

Program Update

The year 2000 was the first full year of work under a new organizational structure. While we continue to pursue our three goals of assuring access to care for all Americans; promoting health and reducing the harm caused by substance abuse; and, improving care and support for people with chronic conditions, we have organized into two programming groups. One group is devoted to improving the health of all Americans and the other is devoted to improving the health care we receive. Within these groups are 11 Program Management Teams, each addressing key aspects of our mission. What follows are highlights of the work done in 2000 by the 11 teams.

Health

ALCOHOL AND ILLEGAL DRUGS

Reducing the negative health and social consequences of alcohol and illegal drug abuse.

The Alcohol and Illegal Drugs (AID) Team built on its strong portfolio of activities in 2000, focusing on continuing and expanding a number of programs.

The *Substance Abuse Policy Research Program*, which is designed to identify and assess policies to reduce the harm from substance abuse, was reauthorized for \$25 million over five years.

Our long-standing support for Join Together, a national resource center that helps communities reduce the demand for alcohol and illegal drugs, was renewed with a new focus on treatment. Under the five-year, \$15-million grant, Join Together will work to help communities enhance the availability of substance abuse treatment; get more abusers to seek treatment; and improve the policy environment for substance abuse treatment.

In July, the Foundation authorized \$9.6 million for an additional four years of support for sites in our *Reducing Underage Drinking through Coalitions* program. A related project which enlists and trains governors' spouses as state and national spokespersons on the issue of underage drinking received \$3 million to support its second phase of work.

We also provided \$1.9 million to the Harvard University School of Public Health in support of the fourth phase of their College Alcohol Study. The

study looks at rates of binge drinking and other associated problems across 128 college campuses.

There is growing evidence that risks of subsequent substance abuse can be lowered during early childhood. In 2000, the Foundation authorized an additional \$8 million over four years to *Free to Grow: Head Start Partnerships to Promote Substance-Free Communities*. RWJF funds, matched by federal funds from local Head Start programs, will help up to 20 sites implement this prevention model.

The AID Team plans to continue its work to prevent and reduce alcohol and illegal drug use by youth, and increase its emphasis on expanding and improving substance abuse treatment opportunities.

COMMUNITY HEALTH

Understanding how social isolation contributes to poor health and strengthening social support and connectedness.

Building on our long-standing work in school-based health the Foundation authorized \$6 million over four years to create the Center for Health and Health Care in the Schools. The authorization was a joint effort between the Community Health and Priority Populations Teams. The Center will work to test and promote effective models of school-based health services, including mental and dental health services.

The Foundation also provided \$2.7 million to the Developmental Studies Center to replicate a model of prosocial schooling that has been shown to reduce substance abuse and delinquent behavior. And the Foundation continued its support of

Best Friends®, a school-based health risk prevention program that targets girls in grades four through nine.

Also targeting youth, we provided \$250,000 to the KidsPeace Corporation in support of TeenCentral®, an interactive Web site that helps isolated adolescents get advice and help about health-related problems.

The Foundation also renewed its support for Family Support Services Program, a national program that works to help develop state networks of community-based family support centers. The three-year, \$9-million award will also expand the number of participating states from eight to twelve.

The Team plans to focus on helping the nation better understand the epidemiology and health consequences of social isolation and pursue community-oriented efforts to address the problem.

HEALTH AND BEHAVIOR
Increasing physical activity among Americans and promoting health behavior change as part of routine medical care.

Seeking to build a stronger knowledge and policy base from which to promote active living, the Foundation authorized a four-year, \$12.5-million project to support research on environmental and policy approaches that can help introduce physical activity back into our daily lives. The project includes a strong communications component to help publicize key findings with target audiences.

The Foundation also provided support to The National Center for Bicycling and Walking (NCBW) to establish a clearinghouse and support center on creating physically active communities. In addition,

the NCBW will work in partnership with The Centers for Disease Control and Prevention to provide technical assistance and training in targeted states.

The Team is also working on a blueprint for increasing the activity levels of Americans age 50 and older, for whom the rates and health risks of a sedentary lifestyle are highest. In the future, it also plans to look at opportunities to help integrate behavior change techniques into primary care.

