Editors’ Introduction

Among the strategies employed by the Robert Wood Johnson Foundation is the creation and nurturing of new fields.\(^1\) In the 1970s and 1980s the Foundation funded the development of a new field of health care professionals—nurse practitioners.\(^2\) In the 1990s we seeded and supported the new field of tobacco-policy research.\(^3\) That same decade, the Foundation’s funding, along with that of the Open Society Institute, advanced the field of palliative care.\(^4\) As discussed in Chapter One of this volume, the Foundation has also been influential in developing quality of care as a field.\(^5\)

In this chapter, David Colby examines the Foundation’s role in creating the field of health services research. As Colby, the Foundation’s vice president for research and evaluation (and co-editor of this volume), describes it, building the field came about as a byproduct of the Foundation’s support of research and researchers that could help the Foundation improve its own programming efforts. It was only late in the game that Foundation officials realized that they had created what could be considered a field and began providing core support to two of its main pillars: AcademyHealth, the organization that serves as the hub of the health services researchers’ network, and *Health Affairs*, the field’s premier research and policy journal. However circuitous the way of getting there, health services research is now a vibrant and well-respected academic field.

David Colby, in addition to serving as a Foundation interim vice president, is himself a noted health services research and policy expert. Before joining the Robert Wood Johnson Foundation, he was a Robert Wood Johnson Faculty Fellow in Health Care Finance, an associate editor of the *Journal of Health Politics, Policy and Law*, a member of the faculty of the University of Maryland Baltimore County, and a staff member of the Physician Payment Review Commission and the Medicare Payment Advisory Commission.


5. See Chapter One in this volume.
In the days when health care was little more than a cottage industry, with only a slight impact on the economy, interest in studying it was limited. Many people can claim some part in the creation of what is now known as “health services research.” One of them was Ernest Codman, a physician who, in the 1910s, classified hospital discharges, the number of medical errors, and the reasons for those errors. Other pioneers include Harry Moore, an economist with the United States Public Health Service, and I. S. Falk, a medical researcher and professor at the University of Chicago, who, in the late 1920s and the early 1930s, provided broad-ranging socioeconomic research for the influential Committee on the Costs of Medical Care. In the 1950s, Milton Roemer, a physician at the UCLA School of Public Health, conducted pathbreaking research, including an eponymous law that “a bed built is a bed filled,” meaning that the supply of hospital beds determined the demand for hospital services. In 1964 the health maintenance organization Kaiser Permanente hired Merwyn Greenlick, an expert in the organization of medical care, as director of what was to become its Center for Health Services Research. In that position, Greenlick became a leader in health services research, conducting demonstrations including ones on prospective payment for Medicare services and the use of social health maintenance organizations to provide social and medical services for frail elders.

In the 1960s, “health services research” became recognized as an academic discipline in its own right. As the influential Columbia University economist Eli Ginzberg has noted, the passage of Medicare and Medicaid in the mid-1960s, with the ensuing increase in health care costs, was the turning point in the development and support of health services research. According to Lawrence Brown, a professor of health policy at the Mailman School of Public Health of Columbia University, from 1964 on, the United States government funded studies of the demand and supply of health services to understand what was driving inflation in the health care system.

The 1960s saw the establishment of organizations and professional journals dedicated to health services research. The journals *Medical Care*, *Inquiry*, and *Health Services Research* were founded in the 1960s. The Medical Care Section of the American Public Health Association was founded in 1963. In 1968 the first formal federal support for the field came through the establishment of the National Center for Health Services Research and Development, a forerunner of the Agency for Healthcare Research and Quality. The field, however, did not form its own professional organization, the Association for Health Services Research (now known as AcademyHealth), until 1981.

