

2009 Assessment Report

TRACKING ORGANIZATIONAL PERFORMANCE

Table of Contents

Executive Summary Taking Stock of Our Performance	4
2009 Balanced Assessment Summary Reviewing Key Indicators of Our Performance	7
Program Development Assessing Our Efforts to Create Timely, Relevant Programs	8
Program Impact Assessing Progress on Program Objectives and Perceptions of RWJF Impact	15
Grantee Relations Understanding How We Serve Our Grantees	24
Grants Management Performance Awards Summary, 2002–2008	32

Executive Summary

Taking Stock of Our Performance

The 2009 RWJF Assessment Report presents our annual review of organizational performance. As in past years, we gather information from external stakeholders and grantees. We also report on Web site metrics and process improvements. We strive to improve the Assessment Report's usefulness by providing comparison information and sharing our methods with the field.

This year we find that the Foundation continues to be seen as making a difference in the nation's health and health care, that grantees' perceptions of our impact have improved, and health care industry leaders continue to see us as a valued source of information and as working on important issues.

Balanced Assessment Summary

In 2009, RWJF senior leadership updated our indicator targets for impact and program development, many of which were set in 2004. This resulted in new targets for our high priority measures which are presented in the Balanced Assessment Summary (page 7).

The Assessment Report focuses on three dimensions of grantmaking: program development, program impact and grantee relations. The last section of the Assessment Report contains descriptive data on the number and types of grants we make.

Organizational Context

In response to the recession, many program activities have been slowed or reduced. The Assessment Report surveys, conducted in the spring of this year, do not indicate tangible effects from our response to the economic downturn on grantees' or health care industry leaders' perceptions of our impact. Most of our communications to grantees about scaling back future grantmaking took place after these surveys were finished; thus, the effects of such reductions on performance measures were not captured in the 2009 Assessment Report.

Program Development

In this section of the Assessment Report, we use information from the public, leaders in the health care industry and our grantees to learn if we are on track in our priorities and strategies for creating impact. To help us understand grantees' perspectives about RWJF's impact and effectiveness, we enlist the help of the Center for Effective Philanthropy's (CEP) Grantee Perception Survey, which permits comparisons with peer organizations. This year, almost 90 percent of our grantees believe that we are working on the right issues, and they see us as more likely to make long-term commitments to those issues than in past years.

We use a poll, conducted by the Harvard University School of Public Health, to gather information about the public's top concerns. In 2009, health care moved from third to second as the "most important issue facing the country," behind the economy and jobs, compared with 2008.

The Program Development section also presents findings from our health care industry leaders' survey. We found again this year that health care industry leaders' priorities are similar to ours, with a focus on affordable health care, covering the uninsured and childhood obesity. Industry leaders give us moderate to good marks for focusing on important issues and committing to those issues over the long term.

Program Impact

The Program Impact section of the Assessment Report reports on key stakeholders' perceptions of our work to improve the field of health and health care, and reviews our progress toward meeting program indicators. Results reported in this section show that the percentage of program indicators met in the last year is the same as in the past and other impact measures are stable or improved.

Our health care industry leaders believe that we have a positive impact on the field generally, but as in past years, less impact on specific areas such as childhood obesity and covering the uninsured. Both our grantees and health care industry leaders indicate that RWJF avoids political partisanship and provides unbiased information.

Last year we developed measures to track the reach of our Web site and its impact. As the issue of health reform takes center stage on our Web site, we are able to track the number of visitors coming to RWJF specifically for information on health reform issues. Early numbers available for the first six months of this year show substantial traffic coming to the health reform section of rwjf.org, but that area is not yet as prominent as the childhood obesity and vulnerable populations areas.

Grantee Relations

This section of the Assessment Report reviews the relationship between RWJF and our grantees from the grantee perspective. Are we fair and approachable? Is our application process efficient? Do grantees see the technical assistance we provide as a valuable resource? This year RWJF has improved in several measures of service and satisfaction. Our grantees report that they are very satisfied overall with the Foundation and feel we treat them more fairly, are clearer and more receptive to their ideas than in prior years. The technical assistance we provide was rated higher, but was received by a smaller share of grantees. Following on our own quality improvement work, we have developed measures to track our internal processes; this year those measures show improvement in efficiency, frequency and timeliness of communication with grantees.

Concluding Comments

The annual Assessment Report gives us an opportunity to hear from the constituencies that we most care about. This year we see that our priorities align well with those of health care industry leaders and the public. We also see that, at least in the early stages of our response to the recession, grantees are satisfied and inspired by the RWJF mission. Our presence on the Web continues to gain momentum as a source for learning about the field of health and health care, and health policy, and our internal efforts to be a more efficient, responsive organization are gaining momentum.

The remainder of this report presents more detailed information on the three dimensions of our work, and starts with a review of our indicators. These indicators show the progress that has been made and point us to areas where we still need to improve both our performance and impact.

The Sources of Assessment Report Data

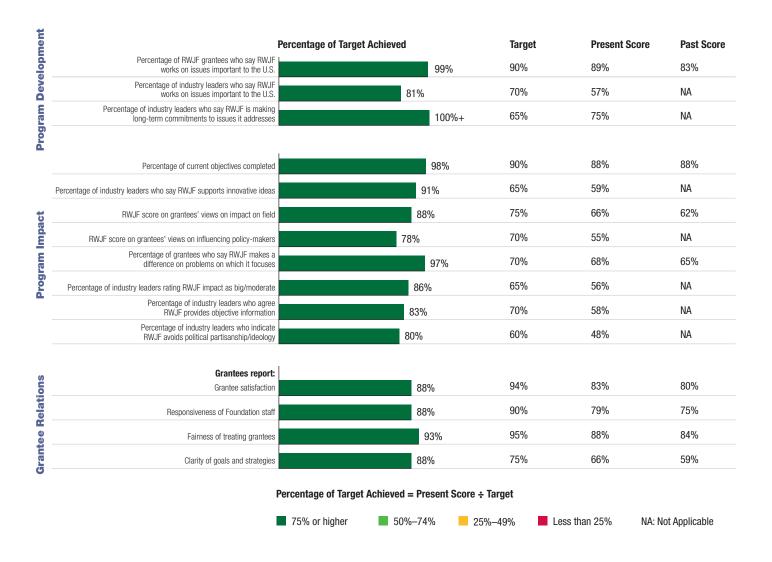
Grantee Survey: This survey covers aspects of program development, program impact and service. For the fifth year we commissioned the Center for Effective Philanthropy to survey nearly 400 grantees (out of 774 grantees with active grants) and track our performance against 13 comparison foundations. These foundations include the Bill & Melinda Gates Foundation, the Carnegie Corporation of New York, The David and Lucile Packard Foundation, The John D. and Catherine T. MacArthur Foundation, the W.K. Kellogg Foundation, The Wallace Foundation, The William and Flora Hewlett Foundation, and the Rockefeller Foundation. For the purposes of the Assessment Report, we use both average score on a scale of 1 to 7 (with 7 the most positive) and the percentage of grantees who report a 6 or 7, which we consider positive. The 2009 CEP grantee study was done in February and March of 2009.

