

GOAL SINCE: 1972

NUMBER OF GRANTS AND
CONTRACTS AWARDED IN
2003: 198DOLLAR AMOUNT OF GRANTS
AND CONTRACTS AWARDED
IN 2003: \$76,532,687

Assuring Access to Care

Securing health care coverage for all Americans remains a central focus of the Foundation's work, and for good reason. The latest figures from the U.S. Census Bureau show that nearly 44 million Americans, including 8.5 million children, are without health coverage. In 2002, the number of uninsured increased by more than 2 million, the largest one-year increase in a decade.

While the latest figures are grim, this year's may be worse. Fast-rising health care costs continue to undermine the ability of working families, individuals, businesses and state governments to purchase health insurance. To make matters worse, severe budget constraints are causing states to curb spending on Medicaid and on programs that cover children from low-income families.

To reverse this disturbing trend, the Foundation is leading an unprecedented effort to highlight the challenges of the uninsured; foster a constructive, nonpartisan, national discussion on the uninsured informed by state-of-the-art research; and focus attention on a wide array of possible solutions.

The first Cover the Uninsured Week, co-chaired by former Presidents Gerald Ford and Jimmy Carter, brought home the message that millions of Americans—most of them from working families—struggle daily with serious threats to their health because they are uninsured. The campaign also underscored the immediacy of this issue, because virtually anyone can lose their health care coverage.

Between March 10 and 16, 2003, more than 800 national and local organizations and tens of thousands of Americans participated in nearly 900 public events—town hall meetings, interfaith prayer breakfasts, health fairs, business and labor events, and teach-ins at medical and nursing schools in all 50 states and the District of Columbia. These local events were coordinated with national and local advertising and the release of several new research studies.

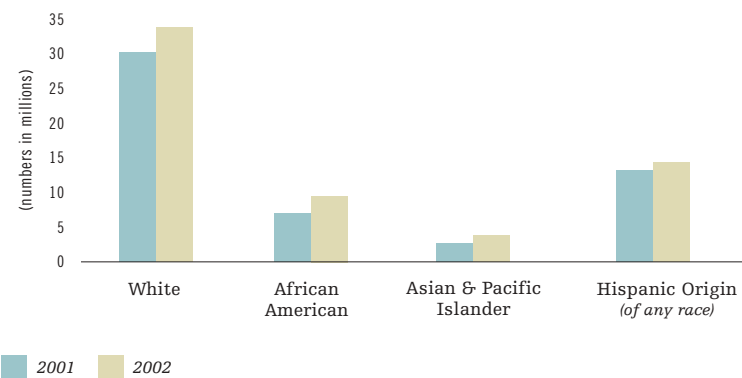
In all, the Week's events generated more than 3,000 news stories that reached a cumulative potential audience of 380 million. Most importantly, though, polling showed that the Week's events contributed to a better understanding of the problem by a large number of Americans.

To effect positive social change, policy-makers need good information. The Foundation is committed to supporting analytically sound research. To that end, the Foundation asked the Lewin Group to produce estimates of the cost and coverage implications of 10 policy proposals to expand health care coverage. These proposals, developed by a diverse group of analysts from across the policy spectrum, ranged from individual tax credits to a publicly financed program of guaranteed universal coverage.

The estimates showed that significant progress can be achieved in covering the uninsured through a variety of approaches. National health spending would increase modestly, but the distribution of health care costs and savings among families, employers and government would shift significantly. This analysis was presented at a Capitol Hill briefing in October 2003 before an audience of congressional and executive branch staff and leaders of major national organizations.

Other Foundation-funded research on coverage released in 2003 included more than 50 reports from the Economic Research Initiative on the Uninsured at the University of Michigan, the Urban Institute and the Center for Studying Health System Change. These studies looked at why so many people are uninsured in America and what the lack of insurance means to them. The topics included the states' fiscal crises; coverage of children in immigrant families; widowhood and divorce among mid-life women and their relationship to loss of health insurance; and unequal access to prescription drugs for African-American Medicare beneficiaries. In addition, the State Health Access Data Assistance Center at the University of Minnesota provided extensive technical assistance to states to help them produce estimates of the uninsured.