POPULATION-BASED HEALTH SCIENCES
Promoting leadership and tool development for population-wide approaches to health improvement.

Building on our eight-year investment in *All Kids Count*, an effort to increase immunization rates among children through computer-based registries, the Foundation provided The Task Force for Child Survival and Development with a three-year, \$5-million grant to create a technical resource center to help develop more integrated preventive health information systems. One focus of the effort will be the development and testing of confidentiality standards.

The Foundation also awarded nearly \$12 million to 21 states under *Turning Point: Collaborating for a New Century in Public Health*. The program is designed to improve public health leadership and performance. The funding will support participation in the implementation phase of the program, including participation in five national collaboratives carrying out systems change efforts that cross boundaries.

In the future, the Team will be working to improve leadership and the nation's understanding of

PORTION OF AMERICANS WHO REPORT NO LEISURE-TIME PHYSICAL ACTIVITY DURING THE PAST MONTH

YEAR	AGE			
	18-34	35-49	50-64	65+
'90	22.7	26.8	33.8	40.1
'91	21.9	26.6	34.5	42.4
'92	22.9	27.0	33.5	39.0
'94	21.3	27.1	32.9	42.6
'96	22.3	26.7	33.0	37.4
'98	20.8	26.5	33.0	38.3
'99	20.2	24.5	32.0	35.7

There is no data available for 1993, 1995 and 1997.
 Source: Behavioral Risk Factor Surveillance System, 1990-99.
 Center for Disease Control and Prevention [Online]. Available at: <http://apps.nccd.cdc.gov/brfss/Trends/agechart.asp?qkey=10020&state=US> [2000, August 28].

population-based health, including efforts to help communities measure and improve population health.

TOBACCO

Decreasing the number of people who use tobacco.

In August 2000, the Foundation co-hosted the 11th World Conference on Tobacco OR Health with the American Cancer Society® and the American Medical Association. More than 5,000 people from around the world attended the Chicago event, including RWJF grantees and staff. The focus of the Conference was to strengthen national, regional, and global leadership networks dedicated to tobacco use prevention and control.

Also in 2000, states continued to decide how to spend their portions of the \$246-billion settlement from US tobacco companies for the health costs of tobacco-related diseases. The settlement created an opportunity for states to rethink and step up their tobacco cessation and control policies. To help maximize the impact of these efforts, the Foundation reauthorized and substantially expanded its SmokeLess States program. The new three-year, \$52-million authorization of the program, now called *SmokeLess States®: National Tobacco Policy Initiative*, makes grants available to coalitions in all 50 states and the District of Columbia to seek policy changes that deter tobacco use and decrease its social acceptability.

Our *Smoke-Free Families* program, which seeks to develop and evaluate new interventions to help women quit smoking before, during, and after pregnancy, stepped up its efforts by funding a new \$1.2-million national dissemination office at the University of North Carolina at Chapel Hill.

The Tobacco Team plans to continue its focus on helping addicted users quit and will seek to stimulate stronger anti-tobacco policies.

Health Care

CLINICAL CARE MANAGEMENT

Helping reduce the gap between what is known about the best ways to care for people with chronic disease and what is actually practiced.

Much of the Clinical Care Management (CCM) Team's work in 2000 focused on specific chronic conditions. Depression is the fourth leading cause of disability in the United States and accounts for up to \$53 billion annually in lost worker productivity and direct medical costs. Yet research has shown that depression frequently goes undetected, and when detected, is often not treated adequately. To address this problem, the Foundation authorized \$12 million for a five-year program intended to improve the treatment of depression in primary care settings.

The CCM Team also continued its work to improve the care of pediatric asthma through a \$2.4-million grant to the University of Michigan School of Public Health to improve the training of primary care physicians in the delivery of asthma care. The project includes the development of a tool kit and interactive seminars designed to enhance clinicians' therapeutic and patient counseling skills.

The Foundation also supported an effort to implement and evaluate a model of coordinated acute and primary health care and supportive services in managed care settings for Alzheimer's disease and dementia. The model works to facilitate early identification of people with possible dementia and Alzheimer's, provide more appropriate acute and primary care, and better coordinate health care and supportive services.

