,221 — Measuring the effect of computerized physician order entry on quality and cost of care (18 months). ID 64845

■ University of Minnesota School of Public Health

MINNEAPOLIS, MN

\$448,940 — Identifying organizational characteristics of medical group practices that provide low-cost, high-quality care (22 months). ID 65450

■ Naval Postgraduate School Graduate School of Business and Public Policy

MONTEREY, CA

\$229,918 — Effects of funding sources on emergency department access and the consequences on patient outcomes (2 years). ID 63974

■ Palo Alto Medical Foundation for Health Care, Research and Education

PALO ALTO, CA

\$320,018 — Resource use and efficiency in episodes of care (15 months). ID 64531

■ Social and Scientific Systems, Inc.

SILVER SPRING, MD

\$221,791 — Extent and impact of the use of observation stays in the Medicare program (18 months). ID 64530

■ University of Southern Maine, Edmund S. Muskie School of Public Service

PORTLAND, ME

\$288,724 — Defensive medicine as a response to medical malpractice liability in the United States (14 months). ID 64578

■ Stanford University School of Medicine

STANFORD, CA

\$275,519 — Sources of health care cost growth (18 months). ID 64000

■ Urban Institute

WASHINGTON, DC

\$199,918 — Defining affordability for the uninsured and people with chronic conditions (1 year). ID 64001

\$287,995 — Impacts of undocumented immigrants on the U.S. health care system (19 months). ID 64422

Other Program Activities

■ AcademyHealth

WASHINGTON, DC

\$1,264,371 — Technical assistance and direction for Changes in Health Care Financing and Organization (1 year). ID 63984

Communications Support for the Coverage Program Area

To manage strategic communications for RWJF's Coverage program area.

■ Communications Project

MULTIPLE CONTRACTORS

\$12,000,000 — Strategic communications for RWJF's Coverage program area (8 months). ID 65109

Consumer Voices for Coverage: Strengthening State Advocacy Networks to Expand Health Coverage

To support state-based consumer health advocacy networks to increase their capacity to participate with key stakeholders, such as businesses, hospitals, insurers, providers and government officials, in health care reform efforts.

Program Sites

■ Campaign for Better Health Care

CHAMPAIGN, IL

\$750,000 — (3 years). ID 63845

■ Center for Public Policy Priorities

AUSTIN, TX

\$180,000 — (2 years). ID 65255

■ Child and Family Policy Center

DES MOINES, IA

\$180,000 — (2 years). ID 65254

■ Colorado Consumer Health Initiative

DENVER, CO

\$750,000 — (3 years). ID 63848

■ Community Service Society of New York

NEW YORK, NY

\$750,000 — (3 years). ID 63836

2008 Grants List

Coverage



Robert Wood Johnson Foundation

▪ **Consumers for Affordable Health Care Foundation**
AUGUSTA, ME
\$750,000 — (3 years). ID 63858

▪ **Health Access Foundation**
SACRAMENTO, CA
\$750,000 — (3 years). ID 63827

▪ **Maryland Citizens' Health Initiative Education Fund Inc.**
BALTIMORE, MD
\$750,000 — (3 years). ID 63846

▪ **New Jersey Citizen Action Education Fund**
CAMDEN, NJ
\$750,000 — (3 years). ID 63856

▪ **North Carolina Justice Center**
RALEIGH, NC
\$180,000 — (2 years). ID 65259

▪ **Oregon Health Action Campaign**
SALEM, OR
\$750,000 — (3 years). ID 63847

▪ **South Carolina Appleseed Legal Justice Center**
COLUMBIA, SC
\$180,000 — (2 years). ID 65400

▪ **Take Action Minnesota Education Fund**
ST. PAUL, MN
\$750,000 — (3 years). ID 63850

▪ **Tennessee Health Care Campaign Inc.**
NASHVILLE, TN
\$180,000 — (2 years). ID 65234

▪ **Unemployment Information Center**
PHILADELPHIA, PA
\$748,000 — (3 years). ID 63851

▪ **Universal Health Care Action Network of Ohio**
COLUMBUS, OH
\$750,000 — (3 years). ID 63861

▪ **Utah Health Policy Project**
SALT LAKE CITY, UT
\$180,000 — (2 years). ID 65235

▪ **Washington Community Action Network Education & Research Fund**
SEATTLE, WA
\$750,000 — (3 years). ID 63849

Other Program Activities

▪ **Community Catalyst**
BOSTON, MA
\$1,137,398 — Technical assistance and direction for Consumer Voices for Coverage (1 year). ID 61398
\$1,256,011 — Technical assistance and direction for Consumer Voices for Coverage (1 year). ID 61399

Covering Kids & Families

To increase the number of eligible children and adults who benefit from federal and state health care coverage programs.

▪ **GMMB Inc.**
WASHINGTON, DC
\$51,467 — (5 months). ID 64047

Emergency Medicine Foundation

DALLAS, TX
\$50,000 — Creating a follow-up to the 2006 national report card on the state of emergency medicine (1 year). ID 64387

Families USA Foundation Inc.

WASHINGTON, DC
\$700,000 — Using dialogue among key diverse stakeholders to facilitate health care reform (1 year). ID 64673

\$275,000 — Convening the health consumer advocacy community at Health Action 2009 to prepare for health care reform (6 months). ID 65285

Georgetown University

WASHINGTON, DC
\$299,824 — Developing new measures of the adequacy of private health insurance coverage (15 months). ID 63793

Georgetown University, Health Policy Institute

WASHINGTON, DC
\$200,000 — Research and policy analysis on health care needs of children and families as federal policy-makers consider health care reform (1 year). ID 65515

Georgetown University Law Center

WASHINGTON, DC
\$689,057 — Studying legal challenges in health reform to assist policy-makers and other key stakeholders (1 year). ID 64475

Health Care Conference

Administrators, LLC
BELLEVUE, WA
\$50,000 — Second national congress on the uninsured and underinsured (5 months). ID 64733

Health Care Costs: Research and Analysis

To support research studies and policy analyses regarding high and rising health care costs, particularly as they relate to efforts to expand health insurance coverage.

▪ **Jack C. Ebeler**
RESTON, VA
\$25,146 — Consulting services in support of programming to address health care costs (6 months). ID 65710

2008 Grants List

Coverage



Robert Wood Johnson Foundation

Jennings Policy Strategies, Inc.

WASHINGTON, DC

\$91,500 — Providing strategic consultation in connection with efforts to expand health insurance coverage to all Americans (1 year). ID 64774

Mathematica Policy Research, Inc.

WASHINGTON, DC

\$99,812 — Assessing cross-cutting issues in RWJF's state-focused coverage initiatives to enhance effectiveness (6 months). ID 65610

Maximizing Enrollment for Kids: Making Medicaid and SCHIP Work

To increase health insurance coverage of eligible but uninsured children in Medicaid and the State Children's Health Insurance Program (SCHIP) by helping states improve their policies and procedures and to measure the impact of these changes.

- **Center for Health Policy Development/National Academy for State Health Policy**
PORTLAND, ME
\$1,358,356 — Technical assistance and direction for Maximizing Enrollment for Kids (1 year). ID 63860
- **Mathematica Policy Research, Inc.**
PRINCETON, NJ
\$1,199,913 — Evaluating Maximizing Enrollment for Kids (4 years). ID 65253
- **Research Foundation of State University of New York**
ALBANY, NY
\$411,439 — Field study of Maximizing Enrollment for Kids (3 years). ID 65554

Mehlman, Vogel, Castagnetti, Inc.

WASHINGTON, DC

\$92,500 — Providing strategic consultation in connection with efforts to expand health insurance coverage to all Americans (1 year). ID 64775

University of Minnesota, Hubert H. Humphrey Institute of Public Affairs

MINNEAPOLIS, MN

\$243,953 — Evaluating the effects of RWJF's Cover the Uninsured Week campaign on the media and the public (1 year). ID 63894

National Academy of Sciences

WASHINGTON, DC

\$689,293 — Updating the 2000–2004 Institute of Medicine study of the consequences of uninsurance (1 year). ID 63982

State of Oregon Department of Human Services, Office for Oregon Health Policy and Research

SALEM, OR

\$247,925 — Oregon Health Plan Lottery: using a randomized controlled trial to test the impact of providing public insurance coverage to low-income adults (19 months). ID 64301

\$2,498,915 — How does health insurance affect health care use and health outcomes for low-income adults? Evidence from Oregon's health insurance lottery (3 years). ID 64964

Peter Harbage Consulting, LLC

WASHINGTON, DC

\$73,330 — Investigation of rescission practices in the individual health insurance market and their impact on consumers (9 months). ID 65541

Rand Corporation

SANTA MONICA, CA

\$100,000 — Developing the COMPARE (Comprehensive Assessment of Reform Efforts) Web site (6 months). ID 64350

State Coverage Initiatives

To help states develop and implement policies that expand access to health insurance coverage.

Program Sites

- **University of Arkansas for Medical Sciences, Arkansas Center for Health Improvement**
LITTLE ROCK, AR
\$200,000 — Planning coverage expansions in Arkansas (18 months). ID 63867
- **Kansas Health Policy Authority**
TOPEKA, KS
\$199,858 — Supporting Kansas' policy development towards insurance market reform and care coordination (8 months). ID 63871
- **State of Maryland
Department of Health and
Mental Hygiene**
BALTIMORE, MD
\$61,900 — Supporting implementation of Maryland's coverage legislation to expand Medicaid eligibility and make small business market reforms (7 months). ID 63873
- **State of Minnesota
Department of Health**
ST. PAUL, MN
\$191,816 — Supporting the coverage focus of Minnesota Governor's Health Transformation Task Force (1 year). ID 63874

2008 Grants List

Coverage



Robert Wood Johnson Foundation

- **State of New Mexico, Human Services Department**
SANTA FE, NM
\$200,000 — Modeling coverage expansion options in New Mexico (1 year). ID 63870
 - **Oklahoma Insurance Department**
OKLAHOMA CITY, OK
\$200,000 — Supporting Oklahoma's planning for health reform (18 months). ID 63868
 - **Oregon Health Fund Board**
SALEM, OR
\$187,658 — Supporting the Oregon Health Fund Board's plans for expanded health care reform (1 year). ID 63864
 - **State of Texas, Office of the Governor**
AUSTIN, TX
\$90,000 — Developing viable coverage reform options for Texas (1 year). ID 63869
 - **State of Wisconsin, Department of Health and Family Services**
MADISON, WI
\$199,440 — Assessing the impact of Wisconsin's proposed private market reforms (1 year). ID 63866
- Other Program Activities**
- **AcademyHealth**
WASHINGTON, DC
\$1,700,000 — Technical assistance and direction for State Coverage Initiatives (1 year). ID 64566
 - **National Governors Association Center for Best Practices**
WASHINGTON, DC
\$280,000 — Providing technical assistance to governors to enable them to maintain or increase current levels of health insurance coverage (2 years). ID 65373
 - **State Health Access Reform Evaluation**
To support research and evaluation of state health reform initiatives and develop an evidence base for future state and federal reform initiatives.
Program Sites
 - **Brown University**
PROVIDENCE, RI
\$200,000 — Evaluating the implementation, adoption and outcomes of the Rhode Island HEALTHpact plans (18 months). ID 64214
 - **University of California, Los Angeles, Center for Health Policy Research**
LOS ANGELES, CA
\$172,533 — Evaluation of 12-month continuous eligibility in Medicaid in California (18 months). ID 64209
 - **University of California, Los Angeles, David Geffen School of Medicine**
LOS ANGELES, CA
\$599,357 — Evaluation of reforms to cover all children in the states of Illinois, Pennsylvania and Washington (2 years). ID 64211
 - **Johns Hopkins University Bloomberg School of Public Health**
BALTIMORE, MD
\$326,539 — Incremental strategies to cover low-income uninsured adults (2 years). ID 64219
 - **State of Maryland, Department of Health and Mental Hygiene**
BALTIMORE, MD
\$183,664 — Evaluating the success of Maryland's Kids First Act outreach at identifying and enrolling uninsured eligible children in Medicaid or the State Children's Health Insurance Program (SCHIP) (2 years). ID 65635
 - **Mathematica Policy Research, Inc.**
WASHINGTON, DC
\$599,513 — Evaluation of risk selection in market-based state programs (2 years). ID 64215
 - **University of New England, Center for Health Policy, Planning and Research**
PORTLAND, ME
\$397,517 — Evaluating Vermont's comprehensive reform initiative to provide universal access to affordable health insurance coverage and quality health care (2 years). ID 64212
 - **State of New Mexico, New Mexico Human Services Department**
SANTA FE, NM
\$195,855 — Evaluating small group employee participation in New Mexico State Coverage Insurance (18 months). ID 64309
 - **Rutgers, The State University, The Center for State Health Policy**
NEW BRUNSWICK, NJ
\$359,567 — Evaluating the extension of dependent coverage to young adults (2 years). ID 64320

2008 Grants List

Coverage



Robert Wood Johnson Foundation

▪ **University of Southern California,
Center for Community Health
Studies**

ALHAMBRA, CA

\$187,218 — Evaluating the impact of outreach and enrollment strategies in California (17 months). ID 64276

▪ **University of Southern Maine,
Edmund S. Muskie School of
Public Service**

PORTLAND, ME

\$567,421 — Assessing the impact of premium requirements and participant cost-sharing on access to care in Massachusetts, Maine and Vermont (2 years). ID 64216

▪ **Urban Institute**

WASHINGTON, DC

\$399,414 — Studying the effects of Medicaid reform on access to care, program sustainability and administrative efficiency in Kentucky and Idaho (2 years). ID 64208

\$197,892 — Assessing the first use of auto-enrollment for a state coverage expansion (18 months). ID 64275

\$339,842 — Assessing the impact of state health reform in Illinois, Massachusetts and New York (2 years). ID 64315

▪ **Wake Forest University
Health Sciences**

WINSTON-SALEM, NC

\$216,779 — Sheltering employee premium contributions from tax using Section 125 plans (18 months). ID 64207

▪ **University of Wisconsin
School of Medicine and
Public Health**

MADISON, WI

\$199,970 — Evaluating the effects of Wisconsin's BadgerCare Plus reform package on enrollment and efficiency (18 months). ID 64222

Other Program Activities

▪ **University of Minnesota
School of Public Health**

MINNEAPOLIS, MN

\$695,018 — Technical assistance and direction for State Health Access Reform Evaluation (1 year). ID 59590

Swarthmore College

SWARTHMORE, PA

\$26,437 — Study of the State Children's Health Insurance Program (SCHIP), its evolution in relationship to Medicaid, and the possibility of using SCHIP as a template for health care reform (1 year). ID 65277

Targeted Research for Coverage

To enable RWJF's Coverage program area to commission a range of research studies that focus on questions related to its new strategic objective.

▪ **University of California, Berkeley,
School of Public Health**

BERKELEY, CA

\$171,094 — Analyzing the effects of the San Francisco spending mandate (2 years). ID 64694

**University of Texas at Austin
LBJ School of Public Affairs
Center for Health and Social Policy**

AUSTIN, TX

\$21,948 — Conference on the strengths and limitations of Medicare (6 months). ID 63696

Third Sector New England

BOSTON, MA

\$219,931 — Assessing cost and adequacy of insurance coverage for small business owners operating farms and ranches in seven Great Plains states (18 months). ID 64034

Urban Institute

WASHINGTON, DC

\$600,000 — Using the Current Population Survey and the American Community Survey to assess Medicaid and State Children's Health Insurance Program (SCHIP) participation across the country (2 years). ID 65624

**West Virginia University
School of Medicine**

MORGANTOWN, WV

\$100,000 — Case study of the implementation of the West Virginia Healthier Medicaid Members Through Personal Responsibility program (1 year). ID 64590

2008 Grants List

Public Health



Robert Wood Johnson Foundation

AcademyHealth

WASHINGTON, DC

\$1,038,887 — Building and fostering the field of public health services and systems research (4 years). ID 65014

Alaska Native Tribal Health Consortium

ANCHORAGE, AK

\$327,127 — Integrating health impact assessments into the federal environmental impact process with a focus on Alaska Native communities (19 months). ID 64996

American Sociological Association

WASHINGTON, DC

\$49,291 — Producing a special issue of the *Journal of Health and Social Behavior* on the past 50 years of sociological research on health (2 years). ID 65564

University of Arizona College of Medicine

TUCSON, AZ

\$50,000 — Implementing and evaluating the Helpers Program, a strategy to engage smokers in cessation treatment in New Jersey communities (1 year). ID 65552

Asian Pacific Partners for Empowerment, Advocacy, and Leadership

OAKLAND, CA

\$432,846 — Voices in the Debate: Minority Action for Tobacco Policy Change (3 months). ID 65074

Barker Bi-Coastal Health Consultants, Inc.

CALABASAS, CA

\$59,982 — Evaluating treatment innovations from the National Tobacco Cessation Collaborative's Consumer Demand Roundtable (7 months). ID 63733

Building Advocacy for Policy Change to Improve the Nation's Health

To develop and advance policy recommendations for how a modernized public health system should be structured, funded, staffed and held accountable.

■ Urban Institute

WASHINGTON, DC

\$35,000 — Evaluability assessment for Trust for America's Health (6 months). ID 64139

Building Evidence in Public Health Law

To build the evidence for public health law and policy, translate research findings into practical tools to increase the support for and use of law by policy-makers and public health practitioners, and to translate findings to other fields and venues to improve and protect health.

■ Systems Research and Applications Corporation

FAIRFAX, VA

\$227,272 — Administrative support services for Building Evidence in Public Health Law (1 year). ID 65525

Building the Evidence Base for Public Health Accreditation and Quality Improvement

To advance understanding and evidence of the relationship between accreditation and other quality improvement efforts in public health and the performance and impact of the public health system.

■ University of Minnesota School of Public Health

MINNEAPOLIS, MN

\$600,000 — Technical assistance and direction for Building the Evidence Base for Public Health Accreditation and Quality Improvement (3 years). ID 64349

University of California, Los Angeles, School of Public Health

LOS ANGELES, CA

\$446,749 — Further developing the UCLA Health Forecasting Tool to support effective public health practice, community interventions and policy decisions (30 months). ID 63473

Campaign for Tobacco-Free Kids

WASHINGTON, DC

\$450,000 — Development of a business plan (1 year). ID 64035

\$350,000 — Educating key audiences about FDA regulation of tobacco products (4 months). ID 64348

Center for Creative Leadership

GREENSBORO, NC

\$199,998 — Consulting on the Advancing Public Health Practice and Policy Solutions batched solicitation (20 months). ID 65081

Center for Public Program Evaluation, Inc.

PURCELLVILLE, VA

\$399,919 — Retrospective summative assessment of RWJF's work in tobacco control policies (18 months). ID 65202

City University of New York, Hunter College

NEW YORK, NY

\$20,154 — Study of how the 2008 cigarette tax increase in New York State impacts cigarette tax avoidance in New York City (5 months). ID 64686

2008 Grants List

Public Health



Robert Wood Johnson Foundation

Common Ground: Transforming Public Health Information Systems

To support collaborative processes among state and local public health departments to advance the use of information systems to support preparedness and manage chronic disease.

- **Task Force for Child Survival and Development**

DECATUR, GA

\$1,424,688 — Technical assistance and direction for Common Ground (1 year). ID 63748

Communications Support for the Public Health Program Area

To manage strategic communications for the Public Health program area to produce high-quality, consistent, timely products and messages that increase impact.

- **Campaign for Tobacco-Free Kids**

WASHINGTON, DC

\$1,100,000 — Public education and public health training activities in support of RWJF's Public Health program area (6 months). ID 65199

- **Communications Project**

MULTIPLE CONTRACTORS

\$1,235,109 — Coordinated central communications activities for RWJF's Public Health program area (6 months). ID 65110

- **Trust for America's Health**

WASHINGTON, DC

\$64,891 — Designing an organizational blueprint for a federal food-safety agency (7 months). ID 65440

Core Support and Infrastructure Development for the American Nonsmokers' Rights Foundation

To preserve and strengthen the American Nonsmokers Rights Foundation by diversifying funding streams and investments and to provide research and advocacy support to tobacco grantees and partners, especially those advocating for comprehensive smoke-free air policies.