In the half-century since the initial publication of *Medical Care*, health services research has grown into an important academic field, albeit one whose boundaries are somewhat fuzzy. The Institute of Medicine defines health services research as “a multidisciplinary field of inquiry, both basic and applied, that examines the use, costs, quality, accessibility, delivery, organization, financing, and outcomes of health care services to increase knowledge and understanding of the structure, processes, and effects of health services for individuals and populations.” Health services research is funded by the government (primarily through the Agency for Healthcare Quality and Research, the National

The author thanks Linda Aiken, Bob Blendon, Alan Cohen, Anne Gauthier, David Helms, and John Iglehart for their valuable insights. Special thanks to Melanie Napier for research assistance.
Institutes of Health, and the Centers for Medicare & Medicaid Services) and by foundations (most visibly the Robert Wood Johnson Foundation, the Commonwealth Fund, the California HealthCare Foundation, and the Henry J. Kaiser Family Foundation). Today more than 30 American universities award doctorates in public health with an emphasis on health services research, and AcademyHealth boasts a membership of approximately 4,000 health services researchers.

Since its earliest days the Robert Wood Johnson Foundation has been influential in creating and advancing the field of health services research. To do this, it adopted three approaches: supporting research and its dissemination, developing a core of health services researchers, and strengthening organizations in the field. In the early years, however, the Foundation’s support of health service research included only the first two of these approaches. Support of health services research as a field came much later.

During the Foundation’s early years, its founding staff and board members felt that they were seeing the culmination of a 40-year debate over the need to eliminate economic barriers to access to health care. They expected that by 1975 the nation would adopt national health insurance and thought that within that context, the Foundation had a unique opportunity to reshape the structure of health care delivery.

What role would research play in this effort? The intention was to fund and to be a consumer of research that would further the Foundation’s mission; there was no intention of building a field at that time. The staff and the board saw the Foundation’s research as “mission-oriented”; that is, the Foundation was not interested in funding health services research just for the sake of research or for more theoretical reasons. This has always been the justification for funding of research at the Foundation.

Given this mission-oriented approach, the Foundation’s board and staff members were interested primarily in research that examined problems that concerned them and that provided information for new programs. For example, because they were interested in access to care, they funded surveys to find out where people went to obtain medical care. Second, they funded studies evaluating the Foundation’s programs. Our 1973 Annual Report noted that the Foundation would develop demonstration programs, evaluate them, and provide information to others. We felt that the spread of interventions required “solid objective data.”

In addition, the Foundation decided to support health policy analysis. In 1973 it funded the Health Policy Program at the University of California, San Francisco, headed by Philip Lee (former assistant secretary of the Department of Health, Education and Welfare), to conduct policy analysis and to train students in policy research. Later this program became the Institute for Health Policy Studies, a major center for health services research.

Thus, most of the early health services research to identify problems and evaluate programs was highly directed: staff members knew what information they wanted and then found the person they felt would do the best job of conducting the research and disseminating the results.
The exception to this directed research was the “great men awards”—research initiated by eminent researchers, selected on the basis of their stature, that explored topics that could help the Foundation identify areas for its future work. The “great men” had a permissive set of ground rules that allowed them creativity and wide-ranging explorations. Among the recipients of these awards were the City College of New York and later Stanford University economist Victor Fuchs, who from 1973 to 1988 examined, among other topics, the economic measurement of health, the cost of health care, national health insurance, and improving health markets; David Mechanic, a sociologist at the University of Wisconsin and later at Rutgers, who from 1973 to 1987 researched the organization of medical care; Eli Ginzberg, who worked on health care workforce issues between 1973 and 1990; and William Schwartz, a physician at Tufts New England Medical Center, who conducted research on economics and health care, especially on rationing health care from 1976 to 1989. The payoff from these grants was extremely high, providing insights into the health care system and ideas for potential programming. Important as these grants were, they constituted about 0.3 percent of the Foundation’s grantmaking from 1972 to 1990.

In 1973 the Foundation took its first step toward developing a corps of health services researchers—as contrasted with health services research—by taking over the Clinical Scholars Program (now the Robert Wood Johnson Foundation Clinical Scholars Program) from the Carnegie Corporation and the Commonwealth Fund. This program strengthened the field by training a group of physicians as researchers and later by providing a model for training scholars from other fields.