*Persons Without Health Insurance Coverage for the Entire Year
by Race and Ethnicity, 2001 and 2002*



Source: Current Population Survey, 2002 and 2003 Annual Social and Economic Supplements. Health Insurance Coverage in the United States. *U.S. Census Bureau*. Available at: www.census.gov/prod/2003pubs/p60-223.pdf [2002].

**COMMUNITIES IN CHARGE:
Financing and Delivering Health
Care to the Uninsured**

A program for communities to improve access to care for low-income, uninsured individuals by rethinking the organization and financing of local care delivery.



As part of its continuing effort to help time-pressed policy-makers stay up-to-date on the latest reports and findings, the Foundation's Synthesis Project released in 2003 the new policy brief, *Tax Subsidies for Private Health Insurance: Who Currently Benefits and What Are the Implications for Policy?* This report addresses how the federal government subsidizes private health insurance, who benefits from current tax subsidies for employer-sponsored insurance, and the advantages and disadvantages of the current approach.

Also in 2003, the Institute of Medicine released its fourth and fifth reports in a series of six, documenting the consequences of being uninsured in the United States. The fourth report, *A Shared Destiny: Community Effects of Uninsurance*, found that a community's high uninsurance rate has adverse consequences for the community's health care institutions and providers, reducing access to clinic-based primary care, specialty services and hospital-based care. In its fifth report, *Hidden Costs, Value Lost: Uninsurance in America*, the Institute found that the economic benefit of providing health care coverage to all would almost certainly outweigh the costs.

Other Foundation programs focused on the uninsured continued to make significant progress. Through the *Covering Kids and Families*® program and its Back-to-School campaign, the Foundation is helping to increase the participation of eligible children and adults in Medicaid, the State Children's Health Insurance Program (SCHIP) and other public health coverage programs.

The Foundation also continues to work with the Healthcare Leadership Council (HLC), an organization of CEOs of major health care companies. The Foundation has supported the HLC's pilot program, an outreach effort to small business owners coping with the challenges of providing their employees with health care coverage. The HLC informs business owners about steps they can take to either obtain or retain health care coverage for their employees.

While states struggle to fund their health coverage programs, the Foundation's *State Coverage Initiatives* works with states to improve the availability and affordability of public health coverage. Using a similar approach, *Supporting Families After Welfare Reform* helps states and large counties solve bureaucratic problems that create barriers for low-income families applying for Medicaid and SCHIP.

At the local level, the Foundation's *Communities in Charge* initiative helps communities develop innovative health care delivery programs for improving access to quality care for their uninsured residents. Fourteen communities across the country are participating in this program.

In the coming year, the Foundation plans to continue its work on this important issue, with the ultimate goal of securing health coverage for all Americans.

GOAL SINCE: 1971

NUMBER OF GRANTS AND
CONTRACTS AWARDED IN
2003: 291DOLLAR AMOUNT OF GRANTS
AND CONTRACTS AWARDED
IN 2003: \$63,325,776

Improving Chronic Health Conditions

Americans are living longer, but with chronic conditions—such as diabetes, hypertension, heart disease and asthma—that require ongoing, high-quality health care. Yet new research reveals serious gaps in our system, in both the quality of care and how that care is provided to people in racial and ethnic minority groups.

A landmark RAND Health study initiated by RWJF found that widespread deficiencies in health care quality pose “serious threats to the health of the American public” that could contribute to thousands of preventable deaths each year. For example, only 45 percent of the studied patients who had suffered heart attacks received drugs that could cut their risk of death by more than 20 percent. The RAND findings, published in the *New England Journal of Medicine*, shattered the conventional wisdom about the exceptional quality of health care in the United States.

The Foundation addresses the quality dilemma on several fronts. RWJF is joining with providers, purchasers and others to establish standards for measuring health care quality, develop a framework for reporting those measures publicly, and create incentives for improving care.

With the Commonwealth Fund and the National Quality Forum, RWJF is seeking to achieve consensus across the health care system on a standard set of outpatient quality performance measures and to improve existing measures and data collection methods.