Public Opinion Survey: Data come from a nationally representative sample survey of over 1,000 Americans conducted in June of 2009 by the Harvard University School of Public Health.

Health Care Industry Leaders: For insight on the opinions of health care industry leaders, we commissioned Princeton Survey Research Associates (PSRA) to conduct a survey in April–May 2009 of 234 leaders from the health and health care sector. These experts included health care executives from large offices and clinics, long-term care systems and hospital systems; executives from the health insurance field; and human resource executives from large corporations.

Performance Indicators: We regularly track impact internally through the performance indicator system and web data metrics; this year our new measures of efficiency come from our Program Information Management System. Our investment unit provides us with data on the Foundation's assets and on comparison organizations.

FIGURE 1: 2009 Balanced Assessment Summary



Program Development

Assessing Our Efforts to Create Timely, Relevant Programs

The Program Development section of the Assessment Report seeks to examine the strength of our efforts to create timely and relevant programs. In this section we combine perceptions from the public, health care industry leaders and our grantees to help assess the underlying strength of our programming strategies. In other words, whether we are working on the right issues and applying the best strategies to address those issues.

Section Highlights

Reviews from the field on the relevance of our programming are positive. An increasing share of grantees-nearly 90 percent-believe that we are focused on important issues. We are also viewed as more committed over the long term to the problems we are trying to address than in past years. Health care industry leaders' priorities match ours on issues such as affordable health care, covering the uninsured and childhood obesity. These leaders give us moderate to good marks for our attention to important issues and for sticking with those issues over time.

Program Development At-A-Glance

- RWJF grantees say RWJF works on issues important to the U.S.
- Health care industry leaders say RWJF works on issues important to the U.S.
- Health care industry leaders say RWJF makes long-term commitments to issues it addresses

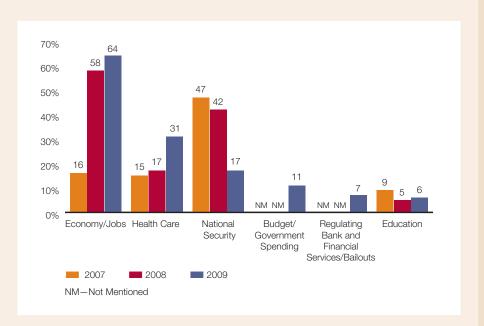
Percentage of target reached:
75% or higher

6 50%–74%

Less than 25%

CHART 1: Americans' Top Concerns, 2007-2009

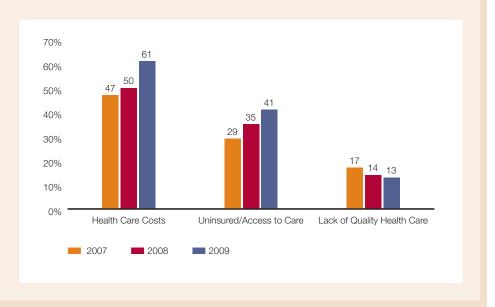
- → In our June survey[†] of the public, we asked Americans to list the top two concerns that government should address. This year *Health Care* ranks as the second most important issue, with 31 percent of Americans citing it as among their top concerns.
- → Health Care as an issue has climbed in importance in recent years. This is the first time Health Care has returned to this level of importance for the public since the 1993 reform debates.
- → While dwarfing other domestic issues, *Health Care* is still well below *Economy/Jobs*, which 64 percent of Americans list as the top concern for government to address.
- → Emerging concerns over government spending and financial regulation are most likely a response to the current economic downturn.



[†] Our public opinion information comes from a nationally representative sample survey of over 1,000 Americans conducted in June 2009 by the Harvard University School of Public Health.

CHART 2: Americans' Leading Concerns With the Nation's Health Care System, 2007–2009

- → When asked to list their top two concerns with the nation's health care system, 61 percent of Americans cited Health Care Costs (up from 50% in 2008).
- → An increasing share of Americans also cited Uninsured/Access to Care as a top problem.
- → Lack of Quality Health Care dropped as a concern in 2009, with 13 percent citing this as a key concern.
- → Public concern with government's role in health care holds steady at 5 percent (not shown). This may be a useful measure to track as health care reform progresses.

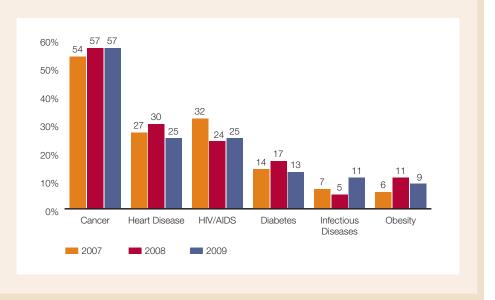


Other Key Findings:

- General dissatisfaction with the health system continues, as in past years, with 70 percent of the public reporting that the health care system has "major problems" or is "in crisis."
- Americans are looking for action on health care, with 51 percent seeking fundamental changes and 34 percent saying the system needs to be completely rebuilt.

CHART 3: Americans' Top Health Concerns, 2007–2009

- → As in prior surveys, Cancer remains at the top of the public's list of diseases or conditions posing the greatest threat to Americans. Heart Disease remains in the number two position. The public's concern over Obesity is the sixth highest concern.
- → Eleven percent of Americans see Infectious Diseases (e.g., H1N1, avian or pandemic influenza) as a top threat. This is still a small percentage, but twice the number from last year.



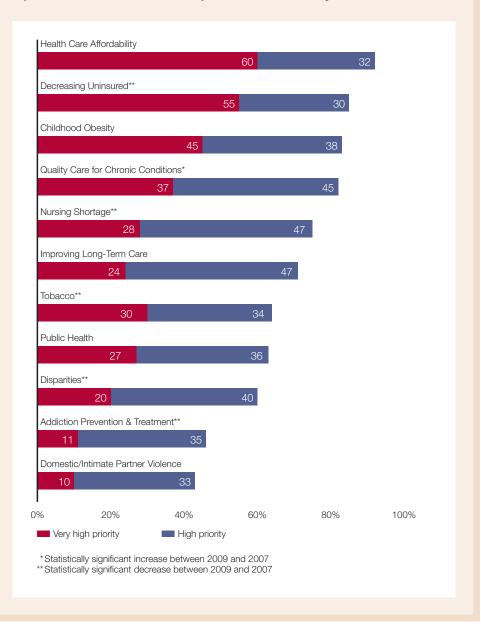
Other Key Findings:

■ The public continues to be dissatisfied with the public health system. Although improved from 2008, only 43 percent of Americans rate the nation's system for protecting the public from health threats and preventing illness as good or excellent. After further review, it appears that most of the improvement stems from an opinion that public health officials responded well to the H1N1 influenza epidemic.