- **American Nonsmokers' Rights Foundation**

BERKELEY, CA

\$1,000,000 — Core support and infrastructure development for the American Nonsmokers' Rights Foundation (4 months). ID 60551

Council of State and Territorial Epidemiologists

ATLANTA, GA

\$27,278 — Tribal epidemiology conference to strengthen public health coordination across political jurisdictions (5 months). ID 63485

Courage Center

GOLDEN VALLEY, MN

\$28,141 — Facilitating the Public Health Accreditation Coalition and assisting RWJF's Public Health program area in program development (6 months). ID 64528

\$29,076 — Facilitating the Public Health Accreditation Coalition and assisting RWJF's Public Health program area in program development (6 months). ID 65555

Creating a Center of Excellence to Improve Data Gathering and Study to Strengthen the Evidence Base, Performance and Impact of State Public Health

To help develop public health research priorities, create a data resource and technical assistance center, support data analyses to assist national public health organizations, and assess the performance and impact of public health systems.

- **Association of State and Territorial Health Officials**

ARLINGTON, VA

\$1,230,046 — Building the data infrastructure, analytic capacity and transfer-to-practice framework for public health systems research (4 years). ID 63791

Danya International, Inc.

SILVER SPRING, MD

\$100,000 — National Conference on Tobacco or Health 2009 (1 year). ID 65208

Engaging Leaders in Advocacy for Public Health System Improvement Through Accreditation and Quality Improvement

To engage key leaders and influencers in public health and related sectors so they understand and support the benefits of accredited health departments and can advocate for accreditation with stakeholders.

- **National Association of County and City Health Officials**

WASHINGTON, DC

\$1,291,507 — Training newly appointed public health officials in applying knowledge and specific skills to their leadership roles (18 months). ID 63781

2008 Grants List

Public Health



Robert Wood Johnson Foundation

Establishing a National Public Health Accrediting Organization

To establish a new, independent, nonprofit entity to govern the national accreditation system.

- **National Association of County and City Health Officials**

WASHINGTON, DC

\$853,140 — Establishing a National Public Health Accrediting Organization: second phase (5 months). ID 65090

Event Planning Group, LLC

WASHINGTON, DC

\$340,396 — Supporting the development of the Public Health Accreditation Coalition (1 year). ID 64592

Judge David L. Bazelon Center for Mental Health Law

WASHINGTON, DC

\$15,000 — Integrating mental health in health care reform: a meeting of policy experts (1 month). ID 64662

Lead States in Public Health Quality Improvement

To create a peer network of innovator states with experience in designing and implementing a process for systematic assessment of local public health agency capacity and performance.

Program Sites

- **State of Florida
Department of Health**

TALLAHASSEE, FL

\$450,000 — (3 years). ID 64225

- **State of Indiana
Department of Health**

INDIANAPOLIS, IN

\$450,000 — (3 years). ID 64226

- **State of Iowa
Department of Public Health**

DES MOINES, IA

\$449,995 — (3 years). ID 64223

- **JSI Research and Training Institute, Inc. d/b/a/ Community Health Institute**

BOW, NH

\$446,639 — (3 years). ID 64188

- **Kansas Health Institute**

TOPEKA, KS

\$448,213 — (3 years). ID 64227

- **Michigan Public Health Institute**

OKEMOS, MI

\$449,896 — (3 years). ID 64228

- **State of Minnesota
Department of Health**

ST. PAUL, MN

\$450,000 — (3 years). ID 64185

- **Missouri Institute for
Community Health Inc.**

JEFFERSON CITY, MO

\$450,000 — (3 years). ID 64186

- **State of Montana
Department of Public Health
and Human Services**

HELENA, MT

\$448,470 — (3 years). ID 64187

- **New Jersey Health Officers
Association**

TOMS RIVER, NJ

\$447,424 — (3 years). ID 64206

- **University of North Carolina at
Chapel Hill School of Public Health**

CHAPEL HILL, NC

\$449,590 — (3 years). ID 64233

- **State of Oklahoma, Oklahoma
State Department of Health**

OKLAHOMA CITY, OK

\$448,398 — (3 years). ID 64229

- **State of South Carolina
Department of Health and
Environmental Control**

COLUMBIA, SC

\$450,000 — (3 years). ID 64210

- **United Way of Illinois—
Illinois Public Health Institute**

CHICAGO, IL

\$450,000 — (3 years). ID 64213

- **State of Washington
Department of Health**

OLYMPIA, WA

\$450,000 — (3 years). ID 64230

- **State of Wisconsin Department of
Health and Family Services**

MADISON, WI

\$450,000 — (3 years). ID 64217

Other Program Activities

- **National Network of
Public Health Institutes**

NEW ORLEANS, LA

\$1,243,029 — Technical assistance and direction for Lead States in Public Health Quality Improvement (1 year). ID 63672

- **Ohio Public Health Partnership**

WORTHINGTON, OH

\$100,000 — Advancing public health accreditation and quality improvement in Ohio (1 year). ID 64812

2008 Grants List

Public Health



Robert Wood Johnson Foundation

▪ **University of Southern Maine,
Edmund S. Muskie School of
Public Service**

PORTLAND, ME

\$699,060 — Evaluation of Lead States in Public Health Quality Improvement (3 years). ID 64232

Macro International, Inc.

ATLANTA, GA

\$36,330 — Assessing the evaluability of the RWJF meta-leadership program to prepare senior leaders across multiple sectors to work effectively and collaboratively in the event of a national public health emergency (6 months). ID 64175

Media & Policy Center Foundation

SANTA MONICA, CA

\$50,000 — Developing Public Space/ Public Health, a two-hour PBS documentary on the impact of the built environment on health (2 years). ID 64184

Morehouse School of Medicine

ATLANTA, GA

\$15,000 — Freedom's Voice Conference to raise the voice of community in health policy formulation and catalyze improvements in access to care (3 months). ID 63886

**National Academy of Sciences–
Institute of Medicine**

WASHINGTON, DC

\$225,003 — Forum on medical and public health preparedness for catastrophic events (3 years). ID 65075

**National Association of
Local Boards of Health**

BOWLING GREEN, OH

\$49,828 — Developing a white paper and training and education plan for local board of health members (6 months). ID 63966

**National Foundation for the Centers
for Disease Control & Prevention Inc.**

ATLANTA, GA

\$750,000 — Preparing for future national emergencies by supporting the CDC Foundation's emergency preparedness and response fund (1 month). ID 65146

\$4,250,000 — Emergency preparedness and response fund (3 years). ID 65252

\$2,014,688 — Developing a program to improve cooperation among federal, state and local leaders when responding to natural and man-made disasters (1 year). ID 63962

**National Heart, Lung and
Blood Institute**

BETHESDA, MD

\$49,647 — Asthma-outcomes workshop to develop standardized definitions and outcome measures for asthma clinical research (3 years). ID 65193

Partnership for Prevention

WASHINGTON, DC

\$1,967,838 — Comparing the value of community preventive services (3 years). ID 63940

\$393,583 — Identifying the highest-value clinical preventive services (3 years). ID 64396

**Providing Assistance to Public Health
Agencies Preparing for Accreditation**

To provide technical assistance and funding to a select number of local and state public health departments during the project's trial phase to help them prepare for accreditation.

▪ **National Association of County and
City Health Officials**

WASHINGTON, DC

\$1,500,000 — Accreditation preparation and quality improvement (1 year). ID 63686

▪ **National Indian Health Board**

ALEXANDRIA, VA

\$314,586 — Exploring tribal public health accreditation project (1 year). ID 63865

**Public Health Services and
Systems Research**

To help establish the field of public health services and systems research as a needed resource that will improve performance of governmental health agencies.

▪ **University of Michigan
School of Public Health**

ANN ARBOR, MI

\$308,968 — Examining strategies to generate new revenues on more efficient and effective practices to improve public health (18 months). ID 65722

▪ **Social and Scientific Systems, Inc.**

SILVER SPRING, MD

\$199,824 — Study of local public health capacities to address the needs of culturally and linguistically diverse populations (20 months). ID 64402

▪ **University of Tennessee, Knoxville**

KNOXVILLE, TN

\$133,357 — Examining the relationships between changes in the characteristics, inputs or activities of state health departments and health outcomes (1 year). ID 65719

**Research Foundation of the
City University of New York**

NEW YORK, NY

\$268,323 — Expanding the ability of practitioners and scholars to assess law as a tool to improve public health (1 year). ID 65314

2008 Grants List

Public Health



Robert Wood Johnson Foundation

Robert Wood Johnson Foundation Practice-Based Research Network in Public Health

To develop a practice-based research network for public health to help stakeholders understand how public health systems research can be used to improve public health performance and impact.

Program Sites

- **Boston University School of Public Health**
BOSTON, MA
\$90,000 — (2 years). ID 65435
- **Colorado Association of Local Public Health Officials**
DENVER, CO
\$80,000 — (2 years). ID 65443
- **Kentucky Public Health Association**
FRANKFORT, KY
\$89,999 — (2 years). ID 65437
- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$89,919 — (2 years). ID 65434
- **Seattle-King County Department of Public Health**
SEATTLE, WA
\$89,988 — (2 years). ID 65431

Other Program Activities

- **University of Arkansas for Medical Sciences College of Public Health**
LITTLE ROCK, AR
\$380,608 — Technical assistance and direction for the Robert Wood Johnson Foundation Practice-Based Research Network in Public Health (1 year). ID 64676

Substance Abuse Policy Research Program

To encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology, and other behavioral and policy sciences to address issues of substance abuse.

- **University of Arkansas for Medical Sciences, College of Pharmacy**
LITTLE ROCK, AR
\$42,372 — Gauging impact of coverage expansion and change in prior authorization process on use of tobacco cessation treatment among Arkansas Medicaid enrollees (1 year). ID 64148
- **Brown University Center for Alcohol and Addiction Studies**
PROVIDENCE, RI
\$13,394 — Informing public policy on cigarette taxation via cigarette demand curve analysis (2 years). ID 63887
- **General Hospital Corporation**
BOSTON, MA
\$99,981 — Identifying targets to improve smoking cessation advice rates in the inpatient setting (1 year). ID 64158
- **University of Georgia Research Foundation Inc.**
ATHENS, GA
\$84,709 — Examining the relationship between the cost of cigarettes and an individual's probability of quitting smoking (19 months). ID 65626
- **Multnomah County Health Department**
PORTLAND, OR
\$99,999 — Examining attitudes toward, compliance with and health effects of a smoke-free policy in subsidized multiunit housing and its impact on property (1 year). ID 65079

Public Health Institute

OAKLAND, CA

\$100,000 — Examining the role of televised anti-tobacco and pharmaceutical product advertising on young smokers' demand for and use of treatments (1 year). ID 65627

Supporting Advocacy to Reduce Tobacco Use and Direct Tobacco-Related State Revenue to Health Priorities

To support state and local advocacy efforts and educate policy-makers and other key audiences in up to 15 states about the need for tobacco control and other public health measures.

- **American Nonsmokers' Rights Foundation**
BERKELEY, CA
\$1,121,827 — Providing rapid response funding to enable communities and groups to support, protect or implement smoke-free policies (1 year). ID 64477
- **Campaign for Tobacco-Free Kids**
WASHINGTON, DC
\$1,500,000 — Providing assistance to state tobacco prevention and public health policy projects (1 year). ID 64346
- **George Washington University School of Public Health and Health Services**
WASHINGTON, DC
\$99,508 — Recommendations for reforming the federal food-safety program (6 months). ID 65457

2008 Grants List

Public Health



Robert Wood Johnson Foundation

Tobacco Policy Change: A Collaborative for Healthier Communities and States

To provide resources and technical assistance for community, regional and national organizations and tribal groups advocating for effective tobacco prevention and cessation policy initiatives.

Program Sites

- **Black Hills Center for American Indian Health**

RAPID CITY, SD

\$149,990 — Advancing comprehensive tobacco-free and tribal wellness policies on the Navajo Nation (18 months). ID 64495

- **DuBois Institute for Entrepreneurship, Inc.**

DOTHAN, AL

\$151,913 — Advancing statewide smoke-free policies and implementing an anti-obesity project in Alabama (18 months). ID 64498

- **Families Under Urban and Social Attack Inc.**

HOUSTON, TX

\$150,000 — Advancing the statewide clean indoor air act and educating Houston residents about health issues resulting from obesity (18 months). ID 64502

- **Georgia Public Interest Research Group Education Fund**

ATLANTA, GA

\$149,453 — Promoting smoke-free indoor air and clean outdoor air through the promotion of public transit (18 months). ID 64494

- **Indiana Rural Health Association**

TERRE HAUTE, IN

\$155,145 — Advancing smoke-free policy efforts in 20 Indiana communities and furthering state policies to fully fund the Healthy Indiana Plan (18 months). ID 64503

- **University of Kentucky Research Foundation**

LEXINGTON, KY

\$225,000 — Advancing comprehensive clean indoor air and radon policies in Northern Kentucky (18 months). ID 64496

- **Le Penseur Youth and Family Services**

CHICAGO, IL

\$175,000 — Supporting efforts to limit the number of tobacco retailers in the rebuilding efforts in the Lower 9th Ward of New Orleans (18 months). ID 64497

- **University of Missouri–Columbia Medical School Foundation, Inc.**

COLUMBIA, MO

\$150,173 — Using campus-community alliances to reduce both tobacco use and intimate partner violence (18 months). ID 64491

- **North Carolina Pediatric Society Foundation**

RALEIGH, NC

\$150,014 — Building support for policy changes to make all workplaces smoke-free by 2010 and to halt and reverse the growing obesity epidemic in North Carolina (18 months). ID 64501

- **South Carolina African American Tobacco Control Network**

SUMMERVILLE, SC

\$300,000 — Advancing local smoke-free laws in South Carolina by emphasizing the importance of local control and exposing the threat of preemption (18 months). ID 64505

- **Wellness Council of West Virginia Institute, WV**

\$296,541 — Addressing clean indoor air regulations and government change promoting local environments favoring physical activity in five West Virginia counties (18 months). ID 64492

Other Program Activities

- **Aberdeen Area Tribal Chairmen's Health Board**

ABERDEEN, SD

\$110,925 — Collecting and aggregating data from the 2008 American Indian Adult Tobacco Survey (6 months). ID 64092

- **Communications Project Multiple Contractors**

\$225,000 — Technical assistance for Tobacco Policy Change (21 months). ID 64235

- **Freeman Consulting Group, Inc.**

ROSWELL, GA

\$140,551 — Consulting and technical assistance for Tobacco Policy Change (1 year). ID 65241

- **Letetia Daniels Jackson**

DOTHAN, AL

\$62,360 — Consulting and technical assistance for Tobacco Policy Change (7 months). ID 64220

2008 Grants List

Public Health



Robert Wood Johnson Foundation

▪ **Kathleen Jerome**

FLORENCE, MA

\$130,884 — Consulting and technical assistance for Tobacco Policy Change (1 year). ID 65239

▪ **Smith & Associates**

MADISON, MS

\$56,346 — Consulting services for Tobacco Policy Change (8 months). ID 64096

▪ **Jerry Spegman**

LEWISBURG, PA

\$119,555 — Consulting and technical assistance for Tobacco Policy Change (1 year). ID 65240

United Way of Illinois Inc.

OAK BROOK, IL

\$50,000 — Increasing the organizational capacity of the Illinois Public Health Institute (1 year). ID 63762

University of Wisconsin

School of Medicine and Public Health

MADISON, WI

\$4,934,201 — Support for Mobilizing Action Toward Community Health (MATCH) (3 years). ID 65017

\$181,141 — Using summary measures of health outcomes to guide multisectoral planning to improve community health: Phase 1 (6 months). ID 65020

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

Aligning Forces for Quality: The Regional Market Project

To support grants and technical assistance to community coalitions to work toward high-quality, patient-centered and equitable care.

Program Sites

- **Alliance for Health**
GRAND RAPIDS, MI
\$1,315,378 — (3 years). ID 64085
- **Community Health Alliance of Humboldt-Del Norte**
EUREKA, CA
\$1,394,979 — (3 years). ID 64090
- **Greater Detroit Area Health Council Inc.**
DETROIT, MI
\$1,159,303 — (3 years). ID 64076
- **Health Improvement Collaborative of Greater Cincinnati**
CINCINNATI, OH
\$1,356,916 — (3 years). ID 64078
- **Health Research & Educational Trust of New Jersey**
PRINCETON, NJ
\$199,502 — (6 months). ID 64414
- **Healthy Memphis Common Table**
GERMANTOWN, TN
\$1,400,978 — (3 years). ID 64077
- **Kansas City Quality Improvement Consortium**
KANSAS CITY, MO
\$1,379,437 — (3 years). ID 64082
- **MetroHealth System**
CLEVELAND, OH
\$1,395,064 — (3 years). ID 64079

- **MN Community Measurement**
MINNEAPOLIS, MN

\$1,352,343 — (3 years). ID 64089

- **New Mexico Medical Review Association**

ALBUQUERQUE, NM

\$164,083 — (6 months). ID 64412

- **Oregon Health Care Quality Corporation**

PORTLAND, OR

\$1,383,826 — (3 years). ID 64084

- **P2 Collaborative of Western New York Inc.**

WILLIAMSVILLE, NY

\$1,399,095 — (3 years). ID 64083

- **Puget Sound Health Alliance**

SEATTLE, WA

\$1,252,118 — (3 years). ID 64088

- **Quality Counts**

MANCHESTER, ME

\$1,408,707 — (3 years). ID 64087

- **WellSpan Health**

YORK, PA

\$1,429,497 — (3 years). ID 64080

- **Wisconsin Collaborative for Healthcare Quality, Inc.**

MADISON, WI

\$1,476,861 — (3 years). ID 64086

Other Program Activities

- **Center for Health Improvement**

SACRAMENTO, CA

\$1,497,933 — Consulting for technical assistance for RWJF's Regional Quality Strategy program (1 year). ID 64417

- **Drexel University School of Public Health**

PHILADELPHIA, PA

\$43,554 — Advancing the objectives of the regional quality initiative through data analysis (5 months). ID 64825

- **George Washington University School of Public Health and Health Services**

WASHINGTON, DC

\$5,560,096 — Technical assistance and direction for RWJF's Regional Quality Strategy program (1 year). ID 63687

\$1,773,601 — Aligning Forces for Quality: The Regional Market Project (9 months). ID 64798

- **Pennsylvania State University Department of Health Policy and Administration**

UNIVERSITY PARK, PA

\$7,492,046 — Evaluation of RWJF's Regional Quality Strategy program (42 months). ID 64072

- **Systems Research and Applications Corporation**

FAIRFAX, VA

\$26,874 — Administrative support services for Aligning Forces for Quality program expansion (5 months). ID 65157

- **American Academy of Nursing Inc.**

WASHINGTON, DC

\$99,668 — Identifying potential technological solutions to improve the nurse work environment on medical/surgical units (7 months). ID 64255

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

American Board of Medical Specialties Research and Education Foundation

EVANSTON, IL

\$1,617,528 — Preparing the physician workforce to improve performance in practice: Phase III (2 years). ID 63429

Center for Health Improvement

SACRAMENTO, CA

\$6,405,333 — Testing the Prometheus payment model by using evidence-informed case rates to reimburse providers, meet each patient's needs and coordinate care (3 years). ID 58918

Center for Health Value Innovation

ST. LOUIS, MO

\$30,000 — Improving community health in Battle Creek, Mich., using employer-based incentives for diabetes patients (18 months). ID 65258

Communications Support for the Quality/Equality Program Area

To manage strategic communications for RWJF's Quality/Equality program area to produce high-quality, consistent, timely products and messages that help increase impact.