In December 1976 Linda Aiken, at the time the Foundation’s director of research and later a vice-president; David Rogers, its president; and Robert Blendon, its vice-president, reported to the Foundation’s board that the research grantmaking has been aimed quite directly at improving the staff’s ability to develop good programs in our fields of interest and evaluation of these efforts. Added to this has been a strong targeted program to develop knowledge about issues of direct concern to us that can be shared with the professional and broader public groups. Thus it is not surprising that over 70 percent of our research grants have been directed at studies of ways to improve areas such as rural care, child health, community hospital outpatient care, emergency services, and general access to physician care, etc.

Supporting Health Services Research

In more than three decades, the Foundation has appropriated over $1.3 billion for research, most of which has been health services research. In 2006 the Foundation appropriated about $87 million for research. However, the Foundation’s spending on health services research pales in comparison with that of the federal government. It is estimated that the Agency for Healthcare Research and Quality budgeted $135 million in 2006 for research grants and the Medical Expenditure Panel Survey; the National Institutes of Health budgeted about $938 million for health services research; and the Centers for Medicare & Medicaid Services allocated $1 million for investigator-initiated research.
A few selected projects exemplify the Foundation’s research activities. These projects are mainly practical ones that have helped the Foundation answer two questions in its priority areas:

- **What is the nature of the problem?** The access-to-care surveys, the *Changes in Health Care Financing and Organization* (HCFO) initiative, and *Health Tracking* are examples of projects that addressed this question. This research enabled the Foundation and the broader health policy community to gain a better understanding of costs, quality, and access to medical care.

- **What solutions work to solve a particular problem?** In addition to studying problems, HCFO evaluates specific solutions. The *Cash & Counseling* program and SUPPORT (the Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatment) are examples of research-driven demonstration projects that tried to solve specific problems.

**Access to Care**

In its early years the Foundation was concerned with access to health care, especially primary care. In 1973 it funded the first of four access-to-care surveys. That survey, conducted by Ronald Andersen and Lu Ann Aday of the University of Chicago, found that 78 percent of Americans had a principal physician whom they could identify by name. About 12 percent had a need for care but did not have a regular source of care. At least 3 percent did not have any source of care. Seven percent did not need care. Poor children and poor elders had worse access to care than other Americans.

As part of its focus on access, the Foundation also funded University of Southern California Professor of Medicine Robert Mendenhall and his colleagues to survey physicians about how much time they spent on primary care services. Although the study showed that an overwhelming amount of primary care was provided by generalist physicians, one in five patients received primary care from a specialist. As a result, the Foundation learned that, because of the contribution of specialists, the shortage of primary care was not as great as had previously been thought.

These surveys—the first national surveys to concentrate on access to care—provided valuable information that guided the Foundation’s programming. They developed important measures of access to care that are still used today, and they later informed the work of the Center for Studying Health System Change.

**Health Care Financing and Organization**

The first large initiative supporting health services research was the Program for Demonstration and Research on Health Care Costs, which began in 1982. Originally a small grant program run internally by Foundation staff members, it was later transformed into a larger initiative managed by a national program office at the Alpha Center, a health research and policy organization in Washington, D.C. Over its lifetime (the last grant ended in 1992), it awarded 44 grants for more than $10 million. Although the projects under this program ranged widely, the program created a body of work that focused on prospective payment, capitation, and case management.

Nevertheless, the Program for Demonstration and Research on Health Care Costs failed to receive enough high-quality proposals. Foundation staff members felt that this was due to the program’s narrow focus on cost savings. Building on the experience of that program, in 1988 the Foundation
authorized the Changes in Health Care Financing and Organization (HCFO) program, which had a broader focus of encouraging demonstrations, research, and evaluations on health care financing, organization, and impact. Originally authorized at a $12-million level for three years, HCFO has been extended five times, with a total funding of $76 million. It has funded more than 265 projects on how financing has affected cost, access, organization and quality. These projects have investigated various aspects of health insurance, consumer behavior, health care markets, managed care, Medicaid, Medicare, organization and delivery of care, provider payment, and regulation of health care. The Alpha Center served as the national program office through 2000, when it merged with the Association for Health Services Research to become AcademyHealth, which continues to manage the program.