CHART 4: Health Care Industry Leaders' Views on Key Issues and RWJF Priorities

Health care industry leaders[†] were surveyed in 2009 to help us understand their top health and health care priorities (the survey was last done in 2007). This year we expanded the survey sample by including leaders from slightly smaller organizations.

- → As with our health policy experts surveyed in 2008, the health care industry leaders surveyed in the spring of 2009 saw *Health Care Affordability* and *Decreasing Uninsured* as issues of highest priority.
- → Quality Care for Chronic Conditions was the only topic that showed an increase from 2007 in priority from 75 percent to 82 percent.
- → Although still important, in 2009 the need to decrease the number of uninsured fell as a priority compared with 2007, from 94 percent to 85 percent.
- → Nursing Shortage dropped from 89 percent of leaders giving it a high priority in 2007 to 75 percent in 2009. The drop in Nursing Shortage as a high priority may be due to the shortterm increase in supply during the recession.
- → Addiction Prevention & Treatment, Tobacco, Disparities and Childhood Obesity all showed decreases in priority ratings since 2007.



[†] Princeton Survey Research Associates surveyed 234 executives from the health and health care industry sector. These experts included: health care executives from large offices and clinics, long-term care systems and hospital systems; executives from the health insurance field; and human resource executives from large corporations.

In our survey of health care industry leaders we include questions about attributes that are part of RWJF's guiding principles. For this series of questions we ask respondents their opinions of RWJF and other organizations with similar missions. There are five organizations included in the comparison group.

CHART 5: Percentage of Health Care Industry Leaders Familiar With Organization

This chart reflects the large variation in the percentage of health care industry leaders who are familiar with each organization. Understandably, those organizations that work primarily in health and health care are better known to executives who work in this area.

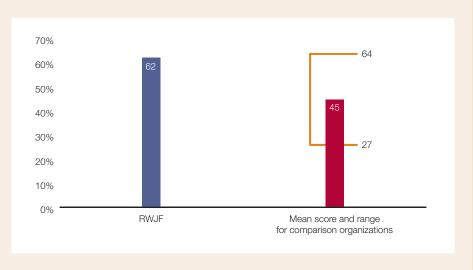


CHART 6: Health Care Industry Leaders' Views on RWJF and Peers

A majority of leaders feel RWJF makes long-term commitments to the issues it addresses (56%) and works on the most important health and health care issues facing the country (56%).

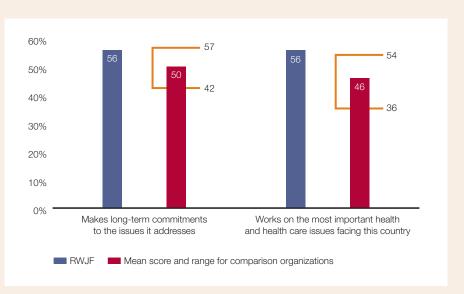
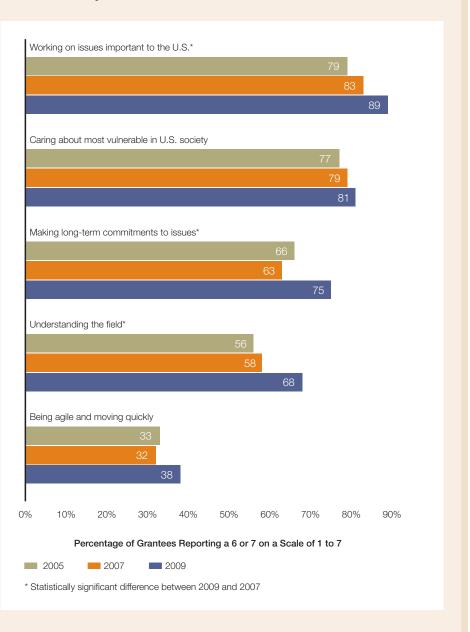


CHART 7: Grantee Associations With RWJF-2005, 2007, 2009

Chart 7 contains results from the Center for Effective Philanthropy's (CEP) 2009 Grantee Perception Survey.† These questions are only asked of RWJF grantees, so there is no comparison data.

- → Compared to prior years, a greater share of RWJF grantees believe the Foundation is working on the right issues and sticking with those issues. Moreover, grantees believe that RWJF knows the field better today than in past years.
- → Almost 90 percent of grantees associate RWJF with working on important issues—a 6-point jump since 2007. In fact, among all the attributes we ask grantees to rate us on, working on the right issues rates highest.
- → In addition, today, 68 percent of grantees say that we understand the field compared to 58 percent in 2007.
- → Over 80 percent of grantees say RWJF cares about the most vulnerable.
- → We work to be responsive to opportunities in the field as a part of our guiding principles. Although there are some small improvements, in general, grantees rank our ability to move quickly among the lower scores with just 38 percent giving us a 6 or 7.



Other Key Findings:

■ For the first time in 2009, we asked grantees about our ability to take effective, evidence-based programs to scale. Sixty-two percent graded us positively on this aspect of programming.

Our grantee perception results are from a survey representing 393 grantees (out of 774 grantees) with active grants in 2008, conducted by the Center for Effective Philanthropy (CEP) in the spring of 2009. For the purpose of this report, we use the percentage of grantees who report a 6 or 7 on any given question. These are considered positive ratings on a 7-point scale. As in past years, we also compare ourselves to our past performance and to 13 large national foundations also surveyed by CEP, when applicable.

Program Impact

Assessing Progress on Program Objectives and Perceptions of RWJF Impact

The Program Impact section of our Assessment Report examines progress on our objectives, as well as perceptions of our impact from the field. Are we achieving our desired outcomes? Are we viewed as making a difference in health and health care? Is our reputation strong?

To help answer these questions, we combine internal performance indicator data with perceptions from key stakeholders in our work-including health care decision-makers and our own grantees.

Section Highlights

RWJF is viewed by the majority of health care industry leaders as being nonpartisan, providing credible information and as having a big or moderate impact. RWJF outperforms most peer organizations on these measures. Interestingly, while a majority of health care industry leaders view our overall impact as significant, a few of our key priority areas were rated lower than we would have hoped.

Separately, our performance indicator data show we are on track for meeting the majority of our internally developed program benchmarks. Last year we added new measures of outreach to our ongoing measures of impact. Web-user data shows the reach of our Web site is significant and growing, with a majority of visitors turning to RWJF for information beyond funding opportunities.