■ Alliance for Health

GRAND RAPIDS, MI

\$50,000 — Tactical communications support of Aligning Forces for Quality sites (1 year). ID 64483

■ Communications Project

MULTIPLE CONTRACTORS

\$3,200,000 — Developing messages and communications strategies to engage physicians and consumers about measuring and reporting on health care (1 year). ID 63739

■ Community Health Alliance of Humboldt-Del Norte

EUREKA, CA

\$50,000 — Improving the medical and self care of patients with diabetes in Humboldt County, Calif. (1 year). ID 64463

■ Greater Detroit Area Health Council Inc.

DETROIT, MI

\$50,000 — Launching an online site that provides public performance reports to consumers (1 year). ID 64482

■ Health Improvement Collaborative of Greater Cincinnati

CINCINNATI, OH

\$50,000 — Implementing the Cincinnati Aligning Forces for Quality communications plan (1 year). ID 64553

■ Healthy Memphis Common Table

GERMANTOWN, TN

\$50,000 — Expanding the use of electronic health records and implementing patient-centered medical homes to provide primary care and coordinate other care (8 months). ID 64485

■ Kansas City Quality Improvement Consortium

KANSAS CITY, MO

\$50,000 — Achieving advances in performance measurement and public reporting using a shared partnership of responsibility framing (1 year). ID 64461

■ MetroHealth System

CLEVELAND, OH

\$50,000 — Advancing health care quality indicator awareness and provider/patient partnerships for health improvement in chronic condition patients in northeast Ohio (1 year). ID 64460

■ MN Community Measurement

MINNEAPOLIS, MN

\$50,000 — Promoting increased partnership between patients and providers to achieve the D5 standard of optimal diabetes care (1 year). ID 64464

■ Oregon Health Care Quality Corporation

PORTLAND, OR

\$50,000 — Communication plan structured around a customizable and expandable health care quality packet (1 year). ID 64457

■ P2 Collaborative of Western New York Inc.

WILLIAMSVILLE, NY

\$50,000 — Implementing the existing Western New York Aligning Forces for Quality communication plan and establishing new activities to enhance and support it (1 year). ID 64486

■ Puget Sound Health Alliance

SEATTLE, WA

\$50,000 — Developing communication activities to ensure a successful launch and broad use of a public report on health care quality (1 year). ID 64462

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

■ Quality Counts

MANCHESTER, ME

\$49,850 — Increasing local understanding and support of the Maine Aligning Forces for Quality messaging and identifying stakeholder tools (1 year). ID 64484

■ WellSpan Health

YORK, PA

\$50,000 — Communications plan to support engagement of initial stakeholders and engage a broader range of consumer groups (1 year). ID 64458

■ Wisconsin Collaborative for Healthcare Quality, Inc.

MADISON, WI

\$50,000 — Implementation of the Ask Me 3 health literacy program (1 year). ID 64459

Drexel University School of Public Health

PHILADELPHIA, PA

\$50,000 — Sixth national conference on quality health care for culturally diverse populations (1 year). ID 64399

Emergency Medicine Foundation

DALLAS, TX

\$40,700 — Developing standards for training medical and emergency personnel in responding to all-hazards disasters (1 year). ID 65195

Expecting Success: Excellence in Cardiac Care

To undertake a hospital quality improvement collaborative to improve cardiac care for African Americans and Latinos.

■ George Washington University School of Public Health and Health Services

WASHINGTON, DC

\$774,457 — Consulting by RWJF's Expecting Success program to provide technical assistance to RWJF's Aligning Forces for Quality program (10 months). ID 64126

Finding Answers: Disparities Research for Change

To test hypothetical solutions for reducing racial and ethnic disparities in health care settings and actual disparity reduction outcomes in ongoing programs.

Program Sites

■ University of Arizona Department of Psychiatry

TUCSON, AZ

\$275,000 — Telepsychiatry treatment for depression in underserved Hispanics (2 years). ID 64305

■ Baylor College of Medicine

HOUSTON, TX

\$275,000 — Using pay-for-performance incentives to affect the quality of hypertension care for African-American patients (2 years). ID 64273

■ University of California, Los Angeles

LOS ANGELES, CA

\$274,821 — Evaluating the efficacy of a community engagement method to improve providers' depression management skills and adoption of quality improvement (2 years). ID 64244

■ Duke University Medical Center

DURHAM, NC

\$274,662 — Using telecommunication to prevent cardiovascular outcomes in African Americans with diabetes (2 years). ID 64254

■ East Carolina Health, Inc.

GREENVILLE, NC

\$249,126 — Redesigning diabetes care in rural fee-for-service practices (2 years). ID 64252

■ Hudson Health Plan

TARRYTOWN, NY

\$197,456 — Addressing disparities in diabetes care with pay for performance (20 months). ID 64250

■ Indiana University School of Medicine

INDIANAPOLIS, IN

\$256,835 — Communicating health risk information to Hispanic patients with type 2 diabetes using computer technology (2 years). ID 64257

■ Mobile County Health Department

MOBILE, AL

\$274,967 — Real-time telemonitoring of glucose as adjunct to the management of type 2 diabetes in primary care clinics (2 years). ID 64247

■ University of Pennsylvania

PHILADELPHIA, PA

\$274,997 — Providing peer and health educator support for cardiovascular health in African-American primary care patients (2 years). ID 64274

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

▪ **University of Texas**
M. D. Anderson Cancer Center
HOUSTON, TX
\$274,891 — Using interactive technology to identify and treat depression in underserved African-American and Latino patients with cancer (2 years). ID 64272

Other Program Activities

▪ **University of Chicago,**
The Pritzker School of Medicine
CHICAGO, IL
\$989,244 — Technical assistance and direction for Finding Answers (1 year). ID 55277

▪ **Urban Institute**
WASHINGTON, DC
\$200,000 — Evaluating Finding Answers (1 year). ID 64419

General Hospital Corporation–
Massachusetts General Hospital
BOSTON, MA
\$663,706 — Measuring the adoption of health information technology in the United States to reduce health care disparities and improve health care quality (21 months). ID 63431

George Washington University
Center for Health Services
Research and Policy
WASHINGTON, DC
\$156,091 — Legal barriers to using quality and disparities data (6 months). ID 63560

George Washington University
School of Medicine and
Health Sciences
WASHINGTON, DC
\$359,625 — Planning a national nursing quality and safety alliance (1 year). ID 64663

Health e-Technologies:
Building the Science of eHealth
To support systematic research in the evaluation of interactive e-health applications for health behavior change and chronic disease management.

▪ **Brigham and Women's**
Hospital Inc.
BOSTON, MA
\$422,153 — Technical assistance and direction for Health e-Technologies (1 year). ID 63764

Frances M. Murphy, M.D., M.P.H.
SILVER SPRING, MD
\$52,640 — Consulting for RWJF's Quality/Equality program area and Regional Quality Strategy activities (1 year). ID 64596

National Quality Forum
WASHINGTON, DC
\$749,376 — Developing national priorities for improving the quality of health care (9 months). ID 63997

\$2,500,000 — Multiyear support for the National Quality Forum (5 years). ID 65040

New Health Partnerships:
Improving Care by Engaging Patients
To support pilot testing of innovations to overcome barriers to patients managing their chronic conditions, including an online collaborative, a virtual learning community for providers, and a virtual learning community for patients and families.

▪ **Institute for Healthcare**
Improvement
CAMBRIDGE, MA
\$98,214 — Continuing dissemination of patient self-management techniques to providers and patients through the New Health Partnerships program (9 months). ID 64669

Pittsburgh Regional Healthcare
Initiative d/b/a Pittsburgh Regional
Health Initiative
PITTSBURGH, PA
\$70,000 — Creating payment systems to accelerate value-driven health care: 2008 Network for Regional Healthcare Improvement Summit (4 months). ID 64389

Rutgers, The State University,
The Center for State Health Policy
NEW BRUNSWICK, NJ
\$50,000 — Integrating EMS into broader health services research: a conference to encourage understanding of quality throughout the entire health care episode (1 year). ID 64525

Speaking Together:
National Language Services Network
To support hospitals in improving the quality and availability of health care language services for patients with limited English proficiency.

▪ **Cambridge Health Alliance**
CAMBRIDGE, MA
\$211,097 — Developing a model for assessing the cost-effectiveness of language services at the Cambridge Health Alliance (15 months). ID 55881

▪ **George Washington University**
School of Public Health and
Health Services
WASHINGTON, DC
\$716,851 — Using quality improvement techniques to improve the quality and availability of language services to patients with limited English proficiency (8 months). ID 55865

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

Strategy for the Quality Alliance Steering Committee

To provide support to an alliance of health care organizations that promotes more transparent health care systems across outpatient and inpatient settings.

■ Communications Project

MULTIPLE CONTRACTORS

\$271,000 — Communications support for RWJF's Quality Alliance Steering Committee (QASC) initiative (14 months). ID 63740

Targeted Quality Solicitation of Regional Technical Assessment

To fund strategic assessments of the effectiveness of the different technical assistance approaches utilized under the Regional Quality Strategy.

■ Association for the Study and Development of Community

GAITHERSBURG, MD

\$249,932 — Assessment of consumer engagement technical assistance by the National Partnership for Women and Families (17 months). ID 63956

■ Georgetown University, Health Policy Institute

WASHINGTON, DC

\$125,000 — Assessing the impact of the Consumer-Purchaser Disclosure Project on health care quality and efficiency (6 months). ID 64455

Targeted Quality Solicitation on Equity and Patient-Centeredness

To identify and support projects that will expand the Foundation's understanding of equity and patient-centeredness and their role in promoting quality.

Program Sites

■ American Institutes for Research in the Behavioral Sciences

PALO ALTO, CA

\$100,000 — Development and use of scenarios to investigate difference in responses to Consumer Assessment of Healthcare Providers and Systems (CAHPS) items by Hispanic ethnicity and language (1 year). ID 63835

■ University of Arkansas for Medical Sciences College of Public Health

LITTLE ROCK, AR

\$66,431 — Influence of health attitudes and health status on ethnic/racial disparities in consumer assessments of health care (1 year). ID 63834

■ University of California, Los Angeles, David Geffen School of Medicine

LOS ANGELES, CA

\$299,631 — Improving diabetes care with patient decision aids: a randomized controlled trial in community-based primary care (2 years). ID 63828

■ Dartmouth Institute for Health Policy and Clinical Practice

LEBANON, NH

\$149,993 — Testing a design strategy for studying shared decision-making in diverse orthopedic patient populations (2 years). ID 63833

■ Dartmouth Medical School

HANOVER, NH

\$99,938 — Care experience survey instruments (10 months). ID 63831

■ General Hospital Corporation

BOSTON, MA

\$100,000 — Understanding racial/ethnic differences in Consumer Assessment of Healthcare Providers and Systems (CAHPS) ratings (1 year). ID 63843

■ Human Services Research Institute

CAMBRIDGE, MA

\$100,000 — Effects of perceived cultural responsiveness and technical quality of care on perceived overall quality of care (1 year). ID 63832

■ University of Illinois at Chicago College of Medicine

CHICAGO, IL

\$98,847 — Experience of care and patient-physician value fit in Hispanic, African-American and Caucasian populations (1 year). ID 63821

■ University of Illinois at Chicago College of Urban Planning and Public Affairs

CHICAGO, IL

\$99,940 — Cultural variability in patient responding to survey measures (1 year). ID 63842

■ Joint Commission on Accreditation of Healthcare Organizations

OAKBROOK TERRACE, IL

\$199,194 — Exploring consumer understanding and use of electronic hospital quality information (18 months). ID 63838

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

- **University of Massachusetts Medical School**
WORCESTER, MA
\$149,998 — Patient decision-making and personalized, multifactorial risk information (2 years). ID 63824
\$198,684 — Patient e-health tools to guide treatment choices and assess outcome (2 years). ID 63839
- **Mathematica Policy Research, Inc.**
PRINCETON, NJ
\$92,822 — Assessing cultural perspectives on the quality of care (10 months). ID 63841
- **New York University School of Medicine**
NEW YORK, NY
\$149,971 — Studying and overcoming barriers faced by vulnerable patients in using hospital quality data to guide decision-making (2 years). ID 63829
- **University of Oklahoma Health Sciences Center College of Public Health**
OKLAHOMA CITY, OK
\$99,351 — Consumer assessment of health care providers' and systems' validation and cultural adaptation in the Native American population with diabetes mellitus (1 year). ID 63844
- **University of Oregon Department of Planning, Public Policy and Management**
EUGENE, OR
\$199,966 — Development and testing of a framework for reporting quality data to consumers (18 months). ID 63840

- **San Diego State University Graduate School of Public Health**
SAN DIEGO, CA
\$299,996 — Shared decision-making when an interpreter is needed: a case study with Latino men at risk for prostate cancer (2 years). ID 63830

Targeted Research to Inform the Quality Team's Consumer Demand Strategy

To support a project that solicits background papers summarizing what we know about the potential for consumers to move markets and change their individual health care; convenes experts, researchers and stakeholders to identify current best practices/tools to facilitate consumer engagement/activation and prioritize an agenda for targeted research to fill key gaps in this literature/field; and funds projects to fill these gaps and improve our ability to make wise investments.

- **Center for the Advancement of Health**
WASHINGTON, DC
\$125,979 — Determining what can be learned from the developing, marketing, dissemination and use of tools from other sectors that may be useful in health care (1 year). ID 64665
- **Visiting Nurse Service of New York**
NEW YORK, NY
\$136,180 — Promoting patient-centered care by identifying and providing recommendations to overcome patient-related barriers to self-management (15 months). ID 64666

Targeted Solicitation on Quality Improvement and Performance Measurement

To support two Quality/Equality batched solicitations that will help guide the work of the communities engaged in the regional quality efforts as it pertains to making care more patient-centered and reducing racial and ethnic care disparities.

- **American Institutes for Research**
CHAPEL HILL, NC
\$399,997 — Evaluating Maryland's quality-based reimbursement program for hospitals (3 years). ID 65463
- **Association of Asian-Pacific Community Health Organizations**
OAKLAND, CA
\$400,000 — Evaluating how incentivizing health care processes affects outcomes in patients treated at federally qualified health centers in Hawaii (3 years). ID 65484
- **BHCAG Foundation**
BLOOMINGTON, MN
\$126,351 — Understanding issues involved with the use and non-use of clinical data for measurement and reporting by Minnesota medical practices (1 year). ID 65451
- **University of California, San Francisco**
SAN FRANCISCO, CA
\$400,000 — Measuring the impact of California's Medicaid health plan pay for performance on quality and disparities (3 years). ID 65459
- **Emory University School of Medicine**
ATLANTA, GA
\$196,918 — Understanding the impact of pay for performance on safety net facilities (2 years). ID 65456

2008 Grants List

Quality/Equality



Robert Wood Johnson Foundation

■ Harvard University School of Public Health

BOSTON, MA

\$399,727 — Impact of the Premier pay-for-performance program on racial and ethnic disparities in process quality of care, outcomes and access of care (2 years). ID 65460

■ Montefiore Medical Center

BRONX, NY

\$200,000 — Measuring the effect of a pay-for-performance initiative on health care quality (2 years). ID 65449

■ Rand Corporation

PITTSBURGH, PA

\$199,871 — Evaluating the impact of HealthPlus' primary care physician reports on the selection of a primary care physician by new commercial HMO plan members (18 months). ID 65447

■ Rand Corporation

SANTA MONICA, CA

\$399,167 — Examining pay-for-performance effects on disparities, what factors affect addressing disparities and how programs can minimize redistributions (2 years). ID 65462

■ University of Southern Maine, Edmund S. Muskie School of Public Service

PORTLAND, ME

\$200,000 — Improving the impact of public performance reports and the quality of primary care (1 year). ID 65461

Transforming Care at the Bedside

To create, test and spread prototype hospital nursing unit-level strategies to improve the work environment and quality of care.

■ University of California, Los Angeles, School of Public Health

LOS ANGELES, CA

\$250,000 — Evaluation of Transforming Care at the Bedside: Phase III (9 months). ID 64052

■ GYMR LLC

WASHINGTON, DC

\$65,419 — Transforming Care at the Bedside Virtual Resource Center (7 months). ID 64064

■ Institute for Healthcare Improvement

CAMBRIDGE, MA

\$108,250 — Writing and publishing how-to guides with practical guidance for applying high-leverage changes from the Transforming Care at the Bedside program (9 months). ID 63754

\$746,725 — Scholarships for rural and public hospital teams to attend the Leadership and Transforming Care at the Bedside Learning and Innovation Communities (1 year). ID 65153

United States Public Health Service, Agency for Healthcare Research and Quality

ROCKVILLE, MD

\$1,880,000 — Testing and spreading innovations from three RWJF national programs: Transforming Care at the Bedside, Urgent Matters, and Finding Answers (4 years). ID 58700

Urgent Matters

Program to support the development and implementation of best practices to relieve emergency department overcrowding, and help communities understand the interdependence between the health care safety net and the rest of the delivery system.

■ George Washington University School of Public Health and Health Services

WASHINGTON, DC

\$2,316,877 — Technical assistance for Urgent Matters program sites that are participating in the Agency for Healthcare Research and Quality research network (3 years). ID 63453

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

American Academy of Pediatrics, Inc.

ELK GROVE VILLAGE, IL

\$50,000 — Special supplement to *Pediatrics* on health disparity/equality and health literacy (14 months). ID 65171

American Medical Student Association Foundation

RESTON, VA

\$49,280 — Engaging health professions students in local programming for National Primary Care Week through micro-grants to schools (5 years). ID 65197

Boston University Health Policy Institute

BOSTON, MA

\$49,819 — Quality improvement training: scanning the field, 2008–2009 (1 year). ID 65102

Charles R. Drew University of Medicine and Science

LOS ANGELES, CA

\$599,434 — Development of a plan for an entry level MSN program to address California's nursing shortage and increase diversity in its nursing workforce (1 year). ID 63704

Colorado Center for Nursing Excellence

DENVER, CO

\$33,558 — 2008 annual meeting of the national Forum of State Nursing Workforce Centers focusing on effective retention (6 months). ID 63862

Communications Support for the Human Capital Program Area

To create and implement a team communications strategy to support Human Capital grantees and programs and promote messages and communications products that increase impact and leadership.

■ Communications Projects

MULTIPLE CONTRACTORS

\$200,000 — Record and track RWJF alumni (1 year). ID 53141

\$251,000 — Planning and convening a summit on creative strategies to increase nursing education capacity (6 months). ID 64137

\$150,000 — Support for alumni engagement advisory panel and convenings (1 year). ID 64236

\$725,000 — Interim Human Capital program area communications funding (1 year). ID 64292

\$170,000 — Supplemental funds for distributing *On Doctoring* and the CD-ROM *Prime-Time Doctors*, 2008 (4 months). ID 64697

\$56,000 — Distributing a book, *NURSE: A World of Care* (1 year). ID 64813

\$4,275,000 — Human Capital program area communications funding (6 months). ID 65115

\$350,000 — Planning and convening a summit on creative strategies to increase nursing education capacity (1 year). ID 65421

Edelman, Inc.

NEW YORK, NY

\$575,000 — Building an alumni community for Robert Wood Johnson Foundation fellows, scholars and leaders (14 months). ID 64351

Evaluating Innovations in Nursing Education

To identify, evaluate and disseminate innovative strategies to increase the teaching capacity of nursing schools, as well as to promote the recruitment and retention of nurse faculty, with the long-term goal of educating more students.

■ Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research

NEW BRUNSWICK, NJ

\$115,842 — Planning for an initiative to identify, evaluate and disseminate innovative strategies to support nursing faculty (4 months). ID 64552

\$817,797 — Technical assistance and direction for Evaluating Innovations in Nursing Education (1 year). ID 65000

■ Systems Research and Applications Corporation

FAIRFAX, VA

\$37,357 — Technical assistance and direction for Evaluating Innovations in Nursing Education (1 year). ID 65095

Evaluating Quality Improvement Training Programs

To increase the understanding of what works in quality improvement training (QIT) programs in an effort to increase the likelihood more organizations adopt best practices and more health providers acquire QIT.

Program Sites

■ Academy for Educational Development Inc.

WASHINGTON, DC

\$349,994 — (2 years). ID 65497

■ Children's Hospital Medical Center

CINCINNATI, OH

\$399,300 — (3 years). ID 65499

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

▪ **Emory University,**
Rollins School of Public Health
ATLANTA, GA
\$349,476 — (2 years). ID 65496

▪ **University of North Carolina at**
Chapel Hill
CHAPEL HILL, NC
\$374,864 — (3 years). ID 65498

▪ **Rand Corporation**
SANTA MONICA, CA
\$349,869 — (3 years). ID 65495

Other Program Activities

▪ **Constella Group, LLC**
DURHAM, NC
\$91,964 — Administrative support services for Evaluating Quality Improvement Training Programs (1 year). ID 64418

George Washington University

WASHINGTON, DC

\$65,492 — Diversifying the health policy workforce: a planning grant (6 months). ID 64364

Harold Amos Medical Faculty Development Program

To provide four-year postdoctoral research awards to physicians from historically underrepresented groups who are committed to developing careers in academic medicine, improving the health of underserved populations, and furthering understanding and elimination of health disparities.

Program Sites

▪ **University of California, Los Angeles,**
David Geffen School of Medicine
LOS ANGELES, CA
\$420,000 — Obidiugwu Kenrik Duru, M.D., M.S.H.S. (4 years). ID 65596

▪ **University of California,**
San Francisco
SAN FRANCISCO, CA
\$416,531 — Allison S. Bryant, M.D., M.P.H. (4 years). ID 63524

▪ **Cornell University,**
Joan and Sanford I. Weill
Medical College
NEW YORK, NY
\$292,439 — Macarthur Charles, M.D. (4 years). ID 63526

▪ **Magee Womens Research Institute**
and Foundation
PITTSBURGH, PA
\$420,000 — Aletha Yvette Akers, M.D., M.P.H. (4 years). ID 65590

▪ **Mayo Clinic Rochester**
ROCHESTER, MN
\$416,560 — Yonas E. Geda, M.D., M.Sc. (4 years). ID 63525

▪ **University of Miami**
School of Medicine
MIAMI, FL
\$332,005 — Aymin Delgado, M.D., M.P.H. (38 months). ID 63991

▪ **University of North Carolina at**
Chapel Hill, Cecil G. Sheps
Center for Health Services
Research
CHAPEL HILL, NC
\$82,704 — Carlton Moore, M.D. (8 months). ID 64177

▪ **Northwestern University,**
Feinberg School of Medicine
CHICAGO, IL
\$416,560 — Erica E. Marsh, M.D. (4 years). ID 63528

▪ **Stanford University**
School of Medicine
STANFORD, CA
\$415,364 — Allyson Campbell Spence, M.D., Ph.D. (4 years). ID 65584

▪ **University of Texas**
M. D. Anderson Cancer Center
HOUSTON, TX
\$93,618 — Robert Lee Satcher Jr., M.D., Ph.D. (1 year). ID 64827

▪ **Tulane University**
NEW ORLEANS, LA
\$416,554 — Eboni Price, M.D., M.P.H. (4 years). ID 63523

▪ **Wake Forest University**
School of Medicine
WINSTON-SALEM, NC
\$416,557 — John H. Stewart IV, M.D. (4 years). ID 63527

Other Program Activities

▪ **Michael H. Brown**
ARLINGTON, VA
\$15,000 — Preparing a historical overview of the 25th reunion of RWJF's Harold Amos Medical Faculty Development Program (1 month). ID 64558

▪ **Indiana University**
School of Medicine
INDIANAPOLIS, IN
\$929,790 — Technical assistance and direction for RWJF's Harold Amos Medical Faculty Development Program (1 year). ID 64154

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

Interdisciplinary Nursing Quality Research Initiative

To support interdisciplinary studies that address critical knowledge gaps regarding causal linkages between nursing and health care quality and to synthesize, translate and disseminate major findings to key stakeholders.

Program Sites

- **University of California, San Francisco, School of Nursing**
SAN FRANCISCO, CA
\$299,971 — Measuring the impact of medical/surgical acute care micro-system nurse characteristics and practices on patient outcome (2 years). ID 63512
- **University of Maryland School of Nursing**
BALTIMORE, MD
\$299,772 — Testing the feasibility and impact of a nurse-run restorative care program in assisted living (2 years). ID 63513
- **Midwestern State University**
WICHITA FALLS, TX
\$299,953 — Studying how and why off-peak work environments are different, and how they affect nurses' work and patient care (2 years). ID 63514
- **University of Minnesota School of Public Health**
MINNEAPOLIS, MN
\$300,000 — Studying multidisciplinary organization and outcomes for chronic heart failure patients in the Veterans Health Administration (2 years). ID 63511

- **University of North Carolina at Greensboro School of Nursing**
GREENSBORO, NC
\$264,106 — Evaluating the influence of depression and musculoskeletal disorders on decreased productivity, care quality and patient safety among hospital nurses (2 years). ID 63515

- **Palo Alto Institute for Research and Education Inc.**
PALO ALTO, CA
\$299,990 — Examining the impacts of nurse staffing, skill mix and experience on quality and costs in long-term care (2 years). ID 63959

- **University of Texas Health Science Center at San Antonio**
SAN ANTONIO, TX
\$300,000 — Examining how nurses' contributions to high-quality care impact the overall efficiency of health care in the United States (2 years). ID 63510

- **Washington State University College of Nursing**
SPOKANE, WA
\$298,843 — Empowering home care nurses to resolve medication discrepancies (2 years). ID 63961

Other Program Activities

- **Mary D. Naylor, Ph.D., R.N.**
NEWTOWN SQUARE, PA
\$98,605 — Providing strategic consultation to RWJF's Interdisciplinary Nursing Quality Research Initiative (1 year). ID 64119

- **University of Pennsylvania School of Nursing**
PHILADELPHIA, PA
\$211,689 — Technical assistance and direction for RWJF's Interdisciplinary Nursing Quality Research Initiative (1 year). ID 64120

- **Systems Research and Applications Corporation**
FAIRFAX, VA
\$381,911 — Administrative support services for RWJF's Interdisciplinary Nursing Quality Research Initiative (1 year). ID 64118

Investigator Awards in Health Policy Research

To encourage researchers whose crosscutting and innovative ideas promise to contribute meaningfully to improving U.S. health and health care policy.

Program Sites

- **University of California, Berkeley**
BERKELEY, CA
\$327,421 — Reconnecting the fields of urban planning and public health to promote healthier cities (3 years). ID 63902
- **University of Chicago**
CHICAGO, IL
\$334,998 — Developing a quantitative history of the hospitalist movement, its effect on patient care quality and the practice of medicine in the United States (30 months). ID 63910
- **George Washington University**
WASHINGTON, DC
\$77,176 — Study on race, racism and American medicine (1 year). ID 52356

2008 Grants List

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Robert Wood Johnson Foundation

- **Massachusetts Institute of Technology**
CAMBRIDGE, MA
\$189,224 — Therapeutic evolution and health policy in the late 20th century regarding the rise and fall of cardiac revascularization (31 months). ID 63905
\$334,921 — Curbing the use of medical imaging: searching for efficient technology utilization in the fee-for-service world (2 years). ID 63908
- **Methodist Hospital Research Institute**
HOUSTON, TX
\$335,000 — Improving the evidence base for invasive therapeutic procedures (30 months). ID 63901
- **University of Michigan Medical School**
ANN ARBOR, MI
\$335,000 — Studying the history of nonpharmaceutical interventions and community experiences to inform public health preparedness policy in the 21st century (2 years). ID 63909
\$334,995 — Emotional adaptation and the goals of health care policy (3 years). ID 63913
- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$334,760 — Transformation of government health care: experience of the new Veterans Health Administration (3 years). ID 63906
- **Northwestern University School of Law**
CHICAGO, IL
\$304,977 — Race consciousness in biomedicine, law and social policy (2 years). ID 63917

- **Rutgers, The State University, The Center for State Health Policy**
NEW BRUNSWICK, NJ
\$331,810 — Medicaid: political durability, democratic process and health care reform (30 months). ID 63912
- **University of Washington School of Medicine**
SEATTLE, WA
\$334,869 — Effects of disclosure initiatives and innovative disclosure-and-offer programs on malpractice costs and patient access to compensation (30 months). ID 63904
- **Other Program Activities**
- **Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research**
NEW BRUNSWICK, NJ
\$877,643 — Technical assistance and direction for Investigator Awards in Health Policy Research (1 year). ID 63914

- **Jewish Healthcare Foundation of Pittsburgh**
PITTSBURGH, PA
\$25,000 — National summit on the public education system needed for tomorrow's health care workforce (1 year). ID 63750

Jobs to Careers: Promoting Work-Based Learning for Quality Care
To establish systems that train, develop, reward and advance current front-line health and health care workers to improve the quality of care and ensure the quality of services provided to patients and communities.

Program Sites

- **University of Alaska, Fairbanks**
FAIRBANKS, AK
\$437,750 — (3 years). ID 56873
- **Aspen Institute Inc.**
WASHINGTON, DC
\$170,000 — (22 months). ID 63058
- **Capital Workforce Partners**
HARTFORD, CT
\$425,000 — (3 years). ID 56490
- **Charles B. Wang Community Health Center Inc.**
NEW YORK, NY
\$437,694 — (3 years). ID 56495
- **East Boston Neighborhood Health Center Corporation**
EAST BOSTON, MA
\$436,997 — (3 years). ID 56496
- **Humility of Mary Health Partners Development Foundation**
YOUNGSTOWN, OH
\$437,750 — (3 years). ID 56498
- **Mississippi Hospital Association Health, Research & Education Foundation**
MADISON, MS
\$437,750 — (3 years). ID 56499
- **Tenderloin Health**
SAN FRANCISCO, CA
\$437,750 — (3 years). ID 56871

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

■ Virginia Mason Medical Center

SEATTLE, WA

\$437,750 — (3 years). ID 56878

Other Program Activities

■ Jobs for the Future Inc.

BOSTON, MA

\$961,988 — Technical assistance and direction for Jobs to Careers (1 year). ID 56464

Massachusetts General Hospital

BOSTON, MA

\$18,760 — Promoting leadership development in general internal medicine through a reunion of alumni of the 1982–1988 Kaiser Scholar Program (4 months). ID 64091

National Urban Fellows Inc.

NEW YORK, NY

\$50,000 — Enhancing the continued involvement of National Urban Fellows in RWJF's programmatic goals through alumni activities (1 year). ID 63677

New Connections: Increasing Diversity of RWJF Programming

To bring new perspectives to RWJF grantmaking by supporting researchers from historically disadvantaged and underrepresented communities to conduct secondary analysis on existing datasets and to help RWJF address specific research questions.

Program Sites

■ University of Arkansas for Medical Sciences

LITTLE ROCK, AR

\$54,995 — Exploring the impact of childhood exposure to family and community violence on cognitive, language and psychosocial development (1 year). ID 63547

■ Boston College Graduate School of Social Work

CHESTNUT HILL, MA

\$54,090 — Developing an assessment instrument to enable providers and other stakeholders to determine what diverse populations mean by quality in health care (1 year). ID 63544

■ Cambridge Health Alliance

CAMBRIDGE, MA

\$48,664 — Examining how previously uninsured Hispanic residents perceive affordability of their health premiums after the 2006 Massachusetts Health Care Reform (1 year). ID 63543

■ HHS Planning and Consulting, Inc.

CHICAGO, IL

\$50,000 — Analyzing policies and programs of the community development industry and evaluating how practices coordinate with community health issues (1 year). ID 63548

■ University of Maryland, Baltimore County

BALTIMORE, MD

\$54,824 — Employment status, health care utilization and mental health outcomes among young adult men with sickle cell disease (1 year). ID 63541

■ University of Mississippi Medical Center, School of Nursing

JACKSON, MS

\$55,000 — Examining racial variation in persistently and episodically high out-of-pocket health care costs and financial burden associated with chronic illness (1 year). ID 63550

■ Ohio State University Research Foundation

COLUMBUS, OH

\$50,000 — Examining clean indoor air ordinances in Appalachia (1 year). ID 63545

■ Planned Parenthood of New York City, Inc.

NEW YORK, NY

\$50,000 — Mixed method study of partner violence screening effectiveness and associated social and health factors (1 year). ID 63542

■ Research Foundation of the City University of New York— Hunter College

NEW YORK, NY

\$44,478 — Health, hardship and race/ethnicity in vulnerable families: a multifactorial examination of the fragile families dataset (6 months). ID 63915

■ Research Triangle Institute

RESEARCH TRIANGLE PARK, NC

\$44,606 — Longitudinal examination of the impact of community-level social factors on domestic violence among couples with a male partner in alcohol treatment (1 year). ID 63552

■ Saint Louis University School of Medicine

ST. LOUIS, MO

\$54,932 — Studying immigrant and racial disparities in reproductive health (1 year). ID 63551

■ Texas State University

SAN MARCOS, TX

\$54,811 — Using a positive youth development perspective to explain relationships of competence, character, connection, substance use, well-being and recidivism (1 year). ID 63549

2008 Grants List

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Robert Wood Johnson Foundation

Urban Institute

WASHINGTON, DC

\$54,984 — Using secondary data analysis to study whether childhood asthma self-management behaviors differ by race (1 year). ID 63546

Other Program Activities

Communications Project

MULTIPLE CONTRACTORS

\$666,437 — Technical assistance and direction for New Connections (1 year). ID 65353

University of Michigan School of Social Work

ANN ARBOR, MI

\$375,596 — New Connections Second Annual Symposium (10 months). ID 64145

Sharon K. Norris

BLOOMFIELD HILLS, MI

\$336,435 — Providing strategic consultation to New Connections (3 years). ID 65387

New Jersey Nursing Initiative: So a Nurse Will Be There for You

To address the New Jersey nurse faculty shortage by developing, implementing and evaluating a statewide model for recruitment and retention of nurse faculty.

Program Sites

Seton Hall University College of Nursing

SOUTH ORANGE, NJ

\$3,000,000 — (5 years). ID 64008

William Paterson University

WAYNE, NJ

\$2,500,000 — (4 years). ID 64011

Other Program Activities

Diane M. Billings, Ed.D., R.N., F.A.A.N.

BROWNSBURG, IN

\$32,940 — Development, implementation and management of the New Jersey Nursing Initiative's Collaborative Learning Community (1 year). ID 65444

Communications Project

MULTIPLE CONTRACTORS

\$199,137 — Technical assistance and direction for RWJF's New Jersey Nursing Initiative (1 year). ID 64121

Gwen Sherwood, Ph.D., R.N., F.A.A.N.

CHAPEL HILL, NC

\$26,940 — Providing strategic consultation to RWJF's New Jersey Nursing Initiative (1 year). ID 65445

New York University College of Nursing

NEW YORK, NY

\$4,100,511 — National study to track career changes among newly licensed registered nurses: Phase 2 (96 months). ID 57992

University of North Carolina at Chapel Hill School of Nursing

CHAPEL HILL, NC

\$1,812,139 — Developing a nursing school curriculum on quality and safety: Phase 3 (3 years). ID 60127

OMG Center for Collaborative Learning

PHILADELPHIA, PA

\$1,994,417 — Increasing diversity in the evaluation field through training, mentoring and professional development (4 years). ID 62571

\$431,053 — Strengthening the capacity of Human Capital national program offices to conduct assessments of the impact of their programs (27 months). ID 63405

Oregon Health and Science University School of Nursing

PORTLAND, OR

\$701,781 — Evaluating the outcomes of the Oregon Consortium for Nursing Education's model to address the nursing shortage in Oregon (3 years). ID 63638

Partners Investing in Nursing's Future

To provide support, in partnership with local foundations, to address important local- and state-level nursing issues.

Northwest Health Foundation Fund II

PORTLAND, OR

\$2,500,000 — (2 years). ID 63965

\$958,690 — Technical assistance and direction for Partners Investing in Nursing's Future (1 year). ID 64123

Pipeline, Profession and Practice: Community-Based Dental Education

To assist dental schools in: (1) increasing access to dental care for underserved populations and (2) recruiting and training more low-income and minority students.

Program Sites

A. T. Still University Arizona School of Dentistry and Oral Health

MESA, AZ

\$199,997 — (27 months). ID 63810

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

■ **Creighton University
School of Dentistry**
OMAHA, NE
\$200,000 — (27 months). ID 63806

■ **University of Florida
College of Dentistry**
GAINESVILLE, FL
\$199,999 — (27 months). ID 63803

■ **Foundation of the University of
Medicine and Dentistry of
New Jersey**
NEW BRUNSWICK, NJ
\$200,000 — (27 months). ID 63801

■ **Medical College of Georgia
Research Institute, Inc.**
AUGUSTA, GA
\$200,000 — (27 months). ID 63807

■ **University of Maryland Baltimore
College of Dental Surgery**
BALTIMORE, MD
\$200,000 — (27 months). ID 63809

■ **Texas A&M Health Science Center
Baylor College of Dentistry**
DALLAS, TX
\$199,688 — (27 months). ID 63802

■ **Virginia Commonwealth University,
School of Dentistry**
RICHMOND, VA
\$186,289 — (27 months). ID 63804

Other Program Activities

■ **Columbia University,
Center for Family and Community
Medicine**
NEW YORK, NY
\$863,899 — Technical assistance and
direction for Pipeline, Profession and
Practice (1 year). ID 64381

■ **Hospital for Special Care**
NEW BRITAIN, CT
\$300,000 — Evaluating Pipeline,
Profession and Practice (30 months).
ID 65299

Robert Wood Johnson Foundation Clinical Scholars Program

To augment clinical training by providing
new skills and perspectives necessary to
achieving leadership positions within and
outside academia.

Program Sites

■ **University of California, Los Angeles,
David Geffen School of Medicine**
LOS ANGELES, CA
\$1,014,995 — (2 years). ID 59968

■ **University of California, Los Angeles,
School of Public Health**
LOS ANGELES, CA
\$1,064,029 — (2 years). ID 59982
\$275,987 — (1 year). ID 64336

■ **University of Michigan
Health System**
ANN ARBOR, MI
\$1,065,740 — (2 years). ID 59979
\$268,245 — (1 year). ID 64332

■ **University of Michigan
Medical School**
ANN ARBOR, MI
\$1,015,000 — (2 years). ID 59969

■ **University of Pennsylvania
School of Medicine**
PHILADELPHIA, PA
\$1,014,998 — (2 years). ID 59970
\$1,071,189 — (2 years). ID 59976
\$280,319 — (1 year). ID 64333

■ **Yale University School of Medicine**
NEW HAVEN, CT
\$1,014,744 — (2 years). ID 59971
\$1,078,253 — (2 years). ID 59973
\$179,435 — (1 year). ID 64334

Other Program Activities

■ **University of North Carolina at
Chapel Hill School of Medicine**
CHAPEL HILL, NC
\$826,887 — Technical assistance and
direction for the Robert Wood Johnson
Foundation Clinical Scholars Program
(1 year). ID 48348

Robert Wood Johnson Foundation Community Health Leaders

To provide recognition for the contributions
community health leaders make to
achieving RWJF's mission and goals, and
to enhance their capacity to have more
permanent and widespread impact on
health problems.