Among the areas that HCFO has funded is a large body of work on risk adjustment. Because policymakers were worried that some health plans would enroll primarily healthy patients, researchers were asked to develop compensatory mechanisms, called risk adjustment, so that insurers serving unhealthier patients and running the risk of higher costs would be compensated appropriately for taking those risks. Under HCFO grants, risk-adjustment methods were developed that were used by the Health Insurance Plan of California and the Pacific Business Group on Health. HCFO also funded evaluations of high-risk pools—a mechanism used by some states to insure people in poor health who otherwise would not be able to obtain health insurance. The evaluations showed that high-risk pools helped a small number of middle- and high-income individuals acquire insurance coverage but did not help low-income individuals.

In its early and middle years, HCFO used meetings and conferences extensively as a way to provide decision-makers with timely information relevant to policy-making. Between 1994 and 2006, for example, it organized at least half a dozen meetings on risk adjustment. In addition, HCFO used newsletters, briefs, and special papers, as well as peer-reviewed journal articles, to disseminate findings to policy-makers. A summary of the first risk-adjustment meeting, held in 1994, and some of the meeting papers were published in the spring 1995 issue of Inquiry. This was followed by a HCFO special report in 1997, another issue of Inquiry in the summer of 1998, and a HCFO issue brief on risk adjustment in 2005.

In a 1996 evaluation Kathryn Langwell, an economist at the Barents Group, and James Morone, a professor at Brown University, concluded, “HCFO represents a stable source of funding for health financing and organizational research which, given the federal budget deficit and current uncertainties, is a very important ‘niche’ from the perspective of the research community.” Still, Langwell and Morone concluded that HCFO had a mixed record on influencing policy-making. According to them, HCFO researchers lacked bridges to the policy community. By contrast, a later evaluation of HCFO by Jack Hoadley and Michael Gluck of Georgetown University found that policy-makers felt that the work funded through HCFO was important to policy-making. They wrote, for example, that “[Harvard economist Katherine] Swartz’s project on the dynamics of spells without health insurance is an example of a project that affected analysts’ understanding of what it means to be uninsured.”
Health Tracking

In 1994 the Foundation established the Health Tracking initiative to monitor the impact of changes in the health care system and how they affect Americans’ health. The Foundation has authorized more than $136 million for this program. As the main engine of the Health Tracking initiative, the Center for Studying Health System Change conducts in-depth quantitative and qualitative research on 12 communities, as well as studies on a wide variety of health financing and organization issues.

In addition to the research conducted by the Center, the RAND Corporation conducted studies on mental health and addiction, medical group practices, employer-based health insurance, and quality of care. A widely reported study by researcher Elizabeth McGlynn and her colleagues at RAND, for example, showed that Americans received only about 55 percent of the care recommended for chronic conditions.13

The Center’s research has been published in more than 170 peer-reviewed articles, and it posts numerous reports and issue briefs on its Web site. Serving as a think tank on health care issues, the Center has conducted briefings for the staffs of the Department of Health and Human Services, the Treasury Department, the Office of Management and Budget, and the Joint Committee on Taxation, and its staff members have testified before congressional committees.

In its early days, the Center had not mastered the art of distilling its reports into a form useful to policy-makers; consequently, it did not fulfill its potential as a source of policy-relevant information. It appears to have overcome that problem and is widely considered to be a very influential organization in Washington health policy circles.14 AcademyHealth presented the 2006 Health Services Research Impact Award to the Center for its work on specialty hospitals. This work stimulated Congress to place a moratorium on new specialty hospitals participating in Medicare until after the Centers for Medicare & Medicaid Services and the Medicare Payment Advisory Commission conducted studies on payment and related issues.15