Program Impact At-A-Glance

Progress on current objectives Health care industry leaders say RWJF supports innovative ideas Grantees give positive score for impact on field Grantees give positive score on influencing policy-makers Grantees say that RWJF makes a difference on problems it focuses on Health care industry leaders rate RWJF's impact as big or moderate Health care industry leaders rate RWJF as providing objective information Health care industry leaders say RWJF avoids political partisanship/ideology Percentage of target reached: 75% or higher **50%–74%** 25%-49% Less than 25%

Program Indicator Highlights:

- The Public Health Team completed four of its indicators.
- The Coverage Team completed four of five indicators.
- The Quality/Equality Team completed two indicators and partially completed another.
- The Building Human Capital Portfolio completed two indicators on time and one late. They did not complete one indicator because of budget reductions.
- The Public Health Team surpassed its 2015 goal of \$2.25 total tax per pack of cigarettes (not shown in table).

FIGURE 2: Progress on Current Indicators and Objectives (August 2008–July 2009)

	Indicators Due	Indicators Completed By Target Date	Indicators Completed Late	Indicators In Progress	Indicators Not Completed	Indicators Dropped
Health						
Childhood Obesity	0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Public Health	4	4 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Health Care						
Coverage	5	4 (80%)	0 (0%)	0 (0%)	1 (20%)	0 (0%)
Quality/Equality	3	2 (67%)	0 (0%)	1 (33%)	0 (0%)	0 (0%)
Building Human Capital	4	1 (25%)	1 (25%)	1 (25%)	0 (0%)	1 (25%)
Pioneer	0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Vulnerable Populations	0	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Total	16	11 (69%)	1 (6%)	2 (13%)	1 (6%)	1 (6%)

In summary:

During the last 12 months, 16 indicators were due for completion in four programming areas. The overall status is presented below:

- 11 indicators were accomplished as planned (69%)
- 1 indicator was accomplished late (6%)
- 2 indicators were in progress and are expected to be completed (13%)
- 2 indicators were dropped or not completed (12%)

This year's completion rate of 88 percent is the same as last year and close to our target rate.

CHART 8: Grantee Ratings on Key Measures of Impact on the Field-2005, 2007, 2009

- → In 2009, grantees[†] gave RWJF high marks on our work and impact in the field, with two-thirds saying RWJF has made a positive impact on the field and 77 percent strongly associating RWJF with leading the field of health and health care (not shown).
- → Over 60 percent of grantees rate RWJF positively on advancing knowledge in their field.
- → While rating RWJF as strong in its field, only a slight majority of grantees (51%) rate RWJF as having a major influence on shaping public policy in grantees' fields.
- → On each of the key field impact measures tracked, RWJF scored higher than the median of 13 other large peer philanthropies.

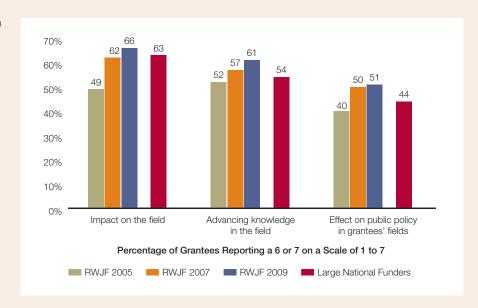
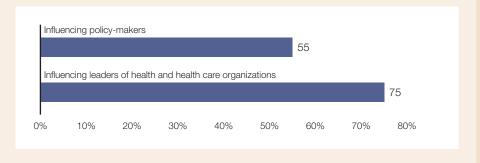


CHART 9: Grantee Perceptions of RWJF Outreach to Key Stakeholders-2009

→ Chart 9 displays results from two new questions on RWJF's influence. The results show that just 55 percent of grantees strongly associate RWJF with influencing policy-makers. In contrast, nearly 75 percent associate RWJF with influencing leaders of health and health care organizations.



Other Key Findings:

- Views of RWJF's impact on its grantees' organizations have improved significantly over the past five years, as have the scores on RWJF understanding the goals of the organizations it funds. RWJF, however, still falls below our peer comparison foundations in these areas.
- Ratings of our impact on grantees' ability to continue their work after our grant funding ends has dropped from 62 percent to 51 percent. This is well below past years and other national funders. In analyzing this trend, we see that the proportion of grantees who used the Foundation's grant primarily for new program work is much higher than other funders. We are asking grantees to take on new projects, but if these are not central to their mission, they may not feel they can be sustained after the life of the grant.

[†] Our grantee perception results are from a survey representing 393 grantees (out of 774 grantees) with active grants in 2008, conducted by the Center for Effective Philanthropy (CEP) in the spring of 2009. For the purpose of this report, we use the percentage of grantees who report a 6 or 7 on any given question. These are considered positive ratings on a 7-point scale. As in past years, we also compare ourselves to our past performance and to 13 large national foundations also surveyed by CEP, when applicable.

CHART 10: Grantee Associations With RWJF-2005, 2007, 2009

Along with directly asking grantees about RWJF's impact on the field (Chart 9), we also measure grantees' perceptions on several indirect drivers of impact. Is our staff viewed as influential? Are we judged as objective? Do our grantees perceive us as making a difference? These particular measures are only asked of RWJF grantees, so no comparison data is available.

Overall, these measures remain strong this year.

- → In 2009, grantees show solid support for the statements about RWJF making a difference on the problems on which it focuses and providing objective information—both shifting in a positive direction to 68 percent and 73 percent, respectively.
- → While still positive, the share of grantees believing our staff is skilled and knowledgeable has trended down slightly since 2005. We will continue to monitor this trend, along with the avoiding political partisanship and ideology indicator, which also has taken a small dip.

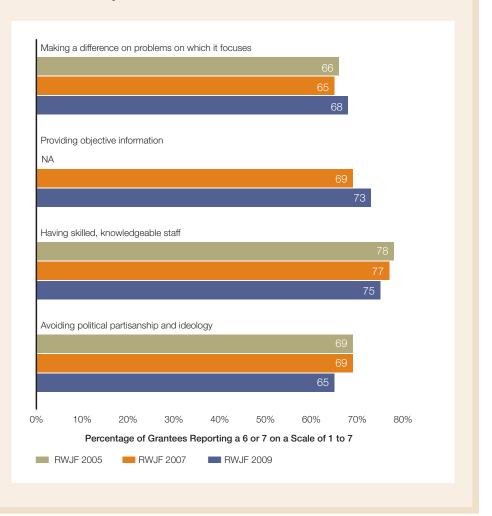
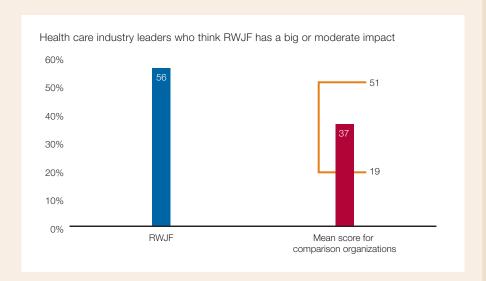


CHART 11: Health Care Industry Leaders Impact Comparison

An important line of questions in our survey of health care industry leaders[†] inquires about their perceptions of impact in the health and health care field, both in general, as represented here, and in detail on selected topics (Chart 12).