Program Sites

■ **Casa Joven del Caribe, Inc.**
DORADO, PR
\$105,000 — (2 years). ID 63502

■ **Father Flanagan's Boys Home**
BOYS TOWN, NE
\$104,992 — (16 months). ID 65250

■ **Lewis Place
Historical Preservation Inc.**
ST. LOUIS, MO
\$105,000 — (1 year). ID 63508

■ **Louisiana Bucket Brigade**
NEW ORLEANS, LA
\$105,000 — (1 year). ID 63504

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

■ **Mendocino Cancer Resource Center, Inc.**
MENDOCINO, CA
\$105,000 — (2 years). ID 63500

■ **Minnesota Consortium for Advanced Rural Psychology Training**
DETROIT LAKES, MN
\$105,000 — (2 years). ID 63509

■ **National Caucus and Center on Black Aged Metro-Boston Chapter, Inc.**
BOSTON, MA
\$105,000 — (2 years). ID 63506

■ **New Haven Diaper Bank**
NEW HAVEN, CT
\$105,000 — (1 year). ID 63503

■ **Street Level Health Project**
OAKLAND, CA
\$105,000 — (1 year). ID 63507

Other Program Activities

■ **Communications Project**
MULTIPLE CONTRACTORS
\$1,055,174 — Technical assistance and direction for Robert Wood Johnson Foundation Community Health Leaders (1 year). ID 64234

Robert Wood Johnson Foundation Health & Society Scholars

To build the field of population health by training scholars to investigate the connections among biological, behavioral, environmental, economic and social determinants of health and develop, evaluate and disseminate knowledge and best practices.

Program Sites

■ **Columbia University Mailman School of Public Health**
NEW YORK, NY
\$56,000 — (1 year). ID 63978

■ **Harvard University School of Public Health**
BOSTON, MA
\$56,000 — (1 year). ID 63979

■ **University of Wisconsin–Madison**
MADISON, WI
\$56,000 — (1 year). ID 63977

Other Program Activities

■ **New York Academy of Medicine**
NEW YORK, NY
\$873,575 — Technical assistance and direction for Robert Wood Johnson Foundation Health & Society Scholars (1 year). ID 64124

Robert Wood Johnson Foundation Health Policy Fellows Program

To allow midcareer health professionals and behavioral and social scientists to participate in a one-year residency in Washington, D.C., working for Congress on health policy issues.

Program Sites

■ **Charles B. Wang Community Health Center Inc.**
NEW YORK, NY
\$165,000 — Thomas Tsang, M.D., M.P.H. (3 years). ID 64623

■ **George Washington University**
WASHINGTON, DC
\$165,000 — Janet A. Phoenix, M.D., M.P.H. (3 years). ID 64824

■ **Hospice of the Florida Suncoast Inc.**
LARGO, FL
\$32,108 — Howard Tuch, M.D. (1 year). ID 64143

■ **University of Illinois at Urbana–Champaign College of Applied Health Sciences**
CHAMPAIGN, IL
\$165,000 — Reginald J. Alston, Ph.D., M.S. (3 years). ID 64622

■ **MedStar Research Institute Inc.**
HYATTSVILLE, MD
\$165,000 — Robert E. Ratner, M.D. (3 years). ID 64800

■ **University of Minnesota School of Nursing**
MINNEAPOLIS, MN
\$165,000 — Margaret P. Moss, Ph.D., J.D., R.N. (3 years). ID 64621

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

■ National Academy of Sciences

WASHINGTON, DC

\$64,051 — Susan M. Hinck, Ph.D.,
R.N. (2 years). ID 65256

■ University of Texas

M. D. Anderson Cancer Center

HOUSTON, TX

\$165,000 — Leonard A. Zwelling, M.D.,
M.B.A. (3 years). ID 64823

■ University of Wisconsin School of Medicine and Public Health

MADISON, WI

\$164,908 — James E. Davis, M.D.,
M.S. (3 years). ID 64835

■ Women's Health Services, Inc.

SANTA FE, NM

\$165,000 — Justina A. Trott, M.D.
(3 years). ID 64803

Other Program Activities

■ National Academy of Sciences– Institute of Medicine

WASHINGTON, DC

\$819,645 — Technical assistance and
direction for the Robert Wood Johnson
Foundation Health Policy Fellows
Program (10 months). ID 63929

Robert Wood Johnson Foundation Initiative on the Future of Nursing and the Health Workforce

To convene a Robert Wood Johnson Foundation Initiative on the Future of Nursing and the Health Workforce (formerly the National Commission on Nursing) that will make recommendations to address the widespread national nurse, nurse faculty and other health care worker shortages and reinforce the central role of nurses in the quality of U.S. health and health care systems. A wide variety of stakeholders from within and outside of health and health care will analyze the issues through a series of white papers, expert and public dialogue, and propose solutions to both the nation's nursing shortage and the health care workforce needs of the future.

■ Health Policy Associates, Inc.

SAN FRANCISCO, CA

\$49,896 — Conducting a scan of
previous commissions to inform the
planning and execution of the new
RWJF Initiative on the Future of Nursing
and the Health Workforce (3 months).
ID 65304

■ Pennington Research Group Inc.

HAVERTOWN, PA

\$29,300 — Collecting and summarizing
recommendations of previous
commissions on the nursing shortage
(3 months). ID 65347

Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program

To address the nursing shortage by funding scholarships in accelerated bachelor's degree programs at nursing schools, with preference given to schools that increase the number of students in these programs or increase enrollment and retention of disadvantaged or minority students.

Program Sites

■ University of Alabama at Birmingham School of Nursing

BIRMINGHAM, AL

\$130,000 — (1 year). ID 64881

■ Azusa Pacific University School of Nursing

AZUSA, CA

\$200,000 — (1 year). ID 64913

■ Boston College, William F. Connell School of Nursing

CHESTNUT HILL, MA

\$140,000 — (1 year). ID 64969

■ California State University, Fresno, Central California Center for Excellence in Nursing

FRESNO, CA

\$100,000 — (1 year). ID 64965

■ University of California, Los Angeles, School of Nursing

LOS ANGELES, CA

\$100,000 — (1 year). ID 64920

■ Catholic University of America School of Nursing

WASHINGTON, DC

\$150,000 — (1 year). ID 64933

■ Cleveland State University School of Nursing

CLEVELAND, OH

\$200,000 — (1 year). ID 64962

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

- **Colorado State University–Pueblo, Nursing Department**
PUEBLO, CO
\$100,000 — (1 year). ID 64968
- **DePaul University
Department of Nursing**
CHICAGO, IL
\$100,000 — (1 year). ID 64960
- **University of Detroit
Mercy McAuley School of Nursing**
DETROIT, MI
\$150,000 — (1 year). ID 64880
- **Drexel University College of
Nursing and Health Professions**
PHILADELPHIA, PA
\$100,000 — (1 year). ID 64952
- **Duke University
School of Nursing**
DURHAM, NC
\$70,000 — (1 year). ID 64915
- **Duquesne University
School of Nursing**
PITTSBURGH, PA
\$100,000 — (1 year). ID 64909
- **Florida Atlantic University
Christine E. Lee College of Nursing**
BOCA RATON, FL
\$100,000 — (1 year). ID 64895
- **Foundation of the University of
Medicine and Dentistry of
New Jersey**
NEW BRUNSWICK, NJ
\$300,000 — (1 year). ID 64919
- **Medical College of Georgia
School of Nursing**
AUGUSTA, GA
\$80,000 — (1 year). ID 64923
- **Illinois State University
Mennonite College of Nursing**
NORMAL, IL
\$100,000 — (1 year). ID 64873
- **University of Illinois at Chicago
College of Nursing**
CHICAGO, IL
\$80,000 — (1 year). ID 64989
- **University of Iowa
College of Nursing**
IOWA CITY, IA
\$80,000 — (1 year). ID 64988
- **Kent State University
College of Nursing**
KENT, OH
\$100,000 — (1 year). ID 64846
- **Linfield College School of Nursing**
PORTLAND, OR
\$120,000 — (1 year). ID 64866
- **Louisiana State University
Health Sciences Center
School of Nursing**
NEW ORLEANS, LA
\$100,000 — (1 year). ID 64874
- **University of Maryland
School of Nursing**
BALTIMORE, MD
\$80,000 — (1 year). ID 64982
- **University of Massachusetts at
Amherst School of Nursing**
AMHERST, MA
\$80,000 — (1 year). ID 64987
- **University of Miami,
School of Nursing**
CORAL GABLES, FL
\$300,000 — (1 year). ID 64851
- **University of Minnesota
School of Nursing**
MINNEAPOLIS, MN
\$130,000 — (1 year). ID 64984
- **University of Missouri–St. Louis
College of Nursing**
ST. LOUIS, MO
\$80,000 — (1 year). ID 64867
- **Mount St. Mary’s College**
LOS ANGELES, CA
\$160,000 — (1 year). ID 64936
- **New York University
College of Nursing**
NEW YORK, NY
\$150,000 — (1 year). ID 64916
- **Norfolk State University
Department of Nursing**
NORFOLK, VA
\$100,000 — (1 year). ID 64937
- **Northern Arizona University
School of Nursing**
FLAGSTAFF, AZ
\$150,000 — (1 year). ID 64911
- **Oakland University
School of Nursing**
ROCHESTER, MI
\$150,000 — (1 year). ID 64877
- **Ohio State University
College of Nursing**
COLUMBUS, OH
\$50,000 — (1 year). ID 64939
- **Oklahoma City University
Kramer School of Nursing**
OKLAHOMA CITY, OK
\$120,000 — (1 year). ID 64886

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

- **Pace University**
Lienhard School of Nursing
PLEASANTVILLE, NY
\$120,000 — (1 year). ID 64882
 - **University of Pennsylvania**
School of Nursing
PHILADELPHIA, PA
\$150,000 — (1 year). ID 64993
 - **Research Foundation of State University of New York**
ALBANY, NY
\$80,000 — (1 year). ID 64855
 - **University of Rochester**
School of Nursing
ROCHESTER, NY
\$150,000 — (1 year). ID 64986
 - **Rush University Medical Center**
College of Nursing
CHICAGO, IL
\$200,000 — (1 year). ID 64948
 - **Saint Louis University**
School of Nursing
ST. LOUIS, MO
\$80,000 — (1 year). ID 64963
 - **College of St. Scholastica**
School of Nursing
DULUTH, MN
\$60,000 — (1 year). ID 64904
 - **University of San Diego,**
Hahn School of Nursing & Health Science
SAN DIEGO, CA
\$100,000 — (1 year). ID 64875
 - **Shenandoah University**
Division of Nursing
WINCHESTER, VA
\$100,000 — (1 year). ID 64956
 - **University of South Alabama**
College of Nursing
MOBILE, AL
\$200,000 — (1 year). ID 64862
 - **Medical University of South Carolina**
College of Nursing
CHARLESTON, SC
\$200,000 — (1 year). ID 64903
 - **South Dakota State University,**
College of Nursing
BROOKINGS, SD
\$50,000 — (1 year). ID 64892
 - **University of South Florida**
College of Nursing
TAMPA, FL
\$100,000 — (1 year). ID 64842
 - **University of Tennessee**
Health Science Center
MEMPHIS, TN
\$100,000 — (1 year). ID 64864
 - **Texas Christian University**
Harris College of Nursing and Health Sciences
FORT WORTH, TX
\$80,000 — (1 year). ID 64856
 - **Texas Tech University**
Health Sciences Center
School of Nursing
LUBBOCK, TX
\$150,000 — (1 year). ID 64935
 - **University of Texas**
School of Nursing at Houston
HOUSTON, TX
\$100,000 — (1 year). ID 64854
 - **Thomas Jefferson University**
PHILADELPHIA, PA
\$200,000 — (1 year). ID 64922
 - **University of Virginia**
School of Nursing
CHARLOTTESVILLE, VA
\$250,000 — (1 year). ID 64894
 - **University of Washington**
School of Nursing
SEATTLE, WA
\$80,000 — (1 year). ID 64879
 - **West Virginia University**
School of Nursing
MORGANTOWN, WV
\$50,000 — (1 year). ID 64907
 - **Wright State University**
College of Nursing and Health
DAYTON, OH
\$80,000 — (1 year). ID 64893
 - **University of Wyoming,**
Fay W. Whitney School of Nursing
LARAMIE, WY
\$50,000 — (1 year). ID 64878
 - **Yale University School of Nursing**
NEW HAVEN, CT
\$80,000 — (1 year). ID 64887
- Other Program Activities*
- **American Association of Colleges of Nursing**
WASHINGTON, DC
\$104,189 — Planning for the Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program (5 months). ID 63877
 - **\$670,486** — Technical assistance and direction for the Robert Wood Johnson Foundation New Careers in Nursing Scholarship Program (1 year). ID 63993

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

Robert Wood Johnson Foundation Nurse Faculty Scholars

To increase the stature and academic standing of nursing faculty and draw more nurses to teaching careers by creating a cadre of national leaders in academic nursing through career development awards to outstanding junior nursing faculty.

Program Sites

- **Boston College, William F. Connell School of Nursing**
CHESTNUT HILL, MA
\$349,998 — Ecological approach to help-seeking behavior: Angela Amar, Ph.D., M.N. (3 years). ID 64204
- **University of California, Los Angeles, School of Nursing**
LOS ANGELES, CA
\$350,000 — Reducing health disparities among overweight Latino youth using a community-based participatory research model: Kynna N. Wright, Ph.D., M.P.H. (3 years). ID 64195
- **University of Cincinnati College of Nursing and Health**
CINCINNATI, OH
\$349,912 — Studying the effect of religiosity on risky behaviors in Christian, Jewish and Muslim young adults in college transition: Devon M. Berry, Ph.D., R.N. (3 years). ID 64196
- **University of Colorado at Denver College of Nursing**
AURORA, CO
\$350,000 — Testing a behavioral education and counseling program promoting diabetes and chronic kidney disease self-management: Teresa J. Sakraida, Ph.D., R.N. (3 years). ID 64198
- **Indiana University School of Nursing**
INDIANAPOLIS, IN
\$350,000 — Evaluating a memory training intervention for breast cancer survivors: Diane M. Von Ah, Ph.D., R.N., C.N.A. (3 years). ID 64194
- **Johns Hopkins University School of Nursing**
BALTIMORE, MD
\$350,000 — Building support for older rural African Americans with cancer: Jennifer A. Wenzel, Ph.D., R.N., C.C.M. (3 years). ID 64197
- **University of Michigan School of Nursing**
ANN ARBOR, MI
\$350,000 — Evaluating the relationship between microsystems aimed at understanding nursing care processes and patient safety: AkkeNeel Talsma, Ph.D., R.N. (3 years). ID 64190
- **University of North Dakota College of Nursing**
GRAND FORKS, ND
\$349,980 — Studying placental vasculature development impairment due to vitamin D deficiency and its link to preeclampsia: Cindy M. Anderson, Ph.D., W.H.N.P. (3 years). ID 64202
- **University of Pennsylvania School of Nursing**
PHILADELPHIA, PA
\$349,985 — Studying organizational quality of patient care settings, nurse staffing and nurse outcomes in psychiatric hospitals: Nancy P. Hanrahan, Ph.D., R.N. (3 years). ID 64200
- **University of Rochester School of Nursing**
ROCHESTER, NY
\$350,000 — Examining the effect of supplemental nurse staffing on quality and care, and employment trends in the United States from 1984–2004: Ying Xue, D.N.Sc., R.N. (3 years). ID 64191
- **Rutgers University, College of Nursing**
NEWARK, NJ
\$350,000 — Improving understanding of the health of adolescents living in high-poverty urban areas: Robert L. Atkins, Ph.D., R.N. (3 years). ID 64201
- **University of Virginia School of Nursing**
CHARLOTTESVILLE, VA
\$349,802 — Testing a computerized safety planning aid for survivors of intimate partner violence: Kathryn Laughon, Ph.D., M.S.N. (3 years). ID 64199
- **University of Washington School of Nursing**
SEATTLE, WA
\$350,000 — Developing biomarkers for fatigue in patients with HIV: Joachim G. Voss, Ph.D., R.N., M.S. (3 years). ID 64189
- **University of Wisconsin–Milwaukee College of Nursing**
MILWAUKEE, WI
\$350,000 — Studying the relationship of postpartum sleep deprivation to later mental health in lower-income urban women: Jennifer J. Runquist, Ph.D., R.N. (3 years). ID 64192

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

■ Yale University School of Nursing

NEW HAVEN, CT

\$350,000 — Examining early gene-environment risks for high blood pressure among African-American children: Jacquelyn Taylor, Ph.D., R.N., M.S.N. (3 years). ID 64193

Other Program Activities

■ Constella Group, LLC

DURHAM, NC

\$196,071 — Administrative support services for Robert Wood Johnson Foundation Nurse Faculty Scholars (4 months). ID 64110

■ Johns Hopkins University School of Nursing

BALTIMORE, MD

\$783,634 — Technical assistance and direction for Robert Wood Johnson Foundation Nurse Faculty Scholars (1 year). ID 64155

Robert Wood Johnson Foundation Physician Faculty Scholars

To strengthen the leadership and academic productivity of junior medical school faculty who are dedicated to improving health and health care.

Program Sites

■ University of Alabama at Birmingham School of Medicine

BIRMINGHAM, AL

\$300,000 — Advancing community-based weight loss/diabetes prevention intervention and delivery methods in Latina immigrants: Andrea L. Cherrington, M.D., M.P.H. (3 years). ID 64310

■ Carolina's HealthCare Foundation

CHARLOTTE, NC

\$299,957 — Improving health care access for a transitioning community using participatory research: Michael F. Dulin, M.D., Ph.D. (3 years). ID 65236

■ Children's Hospital Medical Center

CINCINNATI, OH

\$299,998 — Identifying strategies in the child-care center environment to promote children's physical activity and healthy weight gain: Kristen Copeland, M.D. (3 years). ID 64312

■ Children's Hospital of Philadelphia

PHILADELPHIA, PA

\$300,000 — Predicting adverse outcomes in children with community-acquired pneumonia: Samir S. Shah, M.D., M.S.C.E. (3 years). ID 64324

■ University of Colorado Health Sciences Center, School of Medicine

DENVER, CO

\$299,998 — Improving health outcomes during the transition from prison to the community: Ingrid A. Binswanger, M.D., M.P.H. (3 years). ID 64306

■ Columbia University College of Physicians & Surgeons

NEW YORK, NY

\$300,000 — Explaining racial and ethnic disparities in idiopathic pulmonary fibrosis: David J. Lederer, M.D., M.S. (3 years). ID 64318

■ Johns Hopkins University School of Medicine

BALTIMORE, MD

\$300,000 — Treatment burden among older adults with multimorbidity: Cynthia M. Boyd, M.D., M.P.H. (3 years). ID 64308

■ MetroHealth System

CLEVELAND, OH

\$300,000 — Epidemiology and associated maternal neonatal morbidity related to obstructive sleep apnea in pregnancy: Judette M. Louis, M.D., M.P.H. (3 years). ID 64323

■ Northwestern University

EVANSTON, IL

\$291,456 — Racial and socioeconomic disparities in trauma care: Marie Crandall, M.D., M.P.H. (3 years). ID 64313

■ University of Rochester School of Medicine and Dentistry

ROCHESTER, NY

\$298,981 — Life decisions for individuals with and at risk for Huntington's disease: Ray Dorsey, M.D., M.B.A. (3 years). ID 64314

■ Stanford University School of Medicine

STANFORD, CA

\$299,998 — Optimizing the use of breast cancer risk reduction strategies by patients and physicians: Allison W. Kurian, M.D., M.Sc. (3 years). ID 64317

2008 Grants List

Human Capital



Robert Wood Johnson Foundation

■ University of Washington School of Medicine

SEATTLE, WA

\$300,000 — Tailoring programs to increase acceptance of cancer-preventing vaccines among Asian immigrants: John H. Choe, M.D., M.P.H. (3 years). ID 64311

■ Wayne State University School of Medicine

DETROIT, MI

\$299,811 — Assessing clinical/cost success of preclinical cardiac dysfunction program for asymptomatic hypertensive patients: Phillip D. Levy, M.D., M.P.H. (3 years). ID 64319

■ Medical College of Wisconsin Inc. MILWAUKEE, WI

\$300,000 — Risks, outcome and expectations of cervical spine surgery for degenerative disease: Marjorie C. Wang, M.D., M.P.H. (3 years). ID 64325

■ Yeshiva University, Albert Einstein College of Medicine BRONX, NY

\$299,999 — Directly observed hepatitis C treatment in methadone clinics: Alain H. Litwin, M.D., M.S. (3 years). ID 64322

Other Program Activities

■ Stanford University School of Medicine

STANFORD, CA

\$714,545 — Technical assistance and direction for Robert Wood Johnson Foundation Physician Faculty Scholars (1 year). ID 63923

Robert Wood Johnson Foundation Scholars in Health Policy Research

To help develop a new generation of creative thinkers in health policy research within the disciplines of economics, political science and sociology.