Cash & Counseling

A research-driven demonstration project, Cash & Counseling is a program that provides a budget for homebound elders and disabled adults with chronic conditions to buy the home-health services they need. With support from the Foundation and the federal government, experimental Cash & Counseling programs were developed in three states that enabled homebound Medicaid recipients to pay people of their own choosing (such as a relative) instead of an agency for home health services. An evaluation conducted by Randall Brown and his colleagues at Mathematica Policy Research found that Cash & Counseling reduced unmet needs of consumers and improved the quality of life for both the consumers and the caregivers. Costs were somewhat higher than for traditional home health care, but these were partially offset by reductions in nursing home care and could be controlled in a well-designed program.16 Today, 12 states are replicating the programs of the original states with Medicaid waivers, and a provision of the Deficit Reduction Act of 2005 allowed all states to adopt the approach without a waiver starting in 2007.
SUPPORT
The Study to Understand Prognoses and Preferences for Outcomes and Risks of Treatments (SUPPORT) used specially trained nurses to counsel terminally ill hospitalized patients and their families in an attempt to improve decision-making toward the end of life. This was a large demonstration-research project with carefully monitored results. Contrary to expectations, the study revealed that the intervention did not improve decision-making about the care that dying patients should or should not receive and that the wishes of patients and their families were routinely ignored. After receiving the negative results from SUPPORT, the Foundation recognized that it had an opportunity to improve the care given to terminally ill patients and it developed a variety of programs with that objective.

As early as January of 1973 the Foundation’s board recognized that supporting research itself was not enough and that there was a need to train a new generation of personnel to conduct research. At the time, most researchers were trained to do basic research that was published in scholarly journals and addressed to other university-based researchers. From the Foundation’s perspective, the greatest need was to train individuals who would be interested in conducting applied research or policy analysis and communicating the results of that research to decision-makers.

To create a new generation of physician-scholars and leaders, in 1972 the Foundation committed itself to funding the Robert Wood Johnson Clinical Scholars Program, which the Carnegie Corporation and the Commonwealth Fund had started in 1969 as a three-year pilot program. Through this program, these physician-scholars would learn the tools that are necessary to conduct health services and health policy research. The program would expand their knowledge to include nonclinical areas of health, such as the economics and financing of health care. This early strategy to train only physicians in health services research assumed that physicians would dominate the field—an assumption that was not borne out. Nevertheless, the Clinical Scholars program has become a signature program of the Foundation, and its basic design was copied in several of the training programs that the Foundation developed later.

Many Clinical Scholars have become leaders in the field of health services research and in health policy. In a 1992 evaluation of the program, two distinguished health policy experts, John Rowe and Rashi Fein, pronounced it a “tremendous success” and noted that it had legitimized health services research. Later, Jonathan Showstack, a health services research expert, and his colleagues at the University of California, San Francisco, also found that the Clinical Scholars program had legitimized health services research in medicine and produced leading researchers in the field. Today there are more than 1,000 former Clinical Scholars, and many have become leading health services researchers, such as Robert Brook of Rand Health, Mark Chassin of the Mount Sinai School of Medicine, and the late John Eisenberg of the Agency for Healthcare Research and Quality.
others—Risa Lavizzo-Mourey of the Robert Wood Johnson Foundation, Mark Smith of the California HealthCare Foundation, and Robert Ross of the California Endowment—are presidents of organizations that fund health services research.

Established in 1982, the Dental Services Research Scholars and the Clinical Nurse Scholars Programs were designed along the lines of the Clinical Scholars Program. The goal of the Dental Services Research Scholars Program was to develop leaders of dental school faculties. To this end, the program focused on the study of health services organization, economics and finance, epidemiology, and policy analysis. Dental Research Scholars were expected to master methodological skills, gain knowledge in a chosen area of concentration, and complete a publishable research product in a two-year fellowship program. Fundamentally, the Dental Services Research Scholars were being trained to become health services researchers with a specialty in dental services.

By the end of the program in 1990, two sites at the dental schools of Harvard University and the University of California, Los Angeles, had 30 graduates. The Foundation closed this program because of its success (training three times as many dental health services researchers as there had been 10 years before) at a time when demand was decreasing. Dental school enrollment was dropping and, indeed, at the time dental schools were closing.

The Clinical Nurse Scholars Program was designed to redirect the research of nursing faculty members to clinical problems that would improve the outcome of clinical care. This was a two-year program at three sites—the University of Pennsylvania; the University of California, San Francisco; and the University of Rochester. It was first a mid-career program and then became a postdoctoral program. This program had 62 graduates when it closed in 1991. The Clinical Nurse Scholars Program did not have a significant impact on health services research, but its graduates were very successful in competing for National Institutes of Health funding. The research topics chosen by the Clinical Nurse Scholars focused more on clinical areas than on health services.