- → The impact score for RWJF has decreased, from 60 percent in 2007 to 56 percent in 2009.
- → Forty-six percent of survey participants report contact with RWJF—down from 60 percent in 2007 (not shown).



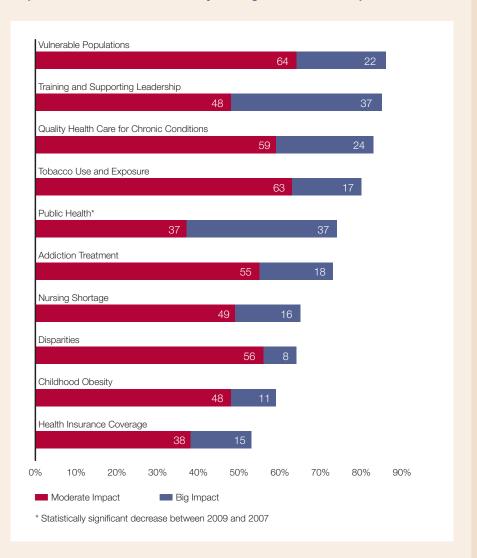
Other Key Findings:

■ When those leaders who think RWJF has a big or moderate impact were asked what part of our work is most impressive, 45 percent state that it was our work on specific issues and 36 percent state it was our general funding support.

[†] Princeton Survey Research Associates surveyed 234 executives from the health and health care industry sector. These experts included: health care executives from large offices and clinics, long-term care systems and hospital systems; executives from the health insurance field; and human resource executives from large corporations.

CHART 12: Health Care Industry Leaders' Views of RWJF Impact in Priority Areas

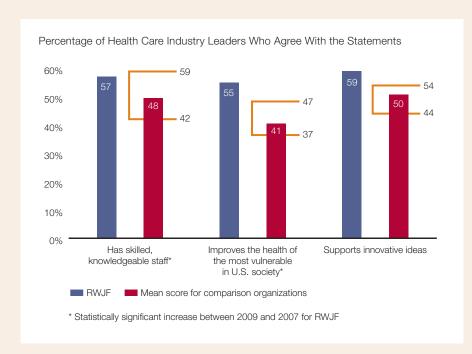
- → Health care industry leaders who are familiar with our work were asked specifically about perceived impact in each of our priority areas. Chart 12 displays the percentage of leaders who report that RWJF has moderate to big impact for selected topics. As compared to the 2007 survey of these leaders, the percentage who see RWJF as having impact has remained the same or decreased slightly.
- → We are perceived as having the most impact on Vulnerable Populations at 86 percent. Training and Supporting Leadership follows closely at 85 percent, with 37 percent viewing us as having big impact.
- → We see less perceived impact on Childhood Obesity and Health Insurance Coverage, with scores of 59 percent and 53 percent, respectively. Ratings of impact on Childhood Obesity have increased from 52 percent to 59 percent.
- → The largest change in perception was in Public Health (improving public health system leadership and capacity) where 74 percent of leaders agree we have a big or moderate impact. This is compared to 92 percent two years ago.
- → The only notable increase in perceived impact was in Tobacco Use and Exposure, which moved from 70 percent to 80 percent. There have been a number of changes in tobacco use policy this year which may have highlighted our work.

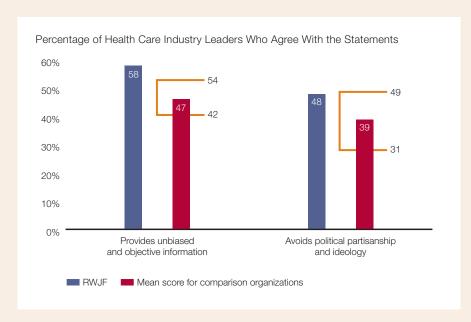


As with grantees, health care industry leaders were asked questions about specific attributes we consider important for impact. Charts 13 and 14 show how health care industry leaders felt about the attributes of RWJF and several comparison organizations.

CHARTS 13 & 14: Health Care Industry Leaders' Views on RWJF and Peers

- → Health care industry leaders were asked to rate those organizations that they were familiar with on attributes that can be seen as indirect markers of impact. As in prior years, RWJF does well compared to other organizations. Perceptions are naturally tied to how familiar leaders are with each organization. As a rule, these leaders felt that organizations they were familiar with did well.
- → Two of the measures in Chart 13 have increased for RWJF from 2007 to 2009: RWJF has a skilled, knowledgeable staff and improves the health of the most vulnerable in U.S. society.
- → Providing unbiased information and being perceived as nonpartisan are attributes we see as key to our success as a learning organization. These measures are the same as in 2007.





Outreach Impact: RWJF Web Site

In this section of the Assessment Report, we include some general data on the performance of our Web site and provide statistics about how visitors use our site, their areas of interest and their information-seeking activities. The Foundation continues to invest resources to ensure that visitors to our Web site find timely and relevant information. In 2008, we released a new Web site structure that is continually enhanced to ensure our visitors have a positive experience. The following information presents some of the metrics we use to monitor the impact of our site.

In 2008, there was an average of 106,000 unique visitors per month coming to rwif.org; this is an increase of 14 percent from 2007.

- Seventy-seven percent of visitors who entered the site from the RWJF home page went on to view more of the site during their visit—this is similar to 2007.
- Visitors who entered the site directly from a product or publication page went on to visit other pages 27 percent of the time—also similar to 2007.
- There were more than 200,000 downloads made from our Web site—double the number of downloads reported in 2007. Information-seeking downloads comprised about 60 percent of total downloads.

CHART 15: Publications Accessed, 2007–2009

The number of visitors to rwjf.org seeking information continues to grow quickly. In 2008, there were over 850,000 product pages viewed. Between January and June 2009 about 740,000 product pages were visited—a considerable increase in activity.

→ Notable peaks in pages viewed include: the month of June 2008, when the Foundation released a redesign of rwif.org and announced the Aligning Forces for Quality Initiative: and October 2008, when a number of new products were released. These products included the RWJF Commission to Build a Healthier America's chart pack on children's health; America's Health Starts With Healthy Children: How Do States Compare; and Research and Evaluation's release of their Synthesis Project report High and rising health care costs: Demystifying U.S. health care spending.