■ Boston University Health Policy Institute

BOSTON, MA

\$698,263 — Technical assistance and direction for Robert Wood Johnson Foundation Scholars in Health Policy Research (1 year). ID 63925

Rutgers University Institute for Health, Health Care Policy, and Aging Research

NEW BRUNSWICK, NJ

\$2,957,826 — Enlarging the pipeline of health researchers from underrepresented groups through an internship model (68 months). ID 60184

Sepulveda Research Corporation SEPULVEDA, CA

\$399,924 — Evaluating the VA Nursing Academy to improve understanding of how to enhance academic nursing (2 years). ID 64104

Society for Preservation of Physician Assistant History

DURHAM, NC

\$10,000 — Preserving and passing on the legacy of Eugene A. Stead Jr., M.D. (8 months). ID 64281

Spann Communications, LLC

PITTSBURGH, PA

\$653,354 — Charting Nursing's Future policy brief series (28 months). ID 61751

Summer Medical and Dental Education Program

To develop and implement a six-week academic enrichment program for undergraduate college students from minority groups, rural areas and economically disadvantaged backgrounds who are interested in pursuing careers in medicine or dentistry.

■ Association of American Medical Colleges

WASHINGTON, DC

\$1,252,432 — Technical assistance and direction for RWJF's Summer Medical and Dental Education Program (1 year). ID 53039

University of Virginia School of Medicine

CHARLOTTESVILLE, VA

\$383,009 — Building the foundation for teaching and studying the history and promotion of African-American health professionals (2 years). ID 62084

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

Advancing Recovery: State/Provider Partnerships for Quality Addiction Care

To support partnerships between treatment provider organizations that deliver care and states.

Program Sites

- **State of Alabama
Department of Mental Health and
Mental Retardation**

MONTGOMERY, AL
\$359,184 — (2 years). ID 63728

- **Arkansas Division of
Behavioral Health Services,
Office of Alcohol and
Drug Abuse Prevention**

LITTLE ROCK, AR
\$359,916 — (2 years). ID 63725

- **Baltimore Substance Abuse
Systems Inc.**

BALTIMORE, MD
\$359,462 — (2 years). ID 63724

- **Homeward Bound, Inc.**

DALLAS, TX
\$360,000 — (2 years). ID 63726

- **Pretera Center for
Mental Health Services, Inc.**

HUNTINGTON, WV
\$358,299 — (2 years). ID 63701

- **Signal Behavioral Health Network**

DENVER, CO
\$360,000 — (2 years). ID 63727

Other Program Activities

- **University of Wisconsin–Madison
College of Engineering**

MADISON, WI
\$821,495 — Technical assistance and direction for Advancing Recovery (1 year). ID 56763

\$1,112,915 — Technical assistance and direction for Advancing Recovery (18 months). ID 56764

American Psychological Association

WASHINGTON, DC
\$35,000 — American Psychological Association summit on violence and abuse in relationships (3 months). ID 63816

Atlanta Regional Commission

ATLANTA, GA
\$50,000 — Developing a series of case study community-design models for the growing older adult population in Atlanta (1 year). ID 65511

Boston College Graduate School of Social Work

CHESTNUT HILL, MA
\$99,982 — Sustaining the clearinghouse for home- and community-based services (www.hcbs.org) (1 year). ID 64630

Boston University School of Public Health

BOSTON, MA
\$140,000 — Distributing the 2007 HBO Addiction Series box set and companion manual to drug and alcohol treatment center directors and drug court judges (1 year). ID 63467

Brotherhood/Sister Sol

NEW YORK, NY
\$250,000 — Support for a comprehensive program for at-risk young men in the Harlem neighborhood of New York City (1 year). ID 65204

University of California, Los Angeles, Semel Institute for Neuroscience and Human Behavior Center for Community Health

LOS ANGELES, CA
\$13,440 — Spanish language version of *Psychological First Aid Field Operations Guide, 2nd edition*: creating CDs and printing the guide (6 months). ID 64764

Campaign for Mental Health Reform

WASHINGTON, DC
\$59,998 — Capitol Hill quarterly educational briefings on mental health topics (11 months). ID 63790

Caring Across Communities: Addressing Mental Health Needs of Diverse Children and Youth

To establish school-connected mental health services for students, with emphasis on overcoming cultural and language barriers of children in immigrant and refugee families.

- **George Washington University,
The Center for Health and
Health Care in Schools**

WASHINGTON, DC
\$72,593 — Evaluating Caring Across Communities (16 months). ID 64769

The Carter Center Inc.

ATLANTA, GA
\$50,000 — 24th Annual Rosalynn Carter Symposium on Mental Health Policy: "Unclaimed Children Revisited" (1 year). ID 64796

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

Cash & Counseling

To expand a proven model of consumer-directed supportive services to more states, allowing thousands more older adults and people with disabilities to have choice and control over the care they receive.

- **Boston College**
Graduate School of Social Work
CHESTNUT HILL, MA
\$4,751,055 — Research and technical assistance center for the Cash & Counseling initiative (4 years). ID 63987
\$93,584 — Bridge grant for Cash & Counseling (1 month). ID 64277

Center for Children's Advocacy

HARTFORD, CT
\$255,015 — Expanding legal advocacy to increase the access of immigrant and refugee children to education and health services (3 years). ID 63239

Center for Law and Social Policy

WASHINGTON, DC
\$100,000 — Support for Spotlight on Poverty and Opportunity: Foundations Ask Presidential Candidates What They'll Do for America (1 year). ID 64527

Children's Home

MOUNT HOLLY, NJ
\$50,000 — Health and wellness program at a residential facility for troubled children in New Jersey (1 year). ID 63368

Children's Hospital and Regional Medical Center

SEATTLE, WA
\$380,000 — Support for a medical-legal partnership in Seattle for children and families (3 years). ID 64569

Civic Ventures

SAN FRANCISCO, CA
\$1,500,000 — Launching Civic Ventures' Experience Corps program as an independent nonprofit organization (2 years). ID 65021

Close to Home Domestic Violence Prevention Initiative, Inc.

DORCHESTER, MA
\$369,182 — Mobilizing communities in Massachusetts to prevent domestic and sexual violence (2 years). ID 64814

Coastal Family Health Center

BILOXI, MS
\$433,050 — Integrating primary and mental health services in the Mississippi coastal region (2 years). ID 64267

Communities in Schools of Wake County

RALEIGH, NC
\$50,000 — Expanding Making a Case, an educational case-management approach to after-school tutoring for middle school students (10 months). ID 65374

Community Anti-Drug Coalitions of America

ALEXANDRIA, VA
\$25,000 — Support for the 2008 Drug-Free Kids Campaign Awards Dinner (1 month). ID 64661

Community Oriented Correctional Health Services, Inc.

OAKLAND, CA
\$538,991 — Juvenile Offender Community Health Systems: implementing the community health center model of care in the juvenile detention system in California (13 months). ID 65279

Community Partners

LOS ANGELES, CA
\$25,000 — Violence Prevention Coalition: addressing violence as a public health issue in Greater Los Angeles (1 year). ID 65601

Community Partnerships for Older Adults

To foster the efforts of local public-private partnerships to improve long-term care and supportive services systems for older adults.

- **Mathematica Policy Research, Inc.**
PRINCETON, NJ
\$1,325,430 — Evaluation of Community Partnerships for Older Adults (28 months). ID 51243
- **University of Southern Maine, Edmund S. Muskie School of Public Service**
PORTLAND, ME
\$1,500,000 — Technical assistance and direction for Community Partnerships for Older Adults (1 year). ID 61966

Comprehensive Health Education Foundation

SEATTLE, WA
\$349,138 — Assisting Vulnerable Populations grantees to use entrepreneurial and business strategies to increase effectiveness and measure impact (2 years). ID 63411

Corporate Alliance to End Partner Violence

BLOOMINGTON, IL
\$299,040 — National conference on intimate partner violence and its impact on the workplace (9 months). ID 64019

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

Developmental Studies Center

OAKLAND, CA

\$1,197,405 — Expanding the reach of the Caring School Community™ program to create supportive learning environments in elementary classrooms and schools (2 years). ID 64901

Faith in Action

To expand the continued replication of the Interfaith Volunteer Caregivers Model, providing volunteer caregiving to people of all ages with chronic health conditions.

Program Sites

■ Hospice of Chippewa County

SAULT SAINTE MARIE, MI

\$38,902 — (1 year). ID 64111

Other Program Activities

■ Communications Project

MULTIPLE CONTRACTORS

\$90,568 — Purchasing and distributing *Promises to Mary: A Story of Faith in Action* (5 months). ID 63983

Family Promise of Monmouth County, Inc.

KEANSBURG, NJ

\$50,000 — Helping chronically homeless adults get education and vocational training in the health professions (2 years). ID 65036

Family Resource Network

TRENTON, NJ

\$50,000 — Integrating children with special needs into after-school programs (1 year). ID 65415

Friends of the Children—National Office

PORTLAND, OR

\$1,063,131 — Supplemental support for a national randomized longitudinal study of a long-term mentoring program (4 years). ID 64451

Generations United

WASHINGTON, DC

\$25,000 — Stronger Together: a call to innovation for funders of children, youth, families and older adults (1 year). ID 65417

George Washington University School of Public Health and Health Services

WASHINGTON, DC

\$99,889 — Expanding a learning community by including Fresh Ideas grantees in the Caring Across Communities 2009 grantee meeting (10 months). ID 65045

Grantmakers in Aging Inc.

DAYTON, OH

\$360,000 — Support for Grantmakers in Aging 2008–2011 (3 years). ID 64640

Growth Philanthropy Network Inc.

NEW YORK, NY

\$299,989 — Developing best practices for expanding and scaling social programs: Phase 2, Growth Leadership Forum (18 months). ID 65486

Loren Harris

ENGLEWOOD, NJ

\$102,150 — Analyzing opportunities and making recommendations to address the health and economic well-being of young men of color in marginalized communities (11 months). ID 65107

Harris Methodist Health Foundation

FORT WORTH, TX

\$86,550 — Marketing the Family Violence Prevention Employer Program toolkit and manager training to businesses (1 year). ID 64454

Health-Equity.Org

ARLINGTON, VA

\$42,313 — Support for a meeting of refugee health coordinators to improve the quality and accessibility of refugee health information (4 months). ID 64391

International Severity Information Systems, Inc.

SALT LAKE CITY, UT

\$387,643 — Analysis of workflow, costs and outcomes in Green House model sites (8 months). ID 64581

Jewish Employment and Vocational Service dba JEVS Human Services

PHILADELPHIA, PA

\$50,000 — Convening criminal justice system stakeholders to plan coordinated services for people in diversion programs and ex-offenders (9 months). ID 65393

Johns Hopkins University Bloomberg School of Public Health

BALTIMORE, MD

\$379,954 — Assessing employee assistance programs' practices and activities addressing intimate partner violence (2 years). ID 63496

University of Kansas Center for Research, Inc.

LAWRENCE, KS

\$60,276 — Spanish translation of the Community Tool Box (1 year). ID 64671

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

Kids Enjoy Exercise Now (KEEN)

WASHINGTON, DC

\$35,000 — Supporting KEEN (Kids Enjoy Exercise Now) sports programs for children with disabilities (1 year). ID 65030

Louisiana Public Health Institute

NEW ORLEANS, LA

\$838,544 — Mental health care capacity building and implementing effective models of treatment in primary care settings in New Orleans (3 years). ID 63540

Marketumbrella.org

NEW ORLEANS, LA

\$40,633 — Mobile Market: providing fresh local foods, cleaning products and public health information to Katrina-devastated neighborhoods in New Orleans (5 months). ID 65381

University of Maryland, Baltimore County

BALTIMORE, MD

\$70,136 — Evaluating a brief workplace intimate partner violence intervention in a retail environment (1 year). ID 65509

\$55,916 — Exploration of employee assistance programs' treatment of intimate partner violence (1 year). ID 65547

University of Maryland, College Park, School of Public Health

COLLEGE PARK, MD

\$12,637 — Evaluating a brief workplace intimate partner violence intervention in a retail environment (1 year). ID 63488

National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults

To replicate the Portland Identification and Early Referral (PIER) Program that uses evidence-based psychosocial and pharmacologic interventions in the early identification and treatment of adolescents and young adults with severe mental illness.

■ Maine Medical Center

PORTLAND, ME

\$1,442,569 — Technical assistance and direction for the National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults (1 year). ID 58921

■ University of Southern Maine

PORTLAND, ME

\$48,048 — Developing a database for evaluating community outreach efforts for the National Demonstration of Early Detection, Intervention and Prevention of Psychosis in Adolescents and Young Adults (44 months). ID 63692

National Expansion of Sports4Kids: A Program that Promotes Physical Activity and Play at Schools — 2008–2012

To support the second phase of a national expansion of Sports4Kids, an innovative program that uses play to promote physical activity and youth development in schools.

■ Sports4Kids

OAKLAND, CA

\$18,734,344 — National Expansion of Sports4Kids: A Program that Promotes Physical Activity and Play at Schools: Phase II (4 years). ID 63981

NCB Capital Impact

ARLINGTON, VA

\$617,877 — Replication of the Green House Project: developing small community homes as alternatives to nursing homes (33 months). ID 63786

New York Regional Association of Grantmakers

NEW YORK, NY

\$125,000 — Creating an alliance for diversity and effectiveness in philanthropy (1 year). ID 65035

Northern Virginia Family Service, Inc.

OAKTON, VA

\$397,267 — Cross-cultural training and technical assistance program for mental health providers serving immigrants and refugees: 2008–2009 (18 months). ID 64508

University of Notre Dame

NOTRE DAME, IN

\$50,000 — Report on the role of the Latino church in promoting health and well-being in the Latino community in Chicago (10 months). ID 65151

Oregon Health and Science University School of Medicine

PORTLAND, OR

\$199,992 — Analyzing state implementation of evidence-based practices for alcohol and drug disorder treatment (22 months). ID 63878

Pioneer Network in Culture Change

ROCHESTER, NY

\$40,000 — Online conference and networking initiative for people involved in delivering and financing person-directed care through small houses (6 months). ID 65009

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

Preventing Partner Violence in Immigrant Communities

To evaluate models for prevention of intimate partner violence in immigrant and refugee communities and build capacity in these communities for internal evaluation of best practices.

- **LTG Associates, Inc.**
TURLOCK, CA
\$17,998 — Planning for Preventing Partner Violence in Immigrant Communities (1 month). ID 65670

Putnam Community Investment Consulting Inc.

WESTLAKE, OH
\$99,793 — Applying the neuroscience of child and adolescent brain development to practice: a scan of the field (1 year). ID 65516

Reclaiming Futures: Communities Helping Teens Overcome Drugs, Alcohol and Crime

To develop new service delivery models that integrate comprehensive services into the juvenile justice system and promote the creation of community-based systems of care for substance-abusing youthful offenders.

Program Sites

- **Circuit Court of Cook County**
CHICAGO, IL
\$149,914 — (1 year). ID 61167

Other Program Activities

- **Portland State University, Regional Research Institute for Human Services, School of Social Work**
PORTLAND, OR
\$1,435,730 — Technical assistance and direction for RWJF's Reclaiming Futures program learning collaborative (1 year). ID 61512

Robert Wood Johnson Foundation Local Funding Partnerships

To continue a matching grants program to establish partnerships between RWJF and local grantmakers in support of innovative, community-based projects that improve health and health care for vulnerable populations.

Program Sites

- **Public Health Commission**
BOSTON, MA
\$500,000 — Breaking the cycle of violence in Boston neighborhoods by intervening with gunshot and stabbing victims (4 years). ID 64604
- **Breakthrough Club of Sedgwick County**
WICHITA, KS
\$396,500 — Physical fitness program for teens and adults with severe mental illness including a new training curriculum for wellness coaches (3 years). ID 64608

- **Catholic Community Services of Mid-Willamette Valley and Central Coast**

SALEM, OR
\$500,000 — Home-based model of care for foster children addressing serious mental health concerns and strengthening support from neighborhood, school and family (3 years). ID 64609

- **Catholic Social Service of the Diocese of Rapid City**

RAPID CITY, SD
\$330,284 — Implementing a culturally specific prevention curriculum for Lakota youth on three reservations in South Dakota (4 years). ID 64599

- **Historic East Baltimore Community Action Coalition, Inc.**

BALTIMORE, MD
\$499,673 — Comprehensive mental health services integrated within a job-training program for youth who are not in school and are unemployed (3 years). ID 64614

- **Jewish Home for the Elderly, Inc.**

FAIRFIELD, CT
\$488,000 — Providing safety, shelter and an array of services for victims of elder abuse in Fairfield County, Conn. (4 years). ID 64600

- **Mental Health America of Colorado**

DENVER, CO
\$478,504 — Developing a coordinated system of care for people in the metropolitan Denver area who experience a mental health crisis (3 years). ID 64667

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

■ North Broward Hospital District

FORT LAUDERDALE, FL

\$433,455 — Providing health services for children and their adult caregivers when the youth are placed with relatives instead of the foster care system (3 years). ID 64607

■ Northwest Colorado

Visiting Nurse Association Inc.

STEAMBOAT SPRINGS, CO

\$500,000 — Promoting optimal physical, mental and social well-being and function for isolated seniors in rural Colorado (3 years). ID 64602

■ Unity Health Care, Inc.

WASHINGTON, DC

\$499,539 — Providing comprehensive health and social services at a single site for recently released ex-offenders (3 years). ID 64611

■ University Corporation,

San Francisco State University

SAN FRANCISCO, CA

\$499,993 — Family-centered programs to reduce risk and promote well-being for lesbian, gay, bisexual and transgender youth from ethnically diverse families (3 years). ID 64613

■ Visiting Nurse Association

KANSAS CITY, MO

\$498,554 — Providing in-home health assessment, case management and referrals to vulnerable people who call emergency medical services (911) for non-urgent needs (3 years). ID 64603

Other Program Activities

■ Health Research & Educational Trust of New Jersey

PRINCETON, NJ

\$1,475,862 — Technical assistance and direction for Robert Wood Johnson Foundation Local Funding Partnerships (1 year). ID 64471

Roca, Inc.

CHELSEA, MA

\$250,000 — Young men's violence-intervention project: a pilot project for transitional employment and case management in Massachusetts (1 year). ID 65201

Start Strong:

Building Healthy Teen Relationships

To fund a national effort to develop and implement effective strategies to prevent relationship violence among youth.

Program Sites

■ Boston Public Health Commission

BOSTON, MA

\$1,000,000 — (4 years). ID 65414

■ Bronx-Lebanon Hospital Center

BRONX, NY

\$1,000,000 — (4 years). ID 65405

■ Catholic Charities, Inc.

WICHITA, KS

\$1,000,000 — (4 years). ID 65409

■ Clarian Health Partners, Inc.