In 1993, as part of its efforts to make primary care more attractive, the Robert Wood Johnson Foundation authorized the Generalist Physician Faculty Scholars Program to enhance the career development of generalist junior faculty physicians. For the purpose of this program the term generalist physicians included family physicians, general internists, and general pediatricians. Each medical school could nominate one person a year for the program, which provided four-year awards that were meant to increase the research skills of the participating faculty. Scholars received $60,000 a year to buy themselves out of clinical duties and teaching responsibilities, to conduct research, and to receive mentoring by a member of the national advisory committee.

By the time the program closes, in 2008, it will have awarded 175 fellowships, with about a third of those going to former Clinical Scholars. Although there was no programmatic reason (albeit there might be a career reason), most of the research conducted by Generalist Physician Faculty Scholars was on clinical rather than health services research topics. Nonetheless, some former Generalist Physician Faculty Scholars, such as Kevin Grumbach of the University of California, San Francisco, have become leaders in health services research.
Developing Social Science Researchers

The first attempt to train social science faculty members in health services research was the Program for Faculty Fellowships in Health Care Finance, a small program with only one location, the Johns Hopkins University. In its first year, the program included background orientation on health care finance followed by internships and, in its second year, a small research grant for each fellow. The program ran from 1984 to 1994, training 60 fellows, but it was judged to be unsuccessful and was ended.22 Although the program did not have a big impact on health services research, some of the fellows have continued to influence the field—for example, Robert Ohsfeldt at Texas A&M Health Science Center, whose recent book, *The Business of Health*, argues for strengthening competitive forces in the U.S. health care market;23 Mark Hall of Wake Forest University School of Law, an expert in health care law; and Kyle Grazier of the University of Michigan School of Public Health and editor of the *Journal of Healthcare Management*.

The Robert Wood Johnson Foundation Scholars in Health Policy Research program is a two-year fellowship program designed to attract top economists, political scientists, and sociologists to the fields of health policy and health services research. It was authorized in 1991 and the first cohort entered the program in 1994. There are three sites; they provide an introduction to health policy and services research, mentoring by senior faculty, and resources for research projects. Up to 12 scholars enter the program each year, and 153 Scholars had participated in this program as of 2006.

In an early evaluation, Stephen Shortell, currently the dean of the school of public health at the University of California, Berkeley, and Burton Weisbrod, a professor of economics at Northwestern University, judged it to be “on a productive path.” In a later evaluation, John Palmer, who is currently the dean emeritus of Syracuse University’s Maxwell School, and his colleagues concluded that “our overall assessment of this program is quite high.”

Some of the scholars—such as Daniel Carpenter, a professor of government at Harvard University—have introduced health topics in arts and sciences departments; others, such as Paula Lantz, who chairs the department of health policy and management at the University of Michigan’s School of Public Health, are mainstream health services researchers. John Cawley, an associate professor of policy analysis and management at Cornell University, conducts research on the economics of obesity. In 2005 he received the John D. Thompson Prize for Young Investigators in Health Services Research.

In 2001 the Foundation’s board of trustees authorized the Robert Wood Johnson Foundation Health and Society Scholars program to encourage the development of scholars and researchers in the field of population health. This is an interdisciplinary training program involving the social, behavioral, and health sciences. The model is similar to the one used in the Clinical Scholars and the Scholars in Health Policy Research programs. It provides a two-year fellowship with an introduction to the field of population health, along with research opportunities for up to 18 scholars a year at six universities. As of 2006, 80 scholars had entered the program.
Investigator Awards in Health Policy Research

The Investigator Awards in Health Policy Research program was authorized in 1991 to replace the “great men awards.” As a research program, it funds about 10 projects a year that conduct innovative research like that done under the great men awards. As a human capital program, it tries to keep senior scholars in the field and to attract new talent to it. The program has funded over 140 individual Investigators who have produced more than 50 books and over 400 articles.

Investigators’ publications are widely cited and influential. For example, Dalton Conley was the first sociologist and the second social scientist to win the National Science Foundation’s Alan T. Waterman Award, recognizing a young researcher in science or engineering. The NSF cited his Investigator work that resulted in The Pecking Order and The Starting Gate, two books showing how inequalities in families develop.