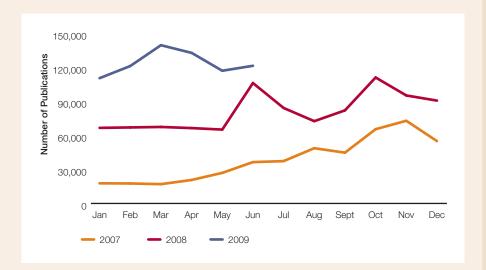
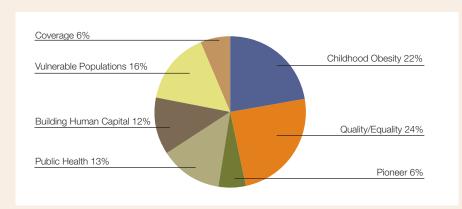


CHART 16: Program Areas Visited on rwjf.org, 2008

- → Our current grantmaking strategies are reflected in RWJF program areas. Outside visitors find descriptions of these areas on the Web site. This chart shows that Childhood Obesity and Quality/Equality are the most visited areas with 22 percent and 24 percent, respectively. In 2007, Vulnerable Populations and Childhood Obesity topped the list.
- → In early 2009, RWJF launched the Health Reform area of our Web site. In this section we seek to provide credible, neutral, timely research and information that will help inform the national health reform debate. Early data on visitors coming to this area of our Web site indicate that between January and June 2009 activity was strong, but not as strong as some of our more popular program areas. For example, during that time the Childhood Obesity area had almost 200,000 page views, while Health Reform had a little over 100,000.



Grantee Relations

Understanding How We Serve Our Grantees

ur Grantee Relations section helps
us understand how we are perceived by our grantees. Are we
perceived as fair and approachable? Are the Foundation's priorities
for funding clear? Is our application process viewed as efficient, and is the
assistance we provide after awarding the grant making a difference? Many of our
measures in this section track directly from our guiding principles and provide us
with clear paths for improvement.

To answer these questions, we asked our grantees about their opinions by using the Center for Effective Philanthropy's (CEP) Grantee Perception Survey. The use of this ongoing survey enables us to see change over time and to compare ourselves to our peer foundations. We also measure and analyze internal administrative data to examine trends in our communications and efficiency.

Section Highlights

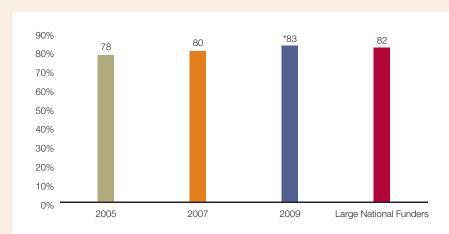
In 2009, RWJF improved across several measures of service. Along with increased overall satisfaction, grantees believe we are treating them more fairly and are clearer and more receptive than in past years. While RWJF received improved grades on the technical assistance we provide, a smaller share of grantees reported actually getting such assistance. We also examine our own technical assistance in light of a new analysis showing which types of assistance are most helpful to grantees. Our internal measures of timeliness also show improvement over time.

Grantee Relations At-A-Glance

Grantee satisfaction
 Grantees believe RWJF is responsive
 Grantees say RWJF is fair
 Grantees believe our goals and strategies are clear
 Percentage of target reached: ● 75% or higher ● 50%-74% ● 25%-49%
 Less than 25%

CHART 17: Overall Grantee Satisfaction-2005, 2007, 2009

- → In 2009, 83 percent of grantees[†] gave RWJF high marks on satisfaction. This is an average score of 6.4, the highest since we began the CEP survey in 2004, and significantly better than the scores we received in 2005 and 2007. It also was above median scores for the cohort of large funders that we use as a benchmark for comparison.
- → We know from CEP's past work that satisfaction is a product of three things: the quality of interactions grantees have with foundation staff; the clarity with which a foundation communicates its goals and strategies; and the expertise/external orientation of the foundation. RWJF gained ground on several of these contributing factors in 2009.



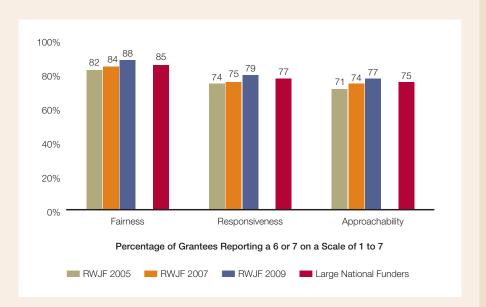
Percentage of Grantees Reporting a 6 or 7 on a Scale of 1 to 7

* Statistically significant increase between 2009 and 2007

[†] Our grantee perception results are from a survey representing 393 grantees (out of 774 grantees) with active grants in 2008, conducted by the Center for Effective Philanthropy (CEP) in the spring of 2009. For the purpose of this report, we use the percentage of grantees who report a 6 or 7 on any given question. These are considered positive ratings on a 7-point scale. As in past years, we also compare ourselves to our past performance and to 13 large national foundations also surveyed by CEP, when applicable.

CHART 18: Grantee Views on Staff Fairness, Responsiveness and Approachability-2005, 2007, 2009

- → In 2009, a greater share of RWJF grantees believe we are fair, with nearly nine in 10 grantees—a historic high-rating RWJF as very or extremely fair.
- → Nearly 80 percent also believe we are responsive, an increase from 2007.
- → A greater share of grantees today-more than 75 percent-feel comfortable approaching RWJF if a problem arises with their project. This is believed to be among the most important drivers of satisfaction among grantees.
- → Eighty-eight percent of grantees say RWJF staff are courteous, with grantees rating us 6.4 on the 1 to 7 scale—up significantly from 2007 (not shown).
- → For the first time in each of these areas we outperformed the cohort of large funders to which we compare ourselves.



Other Key Findings:

■ In the areas of clarity and consistency of communication, RWJF outperformed its peer foundations in 2009. While over time, the share of grantees describing our information as consistent has held steady at about 65 percent, those who say our goals and strategies are clear has jumped significantly from 50 percent in 2005 to 66 percent in 2009. As mentioned above, these communications measures, combined with grantee perceptions of interactions, are believed to be the most important drivers of satisfaction among grantees.

Technical Assistance Re-evaluated

In 2009, CEP issued More Than Money: Making a Difference With Assistance Beyond the Grant, which examines the impact of technical assistance (TA) on grantees across foundations over time. Our TA comes in many forms and can include help with communications, strategic planning, collaboration/convening, reaching leaders in the field and best practices.