The Leapfrog Group, with Foundation support, is exploring one model for reporting those measures publicly, encouraging hospitals to report their quality measures on a voluntary basis. Leapfrog also serves as the national program office for *Rewarding Results*, funded jointly by RWJF and the California HealthCare Foundation to encourage health plans and purchasers to provide incentives that reward high-quality health care. One *Rewarding Results* project, Bridges to Excellence, is working in three cities—Boston, Louisville and Cincinnati—to test the effectiveness of incentives to improve the quality of care.

The ever-expanding use of the Internet, combined with emerging information technologies, also offers new opportunities for enhancing the quality of care. The Foundation’s

Health e-Technologies initiative has awarded 19 grants to assess a range of projects, including Web-based weight management programs and one using e-mail in the workplace to encourage healthy behavior.

Similarly, *Prescription for Health*, a program co-sponsored by the Foundation, the federal Agency for Healthcare Research and Quality, and the National Institutes of Health, is field-testing promising models for improving everyday clinical practice among 17 primary care practice-based research networks.

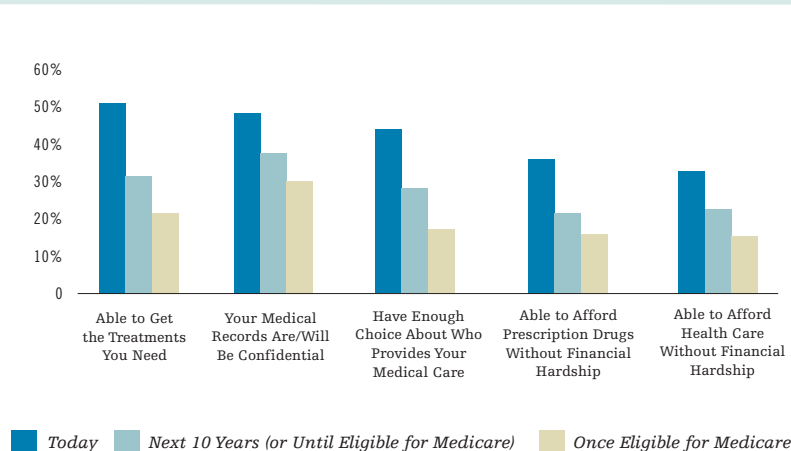
The quality of care received by the frail elderly and others with chronic conditions depends on the competence and dedication of their caregivers. *Better Jobs, Better Care*, a program funded jointly by the Foundation and the Atlantic Philanthropies, seeks to improve recruitment and retention of high-quality nursing assistants, home health aides, personal care attendants and other caregivers working in long-term care settings. In 2003, the program funded five projects in Pennsylvania, Vermont, Iowa, North Carolina and Oregon to expand and promote innovative workforce policies and practices.

Our health care system must provide high-quality care to *all* Americans. The Institute of Medicine has documented that persons from racial and ethnic minority groups receive lower-quality health care than whites, even when their insurance status, income, age and severity of condition are comparable.

We still know too little about how patients from diverse racial and ethnic backgrounds receive care, especially for specific chronic conditions such as diabetes, cardiac disease and kidney disease. Having and applying such information is an essential first step toward reducing the unconscionable racial and ethnic disparities that plague our health care systems.

To that end, systems need to track the race or ethnicity of patients receiving care. Because this approach raises potentially sensitive issues, the Foundation in 2003 supported research, conducted by the American Association of Health Plans (now AAHP/HIAA) and Public Opinion Strategies, to better understand the views of health plans

Extremely or Very Confident in Certain Aspects of Health Care Today, in the Next 10 Years, and Once Eligible for Medicare, 2003



Source: Health Confidence Survey. Employee Benefit Research Institute and Mathew Greenwald & Associates, Inc. Available at: www.ebri.org/hcs/2003/03hcsfs1.pdf [2003].

FAITH IN ACTION®

A program that brings together volunteers of many faiths to help people with long-term health needs or disabilities maintain their independence by providing assistance with daily activities.



and diverse consumers, identify potential barriers to collecting needed information, and establish safeguards for gathering patients' racial and ethnic information.