Investigator Awards' research projects have focused on public health problems, quality of care, financing issues, and health disparities, among other topics. Several Investigators have created a body of work on disparities, generally showing that when it comes to health, socioeconomic status is an important factor in determining health.

Building the Field

Although the Robert Wood Johnson Foundation has played an important role in funding health services research in its interest areas and in training scholars in health services research, its support for the field of health services research has been inconsistent. For much of its history, the Foundation has not seen building and supporting the field as crucial to achieving its programmatic goals.

Still, Foundation support for health services research, though sporadic until recently, has been crucial at times. By early 1983 the federal government had dramatically reduced its support for health services research. The budget for the National Center for Health Services Research dropped from $56 million in 1972 to $10 million in 1982. At that time, the staff felt that the Foundation had a major stake in the success of the field of health services research and that many federal policy-makers did not understand the value of health services research. In response to this situation, in 1982 the Foundation made a small grant to the Foundation for Health Services Research—the charitable arm of the Association for Health Services Research—to build and support the field. The main purpose of the grant was to improve the relationship between researchers and the users of research.

After that project there was no further Foundation funding of this kind in the 1980s and early 1990s. With the initiation of the Investigator Awards and the Scholars in Health Policy Research programs in the 1990s, the Foundation recognized the need to build capacity within the field of health policy research. In 1999 the Foundation awarded the first of two small grants to AcademyHealth to develop a campaign to increase the understanding of health services research. Under this campaign, called Connecting the Dots, AcademyHealth created a logo, produced flyers, developed stories about how health services research had influenced policy and practice, and identified champions of health services research. With little external financial support for this campaign, the small grant from the
Foundation was crucial for its implementation. Although the impact of this meagerly funded campaign is not known, for the first time it provided communications and outreach to support the field.

Beginning in 2004 the Foundation decided to consolidate its support for all activities of AcademyHealth—including its dues, support for the National Health Policy Conference, scholarships for students at the research meeting, and efforts of the organization to be a force in the transmission of research to the policy community. Later, this consolidated grant was expanded to allow AcademyHealth to convene key sponsors of research, including leaders from federal agencies and foundations; to address future challenges to the field; and to develop a strategic plan for health services research.

Supporting Professional Journals

A lack of consistent commitment, with a few brief interventions at crucial points, also characterizes the Foundation’s history of support for health services research journals. The most notable support has been for Health Affairs, a health policy journal that is a broker of information between researchers and policy-makers, but that has been more recent. Health Affairs began in 1981 as a dissemination vehicle for the Center for Health Information, Research and Analysis (which became the Center for Health Affairs in 1984) at Project Hope. In 1982 the Foundation gave a grant for the development of this center, which included a small amount to support Health Affairs. Although the center no longer exists, Health Affairs is a thriving enterprise.

From then until early 2000, the Foundation’s support for Health Affairs was directed toward specific projects. Since 1989, the Robert Wood Johnson Foundation, along with other foundations, has consistently supported the GrantWatch section of Health Affairs. From 1993 to 1996 the Foundation supported the coverage of intergovernmental policy issues in Health Affairs. With Foundation support, Health Affairs published supplemental issues on managed competition, the Clinton Administration’s health care proposal, competition in managed care, the reform of medical education, and the employer-based health system. After the development of the Health Tracking project, based at the Center for Studying Health System Change, the Foundation looked for outlets for the Center’s work. To address that need, the Foundation funded the Health Tracking section in every issue of Health Affairs.

Until 1995 the Foundation provided support for Health Affairs on a case-by-case, project-specific basis. Then, as a way to provide stable funding for the journal, the Foundation made a core-support grant to Health Affairs, and it has continued that practice through the present.

The Foundation has also supported market research for Health Affairs on several occasions. In 1995 the Foundation funded focus groups of subscribers and the collection of data on readership. Under this grant, demographic information about subscribers and their interests, as well as nonsubscribers’ perceptions of the journal, was collected. Readers saw Health Affairs as a valuable resource but indicated that it needed a more reader-friendly format. More recently, the Foundation financed a study of the journal’s business practices.
Health Affairs has become an effective vehicle to transmit knowledge from researchers to policy-makers. It publishes more than 250 articles a year, including articles in a Web-exclusive version, and convenes press and policy briefings. It has a subscriber base of 11,000, more than any other health services research journal.