While most foundations assume that providing TA is important, the effectiveness of this assistance has not been widely tested. CEP analyzed over 20,000 grantees across nearly 150 foundations to understand patterns and effects of this nonmonetary assistance.

In short, the report indicates that two types of technical assistance are most helpful:

- 1. Comprehensive Assistance provides help to grantees across a spectrum of eight or nine areas; or
- 2. Field Assistance—increases grantees' knowledge and relationships in their field.

The report indicates that providing a small amount of TA appears to be ineffective. With this in mind, we reviewed RWJF's assistance patterns over time and tracked the share of grantees that rate our TA as helpful.

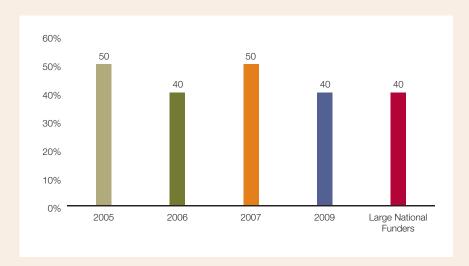
CHART 19: Grantees Receiving Select Types of Technical Assistance-2005, 2007, 2009

- → While a large share of grantees report receiving technical assistance (TA) in 2009, this share has fallen over time with 67 percent saying they received this help in 2005 versus 56 percent in 2009. This chart shows the distribution of types of TA in each year.
- → Only 8 percent of grantees report receiving comprehensive assistance (that is, assistance in eight or more areas), and 16 percent report receiving field-related assistance. These both are higher than the average provided by other foundations.
- → In 2009, 32 percent of grantees reported receiving a small amount of technical assistance—the type CEP says is least effective. In comparison foundations, a similar share of grantees reported this type of assistance (30%).
- → Grantees receiving field or comprehensive assistance report that this TA is more helpful (an average of 6.1 on the helpfulness scale in 2009) than those who received a small amount of TA (an average rating of 5.7 on the helpfulness scale in 2009).
- → Over time grantees have reported an increase in helpfulness of TA. Our grantee survey will continue to help us explore ways to provide useful, timely technical assistance at a level that produces effective results.



CHART 20: Median Administrative Hours Spent by Grantees on RWJF Proposal and Selection Process—2005, 2006, 2007, 2009

→ In 2007, we were concerned about a rise in the number of hours spent by grantees on the proposal and selection process. In 2009, the average number went back to the 40 hours reported in 2006.



Other Key Findings:

- Efficiency scores also improved since 2007, with 68 percent of grantees today believing that RWJF is efficient compared to other funders. While still below a rating of 6.0, RWJF's efficiency score (now at 5.9) has increased since 2007 when it was 5.6 (not shown).
- RWJF has made a concerted effort to keep applicants better informed of the progress of their funding requests. In 2009, 73 percent of grantees said RWJF kept them very informed of the progress of their proposal—a significant improvement from the 54 percent of grantees saying this was the case in 2005.
- While we are doing better in terms of efficiency and information sharing, the helpfulness of our selection process continues to score below our peer foundations, with just 38 percent of grantees believing that the proposal and selection process was extremely helpful to their organizations or programs.

Internal Measures

Our own internal quality improvement work generates measures that help us evaluate changes in our efficiency. One measure of our responsiveness to grantees is the amount of time it takes for our staff to review, approve and process an independent grant proposal.† RWJF has three different types of proposals, as shown in Chart 21: Short Proposals that require a briefer process; Full Proposals (B) that don't require a Board vote; and Full Proposals (A) that do require a Board vote.

CHART 21: Median Days From Receiving Proposal to Sending Check, 2006–2009

Chart 21 shows each type of grant and the median number of days spent in process, including the amount of time the applicant takes responding to any questions we may have during processing.

- → In 2008, goals for both Short Proposals and Full Proposals (B) were more than met, with 70 days and 84 days, respectively.
- → In projecting how well we are doing so far this year, we looked at grants processed through the end of May 2009. Looking at the first five months of 2009, we are performing considerably better than the target with 53 and 56 median days in processing for Short Proposals and Full Proposals (B). These data are based on a small number of proposals and may change by the end of the year.

Independent Grants					
	Short Proposals <\$100,000 Target 75 Days	Full Proposals (B) <\$750,000 Target 120 Days	Full Proposals (A) >\$750,000 Target 150 Days		
2006	99	124	182		
2007	88	106	172		
2008	70	84	154		
*Partial 2009	53	56	158		

Through May 2009

[†] Independent proposals are not related to a national program; these are a subset of in-program proposals referenced in the Grants Management Performance section (see p. 33).

CHART 22: Communication With Applicants, 2006–2009

- → An important measurement of our communications with applicants is the frequency with which we contact them during the funding process. In 2008, we revised our definition of responsiveness. Our goal is to notify applicants of their next steps within 45 days of RWJF receiving their proposal. As Chart 22 shows, we do this 61 percent of the time for brief proposals and 46 percent of the time in the full proposal process.
- → We have made little progress with the brief proposal process, but have greatly improved communication during the full proposal stage.

Percentage of Applicants Notified About Status Within 45 Days of Application	2006*	2007	2008	Partial 2009
Brief proposal received/grantee notified within 45 days (Goal 100%)	60%	63%	61%	N/A
Full proposal received/grantee notified within 45 days of team decision (Goal 100%)	3%	25%	46%	73%

^{*} Initiative started 6 months into 2006

Grants Management Performance

Awards Summary, 2002-2008

The grants management section displays our "stats" over time. This section reviews grant activity from 2002–2008, and examines trends and changes in our grantmaking.

In 2008, RWJF received fewer grant proposals than in 2007, but awarded more grants. Proposals for national programs and other authorizations increased as more national programs were renewed than in previous years.

In the last few years we have seen a trend toward larger grants. This trend did not continue in 2008 with 39 percent of our total grant dollars awarded to grants over \$750,000, compared to 49 percent in 2007. The median grant size decreased from \$221,794 to \$200,000 in 2008.

Proposals Received

The number of proposals received in 2008 (5,938) decreased by 16 percent from 2007. The number of in-program proposals* decreased by 48 percent, while the number of proposals for national programs and other authorizations increased by 12 percent. Proposals not matching our program guidelines decreased from 171 to 77.

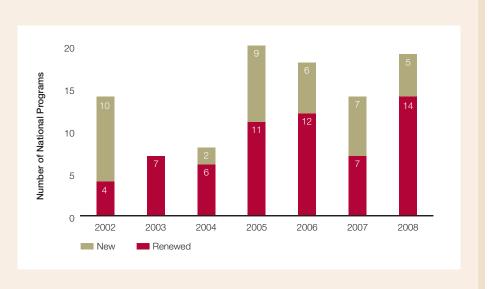
* In-program proposals are either proposals sent in response to a team's request or unsolicited proposals related to RWJF strategies.