INDIANAPOLIS, IN

\$1,000,000 — (4 years). ID 65403

■ Emory University

School of Medicine

ATLANTA, GA

\$1,000,000 — (4 years). ID 65408

■ Family Violence Law Center

OAKLAND, CA

\$1,000,000 — (4 years). ID 65472

■ Idaho Coalition Against

Sexual and Domestic Violence

BOISE, ID

\$1,000,000 — (4 years). ID 65406

■ Regional Youth Adult

Substance Abuse Project

BRIDGEPORT, CT

\$1,000,000 — (4 years). ID 65407

■ Sojourner House, Inc.

PROVIDENCE, RI

\$1,000,000 — (4 years). ID 65411

■ Travis County Domestic Violence and Sexual Assault Survival Center

AUSTIN, TX

\$1,000,000 — (4 years). ID 65404

Other Program Activities

■ Family Violence Prevention Fund

SAN FRANCISCO, CA

\$1,111,851 — Technical assistance and direction for Start Strong (1 year). ID 62995

■ Research Triangle Institute

RESEARCH TRIANGLE PARK, NC

\$2,249,656 — Evaluation of Start Strong (5 years). ID 64696

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

Substance Abuse Policy Research Program

To encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology, and other behavioral and policy sciences to address issues of substance abuse.

Program Sites

- **Boston University
School of Social Work**
BOSTON, MA
\$399,430 — Improving federal and state government policies promoting the implementation of evidence-based treatments by community-based organizations (3 years). ID 65029
- **Brandeis University,
The Heller School for
Social Policy and Management**
WALTHAM, MA
\$398,085 — Identifying replicable management practices associated with higher performance by detoxification and residential treatment provider organizations (2 years). ID 65077
\$399,025 — Validating certain substance abuse performance measures for adolescents and examining factors associated with treatment initiation and engagement (2 years). ID 65078
\$344,044 — Coordinating primary care and substance abuse treatment services (26 months). ID 65167
- **University of California,
San Francisco**
SAN FRANCISCO, CA
\$98,908 — Improving the quality of addiction treatment through policy research on how models of chronic disease prevention relate to drug and alcohol treatment (1 year). ID 65112
\$40,000 — Adopting evidence-based practice by minority-focused substance abuse programs (1 year). ID 65173
- **University of Chicago
School of Social Services
Administration**
CHICAGO, IL
\$98,494 — Exploring whether and how interaction with Temporary Assistance for Needy Families facilitates treatment entry for substance abusing low-income women (17 months). ID 64743
- **Cornell University**
ITHACA, NY
\$99,999 — Econometric study of the role advertisements and employer-sponsored programs play in increasing consumer demand for smoking cessation treatment (1 year). ID 64751
- **Duke University**
DURHAM, NC
\$99,452 — Evaluating legal and economic vulnerabilities of the Master Settlement Agreement (1 year). ID 64748
- **Foundation of the University of
Medicine and Dentistry of
New Jersey**
NEW BRUNSWICK, NJ
\$99,713 — Investigating the impact of weight-based moist snuff taxation and improving state-based tobacco control policy (1 year). ID 64750
- **Health Research Inc., Roswell Park
Cancer Institute Division**
BUFFALO, NY
\$100,000 — Assessing the relationship between smoke-free policies and smoking and alcohol consumption (1 year). ID 64749
- **University of Illinois at Chicago**
CHICAGO, IL
\$99,478 — Examining the impact of state tobacco control spending on adolescent and adult smoking cessation decisions (2 years). ID 64746
- **University of Kentucky
College of Medicine**
LEXINGTON, KY
\$330,992 — Identifying organizational, policy and environmental factors in the adoption of medications in the publicly funded substance abuse treatment system (3 years). ID 65111
- **University of Massachusetts
Medical School**
SHREWSBURY, MA
\$99,448 — Assessing the impact of buprenorphine on Medicaid expenditures (1 year). ID 64752
- **University of Massachusetts
Medical School**
WORCESTER, MA
\$76,807 — Studying the disenfranchisement of poor and minority smokers by the American Psychiatric Association's policy on nicotine dependence (1 year). ID 64745
- **Michigan State University**
EAST LANSING, MI
\$233,407 — Assessing performance measurement in community-based treatment purchased by departments of corrections (2 years). ID 65174

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

- **University of Michigan School of Public Health**
ANN ARBOR, MI
\$99,982 — Evaluating a treatment-based policy to reduce the incidence of driving under the influence of alcohol (30 months). ID 64157
 - **Minnesota Veterans Research Institute**
MINNEAPOLIS, MN
\$99,743 — Identifying how retail-level tobacco advertising and promotion are tailored and how they relate to violation and enforcement of youth access laws (2 years). ID 65165
 - **New York University College of Nursing**
NEW YORK, NY
\$99,992 — Developing a database concerning alcohol reduction policies and services in U.S. opioid treatment programs (1 year). ID 65026
 - **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$399,975 — Evaluating the effect of regulatory strategies to reduce illegal Internet cigarette, alcohol and opiate sales (3 years). ID 64747
 - **Oregon Health and Science University**
PORTLAND, OR
\$99,999 — Assessing client outcomes for Oregon and Washington Network for the Improvement of Addiction Treatment (NIATx) participants (18 months). ID 64146
\$99,971 — Assessing state adoption of the Medicaid Healthcare Common Procedure Coding System billing codes for substance use screening and brief intervention (1 year). ID 64378
 - **Palo Alto Institute for Research and Education Inc.**
PALO ALTO, CA
\$390,775 — Strengthening linkages between substance abuse and batterer intervention programs to improve the quality of care (30 months). ID 65106
 - **Public Health Institute**
OAKLAND, CA
\$99,993 — Informing policy-makers, health researchers, advocates and the public about alcohol and tobacco marketing techniques and marketing paradigm strategies (1 year). ID 65034
 - **Rand Corporation**
SANTA MONICA, CA
\$399,760 — Evaluating the effectiveness of treatment to improve community-level health and social outcomes in California (2 years). ID 65168
 - **Research Triangle Institute**
RESEARCH TRIANGLE PARK, NC
\$100,000 — Analyzing adolescents' substance misuse and use of mental health and substance abuse services following contact with the child welfare system (18 months). ID 65163
 - **Rutgers, The State University of New Jersey—New Brunswick**
NEW BRUNSWICK, NJ
\$70,625 — Understanding physician behavior toward patients seeking help with smoking cessation (16 months). ID 64744
 - **Susquehanna University**
SELINGROVE, PA
\$99,999 — Estimating the impact of alternate warning labels on cigarette demand in the United States (1 year). ID 65166
 - **Wake Forest University School of Medicine**
WINSTON-SALEM, NC
\$270,655 — Comparing two new screening tools for risky drinking patterns and assessing outcomes of counseling interventions (3 years). ID 65032
- Other Program Activities**
- **Center for Creative Leadership**
GREENSBORO, NC
\$668,355 — Technical assistance and direction for RWJF's Substance Abuse Policy Research Program (1 year). ID 58901
- Taft and Partners, LLC**
PRINCETON, NJ
\$30,550 — Planning the name of the new national center for Cash & Counseling (1 month). ID 65553
- Treatment Research Institute**
PHILADELPHIA, PA
\$99,435 — Training public defenders to identify clients with substance abuse problems and link them to health and social services (1 year). ID 64727
- United States Conference of Catholic Bishops**
WASHINGTON, DC
\$298,335 — Identifying communication challenges and gaps in services for Mayans in Florida and developing a toolkit to assist providers (3 years). ID 63241
- University of Wisconsin School of Medicine and Public Health**
MADISON, WI
\$400,850 — National opinion survey on determinants of health and health disparities (18 months). ID 63446

2008 Grants List

Vulnerable Populations



Robert Wood Johnson Foundation

University of Wisconsin–Madison School of Nursing

MADISON, WI

\$70,066 — Exploring the role of the nurse in implementing the Green House model (6 months). ID 64370

Womanspace, Inc.

TRENTON, NJ

\$50,000 — Barbara's House transitional housing program for survivors of sexual assault and domestic abuse in Mercer County, N.J. (1 year). ID 64405

Youth Advocacy Foundation

ROXBURY, MA

\$249,890 — Creating a Web-based system to assess and promote the youth development approach to legal advocacy (31 months). ID 65216

Youth Radio

OAKLAND, CA

\$250,000 — Creating a sports and fitness beat at Youth Radio's Health Desk (1 year). ID 65215

2008 Grants List

Pioneer



Robert Wood Johnson Foundation

American Enviroinics

OAKLAND, CA

\$170,100 — Understanding Americans' evolving views on health privacy: creating new privacy constructs for the American values survey (6 months). ID 64597

Ashoka

ARLINGTON, VA

\$2,588,125 — Sponsoring online, open-source idea competitions to identify promising approaches to advancing social change goals: 2008–2010 (32 months). ID 63695

Beth Israel Deaconess Medical Center Inc.

BOSTON, MA

\$118,240 — Open Notes: Demonstrating and evaluating transparency in primary care (6 months). ID 64990

University of California, Los Angeles, Semel Institute for Neuroscience and Human Behavior

Center for Community Health

LOS ANGELES, CA

\$1,998,530 — Creating a network of Family Coaching Clinics using a new model of family-centered preventive behavioral health care (3 years). ID 63958

University of California, San Francisco, Center for Medical Education and Research

FRESNO, CA

\$392,615 — Expanding the set of universal navigation symbols for health care facilities and developing best practices for implementation (2 years). ID 56777

Cogito Inc.

LEXINGTON, MA

\$120,090 — White paper on reality mining (analyzing data gathered from the use of modern technological devices) to improve public health and medicine (6 months). ID 64642

Communications Support for the Pioneer Program Area

To provide strategic communications support for the work of RWJF's Pioneer program area and its grantees.

■ Communications Projects

MULTIPLE CONTRACTORS

\$250,000 — Strategic communications support for the Pioneer program area (3 months). ID 65401

\$50,000 — Consulting and meeting costs for RWJF's Pioneer program area (1 year). ID 65579

Dartmouth Institute for Health Policy and Clinical Practice

LEBANON, NH

\$644,290 — Developing Drug Facts Boxes: giving consumers clear, authoritative data to inform their prescription-drug-related decisions (3 years). ID 63533

Freelancers Union

BROOKLYN, NY

\$1,250,000 — Demonstrating an affordable and portable health insurance package for independent workers (18 months). ID 63951

Glide Memorial United Methodist Church

SAN FRANCISCO, CA

\$50,000 — Using electronic health records to improve clinical health and mental health care and patient safety for San Francisco's homeless population (1 year). ID 65500

Health Care Without Harm

ARLINGTON, VA

\$750,000 — Driving systemic improvements in environmental and human health via a green hospital movement (3 years). ID 61431

Health Games Research: Advancing Effectiveness of Interactive Games for Health

To build the field and advance knowledge about the intersection of video/computer games and health and health care through a national program that emphasizes applied research and convening.

Program Sites

■ University of California, San Diego, School of Medicine

LA JOLLA, CA

\$198,288 — Using Behavioral Choice Theory as a framework for understanding how adolescents choose among exertainment games (2 years). ID 64439

■ University of Central Florida College of Medicine

ORLANDO, FL

\$200,000 — Designing and testing an interactive health game as an adjunct to standard treatment for alcoholism (2 years). ID 64446

■ Cornell University

ITHACA, NY

\$164,319 — Investigating the impact of feedback in a mobile phone health game using the Mindless Eating Challenge game (2 years). ID 64440

2008 Grants List

Pioneer



Robert Wood Johnson Foundation

- **University of Florida**
College of Public Health and Health Professions
GAINESVILLE, FL
\$99,982 — Investigating the use of an action video game to improve everyday cognitive function in older adults (2 years). ID 64441
- **Indiana University School of Health, Physical Education, and Recreation**
BLOOMINGTON, IN
\$184,743 — Evaluating the efficiency of an ultimate reality game for physical activity and healthy lifestyle behaviors in the college-age population (18 months). ID 64442
- **Maine Medical Center**
PORTLAND, ME
\$200,000 — Studying the effects of family-based video exercise games on families with overweight children (2 years). ID 64436
- **University of North Carolina at Chapel Hill School of Public Health**
CHAPEL HILL, NC
\$99,924 — Study on predicting sensory and control effects of console video games in young adults (18 months). ID 64438
- **University of South Carolina**
Arnold School of Public Health
COLUMBIA, SC
\$112,000 — Studying the effects of commercially available interactive video games for individuals with post-stroke chronic mobility and balance deficits (2 years). ID 64450
- **University of Southern California**
School of Cinematic Arts
LOS ANGELES, CA
\$199,088 — Effectiveness of social mobile networked games in promoting active lifestyles for wellness (1 year). ID 64448
- **Union College**
SCHENECTADY, NY
\$200,000 — Studying the effect on senior citizens of virtual team cyber-cycling on exercise behavior, neuropsychological function and physiological outcomes (2 years). ID 64449
- **University of Vermont**
College of Medicine
BURLINGTON, VT
\$189,772 — Developing and testing a novel respiratory fitness game for children with cystic fibrosis (18 months). ID 64447
- **University of Washington**
Information School
SEATTLE, WA
\$200,000 — Study to develop and test video games for dietary behavior change and improved glycemic control among diabetics (1 year). ID 64443
- **University of California, Santa Barbara**
SANTA BARBARA, CA
\$660,397 — Technical assistance and direction for Health Games Research (1 year). ID 64738
- **Communications Project**
MULTIPLE CONTRACTORS
\$375,375 — Administrative support office for Health Games Research (15 months). ID 65144
- **Macro International, Inc.**
ATLANTA, GA
\$36,033 — Evaluation of Health Games Research (1 year). ID 63002
- **Health Technology Center**
SAN FRANCISCO, CA
\$300,000 — Partnering with HealthTech to understand drivers and effects of emerging health care technologies (3 years). ID 64066
- **Institute of Play**
NEW YORK, NY
\$285,000 — Testing online social networking tools within a game-based school curriculum to help children actively design how they learn about health and wellness (18 months). ID 64488
- **Joan Ganz Cooney Center at Sesame Workshop**
NEW YORK, NY
\$55,662 — Advancing children's learning and healthy development by researching educational video games and disseminating the results (5 months). ID 64398
- **Johns Hopkins University**
School of Medicine
BALTIMORE, MD
\$217,632 — Applying methods from commercial aviation to improve safety, reliability, efficiency and effectiveness of patient care (2 years). ID 63566
- **Kaiser Foundation Research Institute**
OAKLAND, CA
\$8,563,940 — Expediting the study of the genetic and environmental determinants of health (2 years). ID 64362

2008 Grants List

Pioneer



Robert Wood Johnson Foundation

Lumni USA

SAN FRANCISCO, CA

\$35,150 — Financing education to enable low-income students to enter the health professions with manageable debt: a demonstration (4 months). ID 64365

Pacific Vision Foundation

SAN FRANCISCO, CA

\$194,340 — Creating a self-supporting eye care center that serves paying and non-paying patients equally (6 months). ID 64579

University of Pennsylvania School of Arts and Sciences

PHILADELPHIA, PA

\$2,771,990 — Exploring the concept of Positive Health (40 months). ID 63597

Planned Parenthood of the Columbia/Willamette

PORTLAND, OR

\$240,000 — Analyzing the business and legal issues for accessing contraception products via the Internet (6 months). ID 63957

Project HealthDesign: Rethinking the Power and Potential of Personal Health Records

To expand a vision of personal health records and encourage the market to develop products that meet the diverse needs of patients.

Program Sites

■ University of California, San Francisco

SAN FRANCISCO, CA

\$50,000 — Transforming the process of care and the way information is used in breast cancer treatment (7 months). ID 64542

■ University of Colorado Health Sciences Center at Fitzsimons

AURORA, CO

\$50,000 — Developing a personal health record to assist older adults with transitions of chronic care (6 months). ID 64538

■ University of Massachusetts Medical School

WORCESTER, MA

\$50,000 — Supporting patient and provider management of chronic pain with personal digital assistant applications linked to personal health records (9 months). ID 64536

■ Research Triangle Institute

RESEARCH TRIANGLE PARK, NC

\$50,000 — Personal health record system for at-risk sedentary adults (9 months). ID 64535

■ Stanford University School of Medicine

STANFORD, CA

\$50,000 — Living profiles: transmedia personal health record systems for adolescents (9 months). ID 64534

■ T.R.U.E. Research Foundation, Inc.

SAN ANTONIO, TX

\$50,000 — Personal health application for adult diabetes self-management (5 months). ID 64533

■ Vanderbilt University School of Medicine

NASHVILLE, TN

\$48,509 — Developing a child-focused personal medication management system (9 months). ID 64537

Other Program Activities

■ University of Wisconsin–Madison School of Nursing

MADISON, WI

\$404,861 — Technical assistance and direction for Project HealthDesign (9 months). ID 64437

University of Rochester Center for Future Health

ROCHESTER, NY

\$99,560 — Workshop on how innovative data mining can yield personalized health care and health status signatures, allowing consumers to manage their own health (5 months). ID 65082

Sociate

SAN FRANCISCO, CA

\$25,000 — Producing an event for RWJF's Pioneer grantees, to stimulate collaboration and cross-pollination of ideas (8 months). ID 65152

TED MED

BROOKLINE, MA

\$150,000 — Sponsoring the TEDMED 2009 conference on the future of health and health care (6 months). ID 65550

Wireless Philadelphia

PHILADELPHIA, PA

\$50,000 — Linking vulnerable populations in Philadelphia to health and social services using citywide broadband technology (6 months). ID 63950

2008 Grants List

New Jersey



Robert Wood Johnson Foundation

Alliance for Lupus Research

NEW YORK, NY

\$25,000 — Northern New Jersey Alliance for Lupus Research Walk with Us to Cure Lupus walk-a-thon (6 months). ID 64792

American Red Cross

Central New Jersey Chapter

NEW BRUNSWICK, NJ

\$209,290 — Building a constituency for improved disaster preparedness and response services in New Jersey (2 years). ID 63083

Center School

HIGHLAND PARK, NJ

\$65,000 — Summer therapy program for high-risk, learning disabled students (1 month). ID 53356

Corner House Foundation

PRINCETON, NJ

\$50,000 — Work and career preparation to prevent substance abuse among and increase opportunities for at-risk youth (1 year). ID 53443

Council of New Jersey

Grantmakers Inc.

TRENTON, NJ

\$65,000 — Building the capacity of the Council of New Jersey Grantmakers to increase grantmakers' effectiveness (2 years). ID 53354

The Easter Seal Society of

New Jersey Inc.,

Raritan Valley Workshop

EAST BRUNSWICK, NJ

\$85,484 — Facility repairs and equipment for the Raritan Valley Workshop for people with disabilities and special needs (1 year). ID 57025

Elijah's Promise

NEW BRUNSWICK, NJ

\$81,960 — Support for Healthy Kitchen's expanded emergency nutrition services (1 year). ID 65004

\$50,000 — Support for Healthy Kitchen's expanded emergency nutrition services (1 year). ID 65744

First Baptist Community Development

Corp. dba Renaissance Community Development Corp.

SOMERSET, NJ

\$178,880 — Improving the quality of life of families and the New Brunswick community as a whole: 2008–2009 (1 year). ID 53362

Forums Institute for Public Policy

PRINCETON, NJ

\$50,000 — Implementing recommendations from the business plan for the Forums Institute for Public Policy (6 months). ID 63682

Friends' Health Connection

NEW BRUNSWICK, NJ

\$211,625 — Marketing the New Jersey patient-to-patient support network and creating a Web site to technologically modernize the network (2 years). ID 57026

Friends of the Middlesex County ASAP (Adult Substance Abuse Program)

NEW BRUNSWICK, NJ

\$100,000 — Continuing the Adult Substance Abuse Program for inmates at the Middlesex County, N.J., Adult Correctional Center (1 year). ID 53367

HomeFront Inc.

LAWRENCEVILLE, NJ

\$1,000,000 — Emergency assistance for working poor families in Mercer County, N.J.: 2008–2010 (2 years). ID 53371

Laurel House Middlesex, Inc.