Of a more exploratory nature, about \$1 million was provided to support the Pittsburgh Regional Health Care Initiative, an effort spearheaded by area business, health care, and philanthropic leaders to dramatically improve the quality of care in the

region. Initially, the Initiative is attempting to eliminate in-hospital infections and medication errors.

In the future, the CCM Team plans to continue its efforts to advance care of specific diseases, help patients better manage their care, and advance the ability of health care purchasers to improve their quality.

INSURANCE COVERAGE

Increasing the number of Americans with health insurance.

The year saw a continuation and expansion of our efforts to increase the number of Americans with health insurance. In January, we approved a \$26-million strategic communications campaign to support *Covering Kids™*, our national initiative designed to maximize the participation of eligible children in available coverage programs.

In another effort related to *Covering Kids*, the Foundation approved *Supporting Families after Welfare Reform: Access to Medicaid, SCHIP, and Food Stamps*. The \$6.8-million program is intended to help states and large counties solve problems in their eligibility processes that make it difficult for low-income families, particularly those moving from welfare to work, to access and retain Medicaid coverage, the State Children’s Health Insurance Program, or Food Stamps.

As part of the Team’s work to educate opinion leaders and the public about the problems of the uninsured, we also provided \$3.7 million to the Institute of Medicine for a three-year project that will assess the evidence about the health, economic and social consequences of uninsurance

for individuals, families, business, the health care system and communities.

Building on Health Coverage 2000—a successful conference at the beginning of the year that brought together a diverse group of organizations to discuss the issue of the uninsured and look for common ground—the Foundation also supported a series of regional meetings intended to develop local input and continue to raise the profile of the issue.

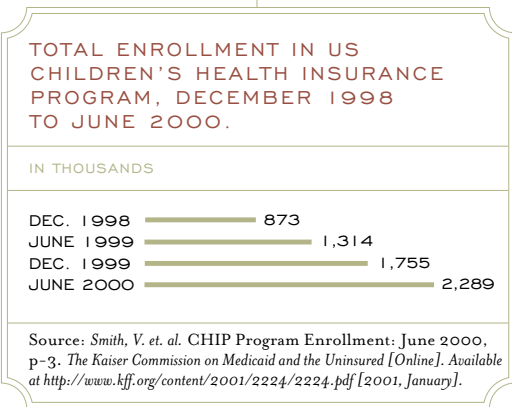
We also provided \$10 million to the University of Michigan to undertake a research initiative to help the country better understand the relationship between the labor market and health insurance coverage, and the effect of insurance on worker productivity and health.

The Coverage Team plans to continue its efforts to help eligible children enroll in available coverage programs and to highlight for the nation the problems of people without health insurance.

END-OF-LIFE CARE

Increasing the number of Americans who receive high-quality palliative care at the end of life.

September saw the broadcast on PBS of “On Our Own Terms: Moyers on Dying.” The four-part documentary by the award-winning journalist Bill Moyers was an important part of the End-of-Life (EOL) Team’s efforts to help people be more comfortable having conversations about death and dying, and to raise expectations when it comes to care of the dying. The Foundation contributed \$2.75 million to the production, much of it focused on outreach and support for community coalitions formed as a result of the series.



The work of the Team is also focusing on the professional arena. Research has shown that medical and nursing education curricula do not give enough attention to all aspects of end-of-life care, including pain and symptom control, ethical considerations, and communications and legal issues. To help address this problem, the Foundation provided \$2.2 million to the American Association of Colleges of Nursing to train at least 500 nursing school faculty and other key nursing leaders in end-of-life care. This project will make use of teaching materials being developed at the University of Washington School of Nursing under an earlier Foundation grant.

Other research has shown that too many cancer patients do not receive appropriate pain management, even though guidelines indicate that cancer pain can be controlled up to 90 percent of the time. The Foundation provided \$1.4 million to the University of Wisconsin-Madison Medical School to support state cancer pain initiatives to promote improved management of pain. This effort takes advantage of new pain standards being developed by the Joint Commission on Accreditation of Healthcare Organizations and revised cancer pain guidelines being issued by the Agency for Healthcare Research and Quality.