The Foundation's work to address health care disparities builds on existing programs aimed at improving health care for an increasingly diverse American public. For example, research has shown that many patients who are not proficient in English often delay seeking the health care they need. *Hablamos Juntos*, the RWJF national program to reduce language barriers for Latino patients, awarded 10 demonstration grants in 2003. Grantees, ranging from major hospital systems in Virginia and California to a community health plan in Providence, R.I., are working to develop affordable models for health care systems to increase language access for Latino patients, emphasizing skilled translator services and high-quality bilingual signage and health education materials. Communicating and connecting with patients is a key factor in providing high-quality health care. Thus, the Foundation is supporting a group of *Local Initiative Funding Partners Program* grantees working to make health services more culturally sensitive. In Cleveland, El Barrio, a social service agency, is establishing a health care careers center to increase the number of Hispanic community residents entering nursing and related health careers.

Recent public attention to issues of care at the end of life have highlighted the long-standing Foundation focus on a serious concern for Americans and their health care systems. During the past decade, the Foundation has funded nearly \$160 million in grants to educate physicians and

nurses on palliative care, improve end-of-life care in hospitals and hospices, and change the way that health care professionals and the public think about and care for people at the end of life. This year, the Foundation took stock of its active end-of-life grants to determine which programs are firmly established and which may need further support to complete their work or to make the transition to other funding.

- Foundation-funded institutional change efforts continue to be led by the *Center to Advance Palliative Care* at Mount Sinai School of Medicine and *Promoting Palliative Care Excellence in Intensive Care* at the University of Montana College of Arts and Sciences.
- The highly effective *Community-State Partnerships to Improve End-of-Life Care* program closed in 2003. Its legacy of public engagement continues with Rallying Points, now working with 360 state and local coalitions nationwide.
- *Last Acts®* has created a new entity—Last Acts Partnership—that will increase its consumer education and advocacy efforts, working with and through more than 1,200 organizational partners.

The Foundation expects to complete its investments in improving end-of-life care within the next few years. The work accomplished during this past decade has transformed both public dialogue and public policy on end-of-life care. We are confident this progress will continue, and will remain vigilant to ensure that it does.

GOAL SINCE: 2001

NUMBER OF GRANTS AND
CONTRACTS AWARDED IN
2003: 163DOLLAR AMOUNT OF GRANTS
AND CONTRACTS AWARDED
IN 2003: \$61,265,028

Promoting Health & Well-Being

The terms “health” and “well-being” mean many things, among them vigor and vitality, freedom from disease, peace of mind and a sense of feeling safe and secure. Ideally, our public health system should promote all of these dimensions.

But that job became much tougher after the terrorist strikes on September 11, 2001, and the anthrax attacks that soon followed. Suddenly, the nation’s public health system was thrust into the national spotlight. In response, the federal government invested \$2.4 billion in the system to improve bioterrorism preparedness.

This dramatic shift in focus raises serious questions about balancing competing public health priorities. Does strengthening the nation’s capacity to protect against bioterrorism enhance or undermine its ability to handle emerging infectious diseases, such as SARS and West Nile virus, or to address increasing rates of chronic conditions, such as obesity, that affect tens of millions of Americans?

To ensure that the country has a viable public health system capable of protecting the public from a wide range of threats, the Foundation continues to focus its efforts across several dimensions of health.

In the last decade, the Foundation has concentrated much of its work on improving public health leadership, information infrastructure and advocacy. In 2003, the Foundation renewed the successful *State Health Leadership Initiative* (SHLI), which trains newly appointed state health officers to manage their complex departments, form better relationships with their state’s chief elected legislators and the media, and secure improved results from the public health programs they lead. SHLI alumni who went through the program several years ago reported that the training they received helped prepare them to respond to the terrorist attacks of 2001.