Health Affairs is influential in policy-making. From January to late November of 2006 it was cited in congressional testimony at about the same level as the New England Journal of Medicine and the Journal of the American Medical Association. Twenty-seven Health Affairs articles were cited in congressional testimony, compared with the next closest health services research journal, Health Services Research, which had one citation during the time period. Fifty-five percent of congressional staff members on health committees read Health Affairs, whereas only 17 percent read the Journal of the American Medical Association and 10 percent read the New England Journal of Medicine.

Foundation support for other journals—such as Health Services Research, Inquiry, and the Journal of Health Politics, Policy, and Law—has been more limited and sporadic. For example, over nearly three decades, the Foundation has funded six special issues of the Journal of Health Politics, Policy, and Law. It financed three special issues of Health Services Research dedicated to the memory of Alice Hersh, the first executive director of the Association for Health Services Research. Later, the Foundation, jointly with the Agency for Healthcare Research and Quality’s predecessor agency, funded a special issue of Health Services Research on the use of qualitative research in health services research. That issue has had an impact in setting the methodological standards for qualitative health services research as well as gaining legitimacy for that type of research.

The Foundation’s impact on the development of health services researchers has been deliberate and long-term. Many of the field’s leaders are alumni of the Foundation’s human capital programs. These programs have given individuals methodological training and education in substantive areas that they would not have received otherwise. The Foundation’s programs have created career paths for the next generation of health services researchers and have provided legitimacy for health services research, especially in medicine. Some programs are even trying to develop research and researchers in new fields, such as population health.

The Foundation’s influence on health services research has also been profound. One indicator of the Foundation’s impact on health services research comes from the National Library of Medicine’s Health Services Research Projects in Progress, which indicates that the Robert Wood Johnson Foundation has funded 1,404 research projects that are in progress; the next closest funder is the Agency for Healthcare Research and Quality, with 1,260. In contrast, the Commonwealth Fund has 257; the California HealthCare Foundation, 97; the Kellogg Foundation, 8; the Pew Charitable Trusts, 7; and the Kaiser Family Foundation and the California Endowment, 1 each.27

Research can influence the way decision-makers see the problem, as shown by the work of Katherine Swartz on the way people go on and off of health insurance, Robert Mendenhall and his colleagues’ work on primary care, or Elizabeth McGlynn’s work on quality of care. It can influence policy
decisions, as demonstrated by Paul Ginsburg and his colleagues at the Center for Studying Health System Change in their research on specialty hospitals or that of Randall Brown and his colleagues on the impact of Cash & Counseling.

And it can influence practices of providers and health plans, as the risk adjustment work done by many grantees under HCFO illustrates. But the route from developing knowledge to having impact is generally long and tortuous. Ideas are created, but entrepreneurs need to connect the ideas with those in a position to put them to use in policies.24

Although the Foundation’s influence on the field of health services research has also been great, it has come about in an incidental manner. For many years, the Foundation did not intend to support the development of a field; it financed health services research and researchers. Though it may be in the Foundation’s self-interest to promote health services research as a field, its reluctance to provide core support until recently has restrained its influence. However, the Foundation’s consolidation, or core support, grants to the Association for Health Services Research, AcademyHealth, and Health Affairs have supported the development of the field. On the whole, the Robert Wood Johnson Foundation’s support for the field of health services research has been sporadic but crucial.

Notes


5. Later the Foundation also funded Georgetown University to develop a policy center.


8. Anderson and Aday conducted the first two surveys. The third survey was conducted by Howard Freeman at the University of California, Los Angeles. The fourth was conducted by Marc Berk of Project Hope.


11. There were earlier national research programs, but they were more focused on clinical matters. For example, the Medical Practice Research and Demonstration program supported projects studying falls among the elderly and the use of relaxation techniques to reduce the frequency and severity of asthma attacks.