In the future, the EOL Team will continue its work around professional education, institutional change, and public engagement.

INFORMATION/TRACKING

Improving public and private policymaking by making available timely, accurate, and relevant information about the health system.

As part of the Information Team’s work to provide public and private policymakers with better information, the Foundation continued its support of research into the changes our health care system is undergoing. In April, we approved \$43.5 million to continue the work supported under our *Health Tracking* project. The two-year grant funds four separate research projects. These include The Center for Studying Health System Change’s core Community Tracking Study, which is looking at how changes in the delivery system are affecting people’s access to

care; work at the University of California, Berkeley, looking at the role of physician organizations in care management; and, two projects at The RAND Corporation, one assessing the quality of care nationally and across markets, and one tracking variations in employer-sponsored health insurance coverage.

At the same time more decisions over health care policy are being made at the state level, more states have instituted term limits. As a result, many legislators are unfamiliar with the range and detail of health policy issues. To help improve state legislators’ understanding of issues, the Foundation provided a three-year, \$2-million grant to the National Conference of State Legislatures (NCSL). Under the current project, which is a renewal and expansion of a previous effort, the NCSL will hold meetings and conferences, and disseminate a variety of information products designed to help state legislators do their jobs in a more informed manner.

PORTION OF AMERICANS WHO SAY IT’S HARD FOR PEOPLE WITH CHRONIC CONDITIONS TO GET:

Care from Primary Care Physicians	72%
Prescription Medicines	74%
Help from Family	78%
Adequate Insurance Coverage	89%

Source: Chronic Illness and Caregiving: Survey of the General Public, Adults with Chronic Conditions and Caregivers, p-6. Harris Interactive Inc., [Online]. Available at: http://www.harrisinteractive.com/news/downloads/Chronic_Conditions_MainResults_2_26_01.pdf [2000, February 26].

The Information Team will continue its work to enhance the links between policymakers and researchers, including efforts to find new ways to package and disseminate information.

PRIORITY POPULATIONS

Improving access to health care for underserved population groups.

Continuing to help address the persistent access to care problems in the rural South, the Foundation awarded nearly \$6 million to seven states participating in the implementation phase of our *Southern Rural Access Program*. The states are pursuing a variety of strategies, including efforts to train, recruit, and retain primary care providers, and create loan funds to help build the health infrastructure in rural communities.

Safety net providers who care for the bulk of the uninsured often do not have access to the most effective care management techniques. To address this, the Foundation provided a grant to The Lewin Group, Inc., to do case studies of 24 high-quality, frontline innovators of safety net care to learn how to best design and implement clinical care management programs for the uninsured. The Team also supported a set of research projects designed to better understand factors that influence Latinos' access to primary and preventive care.

In seeking to eliminate disparities in care, the Team plans initially to focus on Latinos, smaller urban communities, and oral health.

SUPPORTIVE SERVICES

Preparing for increased future demand for long-term care support and services.

As a result of the baby boom generation aging, the number of older adults in America is projected to grow almost 80 percent over the next 30 years. Because older age is associated with increased risk of chronic illness and disability, the Supportive Services

Team is working to help the nation meet the future demand for long-term care support and services.

The Foundation authorized \$28 million in 2000 for a new program, *Community Partnerships for Older Adults*. The program is designed to help communities build comprehensive long-term care systems that include a range of social and health services to support vulnerable older adults, promote independent living, and increase access for patients and families to better long-term care information.

As part of its work to raise the awareness of the public and opinion leaders about the health, social, and emotional issues related to the care of people with chronic conditions, the Foundation provided \$1.2 million to Fred Friendly Seminars, Inc., to produce a television program that explores the effects of chronic illness. The grant also includes funds to conduct outreach efforts, including a Web site for the show and town hall meetings.

Faith In Action[®], the Foundation's effort to encourage organized interfaith volunteer efforts to help those in need, made grants to 70 projects in 2000, raising the number of projects funded to 1,161.

Future efforts of the Supportive Services Team will continue in the area of informal caregiving and expand to include a focus on work force development.