Keeping public health issues in the spotlight is an essential step in improving the system. In an effort

to focus public and policy-maker attention on critical public health needs in 2003, the Foundation supported the release of three reports by the Trust for America’s Health:

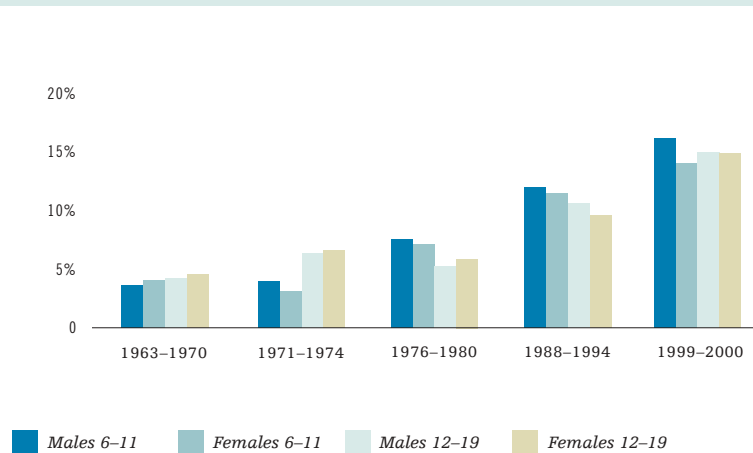
- (1) One report focused on the state of public health laboratories and found they were overwhelmed and unprepared to deal with a biochemical terrorist attack.
- (2) Another report examined states’ cancer tracking efforts and recommended ways states could improve prevention and early detection efforts.
- (3) A third report asked whether—two years after 9/11—states were any better prepared to protect residents from bioterrorism and other public health threats. The report found that while some progress has been made, much remains to be done.

The three reports and the media coverage that followed helped stakeholders advocate for a stronger public health system.

While the nation is grappling with external threats to public health, there also is a critical need to focus on what our current Surgeon General, Richard Carmona, refers to as “the terror within”—the epidemic of obesity. The Foundation in 2003 focused on learning more about the causes, potential solutions and courses of action it might pursue to help halt the rapid increase in obesity among children. Today there are nearly twice as many overweight kids (ages 6 to 11) and almost three times as many adolescents (ages 12 to 19) as there were in 1980.

The Foundation supported the development of a newspaper series, *The Shape We’re In*, produced by the independent Public Access Journalism group. *The Shape We’re In*, which ran in 77 newspapers and reached 5.8 million readers, explored the many factors that contribute to the obesity epidemic and highlighted innovative solutions. Readers learned how doctors are preventing and treating obesity, how school physical

Percentage of Overweight Children and Teens by Age



Source: The Burden of Chronic Disease and the Future of Public Health. Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion. Available at: www.cdc.gov/nccdphp/burden_pres/bcd_29.htm [2003].

YOUNG EPIDEMIOLOGY SCHOLARS (YES)

A program to heighten awareness of epidemiology and public health among high school students and teachers.



education has changed to provide kids with lifelong skills for staying active, and how residents are making their communities more walkable.

Because schools are an important setting for fighting childhood obesity, the Foundation conducted two national polls of parents and teachers. Final results showed overwhelming agreement among parents and teachers on the role schools should play in stopping the epidemic, including replacing the contents of school vending machines with healthy foods and drinks, and requiring students to take physical education every day, in every grade level.

The Foundation also raised awareness of the connection between a community's design and public health. In August, it supported the joint release of special issues of the *American Journal of Health Promotion* (AJHP) and the *American Journal of Public Health* (AJPH) on the links between the built environment and health. The Foundation funded the lead study, *Relationship Between Urban Sprawl and Physical Activity, Obesity, and Morbidity*, published in AJPH. Findings showed that, as sprawl increases, so does the likelihood that residents will be overweight or have high blood pressure.

To counter the effects of sprawl and provide better opportunities for physical activity for all Americans, the Foundation continued to promote and support active living, a way of life that incorporates physical activity

into daily routines. *Active Living by Design*, a \$16.5-million national program, announced 25 community partnerships across the nation. Each will receive up to \$200,000 over five years to address community design, land use, transportation, architecture, recreation and other issues that influence healthier lifestyles.