NORTH BRUNSWICK, NJ

\$50,000 — Creating an educational support project to help mentally ill clients secure and retain employment (1 year). ID 64504

Legal Services of New Jersey

EDISON, NJ

\$50,000 — Providing legal assistance to low-income medical patients in New Jersey (1 year). ID 65549

Middlesex County Recreation Council (John E. Toolan Kiddie Keep Well Camp)

EDISON, NJ

\$468,000 — Camping program for health-impaired children: 2008–2009 (1 year). ID 53359

New Brunswick Cultural Center Inc.

NEW BRUNSWICK, NJ

\$500,000 — Sustaining the New Brunswick Cultural Center and its creation of a new, downtown performing arts center: 2008–2010 (2 years). ID 63211

New Brunswick Development Corporation

NEW BRUNSWICK, NJ

\$550,844 — Developing a revitalization program for the City of New Brunswick, N.J. (1 year). ID 53379

New Brunswick Tomorrow

NEW BRUNSWICK, NJ

\$475,000 — Citywide program to strengthen human services and resources in New Brunswick: 2008–2009 (1 year). ID 53382

2008 Grants List

New Jersey



Robert Wood Johnson Foundation

New Jersey Foundation for Aging Inc.

TRENTON, NJ

\$75,000 — Bringing public attention to aging policy, aging services and aging well in New Jersey (1 year). ID 53385

New Jersey Health Initiatives

To support innovative community-based projects in New Jersey that address one or more of the Foundation's interest areas in health and health care.

Program Sites

■ Catholic Charities of the Archdiocese of Newark

EAST ORANGE, NJ

\$388,600 — Implementing the Safe Dates curriculum (program designed to stop or prevent the initiation of emotional, physical and sexual abuse between individuals who are dating) to ninth graders in Hudson and Union Counties, N.J. (3 years). ID 64606

■ Educational Information and Resource Center Foundation

SEWELL, NJ

\$250,000 — Implementing the Safe Dates curriculum in all ninth grade health classes and through additional projects at Willingboro, N.J., High School (3 years). ID 64601

■ Foundation of the University of Medicine and Dentistry of New Jersey

NEW BRUNSWICK, NJ

\$396,857 — Integrating the Safe Dates curriculum into the Essex County, N.J., vocational schools' health education program (3 years). ID 64598

■ Inwood House

NEW YORK, NY

\$325,000 — Implementing the Safe Dates curriculum in three public schools in Atlantic County, N.J., and the Egg Harbor Township Family Center (3 years). ID 64605

■ Millville Public Schools

MILLVILLE, NJ

\$300,000 — Implementing the Safe Dates curriculum and a family life program in schools in Cape May and Cumberland Counties, N.J. (3 years). ID 64610

■ National Council on Alcoholism and Drug Dependence of Middlesex County, Inc.

EAST BRUNSWICK, NJ

\$324,083 — Implementing the Safe Dates curriculum in the Carteret, N.J., public schools (3 years). ID 64615

■ Prevention First, Inc.

OCEAN, NJ

\$398,620 — Implementing the Safe Dates curriculum in Monmouth County, N.J., schools (3 years). ID 64617

■ Princeton Center for Leadership Training, Inc.

PRINCETON, NJ

\$400,000 — Implementing the Safe Dates curriculum in seven high schools in six New Jersey counties (3 years). ID 64616

Other Program Activities

■ Rutgers, The State University of New Jersey–Camden

CAMDEN, NJ

\$920,390 — Technical assistance and direction for New Jersey Health Initiatives (1 year). ID 61962

\$151,798 — Technical assistance and direction for New Jersey Health Initiatives Expecting Success program: supplemental support (1 year). ID 61963

■ Support Center for Nonprofit Management

NEW YORK, NY

\$266,442 — Technical assistance and capacity for New Jersey Health Initiatives grantees (2 years). ID 64172

NJN Foundation

TRENTON, NJ

\$30,000 — Contribution to the New Jersey Network: 2009 (1 year). ID 65576

Opera New Jersey

PRINCETON, NJ

\$35,008 — Bringing Giuseppe Verdi's "Rigoletto" to the State Theatre in New Brunswick (1 month). ID 63716

Paper Mill Playhouse

MILLBURN, NJ

\$750,000 — Strengthening Paper Mill Playhouse's financial infrastructure (8 months). ID 63449

Planned Parenthood Association of the Mercer Area

TRENTON, NJ

\$25,000 — Supporting bilingual outreach coordinator and training staff to meet reproductive and general health needs of increasingly diverse patient population (1 year). ID 53418

2008 Grants List

New Jersey



Robert Wood Johnson Foundation

Princeton Outreach Projects Inc.

PRINCETON, NJ

\$40,000 — Emergency medical assistance program for Mercer County, N.J.: 2008–2009 (1 year). ID 53423

Robert Wood Johnson University Hospital Foundation Inc.

NEW BRUNSWICK, NJ

\$5,000,000 — Enabling Robert Wood Johnson University Hospital to acquire additional properties (4 years). ID 64043

Rutgers, The State University, College of Nursing

PISCATAWAY, NJ

\$378,590 — Developing a business plan to secure the financial future of the New Jersey Collaborating Center for Nursing (1 year). ID 64657

Rutgers University Foundation

NEW BRUNSWICK, NJ

\$10,000,000 — Building a facility for the New Jersey Institute for Food, Nutrition and Health at Rutgers University (4 years). ID 65088

Salvation Army

NEW BRUNSWICK, NJ

\$417,066 — Reaching out to New Brunswick's needy with social services and direct aid (1 year). ID 53426

Society of St. Vincent de Paul Council of Metuchen NJ Inc.

KENDALL PARK, NJ

\$200,000 — Annual support for an assistance program for indigent people in Central New Jersey: 2008–2009 (1 year). ID 53429

Sports Hall of Fame of New Jersey, Inc. dba New Jersey Hall of Fame

EAST RUTHERFORD, NJ

\$21,500 — Developing plans for a New Jersey Hall of Fame museum (1 year). ID 64716

State Theatre Regional Arts Center at New Brunswick Inc.

NEW BRUNSWICK, NJ

\$50,000 — Support of 2008–2009 performance and educational programs (4 months). ID 53432

Trust for Public Land

NEWARK, NJ

\$100,000 — Partnering with Newark and its public schools to create and maintain a safe community playground at the Mount Vernon school (1 year). ID 64171

United Way of Central Jersey Inc.

MILLTOWN, NJ

\$749,500 — Support for United Way's 2008–2009 annual campaign (1 year). ID 53435

United Way of Greater Mercer County Inc.

LAWRENCEVILLE, NJ

\$373,312 — Support for United Way's 2008–2009 annual campaign (1 year). ID 53438

Women Aware

NEW BRUNSWICK, NJ

\$45,000 — Developing a strategic plan and delivering prevention-based programming for a shelter for domestic abuse survivors (1 year). ID 53440

2008 Grants List

Other



Robert Wood Johnson Foundation

AcademyHealth

WASHINGTON, DC

\$235,000 — Field building for health services research (30 months). ID 64069

\$190,000 — Health services research summit to assess future data and methods challenges (2 years). ID 64627

Alliance for Health Reform

WASHINGTON, DC

\$1,731,148 — Conducting issue briefings on health and health care policy for policy-makers, journalists and national organization officials (3 years). ID 55750

Boca Raton Community Hospital Foundation, Inc.

BOCA RATON, FL

\$265,152 — Establishing an institute of geriatrics (9 months). ID 65361

Burness Communications, Inc.

BETHESDA, MD

\$1,267,990 — Producing and distributing television news stories on Foundation-funded projects (20 months). ID 51485

Columbia University

Graduate School of Journalism

NEW YORK, NY

\$4,446,182 — Robert Wood Johnson Foundation Program in Health and Science Journalism (72 months). ID 64470

Communications Projects

MULTIPLE CONTRACTORS

\$250,000 — Communications assistance for grantee activities (1 year). ID 50703

\$906,400 — Publishing the RWJF Anthology Volume XII (1 year). ID 51495

\$1,699,745 — Building relationships between RWJF grantees and policy-makers (1 year). ID 55753

\$150,000 — Production of policy products on RWJF's program areas for key audiences (1 year). ID 63179

\$659,255 — Supporting the 2008 RWJF annual program meeting (9 months). ID 64371

Continental Micronesia Inc.

Association of

Pacific Island Legislatures

Medical Mission Foundation dba Ayuda Foundation

HAGATNA, GUAM

\$389,754 — Replicating the Yap State Hospital Medical Library project in hospitals throughout the U.S.-affiliated Pacific Islands (18 months). ID 65380

Council of New Jersey

Grantmakers Inc.

TRENTON, NJ

\$115,000 — Connecting grantees of Council of New Jersey Grantmakers members with their congressional and state legislative leaders and policy-makers (1 year). ID 63808

Foundation of the University of Medicine and Dentistry of New Jersey

NEW BRUNSWICK, NJ

\$50,000 — Sponsoring the first annual gala to raise funds for and awareness of the Eric B. Chandler Health Center (4 months). ID 65033

George Washington University

WASHINGTON, DC

\$2,671,103 — National Health Policy Forum (3 years). ID 51492

Grantmakers for Effective Organizations

WASHINGTON, DC

\$150,000 — Transforming nonprofits and their grantmaking partners with the information needed to improve results (16 months). ID 64773

Greater Washington Educational Telecommunications Association Inc.

ARLINGTON, VA

\$1,860,000 — News collaboration with the Health and Health Policy Unit of "The NewsHour with Jim Lehrer" (3 years). ID 52946

Improving the Science of Continuous Quality Improvement Program and Evaluation

To improve our ability to understand the potential of continuous quality improvement processes which can result in sustainable grantee improvement.

Program Sites

■ Beth Israel Deaconess Medical Center Inc.

BOSTON, MA

\$72,331 — Determining the reliability of a common tool used to measure continuous quality improvement (1 year). ID 65121

■ Case Western Reserve University, Frances Payne Bolton School of Nursing

CLEVELAND, OH

\$99,938 — Developing and conducting psychometric testing on a tool to measure systems thinking (18 months). ID 65114

2008 Grants List

Other



Robert Wood Johnson Foundation

■ **Case Western Reserve University
School of Medicine**

CLEVELAND, OH

\$85,395 — Using a mixed methods approach to assess the settings in which interventions to improve quality are deployed in diverse health settings (18 months). ID 65213

■ **Children's Hospital Medical Center**

CINCINNATI, OH

\$173,881 — Developing a framework for optimizing contextual factors that impact quality improvement projects and their likelihood of success (2 years). ID 65149

■ **Foundation of the University of
Medicine and Dentistry of
New Jersey**

NEW BRUNSWICK, NJ

\$197,914 — Enhancing the theory and practice of continuous quality improvement through a better understanding of organizational capacities (2 years). ID 65242

■ **Johns Hopkins University
Bloomberg School of Public Health**

BALTIMORE, MD

\$155,376 — Validating and testing feasible measures of health care continuous quality improvement team characteristics in relation to ICU patient outcomes (2 years). ID 65248

■ **Rand Corporation**

SANTA MONICA, CA

\$221,028 — Providing a framework for the identification, classification and evaluation of research on continuous quality improvement (1 year). ID 65113

■ **Rutgers, The State University of
New Jersey–Piscataway**

PISCATAWAY, NJ

\$62,000 — Designing and implementing statistical methods for detecting changes in organizational performance (17 months). ID 65181

■ **Medical University of
South Carolina**

CHARLESTON, SC

\$52,728 — Developing and testing tools for analyzing health care quality improvement data (2 years). ID 65188

Other Program Activities

■ **Communications Project**

MULTIPLE CONTRACTORS

\$176,960 — Technical assistance and direction for the Improving the Science of Continuous Quality Improvement Program and Evaluation (34 months). ID 65295

Monitor Institute

CAMBRIDGE, MA

\$175,000 — Cultivating change through philanthropy (9 months). ID 64675

**National Center for
Learning Disabilities**

NEW YORK, NY

\$121,610 — Early intervening education for struggling learners (1 year). ID 64691

**National Conference of
State Legislatures**

WASHINGTON, DC

\$500,565 — Forum for State Health Policy Leadership (3 years). ID 55748

**National Hospice and Palliative Care
Organization Incorporated**

ALEXANDRIA, VA

\$99,829 — Summit to identify and cultivate new sources of philanthropic support for improving end-of-life care (6 months). ID 64720

National Medical Fellowships, Inc.

NEW YORK, NY

\$25,000 — Support for the National Medical Fellowships annual awards ceremony (1 month). ID 64554

National Public Radio Inc.

WASHINGTON, DC

\$2,800,000 — Health and health care reporting by National Public Radio: 2008–2011 (3 years). ID 51491

**OMG Center for
Collaborative Learning**

PHILADELPHIA, PA

\$175,000 — Evaluation roundtable to improve the practice of evaluation at foundations and preparing a paper on strategy evaluations (1 year). ID 60131

Patricia Patrizi

PHILADELPHIA, PA

\$199,573 — Assessment of the Foundation's body of work in end-of-life care (1 year). ID 64152

**Philadelphia Health Education Corp.
d/b/a Drexel University
College of Medicine**

PHILADELPHIA, PA

\$2,000,000 — Robert Wood Johnson Foundation Endowed Chair in Hematology (1 year). ID 64018

2008 Grants List

Other



Robert Wood Johnson Foundation

Project Hope—The People-to-People Health Foundation, Inc.

MILLWOOD, VA

\$4,762,710 — Continued support for *Health Affairs*: 2008–2011 (3 years). ID 55889

Resolution Inc./California Newsreel

SAN FRANCISCO, CA

\$200,557 — Communications campaign for “Unnatural Causes,” a PBS television series investigating the sources of socioeconomic and racial health disparities (1 year). ID 63203

Resources for the Future Inc.

WASHINGTON, DC

\$344,518 — Designing a study measuring the economic impact and returns of RWJF’s grantmaking (18 months). ID 63572

Seattle Indian Health Board

SEATTLE, WA

\$176,221 — Planning a national urban Indian health data system (1 year). ID 65673

Amy Slonim

OAKTON, VA

\$63,950 — Providing technical assistance to the Childhood Obesity Prevention program area (7 months). ID 64048

Small Supplements for Select Closing Grants

To provide funds for managed transitions of key grants.

■ Boston University School of Public Health

BOSTON, MA

\$49,999 — Studying efforts to renovate inner-city schools to create active living environments (1 year). ID 65120

■ California Food Policy Advocates Inc.

OAKLAND, CA

\$100,000 — Engaging in policy advocacy to inform opportunities for nutrition quality improvement at the federal, state and local school district levels (18 months). ID 65116

■ Cambridge Associates, L.L.C.

BOSTON, MA

\$158,000 — Consulting services to the Council on Aging of Southwestern Ohio (1 year). ID 64028

■ Cambridge Public Health Commission d/b/a Cambridge Health Alliance

CAMBRIDGE, MA

\$99,995 — Spreading a system for provider documentation of how patient language needs were met during clinical encounters (18 months). ID 65129

■ Children’s Hospital and Regional Medical Center

SEATTLE, WA

\$99,963 — Disseminating a model of excellence in language services (18 months). ID 65127

■ East Bay Asian Youth Center

OAKLAND, CA

\$75,000 — Supporting the East Bay Asian Youth Center’s childhood obesity work in the San Antonio district of Oakland, Calif. (18 months). ID 65105

■ Emory University, Rollins School of Public Health

ATLANTA, GA

\$100,000 — Translating materials developed for a pharmacy intervention for patients with limited literacy (1 year). ID 65130

■ Harvard University School of Public Health

BOSTON, MA

\$69,984 — Examining the impact of federal transportation legislation on local investments in bikeways, pedestrian facilities and active living improvements (1 year). ID 65119

■ University of Michigan Health System

ANN ARBOR, MI

\$99,611 — Disseminating and replicating a language services program to other members of a health system (18 months). ID 65128

■ University of Mississippi Medical Center

JACKSON, MS

\$99,909 — Disseminating lessons learned and program innovations from a heart failure disease management clinic (18 months). ID 65125

■ National Association of Health Data Organizations

SALT LAKE CITY, UT

\$86,951 — Increasing consistency in public reporting of health care quality data across states (15 months). ID 65123

■ University of North Carolina at Chapel Hill

CHAPEL HILL, NC

\$93,704 — Disseminating tools and lessons to improve policies regarding the implementation of school nutrition standards (18 months). ID 65184

2008 Grants List

Other



Robert Wood Johnson Foundation

▪ **One Economy Corporation**

WASHINGTON, DC

\$90,371 — Enhancing and disseminating a diabetes self-management tool (18 months). ID 65131

▪ **Public Health Foundation**

WASHINGTON, DC

\$99,592 — Building the capacity of community health status indicator users to achieve community health improvement (1 year). ID 65122

▪ **Public Health Institute**

OAKLAND, CA

\$100,000 — Developing products to translate and disseminate the findings of the National Youth Smoking Cessation Survey into practice and policy (15 months). ID 65132

▪ **Rutgers, The State University, The Institute for Health, Health Care Policy, and Aging Research**

NEW BRUNSWICK, NJ

\$27,225 — Technical assistance and direction for Small Supplements for Select Closing Grants (19 months). ID 65545

▪ **Sinai Hospital of Greater Detroit**

DETROIT, MI

\$100,000 — Disseminating lessons learned relating to the concept of ideal cardiac care, regardless of race, ethnicity, gender or ability to pay (1 year). ID 65126

▪ **Yale University**

Rudd Center for Food Policy and Obesity

NEW HAVEN, CT

\$98,687 — Developing a Web site for dissemination of a school wellness policy evaluation tool to stakeholders in school districts nationwide (18 months). ID 65118

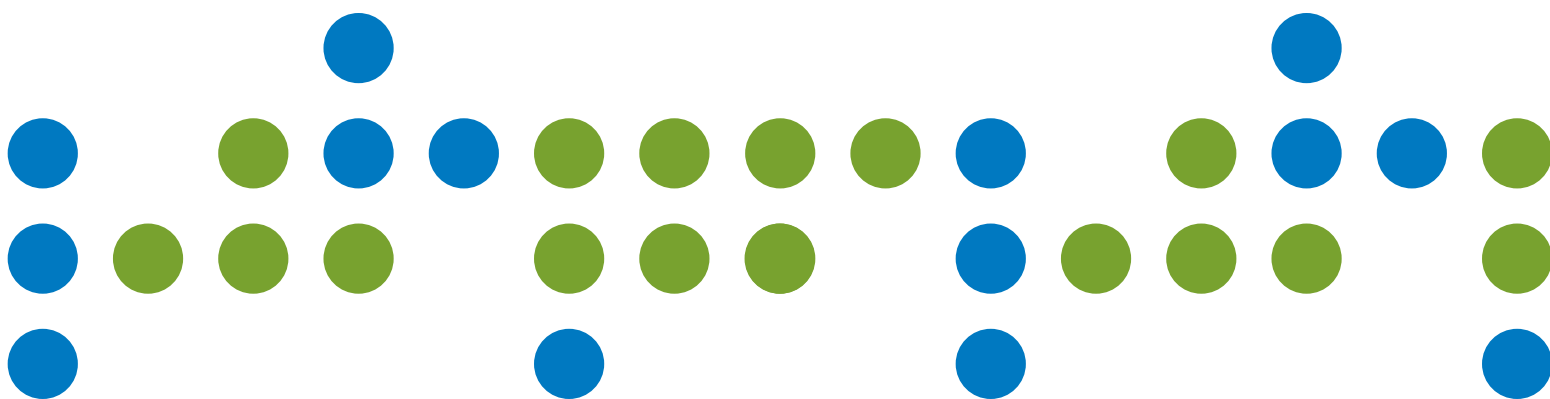
▪ **Spitfire Strategies, LLC**

WASHINGTON, DC

\$936,182 — Strategic communications training for RWJF grantees: 2009 (15 months). ID 55974



Robert Wood Johnson Foundation



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