National Programs

In 2008, five new national programs were authorized and 14 national programs were renewed. New national programs in 2008 included: Communities Creating Healthy Environments: Improving Access to Healthy Foods and Safe Places to Play in Communities of Color; Maximizing Enrollment for Kids: Making Medicaid and SCHIP Work; Evaluating Innovations in Nursing Education; Robert Wood Johnson Foundation New Careers in Nursing; and Public Health Law Research: Making the Case for Laws That Improve Health.

In 2008, the average size of an authorization for a national program was \$15.4 million, compared to \$11.6 million in 2007.



Grants Awarded

Of the 5,938 proposals received in 2008, 1,047 grants were awarded. This represents \$526 million in funding. Most of the increase in grants awarded was in national program grants or grants within an authorization.

Sixty-eight percent (\$358 million) of total awarded dollars went to national programs and authorizations; \$168 million, or 32 percent of total, were awarded to in-program applicants.



Grant Size

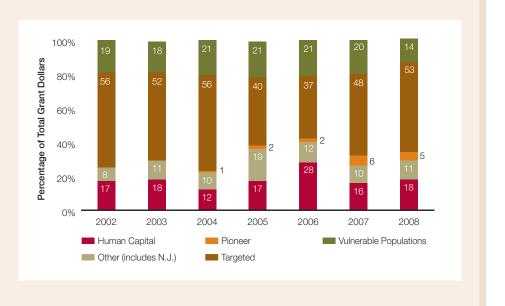
The percentage of funding awarded to grants greater than \$750,000 (top three bar segments) slightly decreased from 68 percent of total awarded funding in 2007 to 65 percent of total awarded funding in 2008. Grants over \$2 million accounted for 39 percent of all awarded funds.



In 2008, the median grant size was smaller than in 2007. The median grant size decreased from \$221,794 in 2007 to \$200,000 in 2008. This decrease was driven, in part, by the recently launched Robert Wood Johnson Foundation New Careers in Nursing program, which funded nearly 60 schools to provide scholarships to nursing students. The median size of grants in this national program was \$100,000. If these smaller grants were not included in the calculation, the overall median grant size in 2008 would be \$217,000, which is more aligned with 2007's median.

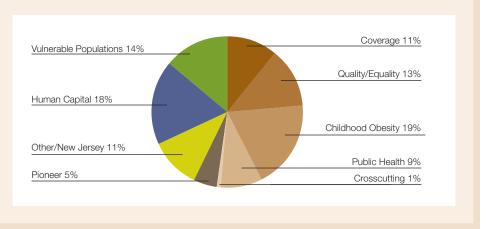
Distribution of Funding

The Targeted Portfolio (Coverage, Quality/Equality, Childhood Obesity and Public Health) awarded 53 percent (\$279 million) of total funding in 2008. Awards in New Jersey amounted to \$26 million or 5 percent of all funding; this is included in the Other category.



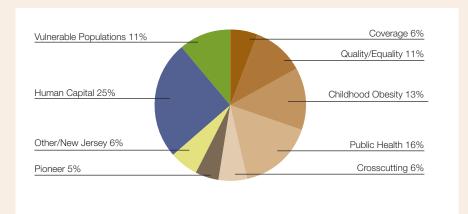
Funding by Program Area

Breaking out the Targeted Portfolio shows the full picture. Childhood Obesity accounted for the largest single area of funding in 2008, at 19 percent, followed by Human Capital (18%) and Vulnerable Populations (14%). The Pioneer Portfolio awarded 5 percent of all funding.



Projected Percentage of Total Funding, 2009–2010

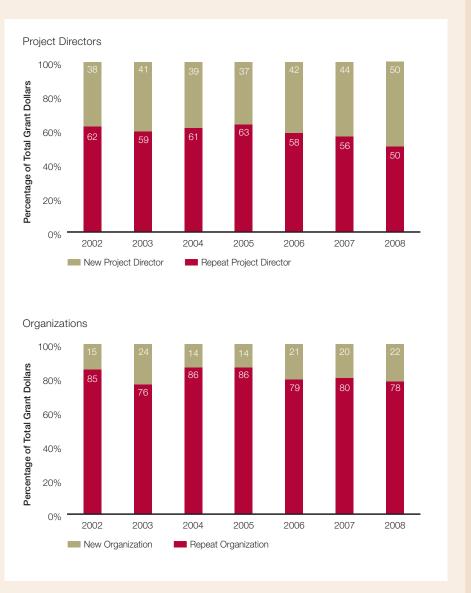
This table shows projected funding for 2009-2010. Given the market downturn in the second half of 2008, the teams were asked to re-evaluate their program budgets. All teams reduced their budgets. Percentages for the Human Capital and Public Health Teams remain high. In past years, the Human Capital Team made a decision to have a number of its scholar/fellow programs renew in the same year in order to provide the team with an opportunity to compare and contrast the programs. This resulted in a large amount of renewals slated for 2009 and 2010. The Public Health Team had implemented a significant amount of programming in the beginning of 2009; subsequent years are less.



New and Repeat Grantees

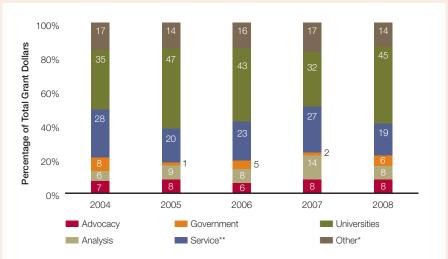
The trend toward more first-time project directors continued in 2008. Half of all grant dollars awarded in 2008 went to project directors who had never received an RWJF grant. Twenty-two percent of funds went to 321 organizations that had never before received an RWJF grant. New Connections: Increasing Diversity of RWJF Programming and the Robert Wood Johnson Foundation New Careers in Nursing—both Human Capital Portfolio programs—drive this number.

Of the funding awarded to new project directors: 48 percent went to universities; 20 percent to service organizations; 14 percent to organizations classified as "other;" 8 percent to government; 6 percent to analysis organizations; and 4 percent to advocacy organizations.



Grantee Organizations, 2004-2008

Universities continue to receive the most funding among grantee organizations. Funding for universities increased from 32 percent of all funding in 2007 to 45 percent in 2008. This increase is partly due to the recent authorization of the Robert Wood Johnson Foundation New Careers in Nursing program. Funding for service organizations decreased from 27 percent of all funding in 2007 to 19 percent in 2008.



^{*} Includes foundations and legal services

^{**} Includes health care facilities, nonprofits, and community and charitable organizations



Robert Wood Johnson Foundation

Route 1 and College Road East P.O. Box 2316 Princeton, NJ 08543-2316

www.rwjf.org January 2010