Smaller, community-based programs also continue to play a key role in the Foundation's work to promote health and well-being. The Foundation has funded a range of community interventions to encourage healthy lifestyles among children and families. Students Run L.A., a school-based volunteer mentoring program that provides at-risk teens with the training and life skills needed to complete the Los Angeles marathon, will design a toolkit that helps communities nationwide develop similar initiatives. In New Jersey, Saint Peter's University Hospital joined with New Brunswick elementary schools to encourage kids to "eat healthy" and participate in regular physical activity. Nurses, dietitians and physicians are providing children and their parents with the knowledge and tools they need for lifelong success in weight management.

The Foundation's work has made it clear that efforts to strengthen the country's public health system are needed at all levels, ranging from national leadership to state-run programs, community initiatives and local awareness campaigns.

GOAL SINCE: 1991

NUMBER OF GRANTS AND
CONTRACTS AWARDED IN
2003: 131DOLLAR AMOUNT OF GRANTS
AND CONTRACTS AWARDED
IN 2003: \$71,386,440

Reducing Substance Abuse

Addictions to drugs, alcohol and tobacco inflict devastating consequences on millions of Americans and their families. More than 600,000 emergency department admissions per year are attributed to abuse of either alcohol or drugs. An estimated 22 million Americans age 12 and older—or 9.4 percent of the total population—were classified with substance dependence or abuse in the 2002 National Household Survey on Drug Use and Health. For youths ages 12 to 17, the rate of substance dependence or abuse was 8.9 percent.

Prevention and treatment are key to combating addiction. To that end, the Foundation's comprehensive array of programming is aimed at reducing underage drinking and drug use and at educating the public and key stakeholders about best practices in addiction prevention. New programming focuses on increasing the availability and quality of addiction treatment services.

Helping the millions of Americans struggling with addiction get high-quality treatment is an essential priority for the Foundation. The *Paths to Recovery* program aims at improving admissions and retention in treatment programs. From Acadia Hospital in Bangor, Maine, to the Perinatal Treatment Services Center in Spokane, Wash., *Paths to Recovery* helps 10 local treatment providers improve efficiency and keep patients engaged in recovery.

Unfortunately, resources for treatment are scarce, and many states are struggling to cope with spiraling Medicaid costs and limited revenues. The *Resources for Recovery* program, working with 15 state agencies, develops and puts into practice innovative financial management techniques for meeting the growing demand for longer-term drug and alcohol addiction treatment. Through *Resources for Recovery*, senior state officials devised plans for meeting treatment demands without jeopardizing state budgets, focusing on ways to broaden and strengthen Medicaid services, processes for pooling funding for treatment across purchasers, and methods for improving efficiency. If successfully

applied, these techniques could redirect an estimated \$1.2 billion or more in state funding to improve the quality of substance abuse treatment.

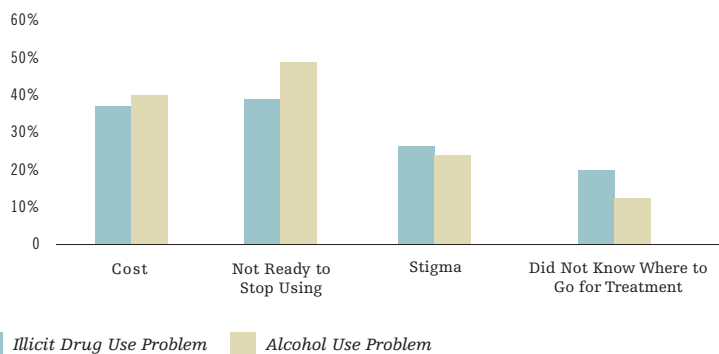
Oregon has already started using an innovative approach to provide low-income people addicted to alcohol access to residential treatment programs. Since Medicaid funding cannot be used to pay for housing, Oregon officials use separate state monies to finance housing and meal costs for low-income individuals at the residential centers, while using Medicaid funds to pay for the clinical treatment they receive there.

Reaching young people in the juvenile justice system who need substance abuse treatment is especially challenging. An estimated 63 percent of teenagers in juvenile corrections facilities do not receive needed drug or alcohol treatment, increasing the likelihood they will resume drug and alcohol use when released.

To address this problem, the Foundation's national program, *Reclaiming Futures*[®], issued initial planning grants of \$1 million in 2003 to each of its 10 program sites across the nation. The goal of each plan is to improve the extent and quality of treatment for drug and alcohol disorders for youths in the juvenile corrections system; establish coordinated social services for these youths; and mobilize communities to develop new opportunities in work and education for youngsters emerging from corrections facilities.

Support for treatment programs depends, in part, on how the public and policy-makers view addiction. The arts can put a human face on addiction and inspire compassion for those in recovery. "High on Life: Transcending Addiction," an exhibit at the American Visionary Arts Museum in Baltimore, showcased the works of artists in recovery and presented artistic portrayals of people handling their addictions. The *Washington Post* praised the exhibit as one of its "Top Ten Local Exhibitions" and the *Baltimore Sun* called it "ambitious, disturbing, thought-provoking and supremely compassionate."

Percentage of Persons Ages 12 or Older who Reported Different Reasons for Not Receiving Treatment* for Illicit Drug Use or Alcohol Use Among Those who Perceived an Unmet Treatment Need, 2002



* Respondents could indicate multiple reasons; thus, these response categories are not mutually exclusive.

Source: National Survey on Drug Use and Health Report. Office of Applied Studies, Substance Abuse and Mental Health Services Administration. Available at: www.samhsa.gov/oas/2k3/SAnoTX/SAnoTX.pdf [2003].

DEVELOPING LEADERSHIP IN REDUCING SUBSTANCE ABUSE

A program to provide professional growth and development for the next generation of leaders in the field of substance abuse—alcohol, tobacco and illegal drugs.



Music, too, is often the art of choice to express concerns about substance abuse. Join Together/Demand Treatment, in conjunction with SHARE, a nonprofit group based in Nashville, produced a country-western music CD called “Songs of Hope, Awareness, and Recovery for Everyone,” featuring prominent musicians. The idea was conceived by a group of Nashville music industry veterans who wanted to put the venerable country music tradition of the drinking song to socially productive use. Tapping into celebrity allure and popular music formats, the songs on the CD chronicle a journey from darkness to light, from the illness and despair of drug and alcohol addictions to the strength and hope that treatment and recovery offer. The featured song, “When Love Rules the World,” is an uplifting ballad performed by contributing artists. Profits from the sale of the SHARE CD are expected to top \$1 million and will be used to support local treatment initiatives in the Nashville area and other Join Together/Demand Treatment activities.

Tobacco addiction is finally—and significantly—on the decline. Since 1995, tobacco use has fallen 12.6 percent among adults and more than 18 percent among youth. Nevertheless, an estimated 46.5 million adults and an estimated 4.5 million adolescents in the United States continue to smoke. The Foundation supports policy changes that reduce tobacco use through prevention and treatment, both saving and improving lives. These policies include comprehensive smoke-free air laws, tobacco tax increases, and expanded coverage of tobacco dependence treatment by government and private payers.

Foundation-supported research, such as *Bridging the Gap*, a multi-center research partnership, and the *Substance Abuse Policy Research Program*, is helping guide the tobacco control movement. Evidence shows that when cigarettes cost more, tobacco use decreases, especially among teens. This finding has prompted 31 states and the District of Columbia to increase taxes on tobacco products in the past two years.

In 2003, tobacco tax increases passed in Nevada, New Mexico and Georgia. Six states, including New York, Connecticut and Delaware, adopted clean indoor air laws. In these states and on the national level, the Foundation’s *SmokeLess States*® network and grantees, including Americans for Non-Smokers Rights and the Campaign for Tobacco-Free Kids®, engaged in public education, advocacy and media campaigns.

And backed by strong evidence that smoke-free work, dining and entertainment environments promote better health *and* good business, Kids Involuntarily Inhaling Secondhand Smoke (KISS) has made inroads with state and national restaurant associations in efforts to promote the health and business benefits of going smoke-free.

Working with partners and grantees, the Foundation seeks to increase support from the public, nonprofit and private sectors to leverage the more than \$100 million that RWJF will invest in tobacco control in the next five years. The Foundation will focus on targeted policy research, advocacy and strategic communications to promote policy initiatives and further reduce tobacco use.